

An Indian Study of Diagnoses and Treatment of Mental Illness in Amandeep Sandhu's *Sepia Leaves*

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ABSTRACT

The goal of health humanities is to dismantle the fatal monologue mentality in the medical field and encourage a conversation culture in which medical professionals may patiently, empathetically, and knowledgeably respond to patients' questions. It is necessary to destroy doctors like Dr. Nanda in the story because they demean the profession and its ideals. Second, the goal of health humanities is to raise mental health awareness among patients' primary caregivers and give them complete access to information and tools so they may effectively participate in their family member's treatment. For example, if the story's narrators Nanaji, Bua, and Chacha ji had been more sympathetic and understanding of Mamman's mental condition, the family's situation would not have been so bad. Finally, the overarching objective of health humanities is to humanize all members of society who still view mental illness as a stigma that should be dealt with in isolation and denial. In spite of their continuous presence in the novel, the narrator says somewhere, "I felt that my friends and neighbors silently pitied me and it made me uncomfortable." Cherian Uncle, Jiten Uncle, Ritu Aunt, Jama, and Khanna were all friends and neighbors of the narrator. I was unsure about what to do.

KEYWORDS: Health Humanities, Diagnosis, Treatment, Mental Health Abuse, Mental Health Institutions Transformation, Philosophy of Medicine.

INTRODUCTION

"In the first place, in the physician or surgeon no quality takes rank with imperturbability... Imperturbability means coolness and presence of mind under all circumstances, calmness amid storm, clearness of judgment in moments of grave peril, immobility, impassiveness, or, to use an old and expressive word, phlegm. It is the quality which is most appreciated by the laity though often misunderstood by them; and the physician who has the misfortune to be without it, who betrays indecision and worry, and who shows that he is flustered and flurried in ordinary emergencies, loses rapidly the confidence of his patients." (Aequanimitas, Sir William Osler)

One of Sir William Osler's most well-known writings, Aequanimitas, was given in 1889 as part of his parting speech to new medical graduates at the Pennsylvania School of Medicine before he was transferred to Johns Hopkins. In this great speech, he highlighted the jewels of equanimity and clarity for

any doctor who would wish to rank high in all his honest endeavors. Excess scientism without any emotion is one evil that quietly eats the medical profession in the twenty first century. The twentieth century world wars are largely to blame for feelings of restlessness, non-linear space and time unity, and the decomposition of mental as well as emotional capabilities, feelings of estrangement of labor from its capital, dysfunction and discontinuity in familial systems as a result of faithlessness, rapid industrialization and multiculturalism are some diseases of modern society. To rid Science of this, a sincere attempt was made by people like Craig Klugman, Rita Charon, Erin Lamb, George Sarton and Frances Seigel, when they initiated with the field of Health Humanities. In their paper, “The art of equity: critical health humanities in practice” (2023) Irene P. Mathieu and Benjamin J. Martin explicate, “The critical health humanities represents an opportunity to enmesh study of the human body and its pathologies with the social, political, historical, and environmental contexts in which the body exists, so that biomedical and humanities disciplines are “productively entangled” to engender more nuanced and holistic perspectives among learners.” (Mathieu, 2)

Amandeep Sandhu published his book *Sepia Leaves* in 2005. The story is set in Rourkela, Orissa in the 1970s. It is the time of great political turmoil when India was struggling hard under the Emergency. The political context of this story is drenched with tension and extremism but that is just one part of it. Appu and his father along with other members of the family are also engaged in caregiving for Mamman, Appu’s mother, a suffering Schizophrenic. The following paper will attempt to critically study the Schizophrenia disease itself, then the biomedical concepts of diagnoses and treatment, along with some pertinent societal issues in the novel revolving around faith, religion, stigma, and intergenerational trauma.

“Sometimes when Mamman was in the bedroom and the door was shut, I would peer in through the bedroom window next to the guava tree...Her eyes glassy, her hair flowing, her posture erect, and her face rock-like. Impassive, cold and without a trace of emotion or expression. She sat like that for hours: one, two, three...however many. Sometimes I watched her and went off to play. When I came back, she would still be there, in the same position. It was almost meditative. Did she register the day slipping into night, the darkness, and the mosquitoes? If the light was on, it remained on. If the light was off, it remained off. At such times, she looked beautiful, like a statue. A stony beauty that frightened me. Her silence numbed me.” (37, *Sepia Leaves*)

Feeling frozen, lost in thought, speaking the same thing repetitively, in a circular loop, and writing unintelligently are some defining features of the Schizophrenic illness. For the young narrator, his mother resembled a frightening ‘stony beauty’. The language in Illness narratives is replete with the quality of literariness. In this particular passage too, narrator describes his mother’s illness as beautiful, almost exotic.

