

Article

# Are Family Systems and Medical Systems Broken? An Auto-Ethnographic Reflection on Psychiatric Incarceration in India

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**Abstract:** I examine whether undue power and privilege allow families in India to use force to incarcerate their wives, daughters or other family members who may deviate from the “norm”. Using my own personal experience, I examine the intersectionality of gender, violence and privilege to see how several systems are broken. I also argue psychiatry and the patriarchy are tools of oppression and how India and most other societies continue to perpetuate trauma in those they are trying to help. In addition, families become “allies” to psychiatry and medical systems unwittingly and become “keepers” of their broken people. By citing other writing and memoirs, I will show how stories like these have been happening since before Victorian times to the present.

**Keywords:** India; agency; power; family; violence; forced incarceration; psychiatry; trauma; intersectionality; gender; writing for wellbeing

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## 1. Introduction

This article is written in the style of Andrew C. Sparkes’ article, *Embodiment, Academics, and the Audit Culture: a Story Seeking Consideration*, where he argues his paper entirely by the telling of a story in fragments, saying “in the end, the story simply asks for your consideration” (Sparkes 2007). My article consists of two parts. Part 1 is made up of snapshots of when I was forcibly incarcerated into mental health facilities in India in 2007 and 2012. Unfortunately, in India, despite its new and progressive Mental Health Act 2017, people are still routinely put away—for difficult divorces, property disputes and other feuds, alcoholism, and, in some cases, mental health issues as well. These snapshots are now a part of a memoir I am writing as part of my PhD. Part 2 presents some critical thinking about psychiatry, agency, gender, the need to re-examine treatment, treatment gaps, alternative ways of viewing distress, healing and recovery. This section will also refer to the scenes in Part 1, applying academic knowledge to the real life examples. It is my belief that writing a politicised memoir like this is essential for starting dialogues in society about the treatment of women, how agency can be misused, and how psychiatry is sometime retraumatising. Phillips states “even our most personal stories are always a far broader cultural and political affair” (Phillips 2001). Memoirs “can serve to help us escape from the strictly personal, to contemplate the bigger picture” (Miller 2000), and this is one of the key reasons I am doing research on memoirs and writing my own. Gosselin writes about memoirs as a mirror and states: “Telling a story is necessarily selective, as an author must decide which elements to include and which to exclude”. She writes how narratives (in memoirs) have the power of transforming public dialogue about their subject (Gosselin 2011).

Some of the language and content in Part 1 is very graphic and may be distressing for readers or not be what they may think is suitable for an academic journal. However, it is my belief that this explicit content is justified as I go on to discuss problems with biological psychiatry and family relationships that can sometimes be coercive.

All names and places have been anonymised to protect identity.

## 2. Part 1

### 2.1. Treatment

that was treatment  
those hands crawling on your body  
the poison injected  
as you are stripped  
dragged along the corridor,  
the faint smell of formaldehyde  
and phenyl

that was treatment  
the laughing of nurses  
the condescension of doctors  
the asking of the same questions  
until you utter the words they want to hear

that was treatment  
that was treatment  
that was treatment

in a hospital with walled windows  
in a hospital with more guards  
than doctors

that was treatment  
the waking up  
to odours of stale food  
the laughter of guards  
the ringing of their cellphones  
in your cell

that was treatment  
befriending of rajan, tour guide from ajmer  
who spoke of love, loss and longing,  
drooling, his feet in shackles,  
his eyes telling me a hundred stories

that was treatment  
taking a mother from her sons,  
that was treatment

and when they strip every last bit of human dignity  
along with your clothes, the skin on your bones,  
the laughter in your eyes, the sun upon your tongue

they walk with their heads held high  
they are doctors, you see  
treatment is the name of the game

and that was treatment

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The police roughly pull me off the jeep. *Chalo, chalo*, they say. *We have other work to do*. I am taken through an entrance labeled EMERGENCY. The police have a brief discussion with a group of people who appear to be expecting me and then leave.

A large room with doctors and nurses in white mill around me. There is a counter, like a Reception, a woman in a starched nursing uniform standing behind. They take my purse and mobile phone from me and ask me to lie down on a bed covered with a dirty floral sheet. I protest, I don't want to lie down. There are daisies printed on the sheet, I note distractedly.

"Why am I here? Surely, I am allowed one phone to call my family?"

"No phone calls allowed", they inform me, smiling. Panic rises like a wave in my throat and I can't swallow.

And then I see him. He is advancing towards me with a huge injection. In my peripheral vision, I am aware of a cage in the corner of the room, painted dark green. It is the sort they may lock an animal into, or perhaps a mad woman? My eyes shift to his pocket, the words Dr Rakesh monogrammed on a white coat in red. The injection is coming closer; as if mesmerised, I watch as he slides my sleeve up.

The sting of the syringe in my forearm. My throat starts to close up. After that, nothing.

Minutes later, hours later, I don't know which, a wheelchair wheels me through a dark and narrow corridor. Blue walls close in on me. A chemical haze, my body unable to move, or speak. Where are they taking me? I want to scream or walk but can't. They push me along, chattering and whistling. Steps. The wheelchair at a frightening angle, I am being carried up. My throat feels like it is full of warm cotton wool. Grey shiny steps move and white walls close in. I'm petrified I'm going to fall. I'm scared of heights. I feel like I'm falling, I'm falling . . . but they keep carrying me higher and higher. Flat ground again, such a relief, and a blue door is pushed open. A small room, lit too bright, a single bed against a wall, a small window. The men lift me out of the wheelchair and I sink into a pillow. My limbs are heavy, so heavy. I can't move. I can't speak.

Cotton wool clouds. Shining white light. It's so bright and it's so heavy. Can't keep my eyes open. I sink into the clouds.

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"I want to make a phone call," I say. I hear my own voice shaking, my voice higher than normal.

"Sorry, the phone is busy." Sister does not even look up. Weird. The telephone is lying on her desk, unused and obviously available. Black and solid, spiral cord connecting the handset to the main telephone.

"It's okay, I'll wait." I lean against the wall.

"No, no, go back to your room. I'll send word for you when you can use the phone. Who will you call anyway?" Then she laughs, as though she has told a joke. Sister looks at me and then at Aparna and Reshma who have followed me here.

A few minutes pass. I stay leaning against the wall, shifting my weight from my legs to the wall.

Sister picks up the phone and makes some calls. She places her hand on the receiver and says, "Can't you see, the phone is busy?"

"It's fine. It's not like I have anything to do. I'll just sit here quietly on the floor." I sit down, cross legged, on the floor. The floor is cool, the grey mosaic shiny. There is a faint smell of formaldehyde and phenyl in the air. In the General Ward, I hear voices and some chairs being moved. Sister is starting to get flustered and I decide to keep sitting patiently, wordlessly. There is no law against waiting, right?

