Research Journal of English Language and Literature (RJELAL)
A Peer Reviewed (Refereed) International Journal
Impact Factor 6.8992 (ICI) http://www.rjelal.com;
Email:editorrjelal@gmail.com; ISSN:2395-2636 (P); 2321-3108(O)

Vol.10.Issue 2. 2022
(April-June)

RESEARCH ARTICLE

INTERNATIONAL
STANDARD
SERIAL
NUMBER
INDIA
2395-2636 (Print):2321-3108 (online)

MENTAL ILLNESS, STIGMA AND INTER-SUBJECTIVITY: *THE QUIET ROOM* AS A SCHIZOPHRENIA NARRATIVE

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Article Received: 20/05/2022
Article Accepted: 26/06/2022

DOI: 10.33329/rjelal.10.2.288

Abstract

The Quiet Room: A Journey Out of the Torment of Madness , published in 1996 , is a memoir which deals with Lori Schiller's struggles with schizophrenia and bipolar disorder. The memoir recounts her struggles from early adolescence, hospitalization, multiple suicide attempts and eventual recovery through the accounts of her caregivers, doctors, family and friends, and demonstrates the inter-subjective experiences of mental illnesses. Sue Estroff once rightly noted that mental illnesses lead to the loss of roles and identities, however, *The Quiet Room* shows its impact on familial roles and bonds as well. The work scrutinizes the stigma surrounding mental illnesses and the erroneous representation of psychosocial disability in popular culture. Parallel to the progression of the narrative, advancements in the field of clinical psychology and changes in social perception are portrayed. Furthermore, the memoir's impact lies in its advocacy for the recognition of humanity along with medical help, as the best way forward.

This paper is an attempt to analyse the work from a disability studies standpoint. Using the ideas of Arthur Frank's narrative categories, Thomas G. Couser's takes on disability memoirs, and Arthur Kleinman's ideas on the ethics of caregiving, this study scrutinizes the merits and demerits of the work as an illness and disability memoir.

Keywords: Mental Illness, Stigma, Recovery, Disability Memoirs, Cultural representations of illness.

Introduction

The Quiet Room: A Journey Out of the Torment of Madness, published in 1996, is a memoir which chronicles Lori Schillers struggles with schizophrenia and bipolar disorder. The memoir was written years after Lori's recovery, with the help of Amanda Bennett, a renowned wall street journalist. Amanda Bennett became the 29th director of Voice of America in 2016 and has also won the Pulitzer Prize for National Reporting. Her notable works include *The Cost of Hope* and *The Death of the Organisation Man.* In addition to this, she has collaborated in the production of several other books. In September 2001, she became the editor of *The Lexington Herald-Leader*, and went on to become the executive director of Bloomberg news.

The Quiet Room remains Lori Schiller's sole literary work. She now works as a peer specialist at the Henderson Mental Health Centre, in Florida, occasionally collaborating with local police in crisis team intervention education. Lori Schiller has been a board member of her local affiliate of the National Alliance on Mental Illness (NAMI) since 1988, where she teaches a ten-week course to those with mental illnesses. She is on the board of directors of the South County Mental Health Centre, and was named Florida Council for Community Mental Health Peer Specialist of the Year in 2009.

The American Psychiatric Association (APA) defines Schizophrenia as a chronic brain disorder that can affect the cognitive, emotional and social aspects of a human being. Diagnostic and Statistical Manual of Mental Disorders (DSM-5) delineates the symptoms, treatment options and comorbidities. The common symptoms include visual and auditory hallucinations, delusions, grossly disorganised or catatonic thinking. Delusions are not rooted in reality and schizophrenic individuals hold on to them despite being proven wrong. They are of multiple kinds, including a) Erotomania – the false belief that someone is in love with him or her, b) Grandiose, c) Persecutory, d) Somatic - belief that one's body will be hurt, and e) Referential – belief that certain gestures and signs are aimed at themselves. As for hallucinations, one or more senses could be affected even though auditory hallucinations are the most common kind. Disorganised thinking, is a characteristic trait of the illness which poses major hurdles in communication – speaking incoherently, jumping from one topic to another, or even omitting words are common among schizophrenic individuals. Catatonic behaviour normally includes not responding to stimuli, muscle rigidity and inability to speak.

