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Fractured and Forged: Representations of Bipolarity and Identity Reconstruction in Select Indian Mental Health Narratives

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Abstract: This paper examines the intersection of mental illness, memory, and identity in Maine Mandu Nahin Dekha: Khandit Jeevan ka Collage I Have Not Seen Mandu (2003) (2021), by Swadesh Deepak and Warrior: The Bipolar Battle (2015) by K.S. Ram. Both memoirs offer intimate accounts of psychological disruption, where identity becomes unstable and fragmented—Deepak’s narrative is marked by amnesia and dissociation, while Ram’s depicts the oscillations of bipolar disorder and the search for coherence. Through these texts, the study explores how lived experiences of mental illness force a renegotiation of selfhood in response to both internal fragmentation and external stigma.

Grounded in Erik Erikson’s theory of identity crisis and Erving Goffman’s work on stigma, the paper traces how societal perceptions of mental illness construct marginal identities that individuals must either resist or reclaim. Further, drawing on postmodern and psychoanalytic frameworks—particularly Lacan’s notion of the decentered subject—the analysis contends that these memoirs subvert the conventional idea of a unified self, portraying identity instead as a process of ongoing and often painful reconstruction.

This paper employs Critical Discourse Analysis with close reading, enabling a nuanced examination of how language, narrative structure, and cultural codes shape the construction and negotiation of identity. It also raises questions like How do these memoirs challenge traditional notions of a coherent self? In what ways do cultural norms impose an —outsiderl identity on those with mental illness? Ultimately, the paper reflects on how literature becomes not just a record of suffering but a powerful medium for self-recovery and resistance.

Keywords: *Identity Crisis, Mental Health, Decentered Subject, Stigma, Outsider Identity, Bipolar narratives*

Introduction

The magnitude of India's mental health crisis is both severe and steadily escalating, constituting a major public health concern with profound social and cultural implications. India records some of the highest rates of depression globally, and epidemiological data indicate that nearly one in seven Indians was affected by mental disorders of varying severity as of 2017 (Murthy 2017; Sagar et al. 2019; Meghrajani et al. 2023). These figures underscore not only the prevalence of psychological distress but also the urgency of addressing mental health as a multidimensional issue that extends beyond the biomedical sphere. However, statistical data alone cannot capture the complexity, nuance, and emotional depth of lived experience. Clinical classifications often reduce mental illness to diagnostic categories, overlooking the subjective realities of those who inhabit these conditions. It is within this gap between clinical abstraction and embodied experience that illness narratives assume critical importance.

Illness narratives provide a vital interpretive framework through which individuals articulate suffering, negotiate meaning, and reconstruct disrupted identities. As Arthur Kleinman (1988) argues, illness must be understood not merely as a biological condition but as a deeply personal and cultural experience shaped by social relationships, moral expectations, and symbolic systems. Similarly, Hydén (1997) emphasizes that narratives enable individuals to reorganize fractured life stories, transforming illness from an incomprehensible rupture into a meaningful, though often painful, part of the self. Such narratives are particularly significant in the context of mental illness, where suffering frequently remains invisible, misunderstood, or dismissed. By foregrounding subjective experience, memoirs and personal testimonies challenge the authority of purely biomedical explanations and illuminate the emotional, social, and existential dimensions of psychological distress.

In the Indian socio-cultural context, mental illness is deeply entangled with stigma, moral judgment, and collective anxieties surrounding social order and family honour. Cultural beliefs, religious interpretations, rigid gender roles, and the strong influence of kinship structures often shape how mental illness is perceived, interpreted, and managed. Rather than being viewed solely as a health condition, mental illness may be associated with weakness, spiritual imbalance, or social failure, resulting in concealment, delayed diagnosis, and resistance to treatment. The fear of social exclusion and the burden of shame frequently extend beyond the individual to the family, reinforcing silence and marginalization. Despite growing advocacy, public awareness campaigns, and policy interventions, stigma continues to function as a powerful barrier to early intervention, treatment adherence, and psychosocial recovery. Consequently, individuals living with mental illness must navigate not only the internal disruptions caused by their condition but also the external pressures imposed by societal expectations and prejudices.