Sister punches a few numbers into the phone and then rings a bell. Two orderlies appear. She nods in my direction and they walk over to me. I look up at them and suddenly I feel one of them yank my arms, holding my forearms. The other one is just following. The walls shift and my hair hurts as it gets trapped under me. My arms hurt and feel like they will be pulled out of my shoulder joint.

I am being dragged across the floor like a sack of potatoes.

I feel my kurta rising, feel the shame of my exposed midriff, my bra probably showing. But my hands are over my head and the orderly keeps dragging me. The floor is smooth and hard under me, very cold. I hear Aparna and Reshma laugh a little and say something to Sister. Sister laughs loudly. All I can smell is the formaldehyde and the phenyl. I see the side of my bed and we are in my room. Number 16. The other orderly picks up my feet and I am dumped on the bed. A nurse appears, pulls down my pants and I feel the cool swab of spirit, the hot sting of an injection.

The door closes. As I swim into unconsciousness, it seems to me this is what rape feels like, this utter powerlessness, this being violated, my body not my own anymore, just a piece of meat for anyone to do anything to.

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At eight o'clock after dinner, like clockwork, Dr. Tripathi appears after a quick rap on the door. A minion follows holding a clipboard and a pen tucked into the left pocket of his shirt. Today Dr. Tripathi is wearing a blue shirt, chocolate brown slacks and the same black pointy shoes. I don't trust men with pointy shoes. He smiles but the smile does not reach his eyes. Aparna and Reshma stand up in his presence like he is some God they must be reverent to. I hate him more with each passing day.

"So, Jhilmil, you had a good day?"

I want to scream and say no, I did not, thank you very much. I want to shout my outrage at being dragged across the floor. I want to tell him that I have never felt so violated in my life. I want to cry and protest and ask for justice. But something tells me he will gloat. They are winning and I must not let him see that.

Instead I smile. "Yes." I look directly at him, willing him to refute my good day. He must know something. But he does not engage.

"Good, good," he says distractedly. He looks at Aparna.

"Appetite okay?"

"Yes, Doctor."

"So, Jhilmil, do you feel guilty yet?"

Every day he comes in at 8 pm, and everyday he asks me this same question. Guilty for what? I have done nothing wrong. I have been a good wife. Does he mean I was guilty of making a fuss at Sunshine Hospital? Are they the ones who have locked me up for life? Guilty of being a bad daughter? Going public with my story when I felt persecuted? But no, I have done nothing wrong. Who has asked him to ask me this and what should I be feeling guilty for?

I try to figure out this question. Why does he ask me this every day?

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The therapy room is dingy and painted grey. The desk is cluttered with files with curling edges, getting older and gathering dust. Behind it sits Dr. Sunita who is a young woman in her late twenties. She briefly looks up at me when I am brought in, then waves at me to sit down while she keeps speaking with someone on the phone. Aparna and Reshma leave me alone with her for a twenty minute session.

"So, Jhilmil, I have been told you have bipolar disorder."

"So the doctors tell me. But how do they know? I have never been tested. They just injected me when I was brought here."

"Well, it says in your case notes you do. So let's talk about how you feel."

"I am confused why I am here. I don't know where my family is. Will I be here forever?"

Dr. Anuradha smiles a secretive smile.

"I'm not at liberty to discuss those things. Let's talk about you. Let's talk about your symptoms. How do you feel? How do you think you could improve?"

I don't feel like answering. I look out of the window. Its glass panes have been painted with white paint, presumably to save on the cost of curtains while giving the room's inhabitants a sense of privacy. The white paint is peeling in bits, showing me a view of the corridor outside, glimpses of

people walking by and a spot of green from a tree. I come back to Dr. Sunita who has been speaking all this time.

"I want you to walk every morning and pump your arms like this." She makes a boxing movement in front. "You think you could do that?"

I nod. I want to tell her I walk already and practice yoga in the park with the balding grass. But I don't feel like talking with her. There is something like an I-Know-It-All kind of demeanour about her.

"How is your appetite?"

"Fine."

She gets another phone call and takes it. She laughs and says "I can't speak now" to the person on the phone but keeps listening, smiling coyly, laughing, twirling a strand of long hair in her fingers. She puts her palm out, upwards as if to tell me to wait and continues to listen on the phone. Meanwhile the clock on the wall continues to tick and soon our time is close to being over. She hangs up the phone and looks at me.

"So, same time on Friday. I will see you twice a week." It was not a question or anything to check whether I wanted to see her. It was simply her decision and I was not a part of it. She rings the bell and Aparna and Reshma come in and escort me out.

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Evening is approaching. Marigolds bloom with thin spindly stems along the wall that lines this garden. There is a driveway that curves away from the garden and beyond it, the gate they brought me in through. What'll happen if I break into a run and try and scale the gate? I am sure it will not be pretty and I will be dragged back and injected again. This time maybe the ECT machine will be used on me. Successfully. They had brought it to my room last night.

I had been asleep; it was midnight maybe. Suddenly the room was awash with light and there was a junior doctor standing there with two male orderlies. I was groggy and disorientated. Sister stood present and there was a machine with electrodes and a display looking like a fridge voltage regulator. I knew I was in danger. I screamed.

"Don't worry. We just want to measure your blood pressure. This is just a better machine to check."

"You call my family. You want to give me electric shocks, you do it when my parents are here. Get my husband. Bring my children. I need someone with me."

"Come now, don't make a fuss."

I screamed even louder and they looked at each other. In the next room, another patient woke up, I heard the sound of a glass being knocked over and footsteps shuffling. As if speaking some secret language, they turned around and left. In the morning, I wondered if it had been a dream.

I look again at Mr. Gupta and Sanjay and wonder if we will all get ECT at some point. Maybe we will become zombies, or do they call them cyborgs now, like they did in that book, *The Stepford Wives*. Maybe we will all become robots and go back to our previous lives, improved, enhanced, perfect.

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## 2.2. Button

Persuaded to try medication,  
"very few side effects, no problem,"

Dr. Rakesh smiles at your husband.  
You are just a possession, a car

to service, a house to maintain.  
He proudly leads you home,

10 mg of this and that,  
and a brand new wife.

Your voice does not matter—  
the thickening tongue,

the diminishing libido.

Your body not your own,

your limbs swim in treacle,  
your mind, anaesthetised,

your smile pasted.

The new, improved Wife,

Model 101—will last  
without complaint.

Just press the button.

It is Day 14, I think. I have been in solitary since I came in. I learn this is a term when they keep you secluded or away from your family. Because it appears my family indeed knows I am here.

