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Portraits of Depression through the Lens of Health Humanities: An Analysis of *Fallible: A Memoir of a Young Physician's Struggle with Mental Illness* by Kyle Bradford Jones

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Abstract: The goal of this study is to explore the harrowing experiences that a young physician with depression goes through. The paper would provide an analysis of the memoir written by American Physician Kyle Bradford Jones' titled *Fallible: A Memoir of a Young Physician's Struggle with Mental Illness* within the premise of the theory- Health Humanities. The study also would focus on the trauma and problems a person faces when he/she is suffering from a mental illness. Disability Studies is an interdisciplinary field examining disability through social, cultural, and political lenses, shifting focus from individual deficits (medical model) to societal barriers (social model) that create disability, promoting inclusion, challenging norms, and advocating for rights, rooted in disability rights movements. Narrative Medicine is a diagnostic and comprehensive approach that utilizes patients' narratives in clinical practice, research, and education to promote healing. Concepts from select theorists of Critical Health humanities, Disability Studies and Narrative Medicine are used to analyse the memoir from a theoretical perspective. Jones through his memoir, tries to lift up the veil of stigma surrounding the concept of mental health by openly speaking about his long years of illness. The study would also look into how the integration of narrative medicine, disability studies and health humanities might create new pathways for understanding, sharing and engaging with medical narratives.

Keywords: Depression , Disability Studies, Narrative Medicine, Health Humanities, Trauma, Survival

In his article “Medical Humanities and Illness Narratives,” G. Thomas Couser speaks about illness narratives thus: “...the medical humanities includes popular accounts of biomedical topics by scientists like Paul de Kruif (*Microbe Hunters*), by medical writers like Berton Roueché (*The Medical Detectives*), and by journalists like Rebecca Skloot (*The Immortal Life of Henrietta Lacks*).” Couser puts it that overall, the narratives of illness and impairment can be neutrally referred to as “autosomatographies” (self-body-writing), which involves two distinct but related phenomena. One is that a few conditions have generated many narratives; the other is that many other conditions have each generated a few. The most obvious examples of the first kind are HIV/AIDS (among communicable illnesses); breast cancer (among malignancies), depression (among mental illnesses), and autism and Aspergers (among neurological differences).

“A person who feels sad over a life event or stressor may describe himself as feeling “depressed”, but this is quite different from the disorder known as depression or depressive disorder. The term “clinical depression” has been used by some doctors to make a distinction between the two” (Chaturvedi 7). The memoir under discussion, Kyle Bradford Jones’ *Fallible: A Memoir of a Young Physician’s Struggle with Mental Illness* deals with how Jones faced clinical depression in his life and explores his plight and dilemma in the course of his confrontation with the disorder.

The memoir opens with Jones in the midst of his challenges during medical residency, already deeply affected by major depressive disorder and generalized anxiety disorder. The reader is introduced to his internal world — the pervasive dread, loss of empathy, and exhaustion that accompany his mental illness even as he tries to perform his demanding duties as a physician—“Sometimes I cry because of the crippling fear of everyday life. Sometimes I just sit and stare, an absence of feeling overwhelming me and dulling my senses”(1). The narrative then moves backwards to examine Jones’s early life and formative experiences. He traces the roots of his anxiety back to adolescence and explores how it intensified during his two-year mission for the Church of Jesus Christ of latter-day Saints in Ukraine — a period that sowed seeds of mental strain that would follow him for years. Jones speaks about the stigma and misunderstandings associated with the term depression and why it took a long time since he himself understood the nature of his illness. So the memoir is taken up as a remedy to clear up these misconceptions and let others understand what depression really is.

According to WHO, depression can cause difficulties in all aspects of life, including in the community and at home, work and school. Also, a depressive episode can be categorized as mild, moderate, or severe depending on the number and severity of symptoms, as well as the impact on the individual’s functioning. There are different patterns of depressive episodes including single episode depressive disorder, meaning the person’s first and only episode; recurrent depressive disorder,

meaning the person has a history of at least two depressive episodes; and bipolar disorder, meaning that depressive episodes alternate with periods of manic symptoms, which include euphoria or irritability, increased activity or energy, and other symptoms such as increased talkativeness, racing thoughts, increased self-esteem, decreased need for sleep, distractibility, and impulsive reckless behaviour.