As he matures with experience and age, he begins to comprehend the gravity of this illness which has afflicted his mother. David Karp and Valaya Tanarugsachock in their paper, “Mental illness, caregiving, and Emotion Management” (2000) comment on the relevance of a doctor’s diagnosis, “Diagnosis is a pivotal moment in the lives of caregivers because they then typically embrace a medical version of what is wrong. As one parent put it, after diagnosis she now lived “in the nation of disability, the province of mental illness, and the village of manic-depression.”” (Karp, 7)

A family may be impacted if it has older relatives or ancestors who experienced an extremely upsetting or repressive incident. Their emotional and behavioral responses may have carried down through the generations. This is referred as intergenerational trauma. This trauma can also be located in the case of

Mamman and she got this trauma from her father. Her father, at several points in the novel, has engaged in episodes of non-commitment and disbelief with the rest which in turn fueled Mamman to act impassively. His own marriage had been a broken one. In one conversation with his daughter he mentions, “In any marriage, the society stands around a family, like a cover that protects a marriage. Yet you make it sound like society does not stand around you and Yashpal, instead it stands between you and Appu’s father...I didn’t show my love for your mother; still, we were in touch with each other. And she never doubted me.” (Sepia Leaves, 1114) Both this father and daughter duo was perfect allies in causing destruction and disruption in the plot of the novel. Appu’s Mamaji finally reveals what according to him, could be the beginning point in Mamman’s illness story.

“‘Manjeet was the eldest amongst us. She was a good child, very obedient, very simple...So Guddi and I would place the blame for all our pranks on her, and your Nanaji would scold her.’... ‘Once, Nanaji was having his lunch. Your Mamman ran and put some chalk on his plate. She must have been what, nine years old? ... and he slapped her. He slapped her so hard on the face that she fell to the ground and hurt her head, the right side.’... ‘Guddi had given her the chalk to put on the plate...We picked her up and took her to the doctor. After that, Manjeet was so scared of your Nanaji that she didn’t speak to him for years, in fact till she finished school... ‘Oh! But I heard she was always close to Nanaji.’... ‘Yes, Nanaji was very protective of her. But she never said anything to Nanaji or discussed any problems with him. After Nanaji gave instructions for the day, your Mamman would join Nanaji in the kitchen, wash clothes and sweep the house but never mix with me or Guddi or the other girls of the neighborhood. She wanted a more loving husband...someone who could be a father figure to her.’” (Sepia Leaves, 155- 56)

RESEARCH METHODS-

Mamman’s illness was a result of transferred Intergenerational trauma. This type of trauma completely went unnoticed by her doctors, or caregivers. Sophie Isobel, Andrea McCloughen in their paper, “Intergenerational Trauma and Its Relationship to Mental Health Care: A Qualitative Inquiry”(2020) explicate at length about how this form of trauma develops in progeny.

“Intergenerational trauma occurs when parent figure who have experienced trauma transmit the effects of their trauma to their children via interactional patterns, genetic pathways and/or family dynamics. Transmission may occur via the second generation learning to think and behave in ways that replicate their caregivers’ traumatic adaptations, or by being exposed to the secondary psychosocial effects of these adaptations and themselves similarly having to adapt.” (Isobel, 632)

An equally great societal evil which can hamper the diagnosis process is stigma around mental health. From the novel, one is able to decipher that stigma can be perpetrated in the society by the members of the family also. Mamman’s side of the family never really accepted or even acknowledge the illness which had stricken their daughter. They chose to live in the shadow of denial for decades. The narrator is expertly able to point out this flaw in the Indian society of the 70s where the stigma and taboo surrounding mental health is so deep rooted that even the closest members in the family are not able to get past it and accept their daughter irrespective of it.

