

Research Article

Mad Is an Everyday, Ordinary Word: Foucauldian Resemblance in Jerry Pinto's *Em and The Big Hoom*

Sheetal Yadav^{1*} and Smita Jha^{2**}

¹Ph.D. Student, Department of Humanities and Social Sciences, Indian Institute of Technology Roorkee, Uttarakhand, India

²Professor, Department of Humanities and Social Sciences, Indian Institute of Technology Roorkee, Uttarakhand, India

(*Corresponding author) email id: *syadav@hs.iitr.ac.in, **smita.jha@hs.iitr.ac.in

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ABSTRACT

In discussions of mental illnesses, writers of all cultures have dealt with narratives envisaging the frailty of the human mind. However influential such works of literature are, there remains a scarcity of analogous narratives from the Indian subcontinent. This form of illness is specifically constructed and controlled by the intellectual and cultural forces that operate within a society. This article analyses Michel Foucault's theories of insanity in *Madness and Civilization* (1961) and draws on his ideas to interpret Jerry Pinto's *Em and the Big Hoom* (2014), a narrative of a family gruelling to hold together in Indian society while dealing with their bipolar, suicidal mother. This essay offers a potent insight into such people whose voices have traditionally been marginalised and suppressed. Though written in different decades, both texts help trace the development of psychiatry, societal stigma on the patients and caregivers and approach towards the mental health care system in India today, with sufferers already at an edge.

Keywords: Illness narratives, Mental health, Indian society, Stigma, Caregiver

INTRODUCTION

Madness has been a recurring literary metaphor in the literature of all cultures, East and West, and numerous famous works deal with the frailty of the human mind. The noteworthiness of mental health and its impact on individuals is not only confined to medical practitioners; however, it was abstracted with fervor by poets and writers.

Even though characters portrayed with mental illness have progressed from the Victorian age, there is observed a ubiquitous absence of such narratives in literature from the Indian subcontinent. In addition to the social taboo that psychiatric disabilities are associated with and inclusive discourse on mental illness narratives foregrounding experiences is rare to flourish. Such works seek to explore how far writers' illness narratives might help us understand what the experience of embodiment feels like from the inside, especially in India today.

The point that these narratives illustrate so well is that psychological discomforts and disabilities are very distinctive and intimate and never only mental. They are the compounds of the mental, physical and social, being part and parcel of one and the other. These writings offer a valuable window into the lived experiences of people dealing with mental illness and how our society constructs their reality blurring the lines between sanity and lunacy. In recent years, bodily experiences as attributes of mental illness are evolving as the subject of surging scholarly, medico-psychological and social interest. Medical humanities and health humanities have also engaged in a cross-disciplinary dialogue about corporeal representation and its meanings in artistic, literary, visual and health discourses (DeTora and Hilger, 2020).

Given this scenario, Michel Foucault's *Madness and Civilization* has produced a vast body of literary criticism and appears to be a foundational and thought-provoking text in understanding today's idea of mental illness. Foucault in this text traces madness through several periods of history and puts forward a convoluted treatment of the role of madness in society, entailing how madness in the classical period was confined and silenced, along with other forms of social deviants. This form of illness is specifically constructed and controlled by the intellectual and cultural forces that intervene within a society. The conduct towards such illness depends fundamentally on how it is perceived. It premediates issues of power, exclusion, marginalisation and the essence of awareness, all of which are central to understanding the operation of mental health systems. Foucault's historical account culminates the importance of the factors of confinement of the 'mad', which he considers as an outcome of moral, economic and socio-political agents rather than some scientific advancement. 'What is constitutive is the action that divides madness and not the science elaborated once this division is made and calm restored' (Foucault, 1988).

Foucault argues that madness in the Middle Ages and renaissance was associated with dark secrets and visions of the end of the world and was somewhere not excluded from society; in the classical period, however, it was confined along with other forms of social deviance, losing its exclusive status. It is during this period that madness ceases to carry on stature in society and becomes a manifestation of non-being.