“But the gargoyle became the most active during my seven years of medical school and residency in family medicine. I developed major depressive disorder during that time to go along with my GAD, a common pairing...” (14). Jones discusses in his memoir how and when he was diagnosed with major depressive disorder. Jones also speaks about instances during his residency programme when he was pimped by his attending physician, Dr. Penrose, where he, as a medical trainee, was bullied because he could not provide answers to a barrage of medical questions while attending a case. He says, “I saw plenty of fellow students and residents cry during rounds in response to pimping” (23). His struggle with "mental distortion" during his residency highlights the "two cultures" gap between the scientific demands of medicine and the emotional reality of the trainee. The "pimping" he witnessed reinforces a "corporeal norm" that excludes those with "invisible forms of disability". This culture of mistreatment is not merely an educational quirk; it is a structural determinant of health that contributes to the high prevalence of depression among physicians, with some surveys indicating that 20% of residents would not pursue medicine again if given the chance.

In the book *Depression: Integrating Science, Culture and Humanities*, Bradley Lewis states that “Other cognitive symptoms include negative thoughts centering on themes of worthlessness, guilt and shame” (164). Jones in his memoir also puts it that medical training is extremely difficult as many publicly shared experiences have illustrated; the things that are especially hard are the long shifts and constantly disrupted sleep cycle. The stress in medical training is amplified by the fear of making a mistake that will either kill a patient or lead to significant lifelong disability. In the book *Edward Bibring’s Theory of Depression*, David Rapaport quotes Bibring: “Depression is... primarily an ego phenomenon”; “[it] represents an affective state”. “[Anxiety and depression are] both... frequent... ego reactions... [and since] they cannot be reduced any further, it may be justified to call them basic ego reactions” (9).

According to the handbook issued by US National Institute of Mental Health:

There is no single known cause of depression. Rather, it likely results from a combination of genetic, biochemical, environmental, and psychological factors. Research indicates that depressive illnesses are disorders of the brain. Brain-imaging technologies, such as magnetic resonance imaging (MRI), have shown that the brains of

people who have depression look different than those of people without depression. The parts of the brain responsible for regulating mood, thinking, sleep, appetite and behaviour appear to function abnormally (8).

American Psychiatric Association clearly distinguishes between grief and depression: In grief, self-esteem is usually maintained. In major depression, feelings of worthlessness and self-loathing are common. In grief, thoughts of death may surface when thinking of or fantasizing about “joining” the deceased loved one. In major depression, thoughts are focused on ending one’s life due to feeling worthless or undeserving of living or being unable to cope with the pain of depression. Distinguishing between grief and depression is important and can assist people in getting the help, support or treatment they need.

As Jones enters residency, the gruelling demands of clinical training magnify his emotional struggles. Sleep deprivation, intense workload, and clinical responsibility leave him feeling physically and mentally depleted. He illustrates how prolonged stress jeopardizes not only his own well-being but also his ability to provide compassionate care, capturing moments where exhaustion and anxiety interfere with his ability to focus on patients. Rita Charon’s framework of Narrative Medicine is defined as clinical practice fortified by “narrative competence”—the capacity to recognize, absorb, interpret, and be moved by stories of illness. In analyzing a physician-authored memoir like *Fallible*, this framework helps us to move beyond a strictly biomedical view of depression towards a “human-centered” understanding of the healer’s own suffering.

Throughout the book, Jones shares his journey with diagnosis and treatment — from initial panic attacks to formal recognition of anxiety disorder and subsequent attempts with medication and counselling . “What I was experiencing was probably closest to generalized anxiety disorder(GAD), a diagnosis that I did not officially have until the age of twenty-two , though I displayed some elements of social anxiety disorder as well”(42). These parts of the story blend personal narrative with reflections on how mental illness is understood and treated, including the barriers he encounters within the medical system.

A central tension in *Fallible* is the physician’s struggle to reconcile his professional identity with his status as a person with a disability. G. Thomas Couser notes that mental illness is increasingly categorized as a “mental catastrophe” alongside madness and addiction, yet the distinction between “physical” and “mental” catastrophe is difficult to maintain in a culture that views both as functions of biochemistry. Disability Studies offers a “social model” that shifts the focus from “fixing” the individual brain to “fixing” the ableist environment of the hospital.

Historically, disabled characters in literature have functioned as "foils" or codes for "inner faults," reducing them to a single dimension. Couser argues that the "rise of some body memoirs" in the 1990s allowed disabled individuals—including those with no prior claim to fame—to counter their "historical objectification" by occupying the subject position. Jones' memoir is a "political as well as a mimetic act," speaking for as well as speaking about the disabled physician. "The stigma that pervades our society about the "weakness" of mental illness permeates the medical profession even more powerfully"(138). After completing residency, Jones becomes faculty in a family medicine program. While this role eases some immediate stressors, he soon confronts additional challenges, including the emotional toll of being named in a patient lawsuit — a distressing episode that lingers over him and exacerbates his anxiety.

