

# Reading Motherhood, Postpartum Depression, and Patriarchy in Jerry Pinto's *Em and the Big Hoom*

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## **Abstract**

Motherhood is seen as the crowning achievement of women by patriarchy. Thus, it is often presented as an absolute, and an entirely positive experience. However, patriarchy remains silent on the impasse it creates for mothers, resulting from its constraining gendered vision. Motherhood ideals regularly shroud mothering experiences of women. Discourses of motherhood in India, for the longest time, have ignored women's mothering experiences while promulgating motherhood ideals. Issues like postpartum depression have remained largely unaddressed in literary discourses, until the present era. Jerry Pinto's *Em and the Big Hoom* (2012), thus, stands out as one of the rare representations of women's struggle with postpartum depression. This article considers Em's struggle with motherhood and her mental health, and locates it in society's patriarchal structure. It argues that Em's hatred of the term 'mother' arises from the compulsion, total self-sacrifice, and self-sabotage that patriarchy demands from mothers. It understands Em's fall into postpartum depression, its aggravation, and her non-recovery, from the point of view of institutional trauma. We interpret Em's condition as a manifestation of the scars of gendered existence of women.

**Keywords:** motherhood, postpartum depression, patriarchy, feminism, gender, Jerry Pinto

## **Introduction**

Adrienne Rich differentiates between motherhood and mothering.<sup>1</sup> The first is "the patriarchal institution of motherhood that is male defined and controlled and is deeply oppressive to women."<sup>2</sup> The second, on the other hand, is "female-defined,"<sup>3</sup> and centred on women's experiences, thus having the potential to empower them. This differentiation allows for a deeper understanding of the ideology of motherhood, which, for the longest time, has been celebrated in India. However, many scholars like Maithreyi Krishnaraj<sup>4</sup> and Jasodhara Bagchi<sup>5</sup> agree that the glorification of the

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<sup>1</sup> Adrienne Rich, *Of Women Born: Motherhood as Experience and Institution* (Manhattan: W. W. Norton, 1986).

<sup>2</sup> Andrea O'Reilly, *From Motherhood to Mothering: The Legacy of Adrienne Rich's of Woman Born* (Albany: State University of New York Press, 2012), p. 2.

<sup>3</sup> O'Reilly, *From Motherhood to Mothering*, p. 2.

<sup>4</sup> Maithreyi Krishnaraj, *Motherhood in India: Glorification Without Empowerment?* (New Delhi: Routledge, 2010).

<sup>5</sup> Jasodhara Bagchi, *Interrogating Motherhood*. (New Delhi: SAGE, 2017).

ideology of motherhood in India does not reflect the reality of mothers, and while “reproductive capacity is central to the organisation of institutions — marriage, kinship and socio-political. Yet women’s experiences of motherhood are profoundly alienating in patriarchal societies.”<sup>6</sup> This is due to the lack of expression of the mothering experiences of mothers, which makes women question the validity of their trials, as they often feel like private experiences, not shared ones.

The ideology of motherhood imagines mothers to be perfect, to know everything about caregiving and nurturing a baby, instinctively, but ignores the difficulties that logically follow in taking care of a newborn child who needs intensive care and attention. Deepa Narayan, in her book, *Chup*, talks about how Indian women are taught to become invisible and silent, even isolated from other women, making them easier to be controlled.<sup>7</sup> It is not surprising, thus, that discourses about women’s experience of mothering have been, as Amrita Nandi<sup>8</sup> points out, scant. Further, Indrani Karmakar’s observation about how mother’s identities and experience of mothering often get lost in the “grand discourses’ of motherhood, evokes the need to unearth such discourses.<sup>9</sup>