Some related comorbidities are schizoaffective disorder, – which in addition to schizophrenia includes major mood disorders (depressive or bipolar), delusional disorder, psychotic disorder, schizophreniform disorder. According to a 2013 study, substance use disorders are also commonly found in schizophrenic individuals – nearly fifty percent of schizophrenics have problems with drug or alcohol abuse (Tsai and Rosenheck 16-20). This usually results from the patients' attempts to self – treat or manage the symptoms. Occurrences of depression and anxiety disorders are also commonplace. Schizophrenia is treatable even though the symptoms can last lifelong. A non-restrictive environment is considered essential in the recovery process and the treatment consists of three stages – a) Acute, b) Stabilization and c) Stable. The first two stages last for six months and the stable phase is ongoing and aimed at improving function and recovery. During the treatment, it is advisable to form a supportive therapeutic alliance with a psychiatrist and other clinicians to work on the prospective course of treatment – be it cognitive behavioural therapy (CBT), or psychosocial therapies involving family members. Educating the family members, seeking the help of the caregivers and family, choices on anti-psychotic medications, weighing the options of hospitalisation versus outpatient services etc. influence modern treatment methods. Electroconvulsive therapy (ECT) is considered as an option when anti-psychotic medications are deemed ineffective. However, research shows that ECT is most effective when used in conjunction with medication. (American Psychiatrist Association, 99-105)

Mental Illness, Stigma and Inter-Subjectivity: The Quiet Room as a Schizophrenia Narrative

The Quiet Room is interspersed with accounts by Lori's mother, two brothers, friends, doctors, various hospital records and journal entries. The book is divided into five parts and an epilogue.

The primary focus of the memoir is the protagonist's struggles with schizophrenia and depression although the epilogue recounts her reintegration into society and offer optimistic insights into her stable, fulfilling life four years after leaving the White Plains mental facility. Lori Schiller begins hearing 'voices' for the first time when she is seventeen. At the outset, Lori is in denial and this rules out the possibility of early detection and treatment. The voices grow hostile with time and her first suicide attempt takes place while she is twenty-three. As her condition worsens, the protagonist loses her job at an insurance firm and ingests an overdose of pills to 'quieten the voices'. This marks the beginning of a cycle of suicide attempts, psychiatric wards, substance abuse, halfway houses and short interludes of sanity. *The Quiet Room's* narration also portrays the progression of clinical psychology and modes of treatment in psychiatric wards during late 1970s and 80s.

Ultimately, in Lori's case, recovery becomes possible due to two factors. First and foremost, the intervention of Dr. Doller and Dr. Fischer and then, due to the introduction of Clozapine, an anti-psychotic medication in 1989. Lori starts building strong relationships with both the doctors and the nurses around her. Rather than perceiving Lori as a problem that needs to be controlled or disciplined, as had been the case earlier, Dr. Doller strenuously attempts to communicate and empathize. For the first time since her struggles began, Lori learns to distrust the voices. Prior to this, Lori's condition had made her susceptible to passive obedience to the voices and she had the impression that the voices were 'looking out for her' or that they were her 'allies', but with time, she learns to stay anchored in reality.

Thomas G. Couser in *Signifying Bodies* talks about the rise of 'some body' memoirs in the 1990s. These were accounts by people with no prior claim to fame, narrating their accounts of living with disabilities or trauma or both. Such memoirs were momentous in that they began from a "a position of marginalization, belatedness, and pre-inscription". In disability autobiographies, disabled people counter their historical objectification (or even abjection) by occupying the subject position. The representation of disability in such narratives is thus "a political as well as a mimetic act-a matter of speaking for as well as speaking about" (Couser 6). Disability memoirs are conscious replies to the misrepresentation and the systemic effacement of embodiment in our culture. Catherine Prendergast once wrote, "To be disabled mentally is to be disabled rhetorically" (Prendergast 57). A diagnosis of schizophrenia or severe mental illness can undermine a person's authority to speak. Works that deal with mental disability contain a lot of postmodernist traits such as blurring of boundaries, problematising narrative reliability, dependence on memory, etc. Mental illnesses and the narratives they beget often celebrate or normalise it. By extending the idea of universalisation of disability that Lennard J Davis suggested, literatures on mental illnesses often point to the fine margins that can render one mentally disabled at any given point in life, and how those uneasy thoughts are brushed aside. Such works should also be taken as a case study of the characteristic revulsion with which a normative body would respond to mental difference and how the non-normative or the 'other' should be ensured of inclusion and tolerance.