Confinement merely manifested what madness, in its essence, was: a manifestation of non-being; and by providing this manifestation, confinement thereby suppressed it, since it restored it to its truth as nothingness (Foucault, 1988).

The modern idea of madness as a treatable mental disease developed from 19th-century ideas of madness as a kind of moral evil. Foucault gave a comprehensive introduction to people's influence on this disease from the classical era to the closed era of modern psychiatry from beginning to end. He further illustrates how notions surrounding mental illness are socially and culturally constructed in any age and place. By revealing these structures that surround and define illnesses, Foucault aims to give the confined and the excluded a voice. Drawing on Michel Foucault's views, there is seen a reflection of his highlights in Jerry Pinto's *Em and the Big Hoom*, an account of how a mentally ill person is constructed and viewed in our society, especially in Indian culture where the mentally ill are treated less than a human and their existence is denied. It offers complex narratives that bear witness to suffering, making a moving and powerful argument for listening to and acknowledging the humanity of people dealing with disability and chronic mental illnesses, refusing to see them merely as patients (Donaldson, 2018).

This novel has not only raised awareness about mental health but also holds up a mirror to the prejudices that accompany it and the difficulties in dealing with it at the societal and medical levels. They lay out a juncture to set about a new dialogue with people whose voices have been traditionally marginalised and silenced. As both these texts are written in different decades and therefore it is possible to trace the development of psychiatry and approach to the mental health care system through the texts and the impact of societal stigma on the patients and their families. These approaches can be both captious and reframing as they interrogate apparent mental health notions and help construct new ways of knowing and understanding human experiences of suffering. As John McCarthy in *The Human Condition* opines, such approaches break the silence of 'madness', moving it from nothingness to community engagement and visibility, often celebrating the 'gift' and 'normality of madness' (McCarthy, 2011). An analysis of these texts helps us to think about professional power, interrogate the framing of awareness on which the detection of 'normality' is based and to acknowledge the importance of understanding and valuing emerging notions from the voices of people afflicted by mental health synthesis.

INSANITY VERSUS SANITY

Michel Foucault is a relativist concerning mental illness and his framework of people's thinking about madness has gone through several centuries. The overall encounter of

mental illness can be chained with inequality and the question of an individual's freedom and autonomy being taken away from them. It further became a way of unveiling those in an explicitly vulnerable state as being threatening to the subsistence of 'sane' society and in order to extend protection to such people, secular confinement was perceived to be the best treatment to implement a thread between the sane and the insane. According to Foucault, the exclusion and confinement of the 'mad' is, for the most part, an act of domination by social institutions to hush those with 'incompatible world versions'. The suppression of the mad 'operated as a sentence to disappear, but also as an injunction to silence and an affirmation of nonexistence' (Foucault, 1988). Foucault views madness as a social construction—rather than an objective truth—that survives to confirm the establishment of rationality. As the official world version of the state apparatus, rationality requires the designation of the mad as non-rational. Confinement, on the contrary, betrays a form of conscience to which the inhuman can suggest only shame (Foucault, 1988).

Madness was constructed as a place set apart from a world that valued work. He focuses extensively on the theme of 'Great Confinement', by which society creates a space in which certain social deviants, including the mad, are locked up and excluded from the shambles of humanity. In his discussion of the purpose of confinement, Foucault explains the shame afflicted upon the family and relatives of the mentally ill as a justified reason for confinement for the family's honour and religion's sake. The mentally ill are put through 'othering' and displayed as non-rational, which further delineates sane society as rational, a way of negating another person's individual humanity. This withdraws a sense of belongingness, that is, inclusion and acceptance, as othering indicates intolerance and exclusion. Foucault's concept of others plays a vital role in determining the relationship between sanity and insanity. 'The other' is something that is not a part of the majority, something strange, unusual, or not morally accepted. Thus, this allocation of madness is discriminatory insofar as the rest of society is able to preserve their status of normality by othering the mentally ill. Moreover, the treatment designated to patients is asserted as an instrument to prove rationality. The idea that the 'mad' needs to be put through treatment so as to restore them to 'reason' further entraps them into the confinement of mental illness. Mental asylums served as a site that convinced 'mad' to recognise himself as 'other'. Once their circumstances are classified as a disease, as a mental illness, every expression and observation coming from them is classified as a symptom of the disease; their words are 'entirely enclosed in pathology' (Foucault, 1988).