“In my early teens, I began questioning Nanaji and Guddi Aunty, but I got nowhere, I would ask Nanaji outright whether he thought his daughter was mentally disturbed but he always denied it and blamed the Rajpura relatives for filling Mamman’s head with negative ideas. When pointed out her erratic behavior, her endless letters to him, the undercooked food she made, or asked him to listen to her irrational muttering, he always managed to brush these aside with the explanation that it was just a phase and that

she was fine. Guddi Aunty continued to give her medicines but she too, never agreed that Mamman was disturbed, even when I showed her the prescriptions that she herself has sent us...they had built a wall of denial around themselves... This was an impasse for me. For around fifteen years, I kept going back to them with the same question, and they always denied me a rational answer...It seemed like a curtain on which the family's shadows played a game of unending denial, a game that never ended. But now I joke with Aunty, 'You will say your sister is fine.'" (Sepia Leaves, 109-110)

"If the structure does not permit dialogue, then the structure must be changed" said the Brazilian educator and philosopher Paulo Freire. In this context it implies, that whenever structure in society will be threatened by societal evils like stigma, denial and ignorance towards mental health, then disciplines like Health Humanities will be born to bring cultural and social revolutions. This discipline calls for more benevolent doctors who realize their power positions in a doctor-patient interaction. These doctors must be made aware that the patients who come to see them are miserable, weakened by the illness and for them doctor is their god. Doctor must not abuse his power at any cost. There is deep rooted stigma associated with mental health under which so many cases go unreported or undiagnosed. Despite several mental health initiatives launched by the government of contemporary India, people still shy away from getting diagnosis because of the attached stigma with mental illnesses.

"He had seen how polite Mamman had been to Mr. Rao and I thought he could not understand why Mamman was so hostile towards him. 'I do not know, Mr. Singh. She should be moved to a hospital that specializes in care for such patients,' he told Baba. Baba did not understand. 'I mean she has to be sent to Ranchi or an asylum somewhere where they can treat her,' he said casually, as if it was not his decision. That was it. Baba's patience had run out. 'My wife is fine. I shall withdraw her from the hospital right away. Your shock therapy has not helped. It has only worsened her health. Look how she has aged in one week!' 'You dump your mad wife on me and I am supposed to perform some magic? Maybe you need to look into yourself and see why she turned mad in the first place.' 'What do you mean, doctor?' Baba was indignant. 'What do I mean?' Dr. Nanda said mockingly, 'Well, we all know your stories, sardarji. Madness does not happen overnight. It comes from lack of love.' 'She is the mother of my son.' 'Suit yourself, sardarji. We really cannot do much for her. She either has to go to the asylum or she can continue to stay with you. However, you are responsible for her health. I am warning you, she can even hurt you or your child.'" (Sepia Leaves, 81)

After the electric shock therapy had failed as treatment in the story, Baba had to personally make interventions regarding what went wrong and why had Mamman's illness still not improved with Dr Nanda. Post this particular talk in the story, both husband and child are extremely hurt and find it hard to recover from its consequences. Hence by using health humanities pedagogy, future doctors can be made more humanized and conscious about the impact they create on society. It also makes appeal on teaching young doctors about the stubborn and prevalent issues of race, class, stigma, gender in a society. Overall, it aims at humanizing the profession of medicine. Paul Crawford and Brian Brown in their paper, "Health Humanities: the future of Medical Humanities?" (2010) explicates the following-

"For a specialism where communication is so central, it is perhaps surprising that the medical humanities are not further advanced in mental health care. Naturally, there are some important exceptions. For example Clarke argues persuasively for the use of literature to enable us to humanize psychiatry. In this view, a familiarity with the humanities is vital to clinical practice and the interpretative and critical domains of intellectual life. Reading and interpretation foster skills that enable us to listen carefully in the clinical setting, to think and reflect as well as to consider and engage empathically. Oyebode and his

co-authors consider the role of poetry, autobiography, letters and fiction in the quest for deepening clinical observation and empathy, clarifying descriptions of phenomena, especially emotions and experiences which are outside the supposedly normal range.” (Crawford, 7)

Lack of knowledge and power in the hands of caregivers leave them helpless and pitiable and this is also referred as caregiver’s burden. In the story, when Baba and his son are systematically beaten by several systems of medical profession, judicial, and social they begin quietly to take abode in faith and spirituality. Medical system shamefully is unable to provide any relief to their sorrows. Mamman had always remained on medication but her husband could never get her whole wife again and he says so in regards to her medication, “I don’t know. Those medicines that they give her...they only make her dull. They are not really a cure. When she is dull she doesn’t shout as much...that’s all...I don’t even know if she was ever fully normal, so I can’t say about her recovering. Recovering from what?” (Sepia Leaves, 166) Ultimately, both father and son duo takes recourse in God and music.