Jerry Pinto’s *Em and the Big Hoom* (2012) is one of the rare narratives to closely consider the life of a mother suffering from postpartum depression. Postpartum depression affects 22 percent of new mothers.<sup>10</sup> Its symptoms occur generally within a week after delivery and often continue until a year after delivery.<sup>11</sup> *Em and the Big Hoom* is the story of Em, and her family, whose lives are caught between Em and her struggle with this ailment. Em as a mother is unconventional and deeply flawed. She openly hates motherhood, and the way society expects mothers to be self-sacrificing, and perfect. Karmakar writes that “by virtue of them being the supposedly ‘deviant’, the reluctant mothers pose a threat to the dominant discourse of motherhood.”<sup>12</sup> This rings true to Em in her role as a mother, which time and again subverts expectations and societal rules of motherly behaviour. Mothers are expected to take care of their children, make sacrifices for them, and make their children the centre of their worlds. However, the lives of Em’s children revolve around her, and most of their time is spent taking care of her, and sacrificing their sleep, peace, and even childhood for her.

The complexity of Em’s postpartum depression is unusual; schizophrenia, postpartum depression, mania, manic depression, and bipolar disorder are some diagnoses bestowed on her by different doctors. To simplify, what started as postpartum depression transformed into bipolar disorder. The word “mania” is used by the narrator to refer to the violent phase that Em, time and again, goes through, in which she tries to kill herself. However, to Em, she is simply “mad.” This article explores the postpartum depression and “mania” of Em, and through close reading, tries to locate possible reasons, other than biology or psychology, that could explain her ailment. As the

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<sup>6</sup> Krishnaraj, *Motherhood in India: Glorification Without Empowerment?*, pp. vii-viii.

<sup>7</sup> Deepa Narayan, *Chup* (New Delhi: Juggernaut, 2018) p. 164.

<sup>8</sup> Amrita Nandy, *Motherhood and Choice* (New Delhi: Zubaan, 2017).

<sup>9</sup> Indrani Karmakar, *Maternal Fictions* (New York: Routledge, 2022), p. 4.

<sup>10</sup> Ravi Prakash Upadhyay et al, “Postpartum Depression in India: a Systematic Review and Meta-Analysis”, *Bulletin of the World Health Organization*, vol. 95 (2017), pp. 706-717.

<sup>11</sup> V. Rahaney, A. Faye, R. Tadke, S. Gawande, S. H. Bhave, and V. C. Kirpekar, “Postpartum Depression and its Risk Factors: A Cross Sectional Exploratory Study”, *Annals of Indian Psychiatry*, vol. 5, no. 1 (2021), p. 36.

<sup>12</sup> Karmakar, *Maternal Fictions*, p. 15.

narrator, the son of Em, tries to look through Em's words, diary entries, memories, and letters, to find the woman behind the mother, and the signs of her mental unravelling, we too try to delineate Em's life for signs of trauma that might explain her condition. Considering the patriarchal society, and its leeching tentacles upon motherhood and womanhood, these might be partially responsible for Em's mental and emotional agony, and breakdown.

### **I Didn't Want to Be a Mudd-dha: Obligatory Motherhood and Postpartum Depression**

"The mother-child relationship is seen as the most sacrosanct of all relationships. Its mysteries have been extolled in religion, poetry and literature."<sup>13</sup> However, Em always feared becoming a mother. The responsibility of another human being, becoming their everything, taking their decisions, creating for them, a life, perfect and beautiful, was too much of a liability for her:

Oh God, no. I saw what children do. They turn a good respectable woman into a mudd-dha. I didn't want to be a mudd-dha. I didn't want to be turned inside out. I didn't want to have my world shifted so that I was no longer the centre of it... It never happens to men... They just sow the seed... For the next hundred years of your life, you're stuck with being someone whose definition isn't even herself.<sup>14</sup>

Her understanding of motherhood reflects the attitude of patriarchy which maintains that a good mother is never one who is self-centred or narcissistic. Focus on the self is seen as deviation from the definition of good mother, and such a deviation, even in celebrities, Susan Douglas<sup>15</sup> writes, is seen as 'dangerous', and hence, is unacceptable in ordinary mothers.