One of the salient features of the work is the presentation of multiple perspectives. Individual meanings of illness usually outweigh the psychiatric narratives or labels and in a post-modernist spirit, narratives have the potential to be transformative. Arthur Kleinman, who dealt with the ethics of caregiving, was one of the pioneers of medical anthropology. He posited that illness has a social component, and therefore must be looked at as an inter-subjective experience that involves not just the patient, but the extended network of family and caregivers (Kleinman 3). While striving to define the term 'illness narrative', Kleinman looked at the chronic illnesses he had encountered in the past, and stressed that it is impossible to demarcate the diseased body from the self and the wider social context. He looks at the complex inter-relatedness between illness, meaning and relationships and remarks: "The study of the process by which meaning is created in illness brings us into the everyday reality of individuals like ourselves, who must deal with the exigent life circumstances created by suffering, disability, difficult loss, and threat of death." (Kleinman xiii)

Kleinman rooted for conscious efforts to include the perspective of caregivers and family members in illness narratives. He coined the idea of resistance at the face of illnesses- a hold-all term which, with the risk of oversimplification could be defined as the myriad ways in which individuals respond to calamities: "Grief, rage, fear, humiliation, but also…endurance, aspiration, humour, irony" are parts of said resistance (Kleinman 119). The memoir under scrutiny harmoniously compiles these different perspectives to show varied emotional responses and impacts the event can have. Marvin Schiller, Lori's father who is also a professor of psychology at an esteemed university is at once in shock and confusion as his professional training, which was modelled on Jung and Freud predominantly at the time, compels him to side with the idea that Lori's condition certainly had something to do with faulty upbringing. He partly did not want to believe it as the onus fell upon him. He jots down such thoughts in his account:

> But then the dark thoughts I had been trying to hide began pummelling at my
>
> hopeful barricade: It's all your fault, I thought. Lori is very sick, and you
>
> caused it. You weren't affectionate enough. You didn't pay enough attention to
>
> her. You pushed her too hard. You were too demanding. It's you who have
>
> caused her problems. You. You. You. My mind reeled over Lori's entire
>
> childhood, looking for answers. (Schiller and Bennett 58)

Lori's sickness lands him in a state of belligerent denial and self-incriminatory thoughts. As he ponders on, the reader gets to see a father, the traditional breadwinner and patriarchal stronghold rendered ineffective, much like his formal training in Psychology. The pent-up anger has tangible ill-effects on himself and his twenty-five-year-old marriage with Nancy Schiller. Nancy writes:

> I began to see how marriages could break up. The strain was more than we had ever experienced. We were still friends. We still enjoyed each other's company. But our traditional roles were jarred. I had always been the wife and mother. He was the breadwinner. He was precise and methodical, the kind of man a family could lean on. (Schiller and Bennett 72)

Nancy Schiller has to juggle her work and concern for Lori, while tactfully hiding the pain from Lori's younger brothers. She laments the loss of the special mother-daughter bond jeopardised by the illness. In opposition to Marvin's, Nancy's retrospection, however, is more productive in terms of understanding Lori's sickness as she comes to the realisation that her own mother and cousin Sylvia suffered from the same affliction as Lori. Nancy's accounts of the lives led by them are disturbing as scientific practices were almost non-existent back then. The writer has painted a word picture of Lori's mother, her "spells of anger" that came from nowhere, her fainting spells that her brothers and sisters said she used to have even as a child, "to get attention" (Schiller and Bennett 72). Similar to what Foucault said about non-normative bodies seen as problematic and subsequently effaced, the reader sees Lori's mother silenced and excluded through discriminatory practices. Her mother used to disappear occasionally to meet her "cousin in Florida" (Schiller and Bennett 88). Lori's mother was denied the treatment she deserved, in addition to being shunned and branded viciously. She was taken to a Christian healer, the condition was categorically dismissed as taboo and years later, Lori's illness ironically makes Nancy realise for the first time that her own mother was schizophrenic. Furthermore, Nancy reiterates a social perception that rich people are considered "eccentric" while poor are "crazy". Mental disability must be read alongside similar identity categories such as race, sex and class. Affiliated stigma and ostracising practices could significantly vary depending on aforementioned categories. Michelle Cliffe's *Abeng* is a work that explicates the case in point, as the novel juxtaposes mentally disabled persons from two races to highlight the difference in perception. As a member of an affluent family, Nancy may not have experienced the full force of ostracization and stigma, but it could be argued that the illness was trivialised by the use of euphemisms such as being "eccentric".

