



Writing for Healing: A Metaphorical Conceptualisation of Mental Disorders in Shaheen Bhatt's *I've Never Been (Un)happier*

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Abstract

Illness narratives inarguably resonate with the physical and psychological pain experienced by the patients as well as the caregivers because of the impact of illness and social alienation. The act of writing about the tribulations of being ill, as Lacan posits, protects the writer from its more devastating effects; though it is inadequate to eliminate psychosis. Shaheen Bhatt narrates the agonizing ordeal in *I've Never Been (Un)happier* through a metaphorical conceptualisation of the mental disorders she suffers from. When the telling of the lived experience occurs, the writer creates an alternate story in which she plays the dominant role of a protagonist, retrospects the episodes of mood disorders and fantasizes about death. This paper attempts to analyse the significance of the conceptual metaphors corresponding to the pervasive psychological distress and the role of writing in the recovery process.

Keywords: Conceptual metaphor; Depression, Illness narratives; Pathography; Writing.

Introduction

Medical Humanities, an intellectually comprehensive and interdisciplinary field, that emerged during the late 20th century, attempts to address the dehumanising tendencies of the medical discourse by focusing “not on the practical resolution of ethical problems but on their cultural and historical contexts, emotional and existential dimensions, and literary and artistic representations” (Cole et al 16). It is also viewed as a democratising process essential for a take on moral concerns, social justice and trust in medical culture (Bleakley 1422). The confluence



of literature and medicine attempts “to emphasise the subjective experience of patients within the objective and scientific world of medicine” (Oyebode 242) generally through a study of narratives from patients, caregivers, patients' relatives and medical practitioners which proffer complex meanings associated with health, illness and disease.

Illness narratives are stories articulated by those who are afflicted with disease or illness (Burchardt 2) and encompass personal and social aspects of perception, experience, interpretation and evaluation of the condition (5). Meticulously written illness narratives or pathographies manifest the experiential dimension of illness and its subsequent ramifications on a patient's life, necessitating the implementation of patient-centred therapeutic methods. Undeniably, these narratives are intricately woven with the physical and psychological pain of the patients and caregivers caused by the illness and social alienation. Some prominent illness narratives include Oliver Sack's *A Leg to Stand On* which depicts recovery from psychogenic leg paralysis after a mountaineering accident; Lucy Grealy's *Autobiography of a Face* which explores her experiences with cancer; and Aaron Alterra's *The Caregiver: A Life with Alzheimer's* which portrays the life of an Alzheimer's patient from a caregivers' perspective. Another good example is William Styron's *Darkness Visible* which chronicles his descent into depression and eventual recovery.

Narratives expounding on the experiences of people with mental illness like the aforementioned *Darkness Visible* by William Styron, and other memoirs such as *How to Travel Light: My Memories of Madness and Melancholia* by Shreevatsa Nevatia, *Chemical Khichdi: How I Hacked My Mental Health* by Aparna Piramal Raje, *Shadows in the Sun* by Gayathri Ramprasad, and the text selected for this paper *I've Never Been (Un)happier* by Shaheen Bhatt also serve to sensitise the readers about the profound psychological distress encountered by the protagonists. Therefore, recognising and acknowledging the subjective experiences of illness imperatively requires attention to bring positive approaches in society regarding the conceptions of mental illness. The act of recounting debilitating life events through writing functions as a tool for therapeutic healing akin to the effects of narrative therapy on patients. As Lacan posits, while authoring the tribulations of being ill, the writer might be protected more from the devastating effects of mental illness; though it is insufficient to eliminate psychosis (King et al. 446). Anne Hunsaker Hawkins in her article, “Pathography: Patient Narratives of Illness,” affirms that “pathographies not only articulate the hopes, fears, and anxieties so common to sickness, but they also serve as guidebooks to the medical experience itself, shaping a reader's expectations



about the course of an illness and its treatment” (127). She further contends that these pathographies prove to be advantageous for physicians to comprehend the attitudes and presumptions of patients regarding the illness as the time constraints limit the exhaustive understanding through the interactions with patients (127).