As a young girl, Em enjoyed teaching at school, and was devastated when she had to leave her job. However, in the long run, she found a relief in letting go of the role of a teacher, as teaching children placed upon her the responsibility of their futures, and though she loved them, she felt overburdened with the care she needed to provide to them. She felt responsible for them, but at the same time, powerless in providing them the protection they needed, often from their own parents. Getting out of that job was a weight off her shoulders, as she exclaims, "No destinies in your hand."<sup>16</sup> This is a recurrent motif for Em, where she declines being in control of other's fates, fearing both the responsibility and the toll it would take on her.

Gayatri Chakravorty Spivak's reading of Victorian women's imperialist project of "soul-making"<sup>17</sup> as a feminine job can be seen in Em's crisis. Soul making refers to the way imperialists expected women in the Victorian age to be the repository of the Western culture, and thus, the ones who would educate and indoctrinate the 'savages', i.e., the Orient. Though not in an

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<sup>13</sup> Krishnaraj, *Motherhood in India: Glorification Without Empowerment?*, p. vii.

<sup>14</sup> Jerry Pinto, *Em and the Big Hoom* (New Delhi: Aleph Book Company, 2012), p. 133.

<sup>15</sup> Susan Douglas, *The Mommy Myth: The Idealization of Motherhood and How It Has Undermined All Women* (New York: Free Press, 2005), p. 124.

<sup>16</sup> Pinto, *Em and the Big Hoom*, p. 38.

<sup>17</sup> Gayatri Chakravorty Spivak, "Three Women's Texts and a Critique of Imperialism", *Critical Inquiry*, vol. 12, no. 1 (1985), pp. 243-261.

imperialist context, school still is one of the first institutions that rears and indoctrinates children in any society, and is often seen as an essentially ‘feminine’ job, akin to birthing and nurturing children by mothers. While teaching her loved subject, English, delighted Em, the role and responsibility of the caregiver made her uneasy. This later reflects in her attitude towards her children. She feels trapped and helpless, like she no longer existed, since someone needed her more than she did, and she was obliged to provide to them everything, forgetting herself.

Motherhood is seen as natural and thus, women are expected to be naturally good at caregiving and mothering a baby. However, mothering a child is a complex and difficult work, and often leaves mothers at a loss. De Beauvoir reflects on the disdain women often feel, thrown into motherhood, expecting the “mother instinct”<sup>18</sup> to come naturally to them, often ending up disappointed. The same is true for Em. She feels underqualified. She reflects, “I should know this stuff, shouldn’t I? I mean, all those dolls. They were about learning the ropes, no?”<sup>19</sup>

Sashi Deshpande, talking about her doubts and agonies, guilt, and fears of not being a good mother, says, “was I an unnatural woman? An unnatural mother? Why couldn’t I even breastfeed my child? Why did I so often feel trapped?”<sup>20</sup>. This reiterates both de Beauvoir’s point about new motherhood, as well as Em’s sense of entrapment and not being enough. However, motherhood is a role full of ambivalences and confusions, and birthing a child does not automatically prepare a woman for it. Em refers to the agonising phase with her son where his constant need of her drove her crazy. Her recalling his propensity towards breastfeeding, too, reflects the same need for her, and seems to immensely increase her anxiety. What support Em received from the people around her as a young mother, is absent from the narrative, but her being alone in her mania, loitering on roads, is something which is represented, signalling the possibility of a lack of support in her phase as a new mother, and her difficulty in dealing with it, possibly alone. She constantly advises husbands to take care of their wives, provide them with care, and says, “That’s why Indian women fall ill...so that their husbands will hold their hands.”<sup>21</sup> This advice resounds with Dana Raphael’s reminder, that mothers often need mothering to be able to approach motherhood in a healthy fashion, and save themselves from falling into postpartum depression.<sup>22</sup>

However, after the birth of her second child, Em starts to fall into a pit of sadness, which was unlike what she had ever felt. She feels shocked by it, and does not understand what went wrong. Her world seems to have collapsed. She describes it as a black drip that fills her life, and leaves no outlet. This blackness, from then, overwhelms her life. Em’s “mania” and depression show many signs of trauma, and her self-destructiveness becomes another indication of the same. Bessel van der Kolk reflects how self-harming behaviour is often a sign of a persisting trauma.<sup>23</sup> Natalia A. Polskaya, and Mariya A. Melnikova identify both suicidal and non-suicidal harm as a

<sup>18</sup> Simone de Beauvoir, *The Second Sex* (London: Jonathan Cape, 2009), p. 567.