Nancy's cousin Sylvia "crazy as a loon" is yet another mentally disabled character in the work. Just like her mother, Nancy had not thought about Sylvia for ages, an unforeseen reconnection with the past pits Nancy against certain harsh realities. Nancy recalls how as a child, she had ill-treated her cousin. Sylvia was slovenly, fat and wore clothes that had holes cut out of them. Nancy recalls the revulsion, fear and shame upon seeing her cousin. She remarks- "I had looked at Lori and seen my worst fears. I had seen a childhood full of embarrassment and humiliation. When I looked at Lori, I had seen Cousin Sylvia. I had seen my mother, and my friends laughing at her all over again. I had seen my past." (Schiller and Bennett 88)

This repulsion points to the ableist culturally constructed notions that Nancy had imbued Steven and Mark, the younger children of the Schiller household, experience the aftermaths quite differently. Steven is just sixteen when Lori is hospitalised and there is fear and confusion, which takes the form of anger directed towards his parents. Steven is scared of the idea that he is prone to the same illness. He remarks,

> My fears had one other powerful side effect: I refused to visit Lori in the
>
> hospital. Party I was just being selfish. I didn't know what I'd say. I didn't
>
> know how to act. But partly, I was thinking about myself. When I had visited
>
> Lori at Tufts it had been like I was looking into a mirror at my own future. I
>
> couldn't go visit her at Payne Whitney and look into that mirror. (Schiller and Bennett 67)

In college, Steven takes up psychology, prompted by the desire to help his sister, but when he witnesses a disturbing scene at White Plains during one of his visits, the realisation strikes that he lacks the fortitude to do the demanding work.

Mark, on the other hand, distances himself - both physically and emotionally, from his broken family and his sister. Home and Lori are unpleasant memories to him. His brief depression and relatively easier way out make him trivialise Lori's situation, rather than being sensitive. He rationalises Lori's illness as a ploy for attention. He remarks,

> When Lori tried to commit suicide and was hospitalized, I just thought it
>
> was a transparent plea for attention. And I felt the beginnings of a little tug of annoyance. Here she was, the main attraction once again.
>
> Even when my parents told me Lori was hearing voices, I was skeptical.
>
> Hearing voices? Sure, I thought. Sure you're hearing voices. It just seemed
>
> too weird to be true, and just weird enough to be made up. It was something
>
> no one could see, no one could prove, and that would scare everyone. A
>
> perfect ploy for attention, I thought once again. I was actually angry that she
>
> was so smart that she could make up an illness that no one could disprove. (Schiller and Bennett 164)

However, during one of his thanksgivings at the Schiller household, he realises Lori had been really ill the whole time. Feelings of guilt and distress at witnessing Lori's visible struggles urges him to be distant yet again.

The memoir does justice to the illness experience by accurate representations of symptoms, recovery options and treatment methods. In addition to this, as already mentioned, schizophrenic individuals suffer from disorganised thinking. Thoughts in jumbled form or in incoherent structures are common and written words usually struggle with obvious limitations to portray that reality. However, *The Quiet Room* offers a commendable effort in this regard. Pages from 174 to 180 that deal with Lori's thoughts could be analysed from a linguistic standpoint to showcase how the sudden jarring effects of word combinations, idiosyncratic capitalisation, exclamation marks among many other tools work in conjunction to deliver a brutish and yet accurate picture of Lori's thoughts spiralling out of control.

The Quiet Room also offers glances of psychiatric practices in the mental hospitals of 1970s and 80s. Lori is subjected to electroshock twenty times at Payne Whitney, which causes visible gaps in her memory. During the brief stint at Rye hospital as an assistant, she volunteers with the process. From the other side as well, electroshock in all its brutish horror rattles her.

In disability writing, community building is an area of critical importance, as it ensures visibility through solidarity. Neither Lori nor any other inmates have autonomy over the medications and treatments administered to them. The lack of agency and the hegemonic rule of medicine over individual bodies infuriate protagonist. Psychosocial disability as an identity is not claimed or endorsed by many c/s/x/m individuals, nevertheless, the bonding is quintessential in forming what might be called a "chosen family" to comfort and confide in. At Rye, Lori's connection with Carla- a Puerto Rican girl with suicidal thoughts, and with other patients, despite having no formal training, is a step in this community bonding made possible by her ability to empathise. Although she also feels enraged at what they are made to endure, she appreciates the opportunity she got to ease their struggles.

