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## Chronicling the Clinical: A Critical Analysis of the Memoir *Haldol and Hyacinths* by Melody Moezzi

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**Abstract:** Life narratives have gained immense readership lately, with the influx of different autobiographical writing. This has enhanced the scope of self-expression, along with the liberties of experimentation that come with it. Memory also plays a crucial role in the politics of self-fashioning effected through life narratives. In life narratives, illness narratives have become a critical portal for creative engagements with illness experiences. Illness narratives are also known as autopathography, and those narratives involving experiences of mental illness are known as mental health user narratives. They help to gauge knowledge derived from experience of a person who has endured mental illness conditions. The study examines the memoir *Haldol and Hyacinths: A Bipolar Life* by Melody Moezzi, which is an autobiographical account of the mental illness, bipolar disorder, in order to identify how the key characteristics of memoir as a literary genre aid in representing the complex nature of mad identity. Melody Moezzi is an Iranian American Muslim woman, and her bipolar experiences are essentially mediated by the socio-political influences of the space she belongs to. The present paper, by analysing the selected text through a qualitative lens, seeks to undermine the ways in which the author's narrative identity has evolved through interactions with illness experiences.

**Keywords:** *Memory, memoirs, autopathography, bipolar disorder, narrative-identity*

Life narratives have attained wide acceptance and significant momentum in literature over the last few decades. Autobiographical writing includes various genres within its rubric, such as autobiography, diary entries, letters, journal entries, anecdotes, and memoirs which intends to portray life of individuals in their own perspective. Memoirs, as a subgenre of life narratives, help portray life experiences in a subjective, inherently elastic manner. It calls for a reflective, retrospective reading that also confirms the reader's active emotional engagement. The present paper is an analytical inquiry into the memoir, *Haldol and Hyacinths*, by Melody Moezzi, to find how the narrative identity gets fashioned by the bipolar experiences that she endures. The study furthers the scope of illness narratives, mental health user narratives, to deconstruct and to intervene in the societal perception of sanity.

The characteristic feature of memoirs is their reliance on memory, and the generic qualities of their form parallel the nature of their expression and representation. As Gerald Fischbach observes, “Memory is the scaffolding upon which all mental life is constructed” (ix). Memory is vital in memoirs and serves as the capital with which the author, who is the narrator of the autobiographical writing, converses with the reader. What a writer chooses to remember and recount suggests a political act which is motivated by an individual’s subjective biases and particular affinities. It indicates the author's innate need to express their interests and dispositions as they rediscover meaning.

Memoirs are quintessentially related to writing, according to Renate Lachmann, who suggests, “Writing is both an act of memory and a new interpretation, by which every new text is etched into memory space”. (301) Writing, though it seems as a deliberative act, in autobiographical writing also implicitly involves a stream of consciousness process. It is a process of free association of thoughts that enables self-reflection and retrospection. These narratives are able to counter, interrogate and redefine the reifying and pathologising nature of the biomedical approach that marginalises the voices of those who experience any form of illness condition.

The narrative therapist David Denbrough has opined that “Who we are and what we do are influenced by the stories that we tell about ourselves.” (2014, 3). There is a subtle power play in the narrativization, since it guides the production of knowledge about madness. Michael Macdonald has aptly observed that mental illness “is the most solitary of afflictions to the people who experience it; but it is the most social of maladies to those who observe its effects.”(1) Memoirs that involve life experiences of mental illnesses are termed as “mental health user narratives”(Bruce Cohen ?). The terminologies used for signifying madness or mental illness, the terms used inadvertently, significantly foreground the existing usages that reinforce sanist perspectives. Madness becomes a term of contesting implications, since the very usage of the term suggests a culturally constructed stigmatising perception, as well as an attempt to depathologize it by grounding it in the praxis of “Mad” identity.

Narratives that depict mental illness resonate with the unique perspectives of a stigmatised mental condition that those who have endured it have gone through. Therefore, such narratives, which are autopathographies, aim to deconstruct the pathologising tendencies by capturing empowerment and awareness through their writings. Melody Moezzi is an Iranian-American writer who is also an attorney and an activist. Her writings are positioned as those of a Muslim feminist writer who hails from the context of an Iranian diaspora in America, which is a minority. Bipolar condition is not just in the form of manic swings and depressive dumps for her. However, bipolarity is reflected in various planes owing to her cultural upbringing. Her memoir is not merely a chronicling of the clinical experiences of bipolar disorder; nevertheless, the memoir is an interrogation of the conceptualisation of self-identity, which is constantly bifurcated in her social positioning. Narrativisation is related to the recording of human experience, and it aids in “constructing and reconstruction of personal stories.” (Mertova and Webster 1-2)

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In *Haldol and Hyacinths*, as the memoir’s title indicates, there is a harmony of opposites within: Haldol, which refers to medication, while Hyacinths symbolise flowers of compassion. The memoir begins by discussing the narrator’s wish to commit a homicide rather than suicide. The beginning of the memoir also suggests the narrator’s suicidal ideation, which has landed her “in a room full of rape victims, manic-depressives, anorexics, bulimics, schizophrenics, drug addicts and self mutilators” (Moezzi 15), contemplating her plight and despair at her situation.