It is just after breakfast. I am sitting on the green checked bedspread reading the newspaper. I have devised several plans for staying busy. I read the paper for a long time. I tear out bits of interest to me. I read the advertisements and the obituaries. I read about society people and I read about crime. I read the Letters to the Editor. Just as I am tearing out another article I may like to read again, there is a knock on my door and without my saying “come in”, the door opens. Timothy is standing in the doorway. He is thinner, looks weaker, but he is really there and he is smiling at me.

I run to him and hug him.

“Oh thank goodness. I kept asking them and they would not let me call you. How did you find out I was here? Can we go home now? Aparna, Reshma, see, this is my husband. I told you I would get out of here.”

They are smiling, a little sadly, a little pityingly.

“No, you can’t come home yet, hon.” Tim’s voice is low and soft.

“You’re not well and you need to get better.”

“But I will be fine at home. I will be good. I will eat these awful medicines if you want me to.”

“Let’s see. For now, you need to stay here and get better.”

“Did you know I was here all this time? I thought you were dying. I went to the Embassy. But no one helped me.”

“You’re really not well, honey. The hospital here thought it was best to keep you sedated but I came and saw you a few times. Plus your father has been sleeping in the hospital here in the family area—those are the rules. But we were not allowed to meet you, the hospital thought it was best we stayed away for two weeks.”

Best for whom? What will they get by lying to me, not telling me my family had locked me up? All this time I was wondering how I had ended up locked up in a psych ward, and it had really been my parents and husband. They had conspired to lock me up, just like Mr Gupta’s family and Sanjay’s. Like everyone else here. I feel strangely deflated. All the excitement from seeing Tim falls from me like a discarded party dress, once so bright but then used, worn and thrown into the laundry.

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The pain is intense. Cramps in my legs and my back feels like it is on fire. I struggle to open my eyes. I’m still in Sanctuary and it’s the middle of the night I think. The chairs where Aparna and Reshma sit are empty. What is this new pain? I can’t breathe, it’s that bad. My legs seem to be locking and cramping. Turning over, I try to see if I can get comfortable or breathe. It’s no good. Maybe I am having a stroke. Maybe it’s some terrible side effect of the pills. I need the doctor.

Turning on the light, I hobble to the Nursing Station. Tonight, it's the young and pretty nurse on duty, the older one who had me dragged across the floor is luckily not here. She looks up from the book she is reading. The time on the clock above her head says 1.25 am.

"What is it? Can't sleep?" She is not smiling or looking happy at being disturbed.

"Pain. So much pain. Doctor?" I gasp, pointing at my legs. I wonder which doctor may be on duty and what is wrong with me.

"So much trouble you all are! All of you are crazy, you mad people. And we have to look after you. Makes us all go crazy as a result." She angrily pushes aside her chair and it topples over. I take a step back.

"Go and lie down. I am coming in two minutes."

"But . . ."

"Go. Don't wake up the other patients. See, everyone is sleeping."

The ward is completely quiet at this time. I've never seen it this way. So orderly, so quiet. But then I'm always asleep or sedated at this time. I wonder where Aparna and Reshma and the other attendants sleep. No sign of them anywhere. I somehow hobble back to my bed. The pain is getting more intense. I bite my lip in order to stay quiet. Gulping a glass of water, I wait. And then the door opens.

Sister Suparna, that's what her name is, is there with a tray holding a large injection. She motions me to lie down and without even taking my pyjama bottoms down or asking me to, she injects me in my bottom through the fabric. I feel the sting and then nothing. She roughly pushes me to the centre of the bed and then she is gone.

My eyes burn with tears. But my body starts to relax with the injection soon and the pain starts melting to waves of slight discomfort and then it is gone. I fall asleep with the lights still on, Sister having come and gone in a flash of injection rape.

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### *2.3. Flashback to Marriage, Maybe Three Years before the First Hospital Incident*

I feel his hands on my back. I try to keep my breathing even, so he will think I am asleep. His hands grow more insistent and I feel his fingers on my nipples, trying to arouse me. As I lie still, his hands wander into the warm space between my legs and I know he will not stop or be able to sleep without sex. I roll over and let him begin to kiss me. His kisses are so wet and repulse me. He's wet and disgusting, slobbering in my ear. His belly is soft, and I start fondling him. I know what's next. It is always this way. I get up and go down on him, trying to moan the way he likes, trying to let my mouth do what my mind was protesting against. He keeps touching my breast. I feel myself sighing.

I let him have his way, using my body the way he wants. The way he needs to so he can sleep. This way, it'll be over sooner. The clock face gleaming in the dark bedroom shows 2 am. I am now wide awake.

And he moves, grunting, his hand on my right breast. And in my head, I am planning the next day's tiffins for the boys. Should it be grilled cheese sandwiches or the leftover banana cake and some fruit? I can't breathe. All I feel is wetness and his weight. I want it to be over. I want to go wash up. He moans, stops moving and reaches for tissue. I kiss him, relieved that it is over.

"Love you, honey", he says, rolling over.

"Love you." My automatic response. "Go to sleep."

"Goodnight." He voice is sleepy. "That was great, wasn't it?"

"Mmmm."

In the guest bathroom, I retch violently. I gargle with Listerine. I hate throwing up. Do I hate it more than the sex? And then the tears come, mixed with a feeling I can't understand. A feeling of claustrophobia, a feeling that I have to run away, a feeling I can't breathe. Pushing the bathroom window open, I try to inhale huge gusts of air. The tears are warm, thick, salty, mixed with snot. I

feel them trickling down my face. The tap is running, the tears are flowing, and I need to escape. But to where?

The bathroom cabinet is so full. All the mini shampoos, the conditioners, the lotions from various hotels and conferences, all the loofahs I bring back never to use, the nail files, the nail polishes, the pumice stones. I organise, stack, clean, discard. The tears start to stop. The breathing gets more even. I am wide awake and going back to bed is not even an option.

I walk into the study and turn on my computer and go into the kitchen to make some tea while the computer starts up. As if on autopilot, I add ginger and cardamom and let the water simmer as I start unloading the dishwasher and use a dishtowel to dry the tiffins for the morning, just a few hours away. Greedy for this me time, I pour my tea into a blue mug with flowers and take it into the study. I start writing a post on my blog. The hours pass. As I start yawning finally, I look at the time. 5.30 am. Almost time to wake up the boys. Knowing I can't sleep now, I wander into the kitchen to make another cup of tea and make some toast for breakfast. I am so sleepy but force myself to stay awake. Maybe I can sleep after dropping the boys to school.

