Nanotechnology Perceptions
ISSN 1660-6795
www.nano-ntp.com

"Schizophrenist," Not Schizophrenic: Labelling and Reimagined Identity in Reshma Valliappan's fallen, standing

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The imposition of labels can significantly impact a person's perception of their identity, whether external or internal. The identity imposed on a person due to their diagnosis often has several personal and social implications. This paper critically examines the politics of psychiatric labelling and the reimagining of identity through a qualitative, close reading of Reshma Valliappan's memoir, fallen, standing: My Life as a Schizophrenist (2015). Drawing on frameworks from disability studies and stigma theory, the article explores how psychiatric labels function as tools of social and psychological control in the Indian context. The analysis is structured into three sections. First, it examines how diagnostic and social systems enforce psychiatric identities. It then explores Valliappan's resistance and reinterpretation of imposed terms through narrative self-fashioning. Finally, it traces the far-reaching consequences of psychiatric categorisation in legal, relational, and institutional domains. The memoir is positioned as a counter-discourse that challenges clinical authority and reframes schizophrenia as a valid and imaginative way of being. Through metaphor, introspection, and linguistic subversion, Valliappan rejects reductive narratives and asserts agency over her identity. The paper draws on theoretical insights to demonstrate how life writing can resist stigma, reassert personhood, and redefine madness as a site of complexity, autonomy, and meaning-making.

Keywords: psychiatric labelling, narrative identity, schizophrenia, disability life writing, medical gaze, narrative resistance

Introduction

Labels are not merely linguistic descriptors. They carry the power to define, confine, and stigmatise. For individuals with mental illness, these labels often override personhood, reducing complex human experiences to reductive identities that result in marginalisation and systemic exclusion. Schizophrenia is one of the most stigmatised mental illnesses, which is mainly discussed and understood from a medical and legal background. Its social discourse centres on irrationality, instability, and danger. When a person is labelled schizophrenic, it leads to the erasure of personhood and reduces them to their diagnosis. Once internalised, these labels shape a person's sense of identity and alter their relationship with themselves and others. Along with this, this labelling has long-term consequences where legal, social, and familial systems often deny those labelled with schizophrenia the right to education, employment, romantic relationships, legal agency, and basic human dignity.

This paper uses Reshma Valliappan's memoir, fallen, standing: My Life as a Schizophrenist (2015), as a testimony and a counter-discourse to examine the phenomenon and impact of labelling. Her memoir is a unique narrative with a compilation of blog entries, emails, letters, journal entries, and writings from her alternate selves. The life writing genre is crucial here, as it projects lived experience in ways that resist clinical reductionism. It reflects how labels affect agency, autonomy, and self-expression. By resisting medicalised narratives and reclaiming her voice, Valliappan challenges the very idea of normalcy, arguing that just as people differ externally, their inner worlds naturally vary as well. However, society insists on labelling these differences as abnormal.

The study of psychiatric labelling and its impact on subjectivity has been extensively explored in global academic discourse. Scholars such as Erving Goffman and Michel Foucault have laid the foundation for understanding how institutions and discourses shape individual identity through the processes of classification, stigmatisation, and control. Catherine Prendergast challenges how schizophrenia has been represented in both academic and popular discourses, particularly within postmodern theory (Prendergast).

Research on psychiatric labelling in India remains underexplored, particularly concerning the lived experiences of individuals. Indian mental health discourse has historically focused on clinical and policy-level approaches (Math). Scholars such as Bhargavi Davar have critiqued the everydayness of emotional suffering and the construction of identities and choices through this process, using an archive of women's narratives (Davar, "Identity constructions"). She has also discussed the legal implications faced by people with psychosocial disabilities (Davar, "Legal frameworks"). Studies also reveal how familial understandings of disability diverge from professional narratives, particularly in collectivist societies (Rao, "Disability" 329). Studies exist on how Bengali families view and discuss disability, including the language and frameworks they use, as well as how their understanding differs from that of professionals and non-disabled individuals (Rao, "Colloquial Language" 171). Although studies exist on disability in Indian fiction, life writings by persons with psychosocial disabilities are rarely subject to detailed textual analysis within Indian academic discourse. Patel et al analysed how Reshma Valliappan's fallen, standing: My Life as a Schizophrenist challenges the prevailing narratives around mental health in India's cultural context (Patel).