At the epicentre of a responsible, socially committed disability memoir rests the discussion of empathy and the ethical treatment of persons with disability while combatting the reductionist medical views that individualise the problems. Dr. Doller and Dr. Fischer's approach to establish bonds with the patients open pathways to understand their conditions while the trust building and empathetic approach prompts Lori to confide in them. The patients are not treated as problematic bodies that need to be silenced or corrected. Even with the nurses around her, Lori builds relationships that eventually help her stay anchored when the onslaughts of voices are on the horizon. Modernist views of medicine usually supplement the colonisation of non-normative bodies which places medical science as the ultimate saviour to correct the aberrations and restore the 'lost sense of wholeness'. The major pitfall of this free reign is the reductionist rhetorical hegemony of medical science that disregards the value of human experience. Instead of a human being with varied range of emotions, modernist medicine could only see a broken limb or a brain going haywire. This is what Arthur Kleinman refers to as delegitimation of illness experience. He encourages the caregivers to "witness and affirm their humanity" (Kleinman 146). On the other hand, overinsistence on the social paradigm that analyses disability as a social and cultural construct, usually results in the marginalisation of elements such as the loss of bodily functions and chronic pain. Lori's account in this regard blends the necessity of medical science and the need of empathy to strike a balance. The release of clozapine had a monumental impact on her condition, and she acknowledges its importance while also crediting the empathetic approach taken by the ones around her to help her distrust the auditory hallucinations. Rather than 'curing' Lori, the doctors placed the focus on accepting the illness and resulting disability as a lifelong condition that one should accept and come to grips with.

The memoir also talks about the fractured notion of self and identity. In the aftermath of her condition, Lori undergoes a lot of changes, most of them for the worse. Schizophrenia affects her ability to connect with people and her environment. Her memory has visible gaps and recollections of her psychiatric wards or the personnel in it is muddled, her bright intellect which had garnered a lot of positive attention of her professors in her college abandons her while she struggles with nursing school. During her psychotic episodes, Lori who is usually docile, feels overwhelmed with violent impulses. The shadow of her bright former self alone remains when she is back, while she combats lethargy under medication which makes all social interaction an unwelcome experience. Her hospitalisation and the struggles take away the best part of her twenties, along with the prospects of a good career. The disconnect between her old and new self, acclimatising to her new reality is a real struggle for Lori. However, in her epilogue, she claims that she wants to look ahead. Outlining the driving force behind the writing of the memoir, Lori states:

> I've written this book hoping that my story can help others the
>
> way I was helped. If my life and my experiences can help other people find
>
> their own ways out of darkness, I will know that I have not wasted the great

> gift I have been given: the chance to begin life again. (Schiller and Bennett 258)

Lori's memoir belongs to the quest category of narrative that Arthur Frank espouses in his work *The Wounded Storyteller.* The quest narratives have a hero who stoically faces the tribulations to eventually come out of the other end gaining valuable insights that could explicate the universality of suffering. Frank claims that the postmodern quest hero is akin not to Hercules (force) but to Bodhisattva (perseverance through suffering), who accepts the call to a higher moral purpose. According to Frank, the quest narrative "recognizes that the old intactness must be stripped away to prepare for something new. Quest stories reflect a confidence in what is waiting to emerge from suffering" (Frank 169). Narratives of restitution always reiterate the dream to be whole or pines nostalgically for the past, but Lori's epilogue shows that she is neither pensive or longing nostalgically, rather, accepts her disability as a part of her identity, and acquires a newfound appreciation for the people around her.

Narratives that deal with recovery and rehabilitation often present disability as something that individuals must overcome through will power and effort, while omitting the social and cultural constructions surrounding it. *The Quiet Room* has its inherent value in bringing out the multifaceted reality of living with a mental illness, perils of obsequious submission to medical paradigms, stigmatising responses and the issue of misrepresentation of disability in popular culture, while not romanticising the illness or stating that the individual is the one responsible for salvation. At first glance, the subtitle of the work – 'A Journey Out of the Torment of Madness' seems to perilously privilege wellness and subordinate disability as darkness. At times, the construction of the narrative unintentionally presses the desire to be whole again, the individual's normative thoughts and the targeted audience may have played a role in this, but upon close inspection, the work has subtle counter narratives as well. It can be argued that the work's merits such as the multiple facets of disability and closer, subjective exploration truly outweigh the demerits. Rather than romanticising disability, Lori Schiller's memoir stresses that recovery may not always be possible and that the illness has lingering effects. Years after leaving White Plains mental facility, Lori has to rely on medications to deal with auditory hallucinations. She has to suffer the occasional stigmatising responses as an ex-patient and the label even repels potential suitors. Nevertheless, Lori is appreciative of the people who are empathetic and capable of seeing the lighter side of things. However, only few pages have been devoted to the part of her life post-release, as the focus is prominently on the days of illness, in this regard, the memoir could have offered more.

