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Mapping Mental Illness: A Kleinmanian Reading of Jerry Pinto's *Em and the Big Hoom*

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Abstract: This paper analyses Jerry Pinto's novel *Em and the Big Hoom* through Arthur Kleinman's concept of illness, which distinguishes between the biomedical understanding of disease and the lived experience of illness shaped by social, cultural, and emotional factors. The novel portrays the life of Em, a bipolar disorder victim, through the narration of her son. It illustrates how mental illness is not just an individual affliction but is embedded in familial relationships and societal perceptions of madness. By applying Arthur Kleinman's concepts on illness vs disease and explanatory models, this study explores how different characters interpret and respond to Em's condition, revealing the gaps between medical diagnosis and personal suffering. By bridging literature and medical anthropology, this analysis highlights the importance of narrative in shaping our perceptions of mental illness and the need for holistic, culturally sensitive mental healthcare.

Keywords: Bipolar disorder, illness, disease, explanatory methods, family

"As if it were a wild animal with flecks of foam at its mouth, I feared her depression." – Jerry Pinto

Mental illness is a complex biological dysfunction that disrupts the cultural, social, and familial contexts of the victims. The stigma faced by the victims and their families is pitiable. Their lineage is judged and interpreted based on societal norms and often marginalised on an irrational basis. Illness narratives often expose these atrocities faced by the victims. Jerry Pinto's *Em and the Big Hoom* offers a poignant exploration of mental illness through the lens of a family grappling with the emotional and psychological turmoil caused by the mother's bipolar disorder. This novel provides a rich narrative that highlights the disconnect between clinical understandings of mental health and the lived realities of those affected.In this context, Arthur Kleinman's concept of illness—distinguished from disease—provides a valuable framework for analysing how mental health is experienced, understood, and treated.

According to the World Health Organisation, "mental disorder is characterised by a clinically significant disturbance in an individual's cognition, emotional regulation, or behaviour. It is usually associated with distress or impairment in important areas of functioning" ("Mental Disorders"). Unlike physical ailments, mental disorders disrupt every facet of life, including the personal and social welfare of the ailing individual. Earlier, many stigmas were associated with cognitive disorders, such as diagnosing the issues and treating the concerned. Nowadays, diagnostic tools have improved with the advancement in psychology and psychiatry. This has also facilitated more awareness of mental health issues now compared to the past. Work and social pressure, fast-paced life, excessive screen time, social media addiction, economic and political uncertainty, environmental disasters, sleep deprivation, genetic predisposition, social isolation, pandemics, post-traumatic stress, substance abuse and childhood abuse and trauma are the major causes for the swelling number of mental disorder cases recently; especially in the third world countries like India. According to current statistics, one in every five individuals experiences symptoms associated with a mental health disorder. Notably, 50% of mental health conditions manifest by the age of 14, while 75% emerge by the age of 24. Globally, approximately 970 million individuals are affected by some form of mental illness. It is estimated that one in four people will encounter a mental health disorder at some stage in their life. Furthermore, mental disorders are linked to 14.3% of all deaths worldwide, accounting for nearly 8 million fatalities annually (Jain *The Economic Times*). "Close to 60 to 70 million people in India suffer from common and severe mental disorders. It is alarming to know that India is the world's suicide capital, with over 2.6 lakh cases of suicide in a year. Statistics released by the World Health Organization say the average suicide rate in India is 10.9 for every lakh people" (Jain *The Economic Times*).

The World Health Organisation has identified eight types of mental disorders: "anxiety disorders, depression, bipolar disorder, post-traumatic stress disorder, schizophrenia, eating disorders, disruptive behaviour and dissocial disorders and neurodevelopmental disorders" ("Mental Disorders"). Each is classified based on a clinically significant disturbance in an individual's cognition, emotional regulation, or behaviour. Anxiety and depressive disorders are the most common mental disorders that affect people of all ages. The most arduous mental disorder is bipolar disorder, as patients lose control over their emotions.