The Narratives detailing with psychiatric disorders equip the readers to familiarise themselves with the underlying nature of illness and orient them to discern even the subtle symptoms. This offers support to the patients in overcoming the repercussions and navigating them towards redemption. The memoir, *I've Never Been (Un)happier* chronicles the excruciating episodes of the author, Shaheen Bhatt, due to mental disorders like depression and anxiety. This research paper focuses primarily on depression and how she metaphorically perceives it. In life narratives centred on depression, the depressed writer tries to dispel societal ignorance about the intricate facets of mental illness and also strives for social inclusivity. This literary form gains prominence not only because of its social cause but also serves as a means of catharsis for the writers. By retelling the incidents in a narrative form, the experiential dimension of suffering is restored and the afflicted individual is placed at the centre (Hawkins 128).

Theoretical Framework

Regaining mental health becomes challenging for an individual when there is a symbolic deficit in delineating the factual lived experiences to others. The psychological disorders and the role of writing in recovery from illness can be analysed from the perspective of Lacanian psychoanalysis. Jacques Lacan does not consider depression as a diagnostic concept in his theories and it is also not included in *the Dictionary of Lacanian Psychoanalysis* (Hook 1). Derek Hook in his article “The Failings of Depression: A Review of Lacanian Psychoanalytic Critiques,” postulates the reasons behind the wide disregard for depression. Primarily, the concept of depression is inadequately defined and hackneyed. The constantly expanding pharmacological medications contribute much to the massive diagnosis of depression and the overuse of the concept. Furthermore, depression is not a distinguishable structure; rather it is referred to as symptoms that can occur in any of the major diagnostic structures perceived by Lacanian theory like neurosis, psychosis and perversion (1).

As Hook explicates, the theories pertaining to the recognised diagnostic structures can be applied to elucidate the manifestation of clinical depression in literary compositions. These theoretical frameworks facilitate apprehending the author’s emotional benefits through the act of writing.



Robert King et al in their feature article “Creative writing in recovery from severe mental illness” discuss the function of writing according to Lacan:

...writing serves the function of what he terms a ‘suppléance’; an artificial, but nonetheless stabilizing, replacement for the missing signifier. He proposes that while writing does not fully repair the symbolic, it can be sufficient to stabilize the imaginary (and therefore, personal identity), and thus permit adequate social functioning. (446)

Lacan concentrates on signifiers, the elementary building blocks of language, whose meanings are context-dependent (Vanheule 389). The varied sociocultural discourses of the individuals influence the assimilation and attribution of meanings to the signifiers. The disharmony in the symbolic order within which the individual is exposed will create relative changes in mental functioning. Consequently, these changes inflame mood swings and thereby the person seems to be incapable of finding meanings to the signifiers and thus experiences a sense of void.

Depression has become one of the common psychiatric disorders diagnosed in most people around the world irrespective of their age and social conditions. According to William Styron’s definition in *Darkness Visible: A Memoir of Madness*, depression is an elusive and painful mood disorder, which precipitates an incomprehensible pain or ‘the blues’ within the individuals and the illness is comprehensible only when gets expressed in a blunt manner (10).

Several people around the world might have encountered ‘normal depression’ in one way or another. These may be based on the transient experiences of a 'blue' mood, a decline in self-esteem or self-value, increased self-criticism, a dearth of pleasure in life, suicidal inclinations, and pessimistic views on the future (Parker 1). All these may not affect them greatly and lead them to death, because, these minor depressive conditions last only for a few days and will be gradually managed and resolved. But, in certain cases, coping mechanisms may fail and persistent melancholic episodes will lead to a degradation of mental health. This demands the necessity of professional assistance to heal severe depressive disorders. As Richard Antony Johnson's inference in his thesis titled "On Depression and Subjectivity: A Lacanian Approach", “Depression, as constructed by the current medical literature, is both everywhere and nowhere” (7). Nevertheless, the signifier 'depression' continues to be a mysterious illness with uncertain attributes.