<sup>19</sup> Pinto, *Em and the Big Hoom*, p. 53.

<sup>20</sup> Sashi Deshpande, *Learning to Be a Mother: The Oldest Love Story* (India: Om Books International, 2022), p. 5.

<sup>21</sup> Pinto, *Em and the Big Hoom*, p. 10.

<sup>22</sup> Dana Raphael, “When Mothers Need Mothering”, in *Topics in Child Psychology*, ed. Sheldon S. Brown (New York: MSS Educational Publishing, 1970), p. 60.

<sup>23</sup> Bessel A. van der Kolk, and Alexander C. McFarlane, ‘The Black Hole of Trauma’, in *Literary Theory: An Anthology*, eds. Julie Rivkin and Michael Ryan (Oxford: Blackwell Publishing Ltd, 2004).

sign of trauma,<sup>24</sup> and a certain dissociation with it. Self-harm is a “socially unacceptable behaviour aimed at causing oneself physical harm and including non-suicidal self-injuries and suicide attempts.”<sup>25</sup> Em too, indulges in self-harming behaviours, in the midst of her “manic” episodes, when her sadness and agitation seem to totally overwhelm her. In such instances, she tries to kill herself, in an attempt to free herself of her life. If one had to explain this, one could use Em’s own metaphor of the “black drip” inside her, without an outlet. Her episodes of mania and subsequent suicide attempts may signal the blackness of the drip becoming too much for her to contain inside her. She then uses self-harm to try to free herself from her pained existence, and her darkness breaks open from her body, leaving her children distraught, covered in their own mother’s blood, in an overwhelming episode of her attempted suicide.

Though Em never denies her children, she incessantly denies her motherhood. Throughout the novel, she tells her children with a straight face, that she did not want to be a ‘mother’, and never lets them call her by that name. Rather, she uses the term as an insult, a curse word, full of hatred and loathing. It is worth questioning why a woman so afraid and unprepared for children became a mother? For women, the choice of being or not being a mother, is not “the simple choice of acceptance or rejection.”<sup>26</sup> It is, rather, a deeply conditioned and controlled experience and role, as remaining childfree is often seen as aberrant and self-serving.<sup>27</sup> Em understands the inhumane pressure a mother is put under, where everything wrong with the child is attributed to her. When Em’s son casually asks her if their grandmother was a bad mother, she responds as if her madness, too, should be attributed to her mother. Zehra Naqvi’s memoir on her motherhood also reflects the same idea, where she is held responsible for not controlling her rowdy child being in her family, while she is judged for making her child too delicate at her in-laws.<sup>28</sup> This reflects a very problematic attitude of the society towards mothers, which blames the mother for everything wrong with her child. Em’s recognition that fathers do not suffer from the same ailments; their bodies are not sliced, nor is a total submission demanded from them, makes motherhood even more unfair to her. Hence, although the exact events surrounding the birth of her children are unknown, the general, unpleasant, feelings of Em against motherhood, are known. The fact that she acts against her own preference to remain child-free, suggests the power of the institution of patriarchy in instilling a compulsory notion of motherhood in her.

### **What Do They Know: Abortion, Trauma and Guilt**

Women experience birthing and motherhood in different ways, depending upon many factors, but especially their socio-economic position and marital status, among other things.<sup>29</sup> In the absence

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<sup>24</sup> Natalia A. Polskaya, and Mariya A. Melnikova, “Dissociation, Trauma and Self-Harm”, *Counseling Psychology and Psychotherapy*, vol. 28, no. 1. (2020), pp. 25-48.