Grounded in Erik Erikson's theory of identity crisis and Erving Goffman's foundational work on stigma, this paper examines how mental illness destabilizes the continuity of self and produces identities marked by marginalization and social scrutiny. Erikson conceptualizes identity as an evolving process shaped by psychological conflict and social interaction, suggesting that crises—particularly those involving illness—can fracture an individual's sense of coherence while simultaneously creating the possibility for transformation.

Goffman's analysis of stigma further demonstrates how socially discredited attributes alter one's social identity, positioning individuals as —otherl within normative frameworks. Together, these perspectives illuminate how mental illness is not merely a personal condition but a socially mediated experience that reshapes how individuals perceive themselves and are perceived by others.

Further, drawing on postmodern and psychoanalytic frameworks—particularly Jacques Lacan's notion of the decentered subject—this study argues that the self is neither unified nor stable but constituted through language, memory, and relational structures. Lacanian theory challenges the assumption of a coherent, autonomous identity, instead proposing that subjectivity is inherently fragmented and continually negotiated. Mental illness intensifies this fragmentation, exposing the instability of identity and the fragile boundaries between self and other. The memoirs examined in this study thus subvert the conventional idea of a unified self, portraying identity as an ongoing process of disruption, negotiation, and reconstruction. Through narrative acts of remembering, confessing, and reinterpreting experience, individuals attempt to reclaim agency over identities shaped by illness and stigma.

By situating personal memoirs within broader theoretical and cultural frameworks, this paper demonstrates how illness narratives function not only as testimonies of suffering but also as sites of resistance and self-redefinition. These narratives challenge dominant biomedical and social discourses, offering alternative ways of understanding mental illness as a lived, relational, and deeply human experience. In doing so, they reveal identity not as a fixed essence but as a dynamic and evolving process forged through vulnerability, conflict, and the ongoing struggle for meaning.

Identity, Stigma, and the Fragmented Self

Mental illness, as lived and narrated, disrupts not only cognition but the very foundation upon which identity is constructed. The self depends upon continuity—of memory, emotional stability, and social participation—but psychiatric conditions often fracture this continuity, producing experiences of alienation from one's own thoughts, body, and past. Swadesh

Deepak's *I Have Not Seen Mandu* and K. S. Ram's *Warrior: The Bipolar Battle* vividly document this unraveling of the self, revealing how mental illness destabilizes identity at both psychological and social levels. Deepak's memoir is marked by memory loss, dissociation, and gaps in autobiographical continuity, which prevent him from fully recognizing the coherence of his own life. His inability to access or trust memory fragments his sense of authorship over his personal history, suggesting that identity itself becomes uncertain when the narrative thread connecting past and present is broken. Similarly, Ram's account of living with bipolar disorder illustrates how extreme oscillations between manic and depressive states disrupt the continuity of self-perception. During manic episodes, he experiences heightened confidence, productivity, and a sense of invincibility, while depressive phases produce despair, withdrawal, and self-doubt. These contradictory emotional states generate multiple and often conflicting versions of the self, making it difficult to reconcile who he was, who he is, and who he might become. Both texts demonstrate that mental illness is not simply an alteration of mood or cognition but a profound disturbance of identity itself.

Erik Erikson's theory of identity crisis provides a useful framework for understanding this disruption. Erikson defines identity as the sense of inner continuity and coherence that allows individuals to experience themselves as the same person across time despite changing circumstances. This continuity depends heavily on memory, self-recognition, and the ability to integrate life experiences into a meaningful narrative. However, when psychological illness interrupts memory or emotional stability, this sense of continuity is fractured, resulting in an identity crisis. Deepak's narrative exemplifies this rupture through his repeated acknowledgment of absence—of memory, of clarity, and of self-certainty. His inability to recall significant portions of his life produces a disconnection between his past and present selves, creating a fragmented identity that must be reconstructed through narrative fragments rather than continuous recollection.