Yet it must not be forgotten that the 'insane' had such a particular place in the world of confinement. Their status was not merely that of prisoners. In the general sensibility to unreason, there appeared to be a special modulation which concerned madness proper

and was addressed to those called, without exact semantic distinction, insane, alienated, deranged, demented or extravagant (Foucault, 1988).

Foucault's theory of alienation is aptly reflected in the theme of both *Em and the Big Hoom*. It states that society plays a major role in the concept of sanity and insanity. Society constructs its own meaning of 'madness' and labels the individuals as sane or insane. Foucault describes it as follows:

On the other hand, when the insane were particularly dangerous, they were constrained by a system which was doubtless not of a punitive nature but simply intended to fix within narrow limits the physical locus of a raging frenzy. (Foucault, 1988)

Sanity is thus synonymous with conformity with society and its norms. Labelling someone as mad is the easiest way to alienate a person and through alienation, we snatch their will to cross a fine line that exists between sanity and lunacy. In *Em and the Big Hoom*, the narrator, on a college trip, visits the Thane mental hospital, which according to him, was "the worst of India's mental health care system" (Pinto, 2014) and he could feel the bits of his heart go brittle and crumble as he laments over the conditions of a mentally ill person and the circumstances, we, create for them on a daily basis. The confinement of the 'mad', even in today's time, as depicted by Pinto, is devastating and terrifying at so many levels. He describes that a stroll into that mental hospital conjures up a vision of a series of patients who have been stunned into silence by electroconvulsive shock therapy. They recline there, hushed, wretched and silent for long. He describes his visit as,

It occurred to me that the mad in India are not mentally ill, they are, simply mad. They have no other identity. Here everyone was mad. They had lost their hair so that the institution could keep them free of lice. They had lost their clothes because their families had abandoned them and they had lost their lives because they had lost their families. They are now free, in a bizarre sort of way. They were also alone except for the shoulder in front and the touch of the fingers of the person following behind (Pinto, 2014).

Further this visit to the Thane mental hospital in Mumbai, the narrator describes the inmates he sees and offers an insight into the Indian mental health system. He describes their attitude towards the patients as voyeuristic and their circumstances as horrific and reveals asylums for the mentally ill as a 'human dumping ground', where the patients have no identity except being mad:

A crocodile of patients went past. They all looked alike in dirty grey, white clothes, and near-shaved heads. They looked dehumanized as if their identities had been stolen. They looked like something from a Holocaust film (Pinto, 2014).

Pinto's account of this scene at the Thane mental hospital is engrossing for the range of global and local contexts that are adduced together for the reader. Here the scene is situated in Thane, Mumbai, but the patients are peculiarly detected as those that have been deprived of their 'human' status. Thus, the appeal is to a universal rather than a more regional or national recognition of patients. Foucault describes the animalistic behavioristic perspective of mental illness in society, which is an interesting view in the interpretation of the characters in Pinto's novel.

Madness was not a human disorder, not an illness, but the redundancy of humanity in the body. The animality that rages in madness dispossesses man of what is specifically human in him; not in order to deliver him over to other powers, but simply to establish him at the zero degrees of his own nature. For classicism, madness in its ultimate form is a man in immediate relation to his animality, without any other reference, without any recourse (Foucault, 1988).