““Why has god created misery?”... ‘If we believe that God created the world then he did not create happiness for some and misery for others. We all have happiness and misery...Yes, some people have greater misery, but that is because God wants people to find ways of fighting it. And when they fight it, even their happiness is greater. If everything were easy, if it was just nice and happy, if you had not experienced misery, you may not have had the capacity to enjoy happiness.’... ‘By making life difficult, God is trying to teach you something...In life some people move ahead and some are left behind. The ones who get ahead do not come from easy circumstances, they rise above their difficulties. Their troubles shape them, teach them and push them to rise above others.’... ‘I understand you feel things are unfair for us. This is not the case. There are always worse situations. God is trying to teach us something. We should try and listen... I believe in this. Grow up and you will find your own beliefs. However, see your difficulties as your tests to become a stronger person... Beyond that, I do not know. You know what Ghulam Ali sings?

‘Har zarrachamaktahaianwar-E-Ilahi mein

Har saans ye kehtihai, hum haintohkHUDabhihai.’

(Every bit shines the light of God

Every breath you take says if I exist, so does God.)” (Sepia Leaves, 152-153)

CONCLUSION

In conclusion, the appeal of health humanities is to destroy the deadly culture of monologue in the medical profession and promote a culture of dialogue where the medical professional is able to address patient’s queries with patience, understanding and knowledge. Doctors like Dr. Nanda in the story dehumanize the profession and their values and so they must be eradicated. Secondly, the aim of health humanities is also to create social awareness about mental health among primary caregivers of the patients and provide them full access to knowledge and resources so they can efficiently take part in the recovery process of their diseased family member. For instance, in the story had narrator’s Nanaji, Bua and Chacha ji been more benevolent and understanding towards Mamman’s mental illness things would not have turned so deteriorating for the whole family. Lastly, the broader goal of health humanities is to humanize every member in the society who still considers mental illness as stigma and something to be responded with denial and seclusion. Cherian Uncle, Jiten Uncle, Ritu Aunty, Jama’s and Khanna’s in the story were all friends and neighbors of the narrator and despite their constant presence in the story

narrator mentions somewhere, “I felt that my friends and neighbors silently pitied me and it made me uncomfortable. I did not know what to do.” (161)

Works Cited

1. Sandhu, Amandeep. *Sepia Leaves*. Rupa & Company, 2008.
2. Osler, William. “AEQUANIMITAS: With Other Addresses to Medical Students, Nurses and Practitioners of Medicine: Osler, William, Sir, 1849-1919.” *Internet Archive*, Philadelphia: Blakiston, 1 Jan. 1970, archive.org/details/2aequanimitaswit00osleuoft/page/2/mode/2up.
3. Mathieu, Irène P., and Benjamin J. Martin. “The art of equity: Critical health humanities in practice.” *Philosophy, Ethics, and Humanities in Medicine*, vol. 18, no. 1, 2023, <https://doi.org/10.1186/s13010-023-00149-1>.
4. Karp, David A., and Valaya Tanarugsachock. “Mental illness, caregiving, and Emotion Management.” *Qualitative Health Research*, vol. 10, no. 1, 2000, pp. 6–25, <https://doi.org/10.1177/104973200129118219>.
5. Isobel, Sophie, et al. “Intergenerational trauma and its relationship to mental health care: A qualitative inquiry.” *Community Mental Health Journal*, vol. 57, no. 4, 17 Aug. 2020, pp. 631-643, <https://doi.org/10.1007/a10597-020-00698-1>.
6. Crawford, Paul, et al. “Health Humanities: The future of medical humanities?” *Mental Health Review Journal*, vol. 15, no. 3, 17 Nov. 2010, pp. 4-10, <https://doi.org/10.5042/mhrj.2010.0654>.