In Ram's memoir, bipolar disorder produces a different but equally destabilizing crisis. The extreme mood swings characteristic of the condition disrupt his ability to maintain a stable perception of himself, as each phase generates a distinct emotional and cognitive reality. The manic self, marked by energy and grandiosity, appears incompatible with the depressive self, defined by hopelessness and withdrawal. This constant fluctuation challenges the assumption of a unified and coherent identity, forcing the individual to confront the unsettling possibility that the self is not singular but multiple and unstable. Erikson's framework helps illuminate how mental illness transforms identity into an ongoing process of negotiation rather than a fixed state.

This internal fragmentation is further intensified by the social dimensions of mental illness, as explained in Erving Goffman's theory of stigma. Goffman argues that stigma emerges when society attributes negative meanings to certain conditions, reducing individuals to socially discredited identities. Mental illness often becomes such a stigmatized marker, shaping how individuals are

perceived and treated by others. In both memoirs, the authors confront not only their psychological suffering but also the social consequences of being labeled mentally ill. The fear of being misunderstood, judged, or dismissed contributes to feelings of isolation and estrangement. Goffman's distinction between —actual identity, || rooted in personal experience, and —virtual identity, || shaped by social expectation, becomes particularly relevant here. Individuals with mental illness must negotiate the tension between their own understanding of themselves and the identity imposed upon them by society. This social labeling reinforces the fragmentation initiated by illness, as individuals struggle to maintain their sense of self in the face of external misrecognition. In cultural contexts where mental illness is associated with weakness or instability, stigma may compel individuals to conceal their suffering, further complicating their ability to integrate illness into their identity.

Lacan's concept of the decentered subject deepens this understanding by suggesting that identity is inherently fragmented and constructed through language and symbolic representation rather than grounded in a stable inner core. According to Lacan, the self is continuously shaped through processes of interpretation, memory, and narrative, and is therefore always incomplete and shifting. Mental illness exposes this instability by disrupting the symbolic frameworks through which individuals organize their experiences. In Deepak's memoir, the fragmentation of memory reflects the disintegration of narrative continuity, highlighting how identity depends upon the ability to construct a coherent story of the self.

Similarly, Ram's account demonstrates how bipolar disorder destabilizes the symbolic coherence of identity, as each mood state generates a different perception of reality and selfhood. In both cases, autobiographical writing becomes a crucial means of negotiating this fragmentation. Through narrative, the authors attempt to assemble scattered memories, conflicting emotional states, and disrupted experiences into a form that can be understood and communicated. Writing thus functions not only as documentation but as reconstruction, enabling individuals to reclaim agency over identities fractured by illness.

Autobiographical narration, therapeutic reflection, and the act of meaning-making become essential tools in this process of reconstruction. By transforming lived experience into narrative, individuals create a space where fragmented selves can be acknowledged, interpreted, and reintegrated. Both *I Have Not Seen Mandu* and *Warrior: The Bipolar Battle* illustrate how identity in the context of mental illness is not fixed or unified but dynamic, fractured, and subject to continuous redefinition. The memoir form allows the authors to confront the instability of memory, emotion, and social perception while simultaneously asserting their presence as narrating subjects. In doing so, these texts challenge dominant assumptions of identity as coherent and stable, instead presenting the self as an evolving construct shaped through suffering, reflection, and narrative reconstruction.