However, despite these critical interventions, this gap is mainly significant given the growing visibility of mental health discourse in Indian public discourse, where labels such as schizophrenic or mentally ill continue to carry heavy stigma. Mainstream media representations often reinforce reductive or pathologising narratives, while few platforms exist for alternative voices to intervene or contest these representations.

This paper addresses this by offering a qualitative, close reading of Reshma Valliappan's memoir, fallen, standing: My Life as a Schizophrenist, through the combined lenses of stigma, the medical gaze, and subjectivation. It examines how psychiatric labelling functions not only as a personal burden but as a mechanism of systemic control and discursive silencing in the Indian context. By focusing on how Reshma negotiates, resists, and redefines imposed labels, this paper contributes to an emerging body of work that seeks to theorise madness, agency, and resistance from within lived experience. This paper focuses on three key areas: first, how external labels are imposed through social discourse; second, how these labels influence self-perception and identity; and third, the social consequences of such labelling in interpersonal and institutional domains. This paper argues that fallen, standing resists psychiatric reductionism by reimagining schizophrenia as an alternate epistemology of being, using narrative, metaphor, and self-definition to challenge clinical and social authority. Reshma Valliappan's narrative provides an intriguing study of how psychiatric labels are externally imposed and socially reinforced in ways that shape identity and subjectivity.

External Impositions of Labels

Labelling often starts with a diagnosis. Although different names are used to address people with behaviours deviating from the norm, it is often after a professional diagnosis that the labels are imposed upon them. From a young age, Reshma was subjected to the medicalisation of her experiences. She was diagnosed with paranoid schizophrenia at the age of twenty-two, marking the beginning of her social alienation. The labels imposed on her made her question her character, wondering whether she was inherently "bad and horrible" (Valliappan ix). Such thoughts were provoked by the exclusion that accompanied being labelled.

Society's labelling practices forced her to question her sanity, making her feel compelled to identify with the many terms used to define her. She states that remarks such as "you don't look schizophrenic" reflect the stereotypical and superficial expectations people hold about mental illness, suggesting that such conditions should be visibly marked as if one must wear them on one's forehead for validation (Valliappan xi). People often make thoughtless comments such as "you don't LOOK like there is something wrong with you," which infuriates her (Valliappan 150). She questions the very idea of wrongness and why others are so fixated on seeing a visible sign to validate her experience. Although mental illnesses are often deemed invisible disabilities, they have telling behavioural signs that society conveniently overlooks. Margaret Price opines that describing "psychosocial disabilities as "invisible," or "hidden," is a misnomer. In fact, such disabilities may become vividly manifest in forms ranging from "odd" remarks to lack of eye contact to repetitious stimming (Price, "Defining" 304).

Culturally, there is also a tendency to trivialise mental illness. Society often instructs people to "move on," as if the constant recurrence of suffering makes it less valid. For Reshma, this casual use of the phrase feels paradoxical. If the context were different, the phrase might be motivational, but here, it is dismissive (Valliappan 8–9). People with psychiatric labels are either physically confined or made to live what she calls an "existential death," a life where they are socially erased (Valliappan xii). She argues that the real madness lies not in individuals like her but in a society that projects discomfort and condemnation onto those who are different.

Beyond labelling, she highlights the issue of mislabelling, often resulting from misdiagnosis. Despite the prevalence of misdiagnosis, people often accept such labels due to their trust in medical professionals. She says, "It looked like he had all the right words about what I feel, which I had not shared with anyone" (Valliappan 14). This reinforces the idea that clinical descriptions hold superior to personal experiences due to a lack of socially accepted authority and linguistic capabilities to explain them in comprehensible ways.

Public perceptions are deeply stigmatising. Stereotypes such as "once mad, always mad" or the belief that people with mental illness are inherently weak and permanently dependent on medication are still widespread (Valliappan 63). She recounts a story of a girl who was misjudged for preferring solitude. Society labelled her as withdrawn and depressed, and once it was discovered she had a mental health history, she was removed from a support group. This incident reflects how quickly people judge and exclude based on a label alone. The stigma and discrimination faced by those labelled mentally ill are widespread, yet no one wants to address or acknowledge them. Reshma says that she takes this personally, not only because she has experienced it herself, but because it is a common fate for many who carry the label of "insanity" (Valliappan 64). Through her blog, she firmly tells professionals not to worsen her condition by reminding her how "embarrassing" or "humiliating" her symptoms can be, words that only intensify her suffering (Valliappan 148). Reshma advocates for changes in practitioner behaviour. She insists that healthcare providers speak directly to the patient, rather than their caregivers, and seek the patient's consent and input in matters concerning their own body and mind.