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Violence is doors being slammed. Violence is the sound of silence. Violence is staying away from the bedroom and reading late into the night. Violence is laughing on the phone with someone else and stony silence again. There are many shades of violence and Tim knew them all. Violence spread on my skin like a purpling bruise no one ever saw. I felt violence on my chest, suffocating me while I slept. I felt violence on my thighs, being forced open while my mind screamed no. I felt violence on my arms, being twisted till my eyes watered. I felt violence like a door slammed on my face. I felt violence like a wet and heavy shaggy dog, the smell of wet dog pervading everywhere, robbing the lightness of my very being.

And yet, as I spritzed some perfume behind my ears as I got dressed up to go out, his hand on the curve of my back, he opened doors for me, always the gentleman, always so solicitous. *Darling, another glass of wine?* Pulling out my chair at restaurants. An arm at my waist, gently supportive. Who would believe me if I told them that I couldn't breathe? That his pouting at home and sulking for sex was driving me crazy? That there was no physical beating, but I hurt everywhere. Even if I said anything, I would be considered crazy indeed to find fault with such a perfect husband.

And so it continued. And I broke again and again as I offered my body, like a peace offering, a white flag. There are many routes to becoming crazy and this was mine. Telling myself to ignore what my body was saying. Shutting my ears to the screaming in my head. Closing my nostrils as I struggled to breathe when I was taking him into my mouth. Suppressing the gag to vomit because this is what good wives do. Cringing from his kisses. Making lists in my head while he was moving on me, in me, over me. Disassociating from my body.

And what a disastrous mistake it turned out to be.

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#### 2.4. A Personal Reflection, Eight Years Later

As I write the memoir and work critically and reflexively, I realise that you, dear reader, may wonder what I had done to "feel guilty" about. In truth, it was nothing at all because all I had done was to try and be a "good wife". However, the sexual trauma, perhaps coupled with emotional neglect from my parents in childhood, created in me low self esteem and a distress so physical that it took a toll on my health. I became a dysfunctional wife and mother and in my parents' and husband's opinion, someone who needed to be locked away, someone who needed to be "fixed". This pathologisation of suffering, especially in the context of marriage and the roles expected of women, is unfortunately all too commonplace. It is also a commentary on how women are raised, perhaps more so in cultures like in India, where we are raised to be compliant, to be "good", even if our bodies and minds are screaming otherwise. At the time of being locked up, my ex-husband was being treated for a fever in hospital and I was having a panic attack because I thought he might die. I was pacing the walls



of the hospital and was sitting in corridors chanting religious mantras for the health of my husband. These were my ways of dealing with the stress at the time, and everyone should be allowed to manage their stress their way, but perhaps as this was alien to my family, they thought this would be a good time to have me put away. Although it was never discussed explicitly, by putting together the pieces later, I believe my parents were instrumental in organising the police and the hospital where I was taken for “treatment” after having some forms signed by my ex-husband. There are humane ways of dealing with a wife who is having a panic attack, and using ten police men and women to have her committed, in the absence of her family, is not one of them. It is also important to mention that I had been undergoing talk therapy because at the time, I was desperate to save my marriage. All of these factors led to me being the “problem” figure, unable to function as per patriarchal expectations. This was what the doctor in Sanctuary perhaps referred to, when he kept asking whether I felt guilty yet. Unfortunately, this is common as many women, especially in India, are routinely put away for these inability to conform to patriarchal standards, and I was just another one of them. In my case, aligning with feminism, using writing to reclaim my own self, and aligning with advocacy helped me towards recovery, and this is what the second part of this chapter describes. It is also important to view how families as well as the power structures of hospitals and society are broken and how we can work towards building a more humane world.

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### 3. Part 2

#### 3.1. Introduction

In this special issue, the concern is with BAME children, families and their communities in and against social welfare systems. In this article, I reflect on my own journey to where I am today and ask questions—through the lens of the personal is the political—about how my story may inform change and transform communities and systems of care. I employ auto-ethnography to reflect on how the sum of all our past selves are always present in us. Critical reflexivity may help to further our understanding of biological psychiatry, other broken structures, and the political issue of families exerting control, mostly on women. I offer the idea that genealogy can be looked upon as an analysis of actions taken, or history, describing “present tangled paths and offering a prescription for a better path to be taken” (Kretsedemas 2017). Thus, I reflect on my own feminist genealogy, realising that my “story” is still being lived and being retold by young people even today.

When we think of labels people are given, the ones that come to mind are ones like disabled, bipolar, queer, black, white and so many others. Perhaps “human” is now the most underused and neglected label. Menzies (2018) criticises the clinical psychology industry for abandoning its links to anthropology, sociology and philosophy, and she argues that insights into human suffering are being ignored. If we used these more, the suffering and pain that being human brings with it would not lead to so much pathologizing; it would be accepted as a part of the human experience. That is one of the problems with psychiatry and the way it ignores trauma and socio-political occurrences like war, economic deprivation, environmental factors, etc. Pathare adds to this conversation by saying that “treatment” carries a medical connotation and implies the biomedical treatment of mental illness, and he suggests treatment should be expanded to look at psychosocial needs (Pathare et al. 2018). Kirmayer and Pedersen concur and state that war and trauma, and ongoing forms of regional violence are definite contributors to mental health and distress (Kirmayer and Pedersen 2014).

The illness model in itself is problematic as it implies something is wrong with the affected person, whereas the societal lens explores a more trauma informed approach, that perhaps something is wrong with the environment around the affected person. The social approach to disability can be well applied to mental ill health as it forces our attention to the social disadvantages and oppression faced by people living with mental ill health (Mulvany 2000). The illness model primarily relies on individual pathology as a sum of their symptoms without seeing people in their social context, being influenced

by their social networks, including family. Highlighting the social model here also places this article as being relevant for genealogy studies as it places awareness and importance to the entire system around an individual. In addition, it is the difference between examining a situation from the “What is wrong with you?” lens to considering “What happened to you?” (Sweeney et al. 2018). Becker-Blease notes that “trauma informed is trending” now and that there is a noticeable increase in this since 2011. She believes that trauma informed care and systems have a lot of potential for trauma victims and survivors, who have had their voices silenced or not believed for so long and writes that there is a growing awareness of trauma associated not just with mental health care systems, but others like the criminal justice system, welfare, schools and society (Becker-Blease 2017). Furthermore, if the social model is used in more cases to diagnose and treat people, perhaps fewer people would be incarcerated involuntarily in institutions as there would be a realisation that several factors need to change, for example, in my case, the controlling family, the attention to marital rape, and perhaps other forms of interventions like marriage counselling, etc.