> Bipolar disorder (formerly called manic-depressive illness or manic depression) is a mental illness that causes apparent shifts in a person's mood, energy, activity levels, and concentration. People with bipolar disorder often experience periods of extremely "up," elated, irritable, or energised behaviour (known as manic episodes) and very "down," sad, indifferent, or hopeless periods (known as depressive episodes). ("Bipolar Disorder")

Bipolar disorder has several types, each with distinct characteristics. Bipolar I Disorder is characterised by the occurrence of "at least one manic episode" that lasts for a minimum of one week or necessitates hospitalisation. While depressive episodes are common, they are not required for a formal diagnosis. In contrast, Bipolar II Disorder involves "at least one hypomanic episode"—a less severe form of mania—accompanied by "at least one major depressive episode", which can be significantly impairing. Cyclothymic Disorder (Cyclothymia) features frequent mood swings with hypomanic and depressive symptoms lasting at least two years (one in children), though milder than Bipolar I or II. Other Specified and Unspecified Bipolar Disorders involve mood fluctuations that do not fit these categories but still cause distress.

Genetics, imbalances in neurotransmitters, stress, trauma, substance abuse, and significant life changes trigger more chances of bipolar disorder. The Brain and Behaviour Research Foundation elucidates this disorder and has listed out the symptoms. A manic episode is typically marked by a range of symptoms including heightened energy levels, increased activity, restlessness, an excessively elevated or euphoric mood, and pronounced irritability. Additional signs may include difficulty concentrating, rapid thought processes, accelerated speech, frequent shifts in ideas, reduced need for sleep, inflated self-esteem or grandiosity, impulsive behaviours such as excessive spending or increased sexual activity, substance misuse (including alcohol, stimulants, or sedatives), and behaviours that are provocative, intrusive, or aggressive. Individuals experiencing mania may also exhibit a lack of awareness or denial that anything is amiss.

Conversely, a depressive episode is characterised by a persistently low or empty mood, feelings of sadness, anxiety, hopelessness, or pessimism. Individuals may also experience profound guilt, feelings of worthlessness or helplessness, and a marked loss of interest or pleasure in previously

enjoyed activities, including sexual activity. Other symptoms include fatigue, diminished energy, difficulty concentrating, memory problems, indecisiveness, restlessness, irritability, disrupted sleep patterns (either insomnia or hypersomnia), changes in appetite leading to unintended weight loss or gain, and physical complaints that are not attributable to a medical condition. Suicidal thoughts or preoccupations with death may also be present.

One of the risky effects of patients diagnosed with bipolar disorder is suicidal tendencies. As per a study conducted in South Asia, "one in four individuals diagnosed with psychosis or bipolar disorder have reported suicide attempts, whereas up to one in three have experienced suicidal ideation" (Khoso et al.). Psychiatric evaluation and mood tracking are the methods to diagnose the disorder, and treatments vary according to the condition of the patients. Although bipolar disorder currently has no definitive cure, it is a treatable and manageable condition through a combination of psychotherapy and pharmacological interventions. Mood stabilisers are typically the first line of treatment, with lithium being the most frequently prescribed. Additionally, anticonvulsant medications—primarily used for managing seizure disorders—can also provide mood-stabilising benefits, similar to those offered by antipsychotic and antidepressant drugs. Consistent and ongoing treatment significantly improves the long-term management of bipolar disorder. ("Frequently Asked Questions about Bipolar")

Patients narrating their thoughts, agonies and flamboyances are highly receptive themes of popular novels and memoirs. *All the Bright Places* by Jennifer Niven, *Madness: A Bipolar Life* by Marya Hornbacher, *An Unquiet Mind: A Memoir of Moods and Madness* by Kay Redfield Jamison, *I Know This Much is True* by Wally Lamb, *Electroboy: A Memoir of Mania* by Andy Behrman, *Marbles: Mania, Depression, Michelangelo & Me* by Ellen Forney, *The Bell Jar* by Sylvia Plath, *Turtles All the Way Down* by John Green, *Swing Low: A Life* by Miriam Toews and *Hyper: A Personal History of ADHD* by Timothy Denevi are some of the global narratives that illustrate the suffering of mental disorders such as bipolar disorder, schizophrenia, Obsessive-Compulsive Disorder and Attention-Deficit/Hyperactivity Disorder in the respective socio-political and economic background. In India, mental disorders are often seen as "madness" (paagalpan) or linked to superstitions like possession by spirits. There is much literature in India that explores bipolar disorder or themes of extreme mood fluctuations, emotional distress, and mental illness. They could be read in the background of feminist and post-colonial literary theories to attain a better understanding of the torments faced by the sufferers. *Em and the Big Hoom* by Jerry Pinto, *Borderline* by Shabri Prasad Singh, *A Mind of My Own* by Nandhika Nambi and *The Blind Lady's Descendants* by Anees Salim are some of the Indian English novels that excavate the oscillating thoughts of the victims.