The narrator finds a solidarity among her “fellow prisoners” that they all “desperately needed help” and all the while resented the fact “that they (we) needed it” (16). The social stigma pertaining to mental illness surfaces in the memoir. As Melody Moezzi puts it, the discrimination and difference toward “mentally ill” was based on the “nature of their (our) conditions and whereabouts.” Those who endured any form of mental illness were aware of this discrimination and stigmatic perception, and that “wasn’t paranoia” but she puts that as “self-preservation” (16). “People tend to look unfavourably upon

the mentally ill, especially those of us who've been hospitalized" (16). The sane-insane dichotomy perpetuated by institutionalized psychiatric system has added to the stigma and prejudice that individuals with mental illnesses experience.

As Mike Slade suggests in *Personal Recovery and Mental Illness*, "the centre of gravity of mental illness is subjective experience" (22). Due to the absence of an adequate approach to understand the experiential angle of mental illness, the "clinical model" (35) is widely considered to be the dominating model of understanding mental illness. The narrative turn across diverse disciplines has significantly helped bridge disciplinary boundaries. Autopathography is a narrative that claims autonomy through the text written. Though a qualitative inquiry of the narratives calls for a closed reading supposedly limited within the structural framework of texts, autobiographical writing, specifically autopathography, exceeds this permit by reconstructing the reality of lived experiences, which is inevitably constructed through the process of narrativization.

Melody Moezzi's experiences of bipolar condition are intrinsically embedded in her cultural identity. It is impossible to divorce the political climate from her inner turmoil, as they complement each other in the process of her identity formation. Though there is always a conflict between one's inner reality and the wider contextual reality, self-narratives help articulate that contradiction. Moezzi brings in the difference in the reception and response of people toward treating physical ailments and mental illness by highlighting the disregard and ignorance toward mental illness in her homeland, Iran.

The diasporic identity that the narrator possesses also exacerbates the stigma and prejudices that she encounters. Nevertheless, she likens her indomitable spirit to a hyacinth flower, which seldom grows straight. Writing is an act of resilience for the writer, as it gives her more hope and meaning in her efforts to live and make sense of her self-experiences.

Melody Moezzi explains the discrimination and stigmatising prejudice toward mental illness in America and Iran, with sharp irony, delineating the extent to which the voices of those who endure mental illness are silenced in Iran.

The stigma surrounding mental illness in the states is bad, but it's beyond measure in Iran. People are about as likely to discuss their psychological issues as they are to discuss their bowel movements. That's not to say Iranians have no mental health concerns. Far from it. We just prefer to sweep them under our prettiest Persian rugs, hoping the intricate patterns sufficiently obscure the truth (23).

The memoir also concerns the extent of precarity experienced by the writer and it is double-fold because of the geographical strife the people experience.

The memoir points out how her family coerced her into keeping her bipolar condition a secret. They were ready to accept any physical ailments but refused to acknowledge the diagnosis of a mental illness. This clearly communicates the cultural expectation about sanity and also the construct of

normalcy. Though mental illness is rampant in any society, the ignorance enveloping it inhibits adequate addressing of the condition.

Melody Moezzi, through her memoir, shows the deteriorating effects of labelling that happens with a psychiatric diagnosis. The narrator in the memoir identifies herself as “another floundering psych patient” and qualifies herself as both “delusional and ecstatic” (21). Her retrospective view of her condition indelibly stamps the narrative identity that evolves through the memoir.

Attempts of autopathography are to make sense of one’s illness condition and to engender awareness about the condition to readers; in that way, it deconstructs the pathological perspective that often clouds the legitimacy and agency of the first-hand experiences. Mark Curie in *Postmodern Narrative Theory* emphasises the vitality of narratological analysis by highlighting its role in cognitive function as well. “Narrative is as inescapable as language in general, or as cause and effect, as a mode of thinking and being” (2).

Here, Melody Moezzi is able to represent the intersectionality of her experiential reality through narrativization. The narrator foregrounds the absence of a word in her Arabic tongue to signify bipolar. To add to the complexities of the bipolar condition, the culture, race and gender of the author also cast light on the intersectionality involved in the situation.

The psychiatric hegemony over an individual’s autonomy is illustrated throughout the memoir, wherein the writer deliberately challenges the system by questioning the clinical authority. The narrator also points out that she has been able to recognise the repeating patterns that enabled her to predict the cycles of mania and depression, which allows her to chart her mood variations. This is partly an act that illustrates how she is able to assert her autonomy by picking up cues that enable her to understand the temperamental variations within her. As Melody Moezzi puts it:

With bipolar disorder, it’s mildly common to jump from depression to mania after a suicide attempt. I vaulted. My garrulousness, impulsivity, rapid speech and elevated mood, combined with my obsession with instructing other patients in all matters imaginable, should have set off some serious bipolar alarm bells, but they didn’t atleast not for any of my health care providers (20).