Domestic violence, including sexual violence, affects 34% of women in India (2005–2006) which can result in psychological trauma including mental ill health. Domestic violence is also a social phenomenon and happens in families. This fact also makes it very relevant to genealogy studies and research. India, like many other countries, lacks mental health practitioners with competencies in psychosocial trauma focused assessment, trauma focused psychosocial interventions and trauma informed professionalism (Suman 2015). In my own case, sexual trauma caused temporary mental health distress, which was completely ignored by the “treatment” I received. Common treatments for mood disorders target current symptoms rather than the core trans-diagnostic variables that drive mental health disorders. If only the symptoms are suppressed or treated and the root cause not explored, can true recovery or healing take place? Perhaps this is one of the reasons for the revolving door in mental health care (Iverach et al. 2014).

In addition, it is important to consider that India, like many other countries, is known for its lack of sensitivity to violence against women. Prasad quotes our ancient texts like the Ramayana, “if women became independent, it would lead to evil . . . the drum, the village fool, the shudras, the animals, women . . . all these are fit to be beaten”. Perhaps this lack of state support leads to domestic violence being ignored or even condoned as it is considered a private matter, despite criminal laws being in place. Thus, violence against women remains an acceptable form of domination that supersedes the law (Prasad 1999). I show sexual violence in my memoir, not even realising at the time that it was abuse, perhaps because women have internalised the patriarchy to such an extent. I also show violence at the hands of the police in my memoir, when they were kicking me, using physical violence to restrain me. All of this is condoned by the Indian state.

### 3.2. *Psychiatry and Control*

In my own experience of mental health imbalances and my brushes with psychiatry, I found no understanding or exploration of trauma by my treating teams. Consider this passage from my memoir:

“OK when you go home, make sure you eat a lot of fruit and salad. It all helps. Now let’s talk about the problem in your relationship with your husband. What would you like him to do? What seems to be missing?”

I think of Tim, the unwanted sex, the bleeding from my vagina, from my anus, the vomiting, the claustrophobia. I think of my four children. Maybe I can still fix this.

“Maybe if there is romance, it will get easier to have sex with him. Maybe he could call me a few times a day from work?” Even to me, my words sound weak. A weak woman pleading for a few scraps of her busy husband’s time.

“OK, I am going to mention this to him. You know, everyone at home is very keen to have you recover. They want you to understand the things you are doing wrong so you can go home soon. They have been in to see me and I’m a professional, I know this. So it is all in

your hands how soon you start making these changes and recover. Of course, you will be on medicine forever, but hopefully therapy will also help you to change your behaviour.”

In this passage, I show a scene with a psychologist and myself when I was incarcerated. Even though I mention “easier to have sex”, there was no probing about whether there was a problem there, about why was it difficult to have sex, etc. It was taken for granted that I was the part of the puzzle that was not working, that I was the part to fix, the one whose behaviour needed changing. Narayan (2018) writes in *Chup*: “sexual inequality can also exist within the safety of a marriage . . . her psyche is so deeply imprinted with inequality that her life operates around making her husband sexually happy while discounting herself”. She writes that the structures of patriarchal oppression are so well entrenched that we do not even recognise inequity when we are immersed in it, and I found that this was true of my own situation at the time. It is through writing this memoir and through many years of distance that a critical reflexivity has grown, and I can recognize, now, how abused I was, but I was completely clueless at the time, and the so-called professionals did not call it out either, perhaps because women are supposed to keep “adjusting” and keep complying (Narayan 2018).

From times immemorial, women are considered to be the problem that needs fixing. External sources like sexual abuse, financial worries, etc., are not taken into account. Childhood neglect or abuse is not considered. The woman acting irrationally becomes the malfunctioning part of a patriarchal system. The labelling begins. The “treatment” begins. There is a vast amount of literature exploring women and mental illness, especially feminist literature, about the pathologisation of women and critiques of psychiatry, psychology and psychoanalysis. From Phyllis Chesler to Kate Millett to several others, a lot has been written about the pathologisation of women’s unhappiness and the use of psychiatry as a means to control women (Wright and Owen 2001) and explaining that psychiatry is patriarchal and oppressive (Wiener 2005). In her memoir, *The Loony Bin Trip*, Millett writes about psychiatry as “a terrifying form of social control”, after her own relatives put her twice into a mental health hospital (similar to mine). Throughout the book, she questions her family and friends by feeling “betrayed” by their behaviour in blindly obeying psychiatrists.

My memoir depicts Indian psychiatric institutions still running in a patriarchal, paternalistic manner, and perhaps this is also reflective of the Indian culture outside institutions.

“Ann’s husband put her here, Mary’s in-laws, Margaret’s own mother. And the visits of the culprits, are cherished, awaited, loved, hated, feared.”

—(Millett 1990, p. 217)

In the passage above, the protagonist writes about how people’s own families have been instrumental at having them put away but how the “culprits” are still loved and how they still have absolute power. This is another instance of “this treatment is for your own good”, or how being part of benevolent families comes with its cages of constraint and boundaries, and one more reason my memoir is called *The Gilded Cage*. This was similar to my experience and is shown through the telling of my story in my memoir where the caregiver’s voice is believed more and is heard more.

“Broadly defined, paternalism is an action performed with the intent of promoting another’s good but occurring against the other’s will or without the other’s consent. In medicine, it refers to acts of authority by the physician in directing care and distribution of resources to patients” (Drolet and White 2012). Chesler states: “Clinicians all too often treat their patients, most of whom are women, as ‘wives’ and ‘daughters’”.

Paternalism is also seen in families and caregivers unwittingly buying into the whole “cure” and chemical imbalance theories, in my opinion, because at the time, they probably do not know better. It is important to consider that most families mean well and want their loved ones to get better. However, when treatment is forced upon you, control and power are used, and as with anything forced, it may not have the desired effect. Consider this passage where a doctor is in conversation with Millett’s partner, Sophie. Millett was locked in a psych ward against her will:

Again he looks over to Sophie. “She was all over the place, wasn’t she, last summer?” Sophie nods . . . But he must establish the insanity in order to effect his cure . . . She is here to be sealed into complicity like a contract, she is hereby enlisted on the side of the cure, adjunct to the doctor in watchful control.

—(Millett 1990, p. 265)

Thus, in practice, families and caregivers often coerce you into taking medication:

Kate Millett writes about her lover, “she said as much Thursday night over a single cup of coffee at Phoebe’s: ‘If you don’t go back on Lithium I no longer want to see you.’”

—(Millett 1990, p. 257)

The same thing happened in my case once I was allowed to go home. I was to continue taking the medication; it was all part of the “agreement” for release.

As seen in my memoir and the ones I quote in this thesis, getting consent did not figure in the treatment protocol. Consider this, just one of the several examples that illustrate how patient agency is not even considered, from my memoir:

Sister walks in with my afternoon medication.

“I don’t want to have it.”

“You must discuss that with the Doctor. Now take it, else we have to inject you.”