Articulation of Illness in *I've Never Been (Un)happier*

Narratives on depressive disorders attempt to demystify the evasive concept of depression. When analysing the autopathography (illness autobiography), *I've Never Been (Un)happier* (2019)



about major clinical depression, the author Shaheen Bhatt metaphorically illustrates the psychological condition to make the agony discernible to the readers. She had been suffering from severe mental depression since thirteen years of age. But the realisation of this occurs only at eighteen. The unique psychological pain the author suffers from enfeebles her to find meanings to certain signifiers in her privileged symbolic order. This inability begets a feeling of emptiness from which the fear of a precarious life comes in. Fortunately, the gradual self-identification with the illness strengthens Bhatt to cope with the mental disorders.

This memoir also possesses the persuasive characteristic of literature to impact society in generating positive perceptions towards mental illness. The author's attempt to support the mentally ill and create general awareness in Indian society is evident in the foreword written by Mahesh Bhatt, her father. He announces that her, "pain has helped you (author) produce this remarkable book, which will be a coping device for those millions out there who suffer in silence" (xvi). The intensity of pain caused by illness can be effectively articulated with utmost precision only by those who have direct experience. The author intends to eliminate the misconceptions about mental illness prevailing in Indian society where depression is mostly misconstrued and stigmatized (xx). Thus, the book which targets mass readership in India inevitably details the meaning of depression in the preface to resist the misinterpretation of the term. The descriptions of depression and its various facets seem to be didactic to impart the asymptomatic nature of mental illness and promote the significance of mental health. Mahesh Bhatt compares his daughter with a firefly which burns and emits light in the darkness of ignorance (xvi). The writing fuelled by her painful vicissitudes is an act of sheer survival.

Pain is unique to each individual, and meanings for the signifier 'pain' will be attributed according to one's own experiences in one's respective socio-cultural arena. Here, Shaheen Butt accords various corresponding signifiers to the abstract concept of depression and thereby attempts to bring in an experiential dimension. Expressing the actual experiences of a depressed state is not a simple task as stereotypical misconceptions regarding mental illnesses are still prevailing.

Mapping of a signifier or a linguistic expression with another belonging to a completely different domain is capable of making correspondences to a common concept often that is evasive in nature. According to George Lakoff's theorisation in his article "The Contemporary Theory of Metaphor", this conceptual mapping is referred to as metaphors (209). A metaphor is not just a figure of speech or an entity of language, but is fundamental to reason and thought (208). Thomas



J. Schoeneman et al. observe in their article “‘The Black Struggle’: Metaphors of Depression in Styron’s *Darkness Visible*” that for the early analysts ranging from Aristotle to Hobbes and beyond, the metaphor was a rhetorical strategy employed by a poet and a persuasive speaker (329). Nevertheless, the contemporary theory of metaphor by Lakoff postulates the existence of metaphors in everyday conventional language systems (204). Conceptualisation and assimilation of metaphors rely on prevalent normative standards and social context. The metaphorical expressions used in the memoir to denote the deceptively simple term ‘depression’, provide insight into how the author envisions and experiences the severe mental health condition.

Shaheen Bhatt metaphorically associates depression with concepts like a monster (xxiv, 150) (parasitic monster and colossal monster) and a shapeshifter to imply that depression is not only a fearsome and menacing force but also dynamic and multifaceted. The qualities of these entities characterised typically in folklore, mythologies, or fantasy literature can be ascribed to the condition with psychological disorders. According to Bhatt, mental disorder is an inscrutable monster (xxiv) when it is hidden in the darkness of ignorance. On another occasion, she calls depression a parasitic monster that takes joy away and spreads the dark shadows of sadness (91). Only the profound apprehension of its nature and effects on human life aids in taming the wild monster. Moreover, making it discursive in literary forms can help even better to educate society about mental health. Furthermore, the inner feeling of the author is represented as a shapeshifter (3) who hijacks Bhatt’s entire life. Those irresistible feelings emerge as a colossal monster which makes her shiver with its every boisterous step on the way (3). Just like how a gigantic creature threatens human existence, it terrifies the author and says, “It settles itself on my heart, crushing the life out of me yet never killing me, leaving me immobile, useless and broken” (3). She is certain that the absence of these taunts will make her life immaculate but their presence reduces her “to a loathsome, insignificant speck” (3).