Methodology: Critical Discourse Analysis and Close Reading

This study employs Critical Discourse Analysis (CDA) in conjunction with close textual reading to examine how mental illness, identity, and stigma are constructed and negotiated within autobiographical narratives. Critical Discourse Analysis provides a framework for understanding how language both reflects and shapes social realities, particularly in contexts where power, marginalization, and identity are at stake. As mental illness is often defined not only through clinical diagnosis but also through cultural perception and social labeling, analyzing the language through which individuals narrate their experiences becomes essential. CDA enables this study to explore how specific linguistic choices, metaphors, narrative shifts, and discursive strategies reveal the psychological and social dimensions of illness. It also helps illuminate how memoirists resist dominant medical and social narratives by asserting their own subjective interpretations of suffering and recovery.

Close reading further allows for a detailed examination of narrative structure, voice, and symbolic patterns within Swadesh Deepak's *I Have Not Seen Mandu* and K. S. Ram's *Warrior: The Bipolar Battle*. Attention is given to moments of linguistic rupture, metaphorical framing, shifts in tone, and structural fragmentation, as these elements reflect the instability and reconstruction of identity. Deepak's fragmented, collage-like narration and multilingual shifts are analysed as formal expressions of dissociation and memory disruption, while Ram's cyclical yet controlled narrative structure is examined as an attempt to impose coherence on the recurring instability of bipolar disorder. By analysing both what is said and how it is said, this approach highlights the relationship between narrative form and psychological experience.

In addition, this methodology situates personal narratives within their broader socio-cultural context, recognizing that autobiographical writing is shaped by cultural norms, stigma, and institutional frameworks. Mental illness memoirs function not only as personal testimonies but also as discursive interventions that challenge dominant assumptions about sanity, identity, and normalcy. Through the combined use of Critical Discourse Analysis and close reading, this study examines how language becomes a site where fragmented identities are articulated, contested, and reconstructed, revealing the complex interplay between psychological disruption, social stigma, and narrative self-representation.

Language Loss and Language Shift: The Memoir's Linguistic Experimentation

The fragmentation of identity in *I Have Not Seen Mandu* is most powerfully expressed through the destabilization of language itself, which becomes both a symptom of illness and a site of resistance. For Swadesh Deepak, language is not merely a communicative tool but the very foundation of his intellectual and creative identity. As a Hindi writer and a professor of English, his sense of self is

deeply rooted in linguistic mastery, making the gradual erosion of speech and expressive fluency particularly devastating. He recalls telling his contemporary

Nirmal Verma that words had become tough and obstinate, suggesting that language itself had turned resistant, no longer accessible to conscious control. This loss of linguistic ease parallels the broader psychological disintegration he experiences, where the mind fails to produce coherence and the self loses its narrative continuity. His poignant admission- If the right words do make their way from my belly to my throat, they get stuck somewhere behind my clenched teeth. I, the talkative one, was alone. I, Swadesh, from whom a river of words once flowed (19) captures this rupture with painful clarity. The metaphor of the river of words evokes the vitality and spontaneity that once defined his identity as a writer, while its absence signals not merely creative blockage but an existential crisis. The inability to speak becomes symbolic of a deeper alienation from the self, as the very medium through which he once affirmed his presence in the world begins to fail him.

This linguistic disruption is further complicated by Deepak's shifting relationship between Hindi and English, which reflects both psychological fragmentation and cultural estrangement. During acute episodes of bipolar disorder, he increasingly slips into English, a language he associates with artificiality, authority, and alienation. He refers to it as the—language of lies and the —language of the ruling class (223), revealing his ambivalence toward its symbolic power. While English serves as a functional necessity in institutional and clinical settings, enabling communication with doctors and participation in professional life. It simultaneously distances him from the linguistic and cultural world that shaped his literary identity. Hindi, the language of his creative expression and emotional intimacy, becomes difficult to access precisely when he most needs it, intensifying his sense of displacement. His sister's anguished ultimatum, -Kaka, don't speak English. Not a word... I will never see your face again! (175), demonstrates how this linguistic shift is perceived not simply as a change in speech but as a transformation of identity itself. To his family, the use of English signals estrangement, as if illness has produced a version of him that is unfamiliar and inaccessible. Language here becomes a visible marker of psychological rupture, exposing the widening distance between his former and present selves.