Society's failure to provide accommodations often becomes the basis for blaming individuals for their differences, reinforcing the perception of abnormality. Reshma's every word, thought, or action was interpreted as symptomatic of her condition. This interpretive framing aligns with Erving Goffman's theory of stigma.

Stigma is about spoiled identity. It is about something wrong with us physically or a mark on our character metaphorically that makes us less than normal, that spoils our identity, and that causes us to be cast out, in one way or another, from the larger social group, which he calls normals. ("How Goffman")

In Reshma's case, the psychiatric diagnosis acts as a label so dominant that it overrides all other aspects of her identity. Goffman notes that stigma has far-reaching consequences as "it tends to spread from one aspect of our body or our character to our entire body or our entire character" ("How Goffman").He points out that acquiring stigma later in life can be particularly challenging due to the significant shift from a previously "normal" identity, leading to feelings of disruption, grief, and loss of self ("How Goffman").

Her lived experiences were not validated until a counsellor echoed them, proving that society often values professional endorsement over personal testimony (Valliappan 185). She was constantly observed, making it bitterly ironic that she was labelled "paranoid" while she was the one being constantly observed (Valliappan 188). Even her parents sometimes dismissed her genuine concerns by claiming that one of her "personalities" had taken over, leaving her feeling further invalidated and distressed (Valliappan 208). Goffman's insight helps us understand how the label of schizophrenia becomes not just a diagnosis but a lens that distorts every social interaction, casting doubt on credibility, agency, and autonomy. Having examined how labels are externally imposed, the following section explores how Reshma internally negotiates and reclaims these labels, resisting its epistemic authority and reshaping it through language and metaphor.

Self-Identification and Perception of Labels

Margaret Price states that, “In my own experience, claiming disability has been a journey of community, power, and love” (Price 305). In her memoir, Reshma documents her ongoing negotiation with the diagnostic labels thrust upon her, illustrating both her resistance to and eventual reclamation of these terms. Reshma begins her Preface with a self-disclosure, warning readers that the text is unconventional due to her condition. Catherine Prendergast asserts that schizophrenic authors use “self-disclosure” as a powerful rhetorical device to reclaim their voice and redefine the stigmatising label schizophrenic. By sharing their experiences, they challenge the conventional view that their speech is only relevant to their diagnosis, and assert their place in the broader civic world (Prendergast 242).

Bhargavi Davar highlights that individuals with psychosocial disabilities may choose to identify as “ill” as a step towards self-discovery. However, this journey can be complex and challenging, involving long-term navigation of the mental health system and societal norms (Davar, “Identity” 209). Early on, Reshma expresses difficulty even pronouncing the word schizophrenia (Valliappan ix, 221), let alone understanding the implications of such a diagnosis. She describes her initial experience of the condition through symbolic and metaphorical imagery. She explains it as being chased by vampires who both threaten and protect her, an inner world often dismissed by professionals as delusion rather than seen as expressions of trauma and imaginative cognition. Her frustration lies in the clinical world’s inability to appreciate the layers of meaning in what they reduce to mere symptoms: “They lack understanding of symbolism, metaphors, and imagination” (Valliappan 221).

Despite the diagnostic imposition, Reshma asserts her identity through radical self-definition. In a letter to Ritu Menon, she describes herself with layered descriptors, “extreme liberalist, overly a free thinker… erratic, ecstatic, static” (Valliappan 3), that highlight the complexity of her inner life. Margaret Price also reclaims her identity similarly by embracing terms like “crazy girl,” “neuroatypical,” and “mentally disabled” (Price 305). She aims to redefine these labels, acknowledging the disconnect between her outward appearance and inner experiences. Price advocates for flexibility in language, using terms based on context and listening to others’ perspectives, rather than trying to fit into one definition. Her approach to pragmatic self-naming, which involves choosing terms depending on the context, resonates with Reshma’s refusal to be defined by a singular label.

