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Trauma, Displacement, and the Construction of Disability in Jerry Pinto's *Em and the Big Hoom*: A Psychosocial Perspective

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ABSTRACT

Jerry Pinto's *Em and the Big Hoom* represents mental distress not only through the symptoms associated with Imelda Mendes's illness but also through the family, social, linguistic, and institutional environments in which that illness is experienced. This article examines the novel through trauma studies, psychoanalytic literary criticism, and disability studies, with particular attention to displacement, memory, language, stigma, caregiving, and psychiatric authority. Rather than treating Imelda's bipolar disorder as a clinical consequence of migration, the article asks how the narrative connects her history of forced displacement from Rangoon with experiences of loss, cultural discontinuity, economic insecurity, family conflict, and the difficulty of belonging. The analysis also considers the narrator's experience as a caregiver and as the child of a woman repeatedly labelled 'mad.' The novel's recurring attention to words such as 'mad,' 'normal,' 'patient,' and 'diagnosis' demonstrates how language can become a mechanism of exclusion while also becoming a means of resistance. The article further examines the novel's representation of psychiatric institutions, including its treatment of electroconvulsive therapy, not to evaluate clinical treatment in itself but to analyse the narrator's concerns about autonomy, identity, dignity, and institutional power. The article therefore argues that *Em and the Big Hoom* constructs disability as a psychosocial and relational experience: distress is located within an individual body and mind, but disability is intensified by stigma, social expectations, family pressures, and institutional practices.

Keywords: Disability, displacement, trauma, bipolar disorder, psychoanalysis, caregiving, stigma, psychiatric institutions

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INTRODUCTION

Jerry Pinto's *Em and the Big Hoom* (2012) centres on Imelda Mendes, known to her children as Em, and the family's attempts to live with her recurring episodes of severe mental distress. The novel is narrated by her unnamed son and moves nonlinearly between family memories, conversations, letters, diaries, and episodes of crisis. Pinto has explained in an interview with Madhu Tehran that the representation of his mother's speech was closely informed by his experience of her unusual and often inventive way of speaking (Tehran, 2014). The novel consequently raises questions about the relationship between mental illness and identity: who

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has the authority to name a person, how does a diagnosis alter social perception, and what happens to an individual when the label of illness begins to eclipse the person?

The present article focuses on three interconnected dimensions of the novel. First, it examines how forced displacement and the loss of home, language, and cultural continuity are narrated as formative experiences in Em's life. Second, it considers how the novel represents mental illness through language, memory, family relationships, and psychoanalytic motifs. Third, it analyses the social construction of disability through stigma, psychiatric institutions, diagnosis, caregiving, and the struggle for patient agency. The argument is deliberately different from a clinical explanation of Em's condition. The novel does not provide sufficient evidence for a retrospective psychiatric diagnosis, and literary analysis cannot establish that forced migration caused bipolar disorder. Instead, displacement is treated here as one of the experiences through which the novel narrates vulnerability, trauma, identity disruption, and the social meaning of mental distress.

OBJECTIVES AND RESEARCH QUESTIONS

The article has four objectives: (1) to examine the representation of displacement, loss, and trauma in Em's life; (2) to analyze the role of language and psychoanalytic motifs in the construction of her character; (3) to examine how stigma, diagnosis, psychiatric institutions, and family expectations contribute to the construction of disability; and (4) to consider how caregiving and narration complicate the distinction between the person experiencing mental distress and the people living alongside that distress.

The analysis is guided by the following questions: How does the novel represent displacement and loss as experiences that shape identity without reducing mental illness to a single cause? How does Pinto use language, memory, humour, repetition, and fragmented narration to represent psychological distress? In what ways do family and psychiatric institutions participate in the construction of disability? Finally, how does the narrator negotiate care, fear, stigma, grief, and the possibility of agency?

METHODOLOGY AND THEORETICAL FRAMEWORK

This is a qualitative literary study based on close textual reading of Jerry Pinto's *Em and the Big Hoom*. The primary text is read alongside scholarship on displacement, trauma, psychoanalysis, and disability studies. The method is interpretive rather than clinical: the article analyses narrative form, recurring images, dialogue, characterization, metaphor, and representations of institutions. It does not seek to diagnose the fictional character or determine the medical cause of her condition.