Melody Moezzi through the memoir’s narrative voice poignantly communicates the limitation of the institutional psychiatric setup to ensure adequate care and concern for the service users. This is aligned with the theoretical postulates of Mad Studies that centres on the “epistemic injustice” often meted out to those seeking service at mental health institutions.

The marginalization is two fold by the subjugation on the basis of race and gender, thus foregrounding the bipolarity of her mental condition as well as cultural identity of an Iranian diaspora in American heartland. The writer’s activism is her determined response to the subjugating systems of her family

that ostracized her on the stigma of psychiatric episode as well as to the psychiatric institution that was indifferent toward her autonomy.

Melody Moezzi's memoir is a retaliation to reconstruct her identity after experiencing the ups and downs of bipolar disorder. The language employed with its candour and honesty emulates the ambiguity ingrained in the bipolar condition that the author experiences. Deeply subjective storytelling of one's self is a political act charged with resilience.

Valuing narrative for its use quality extends prior emphases by highlighting the fact that narrating is a sense-making process — a process for figuring out what's going on in the world and how one fits. According to this theory, narrating is an activity for creating identity as well as for sharing experience, but more than that, it is an activity for figuring out what is going on in the environment and how one fits — in brief, for problem solving about experience (Nelson 1998).

Memoir, with the genre's possibility to adapt to the writer's will helps to cohere a sense of meaning making, which is indeed a central agenda for anyone facing a crisis owing to their mental health condition. The ultimate "object of mental illness research is the inner subjective world of experience" (Slade ), and so it is critical to ensure the validation of subjective experience in approaches to mental illnesses. Life narratives furnish this role as autopathographies are increasingly democratising the exoticised and taboo scenes of psychiatric institutions, EcT and medication through these personal writings. So these subjective renderings at a point stop being just personal and acquires a cultural relevance by becoming a political narrative.

The memoir is drafted in the form of anecdotes. Narrative self is moulded through memories and one's "autobiographical self is really one's remembered self" and self-knowledge plays an important role in aiding the reorientation of memories for the future. (Qi Wang xii) The reappropriation of language that refers to mental illness also becomes a matter of significance, to combat the demoralising and stigmatising attitudes that prevail around the discourse of mental illness. The memoir's ironic way of presenting the realities of bipolar disorder, woven along with humour and candour, shows how the writer manages to critique and challenge the mental health system that reinforces shame.

Although the memoir, the bipolar condition of the author is embodied as an attempt to attain coherence amidst the inconsistencies within by shaping her narrative identity. Identity is a sense of self, deeply rooted in one's narrative state of consciousness. The concept of narrative identity was formulated and popularized by Paul Ricoeur as he used the "adjective narrative" to identity to enrich its "analytical approach", which subsequently "reinforced the narrative turn in the social sciences." (Klepper 1)

“Haldol” and “Hyacinths” in the memoir’s title symbolise the deep, bifurcated approach to sane perception that wards off Melody Moezzi. While signifying the bifurcated temperament of the narrator, the memoir also suggests the long-existing body-mind divide that is partly responsible for the stigmatic prejudices toward mental health. Narrative has a performative role, and in life writings, this purpose is realised through the activism the text seeks to initiate. Legitimation is a key characteristic of the illness narratives that aid in meaning-making since otherwise unexamined and unheard voices of mental illness experiences are amplified through endeavours of life writings.

In her words, Melody Moezzi’s experience of bipolar condition is as follows:

At best, the marriage between mania and depression is a rocky one. At worst, it’s lethal. It’s just a matter of where your mind is when death approaches: so delusional and ecstatic that it tricks you into believing you can leap tall buildings in a single bound, or so depressed and hopeless that it has you begging gravity to work its morbid magic. This is what the land of manic depression looks like, though the terrain and mode of transport vary considerably from victim to victim (Moezzi 21).

The complexities and ambiguities of the bipolar condition are well expressed through the excerpt. It describes well the nuances that diagnostic criteria of bipolar disorder overlooks. The memoir also gives insight into the problems of solitary confinement that is recommended as a treatment option for those who are diagnosed with psychiatric illness. As the writer remarks, “Anyone who thinks solitary confinement isn’t cruel and unusual is either a masochist or has never experienced it firsthand. Even for just a few hours, it’s intolerable, especially when you’re mad. And if you’re not crazy to begin with, it’s a great way to get there” (Moezzi 219). The memoir thus poignantly portrays the unsaid and unheard inner turmoils of those who have endured the practices of asylum, foregrounding the isolation and abandonment they experience.

The memoir puts forth how the writer’s endurance of bipolar condition has influenced the narrative identity of the writer. Memoir, as a robust medium of literary expression, while helping to construct meaning out of the discordant memories of the writer, is also pivotal as a reclamation of sidelined voices. The double marginalisation owing to her cultural identity is also pronounced while the writer critiques the rampant pathologisation of the bipolar condition. In the present times, mental health has garnered great significance, and so illness narratives that operate to synthesise meaning out of experiences are relevant to enrich the knowledge pertaining to what is conceived as mental health. Life narratives, which deliberate experiences of mental illness, stimulate pertinent narrative interventions that should be integrated within the institutionalised psychiatric approach.

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