Instances of social stigma in action and the ostracization of people with disabilities make the memoir a powerful piece of life writing. Mark, the middle child rationalises the whole incident as a ploy by Lori to get attention and shuns her from his life perceiving her as a cause of potential discomfort. Marvin, during Lori's initial days of hospitalisation, rather brashly tells Nancy that things should be kept hidden from the public, as he recognises the stigma that it would put on people like her. Thomas G. Couser suggests the harmful tropes in popular culture that pre-inscribes meaning on bodies. Villains with scarred, mutilated bodies are ubiquitous in gothic, horror and black noir films. He states further; "merely to have certain conditions is in some sense to be pre-represented: Western culture, both high and low, often pre-inscribes narratives on the bodies of people with aberrant somatic conditions" (Couser 18). When it comes to mental illness, the natural affiliation that popular media often suggests is to a 'psychopath' or a serial killer. Bearing in mind that Lori Schiller's hospitalisation dated back to the 1970s, the misrepresentation was rampant, which made the 'coming out' problematic as stigmatising responses were the norm. Marvin Schiller remarks the futility of pitching Lori's condition in the company of his friends in one of his entries thus: "And after all, what did they know about mental illness? A few bizarre stories about serial killers or cannibals, or young men who went up in towers and shot at passers-by". (Schiller and Bennett 122)

Non- normative bodies are often subjected to the voyeuristic gaze of the public, and often are perceived as objects of pity. The gaze puts them under duress while pity and sympathy usually shift the attention away from retrospection to detect the roots of voyeuristic gaze - the culturally ingrained notions of normalcy and ableism. Lori Schiller notes a poolside conversation about her-

> It wasn't just in my head. People didn't know how to act around me. I
>
> could hear the chatter of my parents' friends as I strolled to the pool.
>
> "Is she hearing voices now?"
>
> "Does she remember who we are?"
>
> "Can she still talk and carry on a conversation?"
>
> "Is she going to change into another personality?"
>
> "I think even though they let her out, she still may be crazy."
>
> "Can you believe she's actually had shock treatment?"
>
> "Poor Nancy and Marvin. What a tragedy …"
>
> It almost made me long for the hospital. At least in the hospital I was just
>
> another patient, and not a freak. (Schiller and Bennett 104)

Lennard J. Davis looks at this as an attempt by normative bodies "to split bodies into two immutable categories: whole and incomplete, abled and disabled, normal and abnormal, functional and dysfunctional," (Davis 129) as "Normality has to protect itself by looking into the maw of disability and then recovering from that glance" (Davis 48).

In autosomatographies, there is more accuracy and the individuals take control of the way in which they are represented. Their narratives usually seek to reduce the vulnerability to pre-inscription (Couser 18). Challenging the extant misrepresentation is vital in initiating impetuous discourses on mental disability, as "representation attaches meaning to bodies" (Garland – Thompson 5).

Conclusions

The Quiet Room: A Journey out of the Torment of Madness as a disability memoir is valuable in shedding light on the lingering effects of the illness on the identity an individual, the rifts in familial bonds and on the people around. In terms of authenticity of the voice, the memoir preserves the credibility by handing over the narration to the individuals in question to tell their own stories. The multiple points of view also aid the narration of events that resists recollection and narration owing to the gaps in memory caused by medications and the illness. Lori Schiller's work brings out the pervasive stigmatising responses that individuals like her endure on a daily basis, and how misrepresentation further aggravates the hostility and denies social inclusion. Some of the questionable, inhumane treatment of patients in psychiatric wards of 1970s are portrayed in the work, to expound that mere surrender to the medical gaze can pose serious threats. Citing her own recovery as an example, Schiller stresses on the power of empathetic approach by healthcare workers to help the patients feel heard and subsequently help them in recovery, and social inclusion. Using characters such as Nancy Schiller's mother and Sylvia, the book discusses the effacement of normative bodies and their silencing, by stripping away agency. Though as the title suggests, the journey out of the torment of madness is at the fulcrum, the memoir neither romanticises mental disability nor erroneously places the onus on the sick to get well by willing it into existence. However, the work could have devoted more pages to the discussion of disability identity or the social construction of disability, by drawing from Lori's days of reintegration. Even though in short stints, those episodes remain powerful in its capacity to shed light on social perceptions and the hurdles erected by such perceptions. Nevertheless, the memoir attempts an ethically responsible character study of the individual dealing with illness and simultaneously, of the people around who fight their own battles.

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