Trauma theory provides a framework for reading the novel's treatment of delayed memory, repetition, loss, and the return of disturbing experiences. Caruth's work is useful here because it conceptualizes trauma in relation to experiences that resist immediate assimilation and later return in altered or repetitive forms (Caruth, 2016). Scholarship on displacement similarly emphasizes the instability of identity when people are separated from familiar places, languages, and social structures (Powell, 2012). The article therefore reads Em's migration history as a narrative of rupture and reconfiguration rather than as a direct medical explanation of bipolar disorder.

Psychoanalytic criticism is used as a literary interpretive vocabulary for examining repression, memory, language, ambivalence, loss, and the return of difficult experiences. Freud's work (1957, 1977) is therefore not used as a diagnostic manual. Puns, jokes, fragments, and unusual associations in Em's speech are read as features of characterization and narrative representation that invite interpretation, rather than as transparent evidence of an unconscious clinical condition.

Finally, disability studies shifts the analysis from an exclusively medical understanding of mental illness toward the social conditions under which impairment becomes disabling. Reddy (2011) emphasizes the social construction of disability and the importance of examining the contexts in which exclusion is produced. This perspective is particularly relevant to the novel because Em's difficulties are repeatedly intensified by stigma, social expectations, institutional practices, and the language used to describe her.

Displacement, Loss, and the Problem of Belonging

The history of Em's childhood is inseparable from forced movement. She was born in Rangoon and came to India during the wartime displacement associated with the Japanese invasion of Burma. The novel does not offer a continuous account of the journey; instead, the narrator reconstructs it through fragments, family stories, and uncertainty. This fragmented form is significant because the past is presented as something remembered incompletely rather than as a stable biographical record.

She was born in Rangoon, I knew, and had come to India on one of the ships that crossed the Bay of Bengal when the Japanese attacked Burma. Her father had walked, from Rangoon to Assam; legend has it that he had departed with a head of black hair and appeared again in Calcutta with a shock of white hair... She didn't seem to remember much about the crossing except how she used orange sweets to quell her nausea and began menstruating on-board the ship. Was this just how people remembered things, in patches and images, or was this the repression of a painful memory? (Pinto, 2013, p. 33)

Powell (2012) argues that displacement unsettles the relationship between physical location and identity. Her formulation is productive for reading Em because the novel repeatedly associates movement between places with the difficulty of establishing a stable sense of belonging. Mumbai is not simply a replacement for Rangoon; it is a new environment layered over memories of a lost home. The novel therefore represents displacement as an enduring condition of memory and identity rather than as a single historical event.

The loss of language is especially important. Em's linguistic history is presented as a sequence of acquisitions and losses: 'first Konkani in Goa, then Burmese in Rangoon, the Bengali in wartime Calcutta, and now English' (Pinto, 2013, p. 13). The accumulation of languages suggests adaptability, but it also produces a sense of fragmentation. Language becomes both evidence of survival and a reminder of what has been displaced. The novel's attention to speech is consequently central to its representation of identity.

The piano provides a second metaphor for cultural loss. During the journey from Rangoon, the family's piano is thrown into the Bay of Bengal to reduce the weight of the vessel. The narrator later explains: 'The pianos were a metaphor, a tribal way of expressing loss. It did not matter if the pianos were real or had never existed' (Pinto, 2013, p. 33). The piano thus becomes an object through which private grief and collective displacement are remembered. Its loss condenses the wider loss of home, music, familiarity, and continuity.

The post-migration period is equally important. Em's life in India is marked by economic difficulty, disrupted education, employment pressures, marriage, and motherhood. She recalls being unhappy in her work and describes her difficulty in adjusting to expectations around employment and domestic life (Pinto, 2013, p. 32). Scholarship on forced migration emphasizes that distress may be shaped by both pre-migration experiences and post-migration conditions, including economic insecurity and difficulties of adjustment (Bronstein & Montgomery, 2011). This perspective allows the novel to be read without assigning a single cause to Em's later mental distress.

Trauma, Memory, Motherhood, and Psychoanalytic Reading

The novel's representation of trauma is mediated through memory, narrative gaps, and repetition. The narrator cannot provide a complete account of Em's early life because much of what he knows is fragmentary and inherited from family stories. This structure is compatible with trauma theory's emphasis on the difficulty of representing overwhelming experiences directly (Caruth, 2016). Yet the article does not assume that every narrative gap is proof of repression. Instead, the gaps are treated as formal features through which the novel represents the uncertainty of remembering.