Em and the Big Hoom is a 2012 debut novel written by Jerry Pinto, which is the recipient of several prestigious awards and recognitions, such as the Windham-Campbell Prize 2016, the Sahitya Akademi Award 2016, the Crossword Book Award 2013 and the Hindu Literary Prize 2012. It was also

shortlisted for the Commonwealth Book Prize. Jerry Pinto (born 1966) is an Indian English poet, novelist, short story writer, translator, and journalist based in Mumbai. His notable works include *Helen: The Life and Times of an H-Bomb* (2006), which received the Best Book on Cinema Award at the 54th National Film Awards, as well as *Surviving Women* (2000) and *Asylum and Other Poems* (2003).

The work is a poignant and deeply personal novel that explores the impact of bipolar disorder on a middle-class Goan Catholic family in Mumbai. Through a semi-autobiographical lens, the novel portrays the struggles of the narrator's mother, Em, whose erratic mood swings, depression, and suicidal tendencies dominate the family's life. Pinto's work stands out for its unflinching honesty, dark humour, and emotional depth, making it one of the most powerful representations of mental illness in contemporary Indian literature.

The plot unfolds through fragmented memories, diary entries, and conversations between Em and her son, who attempts to make sense of her illness. Em is a paradoxical character—witty, vibrant, and full of life in her manic phases, but deeply melancholic and self-destructive in her depressive episodes. The father, affectionately called 'The Big Hoom,' serves as a quiet, patient figure, tirelessly caring for Em. His resilience contrasts with the chaos Em brings into their lives, highlighting the burden of caregiving and unconditional love.

One of the most striking aspects of the novel is its exploration of the stigma surrounding mental illness in India. Society's reluctance to acknowledge or understand psychiatric conditions leaves families struggling in isolation. "And what can mental health mean in a nation that wants an injection to put it back on its feet the next morning?" (Pinto 65). Pinto does not romanticise Em's condition but presents it with brutal honesty and tenderness, making her a compelling and unforgettable character. Pinto's lyrical prose, interwoven with humour and tragedy, ensures that *Em and the Big Hoom* is more than just a story about mental illness; it is a meditation on love, family, and survival. The novel's literary acclaim, including the awards and popularity, further cements its significance in contemporary Indian fiction.

Madness, medical and memory narratives such as *Em and the Big Hoom* are often read using literary theories such as psychoanalysis, Foucault's critique of power, feminist perspectives, disability studies, or postcolonial trauma. From the mid-20th century onwards, many key concepts in medical anthropology and transcultural psychiatry have developed, which has built a divide between subjective experience and objective medical models. Arthur Kleinman's concepts on 'Illness Vs Disease' and Illness Narratives (1980s), Byron Good's Semantic Illness Networks (1994), Nancy Scheper-Hughes and Margaret Lock's Three Bodies Model (1987), Michel Foucault's Medical Gaze (1973, *The Birth of the Clinic*), Hans-Georg Gadamer's Health as a Mode of Being (1993) and Georges Canguilhem's the

Normal and the Pathological (1943) are some of the perceptions that aid the study of medical narratives in an innovative qualitative dimension recently.

Arthur Kleinman is an American Professor at Harvard University and a prominent medical anthropologist and psychiatrist known for his groundbreaking work on the intersection of culture, illness, and mental health. He has significantly contributed to understanding how different cultures conceptualise and experience illness. His work bridges the gap between medicine, anthropology, and ethics. He has extensively researched Chinese society and developed explanatory models to understand how people from different cultures interpret and explain their illnesses. He has also explored how individuals make sense of their suffering through storytelling. Another perspective by Kleinman is to recognise how illness is experienced within relationships, especially family, friends, and communities, which shape how a person copes with their tragic situation. His later work explores caregiving, particularly in relation to dementia. Notable works of Kleinman are *Patients and Healers in the Context of Culture: An Exploration of the Borderland between Anthropology, Medicine, and Psychiatry* (1980), *The Illness Narratives: Suffering, Healing, and the Human Condition* (1988), *Rethinking Psychiatry: From Cultural Category to Personal Experience* (1988) and *What Really Matters: Living a Moral Life Amidst Uncertainty and Danger* (2006).