The memoir closes with Jones's reflections on his long struggle: he emphasizes that mental illness does not disappear, but personal growth, self-acceptance, and support from family and community make living with it possible. Rather than presenting a simple cure, he offers insight, honesty, and practical reflections about resilience — encouraging readers to embrace their own vulnerability and fortify their inner strength. In the book *Depression: Integrating Science, Culture and Humanities*, Bradley Lewis states that "Other cognitive symptoms include negative thoughts centering on themes of worthlessness, guilt and shame"(164). Kyle Bradford Jones speaks about these negative thoughts in his memoir thus: "My tears came from shame. They came from hopelessness. The came from anxiety and stress and expectations and failing my wife and failing my God and failing my education and failing my very being"(136).

According to American Psychiatric Association, depression (major depressive disorder) is a common and serious medical illness that negatively affects how you feel, the way you think and how you act. Fortunately, it is also treatable. Depression causes feelings of sadness and/or a loss of interest in activities you once enjoyed. It can lead to a variety of emotional and physical problems and can decrease your ability to function at work and at home. The most precarious intersection of Jones' personal struggle and his professional life lies in the legal requirements of medical licensure. Historically, state medical boards have asked "intrusive and stigmatizing" questions about an applicant's mental health history, regardless of their current ability to practice safely. This practice has created a "pervasive stigma" that deters up to 40% of physicians from seeking help for depression due to fear of professional repercussions.

"Although there is a higher-than-average mortality from cardiopulmonary disease, accidents and substance use in depressed individuals, suicide accounts for most of the mortality associated with depression and, for the matter, with all psychiatric disorders" (Chaturvedi 52). Jones openly speaks

about stigma of mental illness among doctors. Jones in his memoir highlights the entrenched idea that psychiatric illness is a “moral failing”, especially in medical culture. This critiques how healthcare institutions frame suffering and “professional weakness”. Jones describes his own anxiety as “ the gargoyle forever watching me”.

In *Depression*, the handbook published by The US National Institute of Mental Health, it is said that “In addition, trauma, loss of a loved one, a difficult relationship, or any stressful situation may trigger a depressive episode.”(6). In the memoir *Fallible* Jones speaks about his married relationship with his wife Becki. He says both of them were struggling at times and that their relationship increasingly suffered-“She resented me for not being there more. I resented her anger at me and ironically I had little empathy for her anxiety and depression” (137).

In the book *Depression: Integrating Science, Culture and Humanities*, Bradley Lewis states that “People with normal sadness may need support and help, but they are not ill. By contrast major depression is depression without a cause. ...major depression is a medical disorder associated with pathological dysfunction or defect that tends to be long lasting and recurrent”(293). In a book by Lawrence Wallace on *Cognitive Behavioural Therapy: 7 Ways to Freedom from Anxiety, Depression, and Intrusive Thoughts* he puts it that happiness is trainable and achievable too. The author throughout his book lays out useful methods that will help the reader to become empathetic towards themselves, love them better to find that eventual happiness. The trainable methods are based on mindfulness & cognitive behavioural therapy which are the most powerful ways of healing depression. According to American Psychiatry Association, Psychotherapy, or “talk therapy,” is sometimes used alone for treatment of mild depression; for moderate to severe depression, psychotherapy is often used along with antidepressant medications.

Cognitive behavioural therapy (CBT) has been found to be effective in treating depression. CBT is a form of therapy focused on the problem solving in the present. CBT helps a person to recognize distorted/negative thinking with the goal of changing thoughts and behaviours to respond to challenges in a more positive manner.

In *The Depression Workbook: A Guide for Living with Depression and Manic Depression*, Mary Ellen Copeland speaks about self-motivation, which can help an individual take greater control of their health and overall well-being. The book helps its readers to reinstall their lost self confidence and spells out ways to handle depression rather skilfully. The book also provides a way wherein readers are urged to create their own plans to manage depression.

As contemplated by authors Brian Hurwitz and Victoria Bates in *The Edinburgh Companion to the Critical Medical Humanities*, illness narratives repeatedly indicate that medical problems ramify far beyond healthcare, which it is the task of the medical humanities to comprehend and interpret. Even though there are concerns that the rhetorical appeal of narrative may be out of control, disciplines that hold its ordering capacities central to their analysis and commentary recognise how ‘narrative resists straightforward and agreed-upon definitions and conceptualizations’, a resistance that acknowledges the multiplicity of roles stories continue to play in human affairs.

The analysis of Kyle Bradford Jones’ *Fallible* through the frameworks of Critical Health Humanities and Disability Studies reveals that physician depression is not merely an individual biochemical failure but a "symptom" of a structural malady within the culture of medicine. By utilizing "narrative repair" and challenging the "aversive conditioning" of pimping culture, Jones provides a "counter-narrative" to the myth of the imperturbable physician.

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