Motherhood becomes one of the most revealing sites where memory, fear, and gender expectations converge. Em's ambivalence toward motherhood is articulated through her description of children as capable of transforming a woman's identity: 'I saw what children do. They turn a good woman into a mudh-dha. I didn't want to have my world shifted so that I was no longer the centre of it' (Pinto, 2013, p. 140). Rather than interpreting this statement as evidence of a specific psychiatric symptom, the passage can be read as a conflict between individual identity and culturally prescribed expectations of motherhood.

The novel also exposes the gendered assumptions surrounding childbirth. Em recalls the refusal to give women sedatives because suffering in childbirth was associated with the biblical story of Eve: 'Birth was supposed to be painful and we were suffering in expiation of Eve's sin. Adam got away of course; men do' (Pinto, 2013, p. 84). The passage connects physical suffering with religious and patriarchal narratives. It also shows why a psychosocial reading is useful: distress is represented not simply as an internal medical phenomenon but as something shaped by family, gender, religion, and social expectations.

Psychoanalytic interpretation is particularly productive in relation to the novel's treatment of language. Em's jokes, puns, abrupt associations, and unusual metaphors repeatedly disrupt ordinary conversation. Pinto's interview with Tehran confirms that his mother's speech influenced the characterization of Em (Tehran, 2014). The article therefore reads Em's language as a literary device through which the novel destabilizes conventional distinctions between rational and irrational speech. Her language can be comic, painful, provocative, and resistant at the same time.

The novel's account of Susan's dating life illustrates the relationship between memory, fear, and protection. When Susan tells Em that she is going on a date, Em responds, 'Oh! If he should try and rape you...' (Pinto, 2013, p. 50). The statement can be understood as an anxious attempt at maternal protection, but it also reveals how fear of violence has become embedded in Em's understanding of relationships and the social world. The novel does not require the reader to decide whether the statement is rational or irrational; instead, it invites attention to the emotional history behind it.

Representing Bipolar Disorder Without Reducing the Character to Diagnosis

The manuscript's earlier version treated bipolar disorder too closely as an explanatory endpoint for the events of Em's life. A more appropriate literary approach is to distinguish between the diagnosis named within the novel and the interpretive claims made by the critic. The novel represents Em as experiencing recurring periods of severe mood disturbance, suicidal behaviour, unusual speech, and interactions with psychiatric services. These features can be discussed in relation to the representation of bipolar disorder, but they should not be used to establish a clinical diagnosis independently of the narrative.

Historical terminology also requires care. 'Manic-depressive illness' is an older term associated with what is now generally described as bipolar disorder; it should not be presented as a broader category that contains bipolar disorder, dementia praecox, and

recurrent major depression. The historical development of psychiatric categories is complex, and the article's literary argument does not depend on reproducing an inaccurate psychiatric genealogy.

Within the novel, however, the language of diagnosis is itself a subject of critique. The narrator observes: 'Perhaps he did see something behind the woman in the cotton frock. But wasn't that his job? Or was it? A diagnosis helps cure. But it also pigeonholes the patient' (Pinto, 2013, p. 212). This formulation captures a central tension in the novel. Diagnosis may provide a framework for treatment, but the label can also become a social identity that overrides the person who receives it.

The novel similarly links depression with suicidal thoughts and emotional exhaustion. Rather than claiming that Em displays every symptom of a clinical disorder, the analysis should remain close to the narrative. For example, the recurring image of a 'black drip' and a tap or drain provides a powerful metaphor for depressive experience and suicidal thinking (Pinto, 2013, pp. 12–13). The image turns an internal state into something material and visible, allowing the reader to perceive the experience through metaphor rather than through diagnostic terminology.

The same caution applies to hallucination. The earlier manuscript described hallucination as a 'natural concomitant' of bipolar disorder. That statement is too categorical. Psychotic symptoms can occur in some mood disorders, but they are not a defining or universal feature of bipolar disorder. In this article, Em's perceptions should therefore be analysed as part of the novel's representation of altered experience rather than treated as evidence of a universal clinical symptom.