Translator Jerry Pinto's observation that Deepak's relationship with English reflects the ambivalence many feel toward the language of power and the power of the language highlights the broader cultural and symbolic dimensions of this linguistic conflict. English represents authority, institutional legitimacy, and global mobility, yet it also embodies colonial legacy and social hierarchy. Deepak's oscillation between Hindi and English mirrors his unstable psychological state, situating him in a condition of linguistic in-betweenness that reflects his fractured identity. At times, his illness produces an almost surreal sense of linguistic universality, as he imagines himself capable of speaking multiple languages, declaring, They do not know that the cursed belong to every nation. International

passports. I could speak Spanish, Russian too. Italian and Dutch as well. Not German. It is too difficult (320). This statement reveals how illness simultaneously expands and destabilizes his sense of belonging. On one hand, it dissolves national and linguistic boundaries, positioning him as a figure of universal exile; on the other, it reinforces his alienation from any fixed cultural or linguistic home. He becomes, metaphorically, a citizen of illness rather than of nation or language, suspended between identities that no longer provide stability.

In this way, Deepak's multilingual shifts enact the psychological and existential instability produced by bipolar disorder. Language, once the foundation of his literary vocation and personal coherence, becomes fragmented, unreliable, and estranged. Yet paradoxically, it also remains the only means through which he can document and make sense of his condition.

The memoir itself emerges from this tension between loss and expression, silence and articulation. Even as words falter, the act of writing becomes an effort to reclaim agency and reassemble a fractured self. Language thus functions simultaneously as evidence of rupture and as a tool of reconstruction, allowing Deepak to bear witness to the disintegration of identity while resisting its complete erasure.

In contrast to the linguistic rupture and narrative fragmentation evident in Swadesh Deepak's memoir, K. S. Ram's *Warrior: The Bipolar Battle* reflects a sustained effort to impose coherence on an inherently unstable psychological condition. Ram's narrative largely retains a chronological structure, tracing his life through diagnosis, treatment, relapse, and gradual recovery. However, beneath this apparent linearity lies a cyclical pattern that mirrors the recurring nature of bipolar disorder itself. Manic episodes marked by exaggerated confidence, heightened energy, and a sense of invulnerability are followed by depressive phases characterized by despair, withdrawal, and emotional paralysis. These oscillations disrupt the continuity of self-perception, producing a recurring rupture in identity each time the cycle repeats. As a result, the memoir's structure reflects both progression and repetition, illustrating how bipolar disorder resists a simple narrative of linear recovery and instead imposes a rhythm of instability that continually reshapes the self.

Faced with this fragmentation, Ram turns to language as a means of asserting control over his experience. He repeatedly mobilizes metaphors of combat- warrior, battle, and enemy to frame his relationship with bipolar disorder. These metaphors serve not merely as stylistic devices but as psychological strategies that allow him to reposition himself in relation to his illness. By casting bipolar disorder as an external adversary rather than an internal weakness, Ram creates a symbolic distance between his core identity and the condition that threatens to define him. The metaphor of the warrior is particularly significant, as it transforms his role from that of a passive sufferer into an active agent engaged in resistance and endurance. Through this linguistic reframing, he reclaims narrative

authority, shaping his illness into a story of struggle rather than surrender. Language thus becomes a tool for reorganizing experience, allowing him to construct meaning within a condition defined by unpredictability and loss of control.