The general association of darkness with all negative signifiers can be found in this memoir as well. Darkness (xv, 4) remains mysterious to us because it obstructs our vision to perceive what it includes, whereas light allows visibility to its core and, thus, removes fear. The abhorrent attitude of Indians towards mental illness induces them to think of writing about depression “as unnecessary oversharing” (xxiv). However, Bhatt strongly believes that only through this oversharing can darkness be removed. She says, “Monsters like depression live in the dark, and the way to turn on the light, is by talking about it” (xxiv). The pertinence of sharing inner feelings



is also evident here. Telling and re-telling life experiences and thoughts alleviate the intensity of depression and afterwards provide the solution to all worries.

The synonyms for pain are incapable of conveying the complexities of emotions. Hence, metaphors, symbols, and analogies are exclusively used by the writers of illness narratives. Susan Sontag in her book *Illness as Metaphor* negates the praxis of using metaphors to demonstrate an illness. She theorises that, “illness is not a metaphor, and that the most truthful way of regarding illness—and the healthiest way of being ill—is one most purified of, most resistant to, metaphoric thinking” (3). However, it is inevitable to invent metaphors or related terms to describe any illness in any particular language. This is because the existing vocabulary is deficient in effective communication of feelings. Sontag’s views on metaphor are critiqued by Jack Coulehan in his essay “Metaphor and Medicine: Narrative in Clinical Practice.” He affirms, “No matter how eloquently Susan Sontag declared, ‘Do not attribute a meaning to illness,’ I just couldn't imagine her claiming many converts” (89). Further, Coulehan establishes his perspectives through the description of the traditional healing system of the Navajo community which is almost rooted in narratives and metaphor. The Navajo people conceive poetry as one of the tools for healing. They have a conviction that, “all serious illness results from disharmony. To become sick, a person has somehow fallen out of harmony with himself, his family, his clan, and the network of relationships that constitute the Navajo Way. To be healed is to have that harmony restored” (89).

Besides the biological and psychological causes of depression, unfavourable external factors can influence pervasive mood which can be tackled when the whole family and surroundings contribute to restoring mental stability. As the Navajo community believes, the reason for the mental disorder is the disharmony in one's family. Shaheen Bhatt understands that, "For many who live with it, the greatest obstacles on the road to recovery are family and friends who do not 'believe' in depression" (Bhatt xxii- xxiii). Bhatt belongs to a reputed family consisting of a father, mother, and younger sister who all are renowned celebrities in the field of Indian cinema. A seemingly luxurious life does not mean that a person should be happy. Due to lack of ostensible bodily symptoms, depression may not be identified and properly treated. Instead of providing adequate attention, people are advised to be positive and suppress negativities only because the "negative emotions have no place in the public domain" (xxiii). As Coulehan further explains in his article, the Navajo community heals a person by making him/her regain harmony in life through the collective participation of family and relatives in an elaborate ceremony or



singing ritual prescribed by the diagnostician. Similarly, Bhatt regains harmony in her household and manages mood disorders when she confesses her feelings to her mother and is offered access to medical and social resources.

In accordance to the World Health Organization, persons diagnosed with depression perpetually experience depressive moods, such as feelings of sadness, irritability, and emptiness (“Depressive Disorder (Depression)”). Bhatt’s mind, not an exception, is filled with “emptiness peppered with unexplained torment” (Bhatt 7). Resultantly, she begins to fantasize about death (7). When it is analysed from the Lacanian concept of mental automatism, the author as a subject is interrupted by some strange impulses which are disordered and also not added to the habitual self-experience (Vanheule 391). These disoriented, “parasitic’ components destabilize the subject. On the other hand, the interruption might also result from a blocking inhibition. In that case one becomes deprived from what is familiar” (Vanheule 391). Therefore, the author feels estranged from the world in which she is situated with an acute vacuum in her mind, “a sort of hysterical numbness” (36). The relentless feelings of worthlessness, low self-esteem, lack of joy, guilt, impaired concentration, and a sense of foreboding culminate in the experience of excessive suicidal thoughts (Pompili 1). Even passive suicidal tendencies can be active at any point in time and Bhatt emphasises that it is impossible to eliminate suicidal thoughts and is possible to manage them effectively.