Caregiving, Trauma, and the Narrator's Experience

One of the novel's strongest contributions is that it refuses to confine mental illness to the person who receives the diagnosis. The narrator is also shaped by years of witnessing Em's crises, suicide attempts, hospitalizations, and periods of instability. Trauma therefore operates relationally within the family. The narrator's experience does not mean that he 'inherits' Em's illness; rather, the novel shows how living alongside severe distress can produce fear, responsibility, guilt, exhaustion, and anticipatory grief.

But the real fear was not that I wouldn't know how to earn money. It was this: life without The Big Hoom meant life with Em on her own—no, life with Em and no buffer. What if I had to open another door to find that she had sawed at her wrists with one of the knives we had blunted?... If she died, would I know whom to bribe and how to bribe to make sure it would not turn into a police case?... At that point I realized what it meant to be a man in India. (Pinto, 2013, p. 58)

The passage demonstrates that caregiving is also structured by gender, family responsibility, and fear of institutional and legal consequences. The narrator anticipates not simply emotional loss but the practical responsibility of keeping the household functioning. The phrase 'the man of the house' reveals how masculinity and caregiving intersect in the family's experience of illness.

The narrator's response to one of Em's suicide attempts is particularly important. He describes being unable to remember the immediate aftermath clearly and later acknowledges the extent to which the experience affected him (Pinto, 2013, pp. 16–17). At another point he admits: 'I said I wanted to kill myself. I said I could not bear my life' (Pinto, 2013, pp. 133–134). These passages should not be read as proof of a clinical disorder in the narrator. Instead, they demonstrate the emotional consequences of prolonged caregiving and exposure to crisis.

The possibility of hereditary vulnerability is also raised in the novel, but it should not be converted into a medical claim about the narrator. What matters for the literary analysis is the narrator's fear that he may repeat aspects of his mother's life. His decision to become a writer and journalist can consequently be interpreted as a movement toward narrative agency: writing becomes a means of giving form to experiences that had previously seemed chaotic or unmanageable.

Psychiatric Institutions, Disability, and the Politics of 'Madness'

The novel's institutional scenes provide the clearest connection between mental illness and disability studies. Disability is not represented only as an individual medical condition; it is also produced through the ways in which families, institutions, and communities respond to people who are perceived as different. This is consistent with the social and critical approaches to disability that examine how exclusion is created through social structures and cultural representations (Reddy, 2011).

The narrator's visit to Thane Mental Hospital is particularly significant. He describes patients as having lost not only their clothes and hair but also aspects of their social identity. He observes that they looked 'dehumanized, as if their identities had been stolen' (Pinto, 2013, p. 195). The institutional setting therefore becomes a metaphor for the removal of individuality. The novel's criticism is directed less at psychiatric treatment as such than at institutional practices that may reduce people to diagnoses, routines, and administrative categories.

The discussion of electroconvulsive therapy (ECT) requires similar precision. The manuscript should not describe ECT as 'electrocution' or automatically characterize it as a cruel treatment. ECT is a medical intervention with specific clinical uses and risks. The literary issue in Pinto's novel is instead the narrator's perception of treatment, consent, and institutional authority. By describing the patients' appearance and asking what counts as a 'cure,' the novel raises an ethical question about whether successful symptom management is sufficient when dignity and individuality are ignored.

The student's question in the hospital scene—"So the end of psychiatric medicine is to iron out all differences and produce identical paper dolls?" (Pinto, 2013, p. 198)—is therefore central to the novel's critique. The question does not necessarily reject psychiatric care; it challenges the assumption that treatment should make people conform to a single social model of normality.

The novel extends this critique through the narrator's encounter with an elderly woman whose family has abandoned her in institutional care. The warden describes the hospital as 'a dumping ground, a human dumping ground' (Pinto, 2013, p. 209). The phrase is important because it shifts the focus from the individual's condition to the social relations that have produced her abandonment. Disability is thus constructed through neglect as much as through diagnosis.

The Word 'Mad': Stigma, Identity, and Agency

Language is perhaps the novel's most important site of social power. The word 'mad' appears ordinary in everyday speech, but the narrator demonstrates how its meaning changes when attached to a person. He writes:

Mad is an everyday, ordinary word. It is compact. It fits into songs...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 world, a mad hatter, a mad dog. But it is different when you have a mad mother. (Pinto, 2013, p. 208)

The passage distinguishes between ‘mad’ as a flexible adjective and ‘mad’ as a social identity. Once the word is attached to Em, it affects her children as well. The narrator remembers the pain of being identified as the ‘mad woman’s child’ (Tehran, 2014). Stigma therefore extends beyond the diagnosed person and enters the social identity of the family.