The act of naming herself on her terms becomes a form of resistance for Reshma. She states clearly, “I am not mad nor am I a combination of all the labels I have. I am simply blessed” (Valliappan 260). This dual consciousness of living with a diagnosis while also questioning and redefining it pervades her narrative. Although she accepts the label of schizophrenia over time, this acceptance is not passive but active and interpretative: “I learnt more about my label, I accepted it, and I continue living with it” (Valliappan x). She also critiques the reductive use of such labels, mocking the clinical tendency to categorise: “In psychological lingo, I am type A (not that I care which alphabet I am)” (Valliappan 7). Here, the label of mental illness does not matter as much as the mindfully lived reality of madness, which may seem a contradiction to some.

Notably, Reshma reclaims her diagnosis by reinterpreting her experiences outside of the clinical frame. She insists, “I am not schizophrenic, I just perceive reality differently and can tolerate uncertainty,” rejecting the pathological language that seeks to invalidate her way of being (Valliappan 145). She even reframes what others label as symptoms, such as impulsivity and non-conformity, as attributes of her personality and intellectual engagement with life. She reframes what would clinically be deemed “depression” as an existential orientation toward life’s uncertainties, what she terms being “existentially problem-centred” (Valliappan 146).

Her language here reveals how she creates an alternative vocabulary to describe her condition. The language is rooted in agency, creativity, and personal meaning. She positions herself not as an object of pathology but as a subject with insight, humour, and complexity. Her language actively resists the medical gaze, a concept Michel Foucault articulates as the way modern medicine objectifies the body and claims epistemic authority over it. O’Callaghan argues that, “This power exists only in the initial period of a patient’s illness, and the current system focuses on empowering people once they regain capacity through adequate treatment, a situation only made possible by that initial therapeutic power dynamic” (O’Callaghan).

However, in psychiatric practice, classification systems like the World Health Organisation’s ICD-10 and the American DSM criteria offer a shared language. They guide clinicians in understanding patients’ experiences and offer prognostic clarity, which can be reassuring for patients and families. This structure can empower them to navigate their challenges more effectively. Callaghan proposes a paradigm shift from rigid diagnostic criteria to a more individualised and nuanced framework that foregrounds the subjective experiences of suffering and distress, thereby challenging the exclusive reliance on standardised medical classifications.

Reshma also challenges this very apparatus and refuses to be the passive object of diagnostic discourse. She metaphorically critiques the reduction of her identity through medicalisation when she writes, “I’ve become a painting you have appropriately marked and auctioned… and lo! I thought I was the artist” (Valliappan 152). This imagery underscores her resistance to being objectified within clinical discourse. This metaphor embodies Foucault’s idea of subjectivation, which refers to the dual process of becoming a subject through institutional categorisation and internal self-surveillance (May). Reshma resists this process by reclaiming authorship over her identity, turning the label into a site of agency rather than oppression. She exposes how psychiatric power operates not only through institutions but also through language and classification.

The sense of depersonalisation and fragmentation associated with schizophrenia is not denied but reinterpreted. Reshma admits that she feels alienated, both by the condition and by society’s reactions to it, but still embraces the experience: “I would say that it was my imagination that kept me alive” (Valliappan 239). By embracing what she terms “the alternate” rather than “madness” (Valliappan 241), she offers a radical reimagining that transforms resistance into a celebration of difference. Reshma’s claim, “Schizophrenia is not a mental illness to me. It is not a brain disease… it is only that - an experience. Just another way to be and to exist,” (Valliappan 260) is perhaps the most powerful articulation of her stance. She adopts the term schizophrenist not to flaunt the diagnosis but to subvert it, to own the label and transform its meaning.

Through these acts of narration, reinterpretation, and reclamation, Reshma not only challenges the validity of psychiatric labelling but also constructs a self-narrative rooted in empowerment and self-determination. Her redefinition of self is not static but continuously reworked, offering an alternative epistemology rooted in lived, embodied insight, rather than institutional judgment. Similarly, Deepa Venkatachalam and others writing within the Bapu Trust framework argue for rights-based, psychosocial approaches that prioritise autonomy, dignity, and lived knowledge over diagnostic authority (Davar, “Identities” 198). Strict diagnostic labelling can affect individual identity and also lead to lasting consequences for family dynamics, legal rights, and social inclusion.