Darkness is a personal life metaphor as characterised by Jiayi Shi and Zhaowei Khoo in their article “Words for the Hearts: A Corpus Study of Metaphors in Online Depression Communities” (8). The period in which Bhatt suffered from an extreme depressive state is interpreted as ‘dark days’ (Bhatt 4). As per Susan Sontag’s perspective, “Illness is the night-side of life, a more onerous citizenship” (3). An individual is vulnerable in the darker phase where the symbolic order is disharmonious.

It is ostensible from the analysis of Jiayi Shi and Zhaowei Khoo that, among a plethora of metaphors that represent mental disorders, war, journey, and theatre are the most conceptualised source domains (conceptual domain from which metaphorical expression is drawn) for life with depression (9). The war metaphor indicates the episodes of struggles and conflicts (Shi and Khoo, 9), and Bhatt recurrently compares her ordeals with an invisible war being waged in the distressed mind (6). As Martin Payne in his book *Narrative Therapy* opines, “Comparisons



implicit in metaphors can appear to indicate actualities about the human world . . . Some metaphors characterize the mind as a structure with interacting parts (29).

The language system we have is limited as far as the expression of actual lived experience is concerned. It is complex to make others understand what the author bears in real life. Shaheen Bhatt is also perplexed, "I could never string together the right sequence of words to sufficiently describe the sheer chaos of the tempest raging in my head" (87). Different types of psychological distress may not be familiar to the people to examine the intensity of each one of them. Bhatt mourns that, "No one can truly understand how you feel because the pain you experience is unique to you" (91). Soon she understands that, "The drawback of using language... is that we sometimes forget how limited the code of language is. Sadness is not created, encoded, stored and decoded in language alone" (92).

Irrespective of all linguistic limitations, writing, especially expressive writing, induces therapeutic healing for those who suffer from emotional upheaval (Pennebaker v). Being silent and repressing the emotional crises never contribute to recovery. Bhatt feels secure only when she starts sharing and gradually recovers from the mental breakdown. Some sort of relief is gained through telling their own story to someone. Sittings with her therapists bring the rhythm back to her life. Vanheule notices that, "Through speech, the subject is actualized. This means that speech itself, and the fact that the analysant hears both herself, and occasionally also the analyst intervene, orients the analysant in acknowledging things that are true for her, and to act likewise" (395). Lacan authoritatively expresses that, "the spoken clarification is the mainspring of progress" (255).

Conclusion

The structure of language in portraying the psychotic experience is metaphorical. The affected person correlates her mental state with something common to make others empathize with her. Shaheen Bhatt relates depression with terms like monster (xxiv, 150), colossal monster (3), parasitic monster (91), shapeshifter (3) invisible war (6), waves (7), dark (4, 48), tempest (88), guerrilla attacks (38), internal maelstrom (28), and the flood of bad feelings (41) and calls it the villain and thief (150) of her life for stealing all happiness away. The dark days of uncertainty turn out to be the worst days due to the irreparable damage to her mind and she struggles to comply with the presumed positive notions of society. The pain she goes through helps her to learn coping methods to retain happiness in life and the survivor believes, "if happiness is



fleeting, then so is sadness" (151). When she regains mental health, she learns to adapt to each symbolic discourse and accept the structural elements.

Bhatt uses writing as a tool for inner healing by introspecting the impact of depression on her life and individual identity thereby she is able to formulate a personal action plan to resist psychological imbalances. It boosts self-esteem by attributing herself to the protagonist of the story. The language system we have is inadequate to convey the real feelings of an individual. Hence, it is difficult to choose words that sufficiently describe the psychological pain the author bears in real life. Moreover, the pain is unique and people cannot relate themselves to its intensity. The use of metaphors drawn from sociocultural discourses to describe illness is also deficient in communicating the actual intensity of pain. Still, the metaphorical narration of the story of illness greatly influences the social perspective towards the sick.

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