In addition, Pinto compares the circumstances of patients to a 'Holocaust', which is entreated here as an emblematic category rather than that particular event itself, consequently equating the stories that disseminate about human suffering, deprivation and degradation to a fabula of sorts, that is, chronologically sequencing the events in a meta-framework that allows one to envisage many different forms of suffering through a shared lens. The narrator starkly comments on the role that society plays in defining their notions of sanity and insanity, often neglecting the impression it leaves on the fragile minds of the sufferers. Foucault says in his theory that those who are labelled as mad can become trapped in their own delirious discourse and within the structures defined to confine them; perhaps the experience of being trapped increases their vulnerability.

INDIVIDUAL VERSUS SOCIETY

'It is not by confining one's neighbor that one is convinced of one's own sanity', said *Dostoevski* in his *Diary of a Writer*. (Dostoevski, 1987)

Inclusion and exclusion are both critical elements of understanding the process of recovery and stigmatisation of mentally ill patients, where inclusion helps strengthen the rehabilitation of patients and exclusion leads to excruciating confinement. The World Health Organization (WHO) defines social exclusion as:

The dynamic, multi-dimensional processes driven by unequal power relationships interacting across four main dimensions - economic, political, social and cultural - and at different levels including individual, household, group, community, country, and global levels (WHO, 2013).

Here we observe that stigma is the crucial determinant leading to exclusion and confinement. There is an arising body of evidence related to social inclusion and exclusion of mentally ill people in Asia, but only a few pieces of literature have inspected the prospects of people dealing with such disorders and their caregivers and even fewer delve into the positive outcomes of inclusion. Further examining the purpose behind exclusion and confinement, one word always emerges, that is, 'Stigmatization of the mentally ill'. Foucault also spells out the mania and melancholia being embedded in the individuals being engrossed in the idea of a specific mental disorder and in accordance with that likelihood, in some manner, they see themselves as beasts. He also argues that only through the presence of madness one can identify with the normal.

If carried back to its roots, the psychology of madness would appear to be not the mastery of mental illness and hence the possibility of its disappearance, but the destruction of psychology itself and the discovery of that essential, non-psychological because nonnormalizable relation that is the relation between Reason and Unreason (Foucault, 1988).

This act safely secures us in the normal present while attributing madness to the outside. The result is othering because one tries to place a safe distance between Us and Them. The more They become abnormal, the more normal we feel. At the same time, the narrator in the novel *Em and the Big Hoom* deals with the mental disorders of her mother and its impact on a caring family that faces the dilemma with courage. He is often disheartened by the way society termed him as 'the mad son of a mad mother'. The narrator grew up being told that his mother had a nervous breakdown. Then after diagnosis, she was said to be schizophrenic and finally, he had been told her to be manic-depressive. But he says that through it all, she had only one word for herself: mad.

Mad is an everyday, ordinary word. It is compact. It fits into songs. As the old Hindi film son has it, M-A-D, *mad mane pagal*. It can become a phrase—'Maddaw-what?' which began life as 'Are you mad or what?' It can be everything you choose it to be, a mad whirl, a mad idea, a mad march day, a mad heiress, a mad mad mad mad world, a mad passion, a mad hatter, a mad dog. But it is different when you have a mad mother. Then the world wakes up from time to time and blinks at you with eyes of fire (Pinto, 2014).

This quote not only explains the conditions of a person going through the pangs of a mental illness but very strongly displays the aftershocks felt by his loved ones. Pinto's account of this scene puts forward the notion that the word 'mad' causes a whimsical

image of a strange, unpredictable, or even dangerous person and conjures people with mental illnesses in a dehumanising light and casts them in a negative connotation. It robs the agency of the people dealing with mental illnesses. Supplemental to such words, which reinforce prejudices against the mentally ill, is another marginalising term, ‘insane’, which divides people into two factions: the sane and the insane. There is a pejorative use of language while labelling someone with a mental illness as ‘insane’ or ‘different’ as it essentially says that they are not normal or that they are a deviation from the otherwise default heteronormative patriarchal notions, placing them into absolute nothingness. The ‘mad’ slips into silence owing to this ‘nothingness’ and the use of language in medicine and psychiatry emerges as ‘a monologue of reason about madness’. At another level, there is also the denial of privacy experienced by such individuals. The narrator in *Em and the Big Hoom* says, ‘Those who suffer from mental illness and those who suffer from the mental illness of someone they love grow accustomed to such invasions of their privacy’ (Pinto, 2014).