Social Impact of Labelling

The social consequences of psychiatric labelling are far-reaching and often devastating, not only for the individuals labelled but also for their families. Reshma presents a stark account of how being diagnosed with schizophrenia led to her and her family being treated as outcasts. Despite receiving treatment, her family was systematically excluded from social spaces, no longer invited to functions or gatherings, and largely shunned by their community (Valliappan ix). In this instance, the stigma associated with her diagnosis extended beyond her as an individual, affecting her entire family and revealing the deeply entrenched prejudices against mental illness in Indian society. Brown states that this permanent form of "social quarantine forces people to limit their relationships to other stigmatised people and to those for whom the social bond outweighs the stigma, such as family members" (154).

Reshma recounts how her younger sister was ostracised by teachers and peers once it became known that she had a "crazy" sibling. Her parents, too, were treated with suspicion and pity as though their daughter's illness were a familial curse (Valliappan 251). This collective ostracisation underscores the broad social reach of psychiatric labelling. In India, where family identity often supersedes individual identity, the repercussions of such labelling are communal.

For Reshma, the label of schizophrenia was not just a diagnosis but a social sentence, one that rendered her untrustworthy, unemployable, and undesirable. This reduction of Reshma's identity to a psychiatric label illustrates what was discussed earlier as Goffman's spoiled identity, a singular mark that discredits all other facets of the person. Once diagnosed, every action, emotion, or statement she made was filtered through the lens of this discrediting mark, diminishing her credibility and collapsing the complexity of herself into a single, stigmatised category. Reshma articulates this process when she writes, "When I say whatever it is I say, no one believes a word of it. That is what the world has done" (Valliappan 165). Her experiences reveal how the label not only alters how others perceive her but also averts the possibility of being taken seriously, regardless of context or content.

The loss of autonomy that followed her diagnosis was not just social but legal and political. Reshma fiercely critiques how a label can override constitutional guarantees. "They have denied me the basic fundamental rights of the Constitution of India," she writes. "They have taken away my legal capacity by a simple label" (Valliappan xi). In Reshma's case, the consequences include the loss of voting rights, the inability to sign contracts or make decisions regarding her treatment, and the vulnerability to be institutionalised against her will. She notes the precarious legal status of mothers labelled as mentally ill, who must fight for custodial rights, and of individuals whose property or insurance claims can be taken away based on an arbitrary declaration of insanity (Valliappan xii). The consequences include not only legal vulnerability but also an erasure of epistemic authority.

Article 12 CRPD of the UN guarantees persons with disabilities the right to equal recognition before the law and the right to enjoy legal capacity on an equal basis with others in all aspects of life. It is the right to have one's decisions legally recognised, but that is rarely implemented. The legal framework that is supposed to protect citizens instead enables dispossession and control when it comes to people with psychiatric disabilities. Bhargavi V Davar points out how people with mental illness were hitherto considered "non-persons" lacking recognition before the law, in any life dimension. She notes that the macro-environment within which the mental healthcare system, supported by the Mental Health Act 1983, still operates is one of custodial law (Davar, "Legal framework" 123).

Amita Dhanda highlights that, in contrast to conventional legal frameworks shaped by non-disabled perspectives, the Disability Studies approach prioritises the voices of people with disabilities. This approach critiques the dominance of the so-called objective knowledge, as held by experts, regarding the human mind and body. Such objectivity is often justified through peer review, a largely unquestioned and opaque process, which grants professionals exclusive authority over what is recognised as valid knowledge. As a result, the lived experiences and insights of individuals with disabilities are often excluded from being acknowledged as legitimate knowledge (Dhandha 388).

Along with Roxanne Mykitiuk, Reshma Valliappan recalls how her choice to refuse medication for schizophrenia was disregarded by her doctor. Instead of respecting her decision, the physician suggested that she would be denied treatment for her current health issues unless she agreed to follow a drug-based psychiatric treatment course. This suggestion effectively meant that Reshma would have to take medication against her will in order to receive basic medical care. Furthermore, by not acknowledging her legal right to make decisions about her treatment, the doctor discriminated against her in other areas of her health as well. The doctor's neglect to properly investigate her new symptoms may have delayed the diagnosis of her brain tumour, which could have spared her from prolonged pain, distress, and further complications (Mykitiuk).