Arthur Kleinman opines that disease is a biological or pathological malfunction diagnosed and treated by medical professionals. It refers to the sickness's objective, biomedical aspect, focusing on physiological processes, biochemical imbalances, and anatomical abnormalities. “Kleinman refers to disease as “radically materialist” meaning that it focuses solely on the testable and irrefutable science of a pathogen” (“Kleinman- the Personal and Social Meanings of Illness– Healing in Ethnography and Literature”). The disease is diagnosed based on scientific and clinical evidence and understood in standardised medical terms. Doctors aim to treat or cure disease using medications, surgeries, or therapies. It is the “technical quest for the control of symptoms” (Kleinman 7). In the novel *Em and the Big Hoom,* Em suffers from the disease bipolar disorder, though it is not mentioned straightaway. “A frequent visitor of Ward 33, (Psychiatric) Sir J. J. Hospital, Em suffers from a mental illness that oscillates between a darkness fuelled by suicide attempts to profound chats about the world and incisive insights into the working of life” (“Portrait of a Family Affected by Mental Illness”). Her episodic distress is explained as, “Em was subject to microweathers; her manic phase could vary from cheerful and laughing to malevolent and sneering, and back again within an hour. In contrast, her depressive phases were almost unrelieved in their darkness” (Pinto 148). She attempts suicide frequently, and her son, who witnesses it, describes the scenario as “each time she had tried to kill herself, she had opened her body and let her blood flow out. Was that the drain, then, I wondered, was that how it worked?” (13).

When Kleinman attributed 'disease' to the field of biological science, 'illness' has an affinity to psychology, anthropology and sociology. "Illness refers to how the sick person and the members of the family or wider social network perceive, live with, and respond to symptoms and disability" (Kleinman 1). When a person suffers from a physical or mental ailment, it directly or indirectly affects the 'normal' lifestyle of the kin committed to the victim. "…no matter what the nature of the disease and its causes, the disease involves a psychological, social, and cultural reaction, the illness" (78). The son's wish to have Em back in her stable condition can be traced as he says, "as 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 67).

Thus, Arthur Kleinman differentiates disease and illness in medical anthropology. Disease refers to the biological malfunction diagnosed by doctors, while illness is the personal, social, and cultural experience of being unwell. "Acting like a sponge, illness soaks up personal and social significance from the world of the sick person" (Kleinman 28). He emphasises that medical treatment should address both, as patients' perceptions (illness) often differ from clinical diagnoses (disease), influencing healthcare outcomes.

Apart from differentiating disease and illness, Kleinman has made a significant contribution to the medical field- Explanatory Models (EMs). Explanatory Models describe how patients, families, and healthcare providers perceive and respond to illness. These models address key questions, such as the cause of illness, symptoms, treatment options, appropriate caregivers, and expected outcomes. "Explanatory accounts seem to respond to any or all of the following questions: What is the cause of the disorder? Why did it have its onset precisely when it did?... What course is it following now, and what course can I expect it to follow in the future?… Although I have stated the questions in the terms of the sick person, these are also the concerns of the family" (Kleinman 41).

The patient's notion is indispensable in the explanatory model as it signifies the patient's needs and wants. In *Em and the Big Hoom*, Em explains her state of mind in various episodes of bipolar disorder. She believes that her mental state was disturbed after the birth of her son. "After you were born, someone turned on a tap. At first, it was only a drip, a black drip, and I felt it as sadness" (Pinto 12). She is aware of her disturbed mental state and occasionally jokes about it. She calls herself mad and says, "Mad people are telepathic, clairvoyant, and everything that should frighten you. Be afraid of me" (102). She even proclaims that mad people don't need sexual pleasure. The remedy she has found herself smoothening was smoking Beedi, though sometimes it failed.

Sufferers' descriptions of their vulnerable condition and their requirement for treatment differ from person to person and situation. Recording these nuances is indispensable in medical practice. Somatisation is a concept of medical communication elaborated by Kleinman. "Somatisation is a

sociophysiological continuum of experience: at one end are cases in which patients complain of bodily ailments … at the other end are cases in which patients who are experiencing the disordered physiology of medical or psychiatric disease amplify beyond explainable levels their symptoms… usually without being aware of their exaggeration" (Kleinman 54).