I take a deep breath and down the two pink pills. She watches and then turns around and walks to the door. I watch her legs, the white stockings thick and loose around thin legs, the ankles marked with black shoe polish. The shoes leave the room. Click. The door closes.

### 3.3. Agency

Agency is defined as “the ability of individuals or groups to act on their situations, to behave as subjects rather than objects in their own lives, to shape their own circumstances and ultimately, achieve change (Jeffery 2011)”. However, in situations like the one described above, when you are not even asked what you want, you get the feeling that your voice does not even matter. It almost feels like gaslighting or some form of sexual abuse, because they just assume you will follow along just because they want to proceed.

From small things like these to much larger issues like wanting to give you ECT (ElectroConvulsive Therapy), agency is stripped away from women chip by chip, from a little to a lot, and I illustrate this through the telling of my story. In countries like India, adult daughters are often treated as children (Sherriff 2017). Therefore, not just institutions but also families strip women of agency. For instance, my ex-husband had my fallopian tubes tied without my consent at the birth of my fourth son, Liam, and I describe finding out, and the ensuing horror, in my memoir:

Tim saw me waking up and came to sit by me. He was smiling.

“It all went well. He is here. 7 pounds and just perfect. The circumcision will be in two days, right here. And by the way, we had your tubes tied.”

I had asked for the baby but in my head, thoughts reeled. Is my body even my own? Do I have any say in whether I wanted my tubes tied? We had never had this discussion. I couldn’t speak, my throat was very dry and I was not allowed water until the doctor examined me.

Indeed, from the earliest times to the present, this practice continues: “as early as the sixteenth century, women were ‘shut up’ in madhouses by their husbands” (Chesler 2005). Although more men are also seeking psychiatric help now, it is more common to find women seeking “help” for their problems, according to Chesler. The patriarchal nature of psychiatric institutions has been explored in work by Foucault, Szasz, Goffman, Scaff and many other scholars (Chesler 2005). According to

Hodges (2003), psychiatry's claims to help people who are a "danger to themselves or others" and to be for "their own good" are, in fact, coercive. She claims that since women are still the majority of psychiatric patients, treating them will reunite them (albeit in their new, improved, functional roles as wives and mothers) with their male partners and children and this, therefore, serves patriarchal societal structures. Hodges herself is a survivor of the mental health system. My work provides an Indian context where scholars may not have considered these facts as rigorously, especially the idea that psychiatry is controlling and paternalistic. At the Centre for Mental Health Law and Policy in Pune, India I was giving a talk on Gender and Mental Health to an international group of young psychiatrists, social workers and activists from around the world, and mentioned precisely this on one of my slides. Some of the Indian male psychiatrists in the workshop were very offended. It was obvious they had not even considered the patriarchal dimensions of psychiatry. Clearly, there is much work to be done in this regard in India.

### 3.4. Retraumatizing through Treatment

In addition, psychiatry can in itself be retraumatizing for the very people it professes to help. Through my own experience and that of other service users depicted in the snapshots in Part 1—being dragged across the floor, restrained by shackles on feet, forcibly injected, and given no agency—I depict modes of treatment that are designed to punish and to teach lessons rather than to cure. Perhaps mental patients are less "human" than either medical patients or criminals, Chesler argues, "because they have been abandoned by their own families and have no one to tell what is happening to them" (Chesler 2005). In May 2001, 26 patients who had been kept chained in a religious asylum in Erwadi died as the building caught fire. Be it religious asylums or the more "organized" medical institutions, there are "violations within psychiatric institutions" in India, and mentally ill people face stigmatisation and discrimination because there are misconceptions about the nature of mental illness (Trivedi et al. 2007). My own experience was covered in a 2014 report by Human Rights Watch under the pseudonym of Deepali:

The nurses would make us have the medications in front of them. If I complained that there were too many tablets, the nurse would sometimes forcefully put the pills in my mouth and stroke my throat to send them down, the way I feed my dogs . . . I woke up one night and I couldn't move; my body was in intense physical pain. A nurse came and jabbed an injection into my body, without even taking off my clothes. You are treated worse than animals; it's an alternate reality.—Deepali, a 46-year-old woman with a perceived psychosocial disability, Delhi, 25 August 2013. (Human Rights Watch 2014)

If psychiatry is the apex form of treatment, we need to closely examine what treatment often entails. From retraumatizing already disturbed and traumatised people to furthering the agendas of Big Pharma (Beder et al. 2003), psychiatry continues to be paternalistic and patriarchal in its "it's good for you" method of treatment.

My interest in the trauma informed approach made me also examine the other types of interventions used for mental health distress in India, which still use indigenous, religious and classical means of healing including *ayurveda*, *dargahs*, *jhaad phoonk* and even religious asylums (Biswal et al. 2017). Sax argues that ritual healing can be therapeutic and healing—in many cases, looking more holistically and loftily at "healing", considering the whole person, his family, the environment and more—whereas modern medicine and psychiatry continue to look at an individual as separate parts and symptoms to treat (Sax 2014). While some of these systems of healing suffer from similar power imbalances and similar critiques to psychiatry, sometimes, especially if the person affected chooses these methods, they can be less invasive.

This brings us to an important factor: is the treatment you receive voluntary or involuntary? A feeling of individual agency, of being in control, is important for healing and recovery, and so the question of whether a patient has chosen a particular hospital or institution, or been forcibly put there,

is quite important. Person centred care including shared decision making has been proved to show better results for long term recovery (Dixon et al. 2016). Unfortunately, India is still a long way from Open Dialogue and similar systems of care. It is important to also realise that Open Dialogue also fosters respect from the family (towards the affected person); the user, family member, social worker and clinician are all given space to voice their opinions; and decision making is shared, leading to a more democratic way of moving towards recovery.

### 3.5. Alternatives and Recovery

One reason I advocate “alternatives” to the biomedical approach is to give affected persons more choice. In my work as a poet, activist and founder of a mental health charity in India, I use creative writing as an important tool in helping people heal from trauma or to perhaps make more sense of living with their distress or cope. In prison settings, classroom settings or workshop settings, I have used these sessions with varying results, mostly positive and powerful, and a young, male service user in a British secure unit claimed “I don’t know what it is, but I feel so much better after writing!” I think that poetry, in particular, helps one to make sense of grief and trauma. It opens a door to light (Breckenridge 2018, 2020). In the 1990s, Pennebaker (1993) began publishing results from clinical trials he had conducted, in laboratory conditions, on the connections between health markers and expressive writing. He found that subjects who wrote on distress or trauma showed significant improvements in their health levels over the following six months. Although the connection between personal expression and improved mental wellbeing is widely understood, Pennebaker’s trials followed a scientific protocol so that his work was accepted as “therapeutic” and “scientific.”