In addition to legal and social exclusion, the label also has profound effects on self-perception. Reshma reflects on how people's refusal to believe her or engage with her as a credible, rational being causes profound alienation. She notes that the small, dismissive comments people made about her stayed with her for years, comments that they likely forgot but that left lasting trauma: "I would rather traumatise them the same way their little one-liners have stayed in my memory bank till date," she writes (Valliappan 67). These everyday microaggressions compound over time, reinforcing the internalisation of stigma. One of her most haunting realisations is that she "didn't feel crazy till someone wrote on the walls that she is mad" (Valliappan 250). Here, madness is not an internal state but a social construction imposed and reinforced through external judgments. The idea that one's reality is only questioned after someone else denies it reveals the decisive role of the social gaze in shaping individual identity.

Finally, labelling also affects one's ability to form meaningful relationships. Reshma observes that society tends to view people with psychiatric conditions as asexual or incapable of love and intimacy. In one of the few positive encounters she recounts, she bonds with the son of a caregiver at a conference and finds comfort in the shared experience of being denied simple human connection: "Both of us are denied these basic human attractions and admiration from another, the ability to speak and connect to someone without being questioned about our symptoms" (Valliappan 202). Her reflection points to the broader issue of how people with psychiatric labels are often dehumanised to the extent that even their most fundamental needs for companionship and affection are viewed as pathological.

The loss of friendships and breakdown of social ties following Reshma's diagnosis of schizophrenia is another recurring theme in her narrative. She recalls how a friend who once regularly visited her stopped coming after witnessing one of her episodes (Valliappan 238). This social withdrawal echoes Margaret Price's observation that individuals with mental disabilities, including psychosocial disabilities and mental illnesses, are routinely marginalised, dismissed, and even targeted within institutional settings such as higher education (Kerschbaum). In Reshma's case, the stigma associated with her psychiatric diagnosis not only shaped her medical treatment but also fractured her interpersonal relationships, illustrating how the social exclusion of people with mental disabilities extends beyond institutions and into the fabric of everyday life. Here, stigma continues to carry its historical connotations, with people often using perceived differences to marginalise or exclude others (Brown 150).

Thus, Reshma Valliappan's account emerges as a deeply unsettling picture of how psychiatric labels, rather than providing clarity or care, can become mechanisms of social exclusion, legal marginalisation, and emotional devastation. These consequences of labelling, from individual alienation to legal marginalisation, necessitate a re-evaluation of psychiatric diagnosis frameworks. Through Reshma's narrative resistance, this paper highlights the potential for alternative understandings of madness, identity, and human dignity.

Conclusion

Reshma Valliappan's fallen, standing is a firm rejection of psychiatric reductionism and an intentional reclamation of identity in the face of diagnostic labelling. Through her autobiographical narrative, she challenges the medical and social gaze on schizophrenia and offers a nuanced understanding of it through her lived experiences. Rather than merely resisting diagnosis, Reshma constructs a narrative that reorients schizophrenia as a mode of being, which is valid and creative. Her story is not a denial of pain, but a refusal to let pathology become the sole framework for understanding it.

What emerges from Valliappan's testimony is a radical act of narrative defiance, one that reclaims authorship, resists epistemic injustice, and reconfigures schizophrenia not as pathology but as lived experience. Her story urges us to reconsider how language, law, and institutions participate in the construction and potential dismantling of social exclusion for those labelled mad.

With a language of metaphors, dark humour, defiance, and poetic reframing, Valliappan not only resists the labels but also transforms them. She asserts that she is not a passive bearer of a diagnosis but an active agent who redefines what it means to live with schizophrenia by calling herself a schizophrenist. Her voice subverts the authority of psychiatric manuals and therapeutic conventions, offering in their place a framework grounded in lived experience, subjective truth, and imaginative insight. What is commonly understood as symptoms is reimagined in her narrative as modes of coping, self-preservation, and creativity. For her, her hallucinations are not just disruptions to be treated; they are sources of insight, artistic inspiration, and even comfort.

The central argument that emerges from fallen, standing is not a denial of suffering but a call to understand it differently. Reshma Valliappan does not romanticise schizophrenia, nor does she pretend that her experiences are devoid of pain. What she opposes is the narrow framework that reduces complex human lives to clinical descriptors. Her insistence that madness is not the opposite of sanity but an alternate way of being. She challenges normative binaries and expands the possibilities for understanding mental health. Valliappan's story prompts reflection on how language, diagnosis, and institutional power can erode dignity. And in such a scenario, reclaiming narrative authority becomes a powerful act of healing and resistance.

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