<sup>25</sup> Polskaya and Melnikova, “Dissociation, Trauma and Self-Harm”, p. 27

<sup>26</sup> Krishnaraj, *Motherhood in India*, p. 312

<sup>27</sup> Karmakar, *Maternal Fictions*, p. 117

<sup>28</sup> Zehra Naqvi, *The Reluctant Mother* (New Delhi: Hay House India, 2021), p. 186.

<sup>29</sup> De Beauvoir, *The Second Sex*, p. 546.

of good facilities, empathetic support systems, and medical treatment, reproduction may become a menace. De Beauvoir, *The Second Sex*, examines various aspects of the life of a woman, including motherhood. Many of her claims, especially pertaining to women's experience of abortion in the lack of medical and surgical care, resounds with Em's experience of abortions. De Beauvoir opines that often women dread sex as it could potentially lead to pregnancy. She also talks about the health risk associated with back-alley abortions, which many women use, due to various reasons, including the fear of the stigma of abortions. Speaking of how women abort using unhealthy methods, like eating soap or drinking gasoline, De Beauvoir remarks how, in hospitals, often, a woman "is sadistically punished by being refused sedatives during labor and during the final curettage procedure."<sup>30</sup> Women who abort are often haunted by their choices, which, she mentions, is reflected in various "pathological melancholies."

Em's experience of abortion parallels de Beauvoir's description of it. Women around Em, often gorged up on papayas, or filled up on alcohol, or, in some other terrible way, aborted their unwanted pregnancies. Em, too, went through multiple such abortions, done without any medical care, by herself, jumping from stairs, "to shake those little mites from their moorings."<sup>31</sup> While she does not directly mention why such unassisted abortions were the norm, she does talk about how inhumanely women, both birthing and aborting, were often treated at hospitals. Women were denied sedatives, as pain was seen as natural, even necessary, for the greater good. This poignantly reflects how religious and cultural views, time and again, cloud medical opinions in a society that looks at its inhabitants through gendered glasses. Further, the memory of Em's self-induced abortions, even years later, does not free her. The guilt of aborting her many children haunts her, and quite possibly, traumatises her, and her manic depression, later called bipolar disorder, can be read as a form of the pathological melancholies that Beauvoir mentioned in her text.

Em's experience of abortion deeply resonates with de Beauvoir's description of the same in *The Second Sex*. The way Em, even in her later life, never lets go of the issue of her abortions, hints at the possibility of a traumatic association with it. Veian der Kolk discusses trauma as an essential part of human experience. However, traumatised people start organising their lives around the trauma, and the "intrusive and distressing recollections"<sup>32</sup> persist in their psyches. Information is also processed differently in the minds of the traumatised person. Persistent intrusions of memories, and often compulsive exposure to situations similar to the trauma, may be coupled with avoiding and numbing specific triggers of "trauma related emotions." Losing the ability to modulate one's reaction to stress, problems of attention, distractibility, as well as changing of psychological defence mechanisms, are some ways that trauma changes the mind.

What differentiates traumatic memories from other memories is that, in the minds of the traumatised person, traumatic memories do not remain a thing of the past. They rather overpower the present and seem more immediate to the traumatised person than the world around them. Paradoxically, the details of such memories may be forgotten, and "many traumatised people have

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<sup>30</sup> De Beauvoir, *The Second Sex*, p. 543.

<sup>31</sup> Pinto, *Em and the Big Hoom*, p. 4.