In his book *The Body Keeps The Score*, psychiatrist Van der Kolk (2014) drew on his own experience of 30 years to argue that trauma and the effects of stress cause physiological changes in the body and brain that predispose us to diseases like diabetes, heart diseases and cancer. Of course, often, the first place trauma manifests is in the psyche, but when a person does not feel heard, problems shift to the body. Van der Kolk drew on hundreds of studies to show how the effects of neglect, sexual abuse, domestic violence and other adverse childhood effects create adults who may have abnormalities in the ratios of their immune cells as compared to untraumatised people, further exposing them to autoimmune diseases. He prescribes bodywork like yoga, massage, kung fu and other body based therapies as well as creative prescriptions like poetry and art. In my own case, writing indeed turned into my gills and I could breathe again.

### 3.6. Ethical Considerations

There are some ethical dilemmas in using and writing our own stories. One of the factors I have had to consider over the period of this research and memoir writing has been about the ethics of writing about living people, like my parents, ex-husband and children. Some literary critics are dismissive about autobiographers and memoirists, like William H. Gass, in *The Art of Self: Autobiography in an Age of Narcissism*, asking “are there any motives for the enterprise that aren’t tainted with conceit or a desire for revenge or a wish for justification?” (Gass 1994). Furthermore, Paul John Eakin enquires “... the moral consequences of the act of writing itself ... the writer’s selection of intimate details ... merchandising pain ... making someone into episodes in one’s own narrative. What is right and fair for me to write about someone else? Do we own the facts of our own lives, or don’t we?” (Eakin 1999, pp. 160, 171).

Bloom claims that the ultimate goal of the ethics of memoirists and creative non-fiction is the shared experience of the writer and the reader. She writes: “Readers expect the writer to tell the truth. Writers, in turn, expect the writer to understand and respect that truth and the larger Truths their work implies, even though readers may not share its values. The ethical principle dictates an aesthetic fulfilment—that the meaning all be conveyed through character and story that will provide their own clear-eyed witness to the truth, that witness untainted by vindictiveness or special pleading” (Bloom 2003).

I have used this approach in my memoir, which is a politically motivated memoir, aiming to make the reader think about the “larger Truth”, as Bloom writes. I have created a believable character in the protagonist, me, and I tell that story in a form best designed for the telling of this story. I have told the truth, using no “special pleading” to tell my story. I hope by creating this bond between reader and writer, I have told the story I wanted to tell, considering the ethics of writing about people still living.

#### 4. Conclusions

When I was possibly crazy, all those years ago, I remember feeling ashamed and angry when people would ask me how I was. We would be at a party or a picnic, and then an acquaintance, someone I barely knew, perhaps a colleague of my ex-husband, would come and ask, with a sorrowful and serious face, *How are you?* If I replied *Fine*, they would look at me as if I was hiding something, as if they knew the “secret”. It is this feeling you have when you are mentally unwell; the world keeps on spinning, discussing your condition behind your back, and then when you appear, people offer you space but you have to play your part as the “sick woman”. Even now, after many years, some things make me angry. Recently, I was at my mother’s friend’s home for dinner; a lot of people we know in common were present. I was discussing weight loss and lamenting my inability to lose weight, and Usha Auntie, my mother’s friend, mentioned how she had recently taken some supplements and pills and that she had lost weight. When I said *I don’t like to take chemicals and pills*, she laughed and said *yes, some things never change!* She was, of course, referring to the time, many years ago, and the narrative my mother had fed to her friends, *Jhilmil is crazy, won’t take medication, poor us*, etc.

After such experiences, I can see how much work we need to do to change the world so that rights, agency and personal choice matter, trauma is acknowledged, and the perpetrators are not let off scot free—in my own case, the husband committing sexual and domestic violence, kidnapping my children without court orders, was not punished and lives a free life with my children, some of whom I have not seen for eight years. Retraumatizing treatments such as biological psychiatry need to be made more humane, and a psychosocial perspective needs to be brought into evaluating people in distress. These are some of the reasons I work in this space, leading an online magazine called *Mad in Asia Pacific* that showcases more voices from the region on madness, distress and alternatives to recovery. I also hope that my point of view may change the Usha Aunties of the world and perhaps may lead to some policy changes that may impact the ways in which treatment is meted, change the ways families exercise power over their loved ones and perhaps lead to a more inclusive world.

In conclusion, the approach I took in writing this paper was simple—I showed glimpses from my upcoming memoir on psychiatric incarceration in India and then used the second half of the paper to argue what changes are needed and why. I discuss why there may be problems with looking at distress through an “illness” lens, suggesting a more holistic, societal gaze, which would consider trauma, sociopolitical issues, etc. I speak about the control of women through psychiatry and show how their agency may be taken away by it and state agencies like the police, and how families may sometimes be coercive. I discuss how India is insensitive to violence against women. I also show, through my own experience and scientific evidence, how writing can help people to heal from trauma and build resilience. By taking the approach that the personal is the political, I apply auto-ethnography to discuss my own feminist genealogy, suggesting that this could be a larger problem and needs significant critical thought.

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## References

### Primary Sources

- Crenshaw, Kimberley. 2017. Available online: <https://www.law.columbia.edu/pt-br/news/2017/06/kimberle-crenshaw-intersectionality> (accessed on 1 March 2020).
- Das, A. 2011. Farmers' Suicide in India: Implications for Public Mental Health. *International Journal of Social Psychiatry* 57: 21–29.
- Humphreys, Cathy, and Ravi Thiara. 2003. Mental Health and Domestic Violence: 'I Call it Symptoms of Abuse'. *British Journal of Social Work* 33: 209–26.
- Kennedy, J., and L. King. 2014. The political economy of farmers' suicides in India: Indebted cash-crop farmers with marginal landholdings explain state-level variation in suicide rates. *Global Health* 10: 16.
- Kumar, Camille. 2019. *Chapter: Fault Lines, Intersectionality in Social Work*. Edited by Nayak Robbins. Oxon: Routledge.
- Mann, Susan Archer, and Douglas J. Huffman. 2005. The Decentering of Second Wave Feminism and the Rise of the Third Wave. *Science & Society* 69: 56–91. Available online: <http://www.jstor.org/stable/40404229> (accessed on 2 March 2020).