This is displayed with even greater accuracy in the episode of the novel that is situated in the Thane Mental Hospital, where a group of students are allowed to watch an Electroconvulsive Therapy session without anyone caring to ask those who are being ‘given shocks’ whether they object. There is an apparent lack of credence being given to such patients. A child dealing with his mother’s mental illness, his response to her micro-weathering and wanting to believe all that her mother says is like an act of faith. It is a sheer representation of inconclusiveness he feels towards her and with equal estimates of pain and unconstrained emotions, the narrator says:

I tried to believe Em in everything she said. It was my act of faith, because I could see how the outside world immediately discounted whatever she said. But I wanted so hard to believe that I often found myself in the position of the inquisitor, the interrogator, demanding verification, corroboration, further proof. (Pinto, 2014)

This act of faith has been undermined by the defensive posture of the narrator. Em’s son wants to believe, but his wanting has already been poisoned by the world’s viewing of his mother.

As a result of this careful consideration, it is possible to put forward a dialogue on institutional versus community care and individual versus society, which can be relatively meaningless. As a matter of fact, Foucault, more than any other theorist, assists our understanding of the field of psychiatry and the practice of medicine in this discipline.

There is an illuminating consequence of his concepts that entails how professional practices come into existence and it binds the professional and the personal, creating a safer space for mental health care (Champon 1999).

As long as the language of psychiatry continues to interpret and define madness, people encountering suffering and distress will be silenced, non-existent. The narrator in the *Em and the Big Hoom* is seen sharing with his father how the neighbourhood boys mock him because of his mother's illness. This account is a cryfest and heartbreaking episode of how well the family copes with their loved ones' psychiatric problems. Family therapy further helps improve family coping. In a society where mental disorders are too seldom understood, Dr Sederer has provided remarkable clarity in explanations of various coping mechanisms and acceptance of the disease:

Mental illness can be managed and treated effectively. Those afflicted can improve and go on to build satisfying and productive lives, just like people who suffer other common, chronic illnesses such as diabetes or heart disease. But this key: Patients and their families must be willing to take the steps needed to put them on the road to recovery (Sederer, 2013).

So when the narrator gets disheartened because of society's overview of Em's illness, his father binds the words for him. Their conversation goes like this:

He said, 'That's because they don't understand'.
'They should understand'. I said. I didn't want to cry but I was crying.
'If your mother had diabetes, what would they say?'
'I don't know'.
'This is like diabetes. She's not well. That's all. (Pinto, 2014)

This dialogue between the father and the son reflects the diversity inherent in the experience of mental illnesses as well as delineates such psycho-social stressors, which are observed to be endemic to modes of social institution in India. As Dr Sederer points out, "ncountering mental illness in a loved one can be profoundly disorienting and disturbing. It can unleash a storm of raw emotions and irrational behaviours that can tear a family apart and end any semblance of 'normalcy, robbing a family of stability and wellbeing'" (Sederer, 2015). Pinto has crafted words to put forward the notion that a mental illness could be seen just as we see any other form of illness, with as much empathy and care and with lesser shame and stigma. The novel displays how a family holds together with utmost care and love while dealing with it at personal, social and medical levels. Here, the use of language also plays a key role in determining the subtle role of society in engraving the stigma surrounding mental illnesses. Thus, some of the most stigmatising languages are the kind that people employ every day.

Foucault's great emphasis on the theory of alienation also portrays the hollowness of society, which deviates from anything and everything that does not conform to its established norms. 'People know what they do; frequently they know why they do what they do, but what they don't know is what they do does' (Foucault, 1988).