At the same time, Ram's memoir follows a redemptive arc in which recovery is framed as a gradual process of identity reclamation. Through therapy, medication, self-reflection, and writing, he attempts to restore continuity between the fractured selves produced by manic and depressive episodes. Yet this recovery is never presented as complete or permanent; the persistent possibility of relapse underscores the fragile and ongoing nature of this reconstruction. The self that emerges is not identical to the pre-illness identity but is reshaped by the experience of suffering and survival. In this sense, writing itself becomes an active struggle to stabilize the self amid psychological chaos. By narrating his experiences retrospectively, Ram integrates episodic disruptions into a coherent autobiographical framework, transforming cyclical suffering into narrative continuity. His memoir demonstrates how autobiographical writing can function as a therapeutic and existential act, enabling individuals to negotiate the instability of mental illness while asserting the persistence of identity despite its fragmentation.

Memory, Narrative, and the Reconstruction of Self

Memory plays a crucial role in sustaining identity, as it enables individuals to construct a continuous narrative linking past, present, and future. When memory is disrupted, the coherence of the self is similarly threatened, producing a sense of discontinuity and estrangement. In Swadesh Deepak's *I Have Not Seen Mandu*, memory loss emerges as one of the most devastating consequences of bipolar disorder, fragmenting his autobiographical continuity and destabilizing his sense of authorship over his own life. His memoir adopts a collage-like structure composed of episodic recollections, gaps, and discontinuous reflections, formally mirroring the fractured nature of his memory. The absence of clear chronological progression reflects his inability to fully reconstruct lived experience, suggesting that the illness has severed the narrative thread that once unified his identity. Deepak's repeated attempts to recall, reinterpret, and piece together his past illustrate the struggle to reclaim ownership over a self that feels partially inaccessible. Memory, in this context, is not a stable archive but an uncertain and contested space, where the act of remembering becomes inseparable from the act of reconstructing identity itself.

In contrast, K. S. Ram's *Warrior: The Bipolar Battle* demonstrates how retrospective narration can function as a stabilizing force in the face of psychological disruption. Although bipolar disorder produces cyclical shifts between manic and depressive states that destabilize his immediate sense of self, Ram's memoir imposes a deliberate narrative order upon these experiences. Writing from a position of temporal distance allows him to organize episodic suffering into a coherent life story,

transforming emotional chaos into structured reflection. This retrospective coherence does not erase fragmentation but enables him to interpret it, situating each episode within a broader narrative of struggle and endurance. His ability to name, describe, and contextualize his experiences allows him to reclaim interpretive authority over a condition that once rendered him powerless. In this sense, memory becomes both a site of vulnerability and a resource for recovery, enabling the reconstruction of identity through narrative integration.

Both memoirs illustrate that autobiographical writing is not merely a passive recording of events but an active process of meaning-making. Through narration, fragmented experiences are reorganized into communicable form, allowing individuals to reassert continuity in the face of psychological rupture. This process aligns with the understanding that identity itself is narratively constituted, emerging through the stories individuals tell about themselves. For Deepak, writing represents an attempt to recover lost fragments of memory and reassemble a disrupted self, even when coherence remains incomplete. For Ram, narrative becomes a means of containing cyclical instability, transforming repetition into progression and suffering into testimony. In both cases, the memoir functions as a space where identity can be renegotiated and redefined. By translating psychological disruption into narrative form, the authors resist the erasure produced by illness and stigma, asserting their presence as subjects capable of reflection, interpretation, and self-representation. Writing thus becomes not only an act of remembrance but a crucial mechanism through which the fractured self is continuously reconstructed.

Writing as Therapy, Resistance, and Identity Reconstruction

For both Swadesh Deepak and K. S. Ram, autobiographical writing becomes more than an act of recollection; it functions as a therapeutic and existential practice through which the fragmented self can be confronted and reassembled. Mental illness often produces a sense of internal chaos, rendering thoughts and emotions difficult to articulate or control. In this context, the act of writing provides a structured space where disorder can be translated into language, enabling individuals to observe, interpret, and contain their experiences. In *I Have Not Seen Mandu*, Deepak writes from within the uncertainty of memory loss and dissociation, using fragmented narrative forms to capture the instability of his condition. Even when coherence remains incomplete, the very act of documenting absence becomes meaningful, allowing him to assert his presence as a narrating subject. Writing enables him to resist the erasure produced by illness, transforming silence and confusion into testimony. Similarly, in *Warrior: The Bipolar Battle*, Ram explicitly frames his narrative as part of his recovery process, using reflection and documentation to understand the cyclical nature of bipolar disorder. By naming his condition, describing its effects, and situating it within a broader life story, he regains a sense of interpretive authority over experiences that once felt overwhelming and uncontrollable.