In the novel, Em is also portrayed as getting instant relief when she is in the hospital. "This was what made everything about her illness so difficult to understand. If she had had a paranoid attack last night, where was it now? Had she worked it out in her head that if she went to hospital, we would all be safe? Or had the paranoia passed?" (Pinto 202). "Perhaps the rhythm of hospital life soothed her, suited her (201).

Illness complaints in explanatory models are not just associated with the victim's sufferings but include the perspective of the family members as well. "The appreciation of meanings is bound within a relationship: it belongs to the sick person's spouse, child, friend, or caregiver, or to the patient himself" (Kleinman 6). Storytelling about the illness by the family is also considered a therapeutic explanatory method.

> There is an analogue of the patient's and family's explanatory models of illness in what the clinician interprets for the illness behavior of a particular patient with a particular disorder in a particular situation at a particular time. Clinicians (and researchers, too) come to recognise not only the disease. They also see the personal significance and social uses of chronic illness. But physicians' visions are not panoramic. Rather they focus upon different elements in their explanatory accounts: the person, the setting, the illness, or an aspect of the illness behavior. (48)

In *Em and the Big Hoom*, the narrator is Em's son, who elaborates on the causes, symptoms, and consequences of his mother's bipolar disorder. Hoom (Em's husband), Susan (her daughter) and Em's mother are also active participants in tackling Em's mood swings. Thus, this narrative technique parallels the perspectives and notions of the family as given in explanatory methods. "Aggressive/ regressive phases of patients' behaviour have their analogue in the general care of the chronically ill and in the relationship of the patient to family and friends" (276). Through the narration of her son, it is evident how her family took care of her. "Susan was a stoic; she would bear with Em, and she would never complain, but that made it all the more difficult to bear" (Pinto 149). The family couldn't afford a nurse or a caretaker. Furthermore, their presence worsened the situation. Though patriarchal control existed in the family, Hoom was capable enough to calm Em.

> You won't do anything silly? The Big Hoom would ask her before he left in the morning.
>
> 'No,' she would say, and her voice would sometimes be a sick moan.

> He would hug her and for a moment, her brow would clear, but soon he had to be gone and she would be shivering and hugging herself and asking for another Depsonil or death or a beedi. (165)

"The family consequences of illness have this in common: each family must make sense of their experience, come to terms with it. In so doing, all the things that distinguish a family as unique are replicated in that process of imparting meaning to experience" (Kleinman 191). The illness of his mother persistently haunts the narrator's life. From childhood, he has been going through this hardship, which is reflected in his words. "Thoughts, like electric currents, and inside my mother's head, they ran uncontrolled, flashing and sizzling. I carried that image with me through my childhood for what ailed my mother and took her to the hospital, sometimes every few months. Then she gave me another" (Pinto 10). A childhood trauma haunts him throughout as society identifies him as the child of a madwoman.

> I grew up being told that my mother had a nervous problem. Later, I was told it was a nervous breakdown. Then we had a diagnosis, for a brief while, when she was said to be schizophrenic and was treated as one. And finally, everyone settled down to calling her manic depressive. 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 song has it, M-A-D, mad mane paagal. 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 word wakes up from time to time and blinks at you, eyes of fire. But only sometimes, for we used the word casually ourselves, children of a mad mother. (208)

Moreover, Em's belief that her son's birth is the cause of her mental torment 'tore a hole' in his heart. This prompted him to ask about her earlier life and to find the root of her illness. "Each time Em told me something about her life, I would examine it for signs, for early indications of the 'nervous breakdown'" (32). He even went to the extent of examining her old letters, diary entries and notes to decipher any signs of her illness. "Or was the writing a manifestation of the condition? It often seemed like it was, the letters growing larger and larger until there was barely a word or two on a page. If we had cared to, we could have mapped her mania against her font size" (46). Em's practice of writing diary entries reveals her struggle to enunciate her female consciousness. It is an introspection that reflects her pitiable state as a woman. Em's writings seek to articulate her symptoms and assert resistance against the phallocentric construction of female consciousness, challenging its narrative containment and objectification. "They emphasise the insidious effects of gender scripting of the female body and exhibit how she suffered from severe anxiety about socio-cultural expectations of sex, pregnancy and childbirth, often leading her to resort to self-harm and suicidal attempts. The novel

opens a gateway to a critical understanding of how phallocentric cartography of the female body affects the female consciousness, and eventually, its effects are manifested at corporeal levels" (Das et al.).