### Secondary Sources

- Becker-Blease, Kathryn A. 2017. As the world becomes trauma-informed, work to do. *Journal of Trauma & Dissociation* 18: 131–38. [CrossRef]
- Beder, S., R. Gosden, and L. R. Mosher. 2003. Pig Pharma: Psychiatric Agenda Setting by Drug Companies. In *Family Therapy as an Alternative to Medication: An Appraisal of Pharmland*. Edited by P. S. Prosky and D. V. Keith. New York: Brunner-Routledge, pp. 193–208.
- Biswal, R., C. Subudhi, and S. K. Acharya. 2017. Healers and healing practices of mental illness in India: The role of proposed eclectic healing model. *Journal of Health Research and Reviews* 4: 89–95.
- Bloom, Lynn Z. 2003. Living to Tell the Tale: The Complicated Ethics of Creative Nonfiction. *College English* 65: 276–89. Available online: <www.jstor.org/stable/3594258> (accessed on 6 April 2020). [CrossRef]
- Breckenridge, Jhilmil. 2018. Breathing My Way through Trauma with Poetry. Available online: <https://medium.com/skin-stories/breathing-my-way-through-trauma-with-poetry-5943e73b1ee9> (accessed on 12 March 2020).
- Breckenridge, Jhilmil. 2020. Poetry as Therapy. In *Beyond the Psychology Industry, How Else Might We Heal?* Edited by Paul Rhodes. Cham: Springer Nature Switzerland AG, Available online: <https://www.springer.com/gp/book/9783030337612> (accessed on 10 March 2020).
- Chesler, P. 2005. *Women and Madness*. New York: Palgrave Macmillan.
- Dixon, L. B., Y. Holoshitz, and I. Nossel. 2016. Treatment engagement of individuals experiencing mental illness: Review and update. *World Psychiatry* 15: 13–20. [CrossRef] [PubMed]
- Drolet, Brian C., and Candace L. White. 2012. Selective Paternalism. *Virtual Mentor* 14: 582–88. [CrossRef] [PubMed]
- Eakin, John Paul. 1999. *The Unseemly Profession: Privacy, Inviolate Personality, and the Ethics of Life Writing*. Ithaca: Cornell University Press, pp. 142–86. Available online: <https://www.jstor.org/stable/3594258> (accessed on 6 April 2020).
- Gass, William H. 1994. The Art of Autobiography in an Age of Narcissism. Harper's May. Available online: <https://www.jstor.org/stable/3594258> (accessed on 6 April 2020).
- Gosselin, A. 2011. Memoirs as Mirrors: Counterstories in Contemporary Memoir. *Narrative* 19: 133–48. Available online: <www.jstor.org/stable/41289290> (accessed on 3 March 2020). [CrossRef]
- Hodges, K. 2003. The Invisible Crisis: Women and Psychiatric Oppression. *Off Our Backs* 33: 12. Available online: <http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=10368097&site=ehost-live> (accessed on 2 March 2020).
- Human Rights Watch. 2014. Available online: <https://www.hrw.org/report/2014/12/03/treated-worse-animals-abuses-against-women-and-girls-psychosocial-or-intellectual> (accessed on 5 March 2020).
- Iverach, Lisa, Ross G. Menzies, and Rachel E. Menzies. 2014. Death anxiety and its role in psychopathology: Reviewing the status of a transdiagnostic construct. *Clinical Psychology Review* 34: 580–93. [CrossRef] [PubMed]



- Jeffery, Liz. 2011. *Understanding Agency*. Bristol: The Policy Press.
- Kirmayer, L. J., and D. Pedersen. 2014. Toward a new architecture for global mental health. *Transcultural Psychiatry* 51: 759–76. [CrossRef] [PubMed]
- Kretsedemas, Philip. 2017. Genealogy: Inaugural Editorial. *Genealogy* 1: 1. [CrossRef]
- Menzies, R. E. 2018. Impermanence and the human dilemma: Observations across the ages. In *Curing the Dread of Death: Theory, Research and Practice*. Bowen Hills: Australian Academic Press, pp. 3–21.
- Miller, N. K. 2000. But enough about me, what do you think of my memoir? *The Yale Journal of Criticism* 13: 421–36. [CrossRef]
- Millett, Kate. 1990. *The Loony Bin Trip*. London: VIRAGO PRESS Limited.
- Mulvany, Julie. 2000. Disability, impairment or illness? The relevance of the social model of disability to the study of mental disorder. *Oxford: Sociology of Health & Illness* 22: 582–601.
- Narayan, Deepa. 2018. *Chup: Breaking the Silence about India's Women*. New Delhi: Juggernaut Books, p. 154.
- Pathare, S., A. Brazinova, and I. Levav. 2018. Care gap: A comprehensive measure to quantify unmet needs in mental health. *Epidemiology and Psychiatric Sciences* 27: 463–67. [CrossRef] [PubMed]
- Pennebaker, James W. 1993. Putting stress into words: Health, linguistic, and therapeutic implications. *Behaviour Research and Therapy* 31: 539–48, Elsevier. Available online: <https://www.sciencedirect.com/science/article/pii/0005796793901054?via%3Dihub> (accessed on 5 March 2020). [CrossRef]
- Phillips, Adam. 2001. *Promises, Promises: Essays on Psychoanalysis and Literature*. New York: Basic Books.
- Prasad, S. 1999. Medicolegal Response to Violence Against Women in India. *Violence against Women* 5: 478–506. [CrossRef] [PubMed]
- Sax, W. 2014. Ritual healing and mental health in India. *Transcultural Psychiatry* 51: 829–49. [CrossRef] [PubMed]
- Sherriff, Nida. 2017. Manipulation, Guilt & Control: Normal in Indian Families. Available online: <https://medium.com/@nidasheriff/manipulation-guilt-control-normal-in-indian-families-6a3860a8a969> (accessed on 1 March 2020).
- Sparkes, A. C. 2007. Embodiment, academics, and the audit culture: A story seeking consideration. *Qualitative Research* 7: 521–50. [CrossRef]
- Suman, L. N. 2015. Domestic violence, psy-chological trauma and mental health of women: A view from India. *Women Health Open Journal* 1: e1–e2. [CrossRef]
- Sweeney, A., B. Filson, A. Kennedy, L. Collinson, and S. Gillard. 2018. A paradigm shift: Relationships in trauma-informed mental health services. *BJPsych Advances* 24: 319–33. [CrossRef] [PubMed]
- Trivedi, J., P. Narang, and M. Dhyani. 2007. Mental Health Legislation in South Asia with Special Reference to India: Shortcomings and Solutions. *Mental Health Review Journal* 12: 22–29. [CrossRef]
- Van der Kolk, Bessel A. 2014. *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*. New York: Viking.
- Wiener, Diane. 2005. Antipsychiatric activism and feminism: The use of film and text to question biomedicine. *Journal of Public Mental Health* 4: 42–47. [CrossRef]
- Wright, N., and S. Owen. 2001. Feminist conceptualizations of women's madness: A review of the literature. *Journal of Advanced Nursing* 36: 143–50. [CrossRef] [PubMed]



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