Writing also functions as a form of resistance against the stigmatizing narratives that reduce individuals to their diagnosis. Both memoirists challenge the medical and social tendency to define mental illness solely in terms of pathology by foregrounding the subjective reality of living through it. Through narrative, they reclaim the right to define themselves beyond clinical labels, asserting identities that encompass suffering but are not limited by it. The memoir form allows them to transform private pain into communicable knowledge, creating meaning where there was previously fragmentation. This process reflects the therapeutic potential of narrative itself, as the articulation of experience enables individuals to reconnect with aspects of the self that illness had obscured or disrupted. While writing cannot fully restore a pre-illness identity, it allows for the creation of a new narrative continuity, one that integrates vulnerability, survival, and self-awareness. In this sense, autobiographical writing becomes both a means of psychological stabilization and a powerful assertion of agency, enabling the authors to reconstruct identity in the aftermath of mental illness rather than remain defined by its disintegration.

Conclusion

The illness memoirs of Swadesh Deepak and K. S. Ram reveal that mental illness is not merely a clinical condition but a profound disruption of identity, memory, and self-perception. Both *I Have Not Seen Mandu* and *Warrior: The Bipolar Battle* demonstrate how bipolar disorder destabilizes the continuity that sustains a coherent sense of self, producing fragmentation at psychological, linguistic, and social levels. Deepak's narrative, marked by amnesia, dissociation, and linguistic dislocation, reflects the erosion of autobiographical continuity and the alienation of the self from its own expressive foundations. His shifts between Hindi and English, his struggle with words, and his collage-like narrative form formally embody the fractured consciousness produced by illness. In contrast, Ram's memoir reflects a sustained effort to impose order on psychological instability through chronological narration and the deliberate use of metaphors of battle and survival. While his experience remains cyclical, shaped by recurring manic and depressive episodes, the act of narrating these cycles allows him to construct a framework of meaning that affirms continuity despite disruption.

Through the lens of Erik Erikson's theory of identity crisis, these memoirs reveal how mental illness interrupts the psychological continuity necessary for stable selfhood, forcing individuals to renegotiate their identity in the face of cognitive and emotional rupture. Erving Goffman's concept of stigma further illuminates how social perception intensifies this fragmentation, as individuals must contend not only with internal disorientation but also with marginalization and misrecognition. Lacan's notion of the decentered subject provides a broader theoretical context, demonstrating that identity is inherently unstable and constructed through language and narrative. Mental illness exposes and intensifies this instability, making visible the fragile processes through which the self is

constituted and sustained.

At the same time, both memoirs demonstrate the transformative potential of autobiographical writing as a means of reconstructing identity. Narrative becomes a space where fragmented memories, conflicting emotional states, and disrupted experiences can be reorganized into communicable form. Through writing, Deepak and Ram resist the silence and erasure often associated with mental illness, asserting their presence as reflective and articulate subjects.

Their memoirs challenge dominant biomedical and social narratives that reduce mental illness to pathology, instead foregrounding its lived, subjective, and deeply human dimensions. Identity, as these texts reveal, is not permanently destroyed by illness but continually reshaped through processes of reflection, narration, and meaning-making. In bearing witness to their own fragmentation, both authors transform personal suffering into narrative agency, demonstrating that the self, though fractured, remains capable of reconstruction through language, memory, and storytelling.

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