At the same time, the novel complicates the assumption that the person labelled ‘mad’ is entirely powerless. In an interview, Pinto explains that his mother sometimes deliberately reclaimed the term, using ‘mad’ as a way of challenging people who had already denied her rational authority (Tehran, 2014). This is a particularly productive moment for a disability-studies reading because it introduces agency within stigma. The label can injure, but the person can also appropriate and manipulate the label.

The novel therefore resists a simple opposition between sane society and mad individual. Instead, it asks who is permitted to speak, whose speech is treated as meaningful, and who has the authority to define another person’s reality. This question culminates in the narrator’s observation that the ‘mad’ are denied an identity beyond the label (Pinto, 2013, p. 131). The critique is consequently epistemic as well as social: the issue is not only discrimination but also the denial of the person’s capacity to produce knowledge about her own life.

Family, Gender, and the Limits of the Medical Gaze

The novel also complicates the relationship between medical authority and family care. Imelda’s husband Augustine and her children do not simply function as passive caregivers. They interpret, negotiate, resist, and sometimes misunderstand her behaviour. The family becomes an alternative interpretive space in which Em is remembered as a mother, wife, daughter, and individual rather than only as a psychiatric patient.

The narrator’s concern that ‘a diagnosis helps cure. But it also pigeonholes the patient’ (Pinto, 2013, p. 212) captures this tension. The medical gaze can provide language for treatment, yet it can also narrow the range of identities available to the person being treated. A disability-studies perspective does not require rejection of medical care; rather, it asks that medical knowledge be considered alongside autonomy, dignity, social inclusion, and lived experience.

The manuscript’s earlier use of a workshop statement concerning the treatment of women with Down syndrome should also be handled cautiously. Such a statement is evidence of Pinto’s public critique of mental-health care, not independent evidence that the described practice is universally or routinely followed in India. In this revised article, the statement is therefore treated as part of the discourse surrounding institutional vulnerability rather than as an empirical generalization about Indian mental-health services (Azim Premji University, 2017).

Similarly, broad claims that ‘most’ Indian families reject mental illness or that Indian psychiatric services are uniformly inadequate should be avoided unless supported by empirical evidence. The novel can legitimately be analysed as criticizing stigma, institutionalization, and the unequal distribution of care; it cannot by itself establish the prevalence of these conditions across India.

CONCLUSION

Em and the Big Hoom is not simply a narrative about a woman diagnosed with bipolar disorder. It is a narrative about what happens to a person and a family when mental distress is interpreted through displacement, gender, religion, family duty, economic insecurity, stigma, and psychiatric authority. The novel’s account of Em’s movement from Rangoon to India establishes a history of rupture and loss, but the text does not require a single causal

explanation for her later illness. A psychosocial reading is therefore more productive than a causal model: displacement forms part of the conditions through which identity, memory, vulnerability, and belonging are narrated.

The novel's treatment of language is equally significant. Words such as 'mad,' 'normal,' 'patient,' and 'diagnosis' are not neutral descriptions; they participate in the distribution of authority. Em's speech unsettles ordinary expectations of rationality, while the narrator's attention to her words attempts to preserve her individuality. The text consequently challenges the tendency to allow diagnosis to become a total identity.

The caregiver perspective expands the meaning of trauma. The narrator's fear, guilt, responsibility, and grief show that mental illness is experienced relationally. The family is affected by repeated crises, yet the family is also the principal space in which Em continues to be remembered as a person. This tension between care and exhaustion is one of the novel's most powerful contributions to the representation of mental illness.

Finally, the institutional scenes demonstrate why disability cannot be understood solely through impairment. The novel's critique concerns the loss of identity, the stigma attached to psychiatric diagnosis, abandonment, and the danger of treating institutional routines as substitutes for personhood. By combining the perspectives of trauma studies, psychoanalytic literary criticism, and disability studies, the article argues that Em and the Big Hoom constructs mental disability as a psychosocial and relational phenomenon. The novel does not ask the reader simply to decide whether Em is 'mad'; it asks the reader to reconsider what society means by madness, who has the authority to define it, and what kinds of care allow a person to retain dignity and agency.

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CONFLICT OF INTEREST

We do not have any conflict of interest.

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