The narrator outshines himself as a practitioner and attempts an 'empathetic interpretation' of his mother's life. It is listening "to the sick individual's personal myth, a story that gives shape to an illness" (Kleinman 46). He believed that her childhood had a role to play in her confused state. "Em had suffered migration, displacement and the loss of a home when she was still a girl. After arriving in India, she and her mother had spent some tough months in Calcutta before shifting to Bombay…And when she grew up, Em had to give up her studies and work to support the family" (Pinto 128).

The family's explanation of the victim's condition is another important step in the explanatory method. The narrator gives an intense explanation of his mother's illness. "I don't know how to describe her depression except to say that it seemed like it was engrossing her. It took up every inch of her. She had no time for love or hate, fatigue or hunger. She slept ravenously, but it was drugged sleep, probably dreamless sleep, sleep that gives back nothing" (62). Em's disease made her react in myriad ways that were bewildering for her children. "There were times when I could see a lot of my mother in the body whom I met at home. There were times when there was very little of her... She was a parody of herself" (137).

A constant fear of being judged or stigmatised is a burden for any family that has a mentally disregarded patient. "The family with a mentally ill member is regarded as carrying a hereditary taint of moral failure and constitutional vulnerability" (Kleinman 109). In the novel, too, the narrator is afraid of his future and even doubts his own mental stability. His father often warns him to 'fight your genes'. "But of all these, I feared most the possibility that I might go mad too. If that happened, my only asset would be taken from me…Growing up, I knew I did not have many advantages. All I had was my mind, and that was in peril from my genes" (Pinto 58). There always existed a stigma related to the genes he inherited from his mother. "There's definitely a genetic component to bipolar disorders, but no one can tell you whether you're going to get it or not" (214).

Treatment of the disease and ignoring the illness is a method often adopted in Indian culture of medication. Barbaric methods such as Electro-Conclusive Throppy are adapted even today as a means of healing. This disseminates the notion that "the end of psychiatric medicine is to iron out all differences and produce identical paper dolls?" (198). In the novel, such a scene is illustrated, too. At the dispensary entrance, a ward boy forcefully organised the crowd. A patient lay on a table, restrained by others, as electroshock therapy began. His body arched, then went limp, saliva frothing from his mouth. Another shock sent him into spasms before he was unstrapped and helped to the side. Weak and dazed, he collapsed onto the floor, legs splayed, head drooping, with saliva trailing down his chest as

the next patient was prepared. Kleinman has emphasised that illness is not solely a biological condition but is deeply embedded in social relationships, economic conditions, and power dynamics. He argued that doctors should consider these factors for holistic care. This perspective has significant implications for healthcare, as it encourages patient-centred treatment by integrating patients' perspectives, highlights the need for cultural competence in medical practice, and improves doctor-patient communication by addressing differences in explanatory models, ultimately leading to more effective and empathetic care. “One of the ways in which medical surveillance exerts power over individuals is by making their human identities synonymous with their illnesses. The same happens with Em, which is why Em’s diagnosis and personality become mostly indistinguishable for her family” (Nag and Chattopadhyay 184).

Autonomy for patients is rarely a concern in the Indian medical system, especially if one is mentally ill. In the novel, Em’s consent is not sought when she is exposed to ECT. “The novel addresses how societal attitudes impact patients' ability to exercise autonomy and make decisions about their mental health care. Especially for women, societal expectations, cultural norms, and gender roles can influence how women experience and express bipolar symptoms” (Tiwari and Das 2). Em is helpless and obeys the patriarchal norms of both her household and society.

Mental illness can be related to any other physical weakness that needs proper treatment. Stigmas associated with this disease make the condition of victims worse. In *Em and the Big Hoom*, Jerry Pinto masterfully portrays the intricate layers of mental illness, emphasising that it cannot be reduced to mere biological explanations. Kleinman’s notions on distinguishing diseases and illness encapsulate how mental health is experienced not only through a medical lens but also through the personal, familial, and cultural dimensions. His explanatory model highlights the need for a more compassionate, patient-centred approach to care. It calls attention to the importance of acknowledging the social context of illness. Urging a shift toward more inclusive and comprehensive healthcare practices that honour both the clinical and human aspects of suffering is what the medical arena is looking for in this era.

“And each time Em came home, we all hoped, for a little while, that the pieces of the jigsaw would fall into place again. Now we could be a textbook illustration: father, mother, sister, brother. Four Mendeses, somewhat love-battered, still standing” (147).

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