Susan Sontag in *Illness as Metaphor* argues that 'people invest illness with punitive meanings; thus generating stigma', highlighting the dire need to be aware of the weight our words carry. In her theory, she has challenged victim-blaming in the language used to describe people dealing with illnesses, proposing that our culture should cast aside these stigmatising personifications surrounding illness and embrace a purified and empathetic use of language. Moreover, she elucidates how such use of language to describe these diseases is very disrespectful and discouraging to the patients. Those who use it largely put the blame on sufferers. According to her, mental patients have always been considered quintessentially vulnerable and full of self-destructive whims.

With modern diseases, the romantic idea that the disease expresses the character is invariably extended to assert that the character causes the disease—because it has not expressed itself. Passion moves inward, striking and blighting the deepest cellular recesses (Sontag, 2002).

Sontag's precise objective is to impart the notion of perceiving bodies as bodies and diseases as mere diseases. In this endeavour, she attempts to elucidate and emancipate from such devastating and victimising metaphors.

Such preposterous and dangerous views manage to put the onus of the disease on the patient and not only weaken the patient's ability to understand the range of plausible medical treatment but also, implicitly direct the patient away from such treatment (Sontag, 2002).

The narrator in the novel contemplates how brutal the world can be when a loved one is mentally ill and how the use of words affects the patient's and family's overall well-being.

But only sometimes, for we used the word casually ourselves, children of a mad mother. There is no automatic gift that arises out of such a circumstance. If sensitivity or gentleness came with such a genetic load, there would be no old people in mental homes (Pinto, 2014).

This scene highlights the lack of empathy for people suffering from mental illnesses and the attachment of pervasive shame and stigma to it, challenging the contemporary culture in India which fails to take account of issues pertaining to mental health.

CAREGIVER'S NARRATIVE

Pinto, in this novel, has also vocalised the caregiver's perspective and this is assuredly a voice that needs to be heard. For the professional, it emphasises the need to both listen to and talk to both the patient and the family. As medicine and society incessantly renegotiate their commitment, both awareness and appreciation of other positions become crucial. Looking from the caregiver's perspective, Pinto's narrator is often witnessed as succumbing to the circumstances arising from his mother's illness. He dismally ruminates, 'I lost my faith as an hourglass loses sand' (Pinto, 2014). At this stage, it is compelling to note his hopelessness and anguish and how an illness concerning the brain consumes not just the sufferer but also the caregiver. He laments over the circumstance and remarks:

I would have prayed to any god, any god at all, if I could have been handed a miracle, a whole mother, a complete family, and with it, the ability to turn and look away. (Pinto, 2014)

Here, Caregiving as observed in the circumstances of *Em and the Big Hoom* and mental illness in general is perceived as a part of the narrator's family ties and experiences and it is also something that they have been dealing with all their life in all personal, social and medical levels. In the context of such illnesses caregiving also confronts 'filial' ties; where sons and daughters offer care in contexts where parents are mentally ill and they sometimes fail to identify relationships with them or they as a parent are not able to provide the expected nourishment and care, owing to their illness. The caregiver's narrative thus appears as an affirmation of how filial ties sustain through acts of care during mental illness rather than an account of how such illness alone calls for care. The narrator while sitting in a hospital and engaging with other patients and their families ponders, 'I had thought once of starting a support group for careers, for those who lived with the mentally ill' (Pinto, 2014). At this stage, it is interesting to note his need for reassurance and to vent pain as only people who understand the gravity and sensitivity of such circumstances are able to understand and lend support. The narrator finds it difficult to reconcile the way it feels to see the state of her mother, which drags him down to a state of hopelessness.

Imagine you are walking in a pleasant meadow with someone you love, your mother. It's warm and there's just enough breeze to cool you. You can smell the earth and cut grass and something of a herb garden. Lunch is a happy memory in your stomach and dinner awaits you—a three-course meal you have devised—all your comfort foods. The light is golden with a touch of blue as if the sky were leaking. Suddenly, your mother steps into a patch of quicksand. The world continues to be idyllic and inviting

for you, but your mother is being sucked into the centre of the earth. She makes it worse by smiling bravely, by telling you to go on, to leave her there, the man with the broken leg on the Arctic expedition who says, 'come back for me; it's my best chance'. because the lie allows everyone to believe that they are not abandoning him to die. Some part of you walks on and some part of you is frozen there, watching the spectacle. You want to stay but you must go (Pinto, 2014).

When the narrator tries yet another time to express the anguish of a caregiver, especially when the illness is afflicting one's mother. He says:

The imperium of the world's timetable will allow you to break step and fall out for a while, but it will abandon you, too, if you linger too long by your mother, now a curled-up foetal ball, moaning in pain, breathing only because her body forces her to. (Pinto, 2014)

Here the caregiver's narrative is taken into account by Pinto by delineating the relationship dynamics between the narrator and his mother. As a caregiver, the narrator is in a state of anguish and hopelessness and as a son, he is constantly battling with his emotions. The interplay between these two stances is a gripping aspect of this novel. This aspect also corroborates Susan Sontag who opines; that the caregivers, who denote this role of caregiving with selflessness and empathy, are often neglected on this journey.

Caregivers' roles expand to incorporate the new duty they must perform; their identities change to accommodate the shadow of illness that constantly follows in their footsteps. Interestingly enough, even when their loved one is able to return to the kingdom of the well, the physical and emotional scars of that tumultuous time will forever be imprinted in the caregivers' minds, just like a stamp on a passport (Sontag, 2002).

In *Em and the Big Hoom*, the narrator battles with his own head thinking, While Em may still emerge from this journey with an elevated sense of scarcity of time, he as a caregiver might still be plagued with fears of returning to this dark land. His optimism for the upcoming life and for the recovery of his mother might be suppressed by haunting memories. Here it is necessary to note that with the patients and their experiences in dealing with the disease, the caregivers also need us to draw out the emotions and episodes they suppress and their apparent lack of self-care, as they are more muffled because they first lookout for the healing of their loved ones.

CONCLUSION

This essay examined the highlights of Foucault's theory of madness in the novel *Em and the big Hoom* to delineate the creative potential of Jerry Pinto in picturing and

concretising the patient's mental landscape and seeks to recreate the patient's subjective world, which is very often held to be insignificant in clinical encounters and popular culture. There is an observed resemblance to what Foucault asserted through this text and how Pinto draws an analysis of the word 'mad' in *Em and the Big Hoom*. In so doing, the awareness of the patient's and his loved one's perspective facilitates relational identities, neutralises negative stereotypes and dismantles debilitating hierarchies. Foucauldian theories as explained in this paper, such as confinement, othering and debarring of the mental ill illustrate the similarities between his work and *Em and the Big Hoom*. Against such models that dehumanise and invalidate mental illnesses, Foucault and Pinto particularise, individualise and normalise such experiences. By including diversified embodiments of mental disorders through these multiple modes of representation, both these texts inflex the self-representation of illness, retaliating their way to normalcy and acceptance at both medical and societal levels and thus they humanise mental illness. Such texts reconstitute a lost sense of identity often associated with the diseases concerning the mind and the constructability of the novel is exacerbated through this fracturing of representation of the narrator's self and his memories. Both Foucault and Pinto's writing encourage us to pose questions and critically engage about the nature of what we understand about mental health care, especially in India, at a time when mental health crises are dominating and sufferers are at an edge. It highlights that as long as these systems are in place, the freedom of those suffering from mental illnesses will always be in jeopardy. Notwithstanding our vast knowledge of mental illness in modern times, pervasive shame and stigma are still the core factors preventing treatments, better research and more inclusive society. Texts like these will go a long way in helping people be released and speak of mental health honestly and empathetically, seek help, burst stereotypes and build our society to be more sensitive and compassionate to those who suffer from it directly or indirectly.

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