<sup>32</sup> Van der Kolk and McFarlane, "The Black Hole of Trauma", p. 489

a great deal of difficulty relating precisely what has happened.”<sup>33</sup> Em also shows signs of fixation on her abortions; however, she never mentions any details of her experience beyond the act, which may signal at the blurring of the details of the traumatic experience. Her fixation is also reflected in her unconventional advice to her daughter. Em asks her unwed daughter to come to her in case of an accidental pregnancy, so that she could get proper medical help, instead of indulging in back-alley abortions. Her plea to her daughter, Susan, to never go through the same ordeal as her is palpable, which reflects in her advice, “It's not worth it.”<sup>34</sup> Van der Kolk argues that traumatised people need to, one, “regain a sense of safety in their bodies”, and two, “complete the unfinished past”, to be helped with their treatment.<sup>35</sup> Em, too, is fixated in her past, as she time and again, recalls the guilt of her self-induced abortions. Em is never completely satisfied when her children explain to her, time and again, how her abortions were not crimes or sins. Since motherhood ideals are entrenched in the minds of women since their very childhood, using contraceptives and aborting her pregnancies remains a persistent guilt in Em’s mind, which no number of explanations from her children or husband would resolve. Strangely enough, her doctor, by calling such a thought process, “old-fashioned,” makes her feel better about it. It is quite possible that the use of the term ‘old fashioned’ eased Em into understanding that the motherhood ideals she feared being judged by were now decadent, and hence, had no hold on her. Hence, the fear of being judged or the guilt of the unborn children, may too, become a thing of the past, offering her a sort of closure.

### **I’m Not Surrendering Anything: Postpartum Depression and Institutional Trauma**

Em’s regular talks and outbursts against various patriarchal beliefs or practices signal her deep dislike of a patriarchy’s setup, which expects women to be the second, weaker, sex, and remain subservient to men. When Em reminisces about contemplating becoming a nun, she remembers how she was bothered by the aspect of surrendering herself to a man, Jesus, and comments that she would like it better if she had to devote herself to his mother instead. In numerous ways, Em shows her dislike for institutions and rules. She hates people who talk using quotations, since she feels she is being “practised upon,” or was a part of a performance. She deeply detests dowry and the idea that her salary should be considered a compensation for the lack of it.

Patriarchal expectations of gender, irrespective of personality or choices, create stereotypical boxes for people to fit into, which can stress them incessantly. Em, too, is expected to be the homemaker upon her marriage, although she had no experience or interest in the same. The first time her husband hands over his salary to her, she reacts as if he had “dropped a snake into her lap.”<sup>36</sup> Em’s reaction reflects her mental state and serves as an example that points at Em’s difficulty in following the gendered roles expected of her. Women within the patriarchy often lack agency to decide for themselves, with both marriage and parenthood marking two important decisions of a person’s life, but both choices seem out of Em’s control. Neither does she get a say

<sup>33</sup> Van der Kolk and McFarlane, “The Black Hole of Trauma”, p. 493

<sup>34</sup> Pinto, *Em and the Big Hoom*, p. 6.

<sup>35</sup> Van der Kolk and McFarlane, “The Black Hole of Trauma.”

<sup>36</sup> Pinto, *Em and the Big Hoom*, p. 186.

in her marriage which is fixed without her consent, nor does she get to stand by her fear of motherhood and deny having children.

Her subsequent postpartum depression, and bipolar disorder become the ailments that ruin her life. Reading her afflictions as products of trauma, beyond her abortions, requires the need to understand both the risk factors of postpartum depression, and trauma. Both personal and social stress can add to the risk of postpartum depression. Some studies<sup>37</sup> suggest that multiple births and negative birth experiences also increase the chances of postpartum depression in women. Further, P. A. Martinez Diaz et al suggest a positive correlation between a liberalisation of abortion policies and decline in the rates of postpartum depression.<sup>38</sup> Vinit Rahaney et al, discussing the risk factors of postpartum depression, point out that a “history of abortion can act as a stressor and it may worsen the ability to cope with the current stressful situation”, and “stigma and misconceptions related to abortion may contribute to the same.”<sup>39</sup>

Van der Kolk also notes that, often, victims of trauma have a delayed reaction towards their trauma, as their interpretations of trauma may continue to evolve through their lives. Thus, trauma may develop later than the traumatised event. This is apparent in the delayed PTSD symptoms, which may emerge upon encounter with any stress trigger related to the traumatic event.<sup>40</sup> Em’s trauma, too, emerges in her postpartum years, in a delayed kind of fashion, upon the birth of her second child, her son. Em’s stress arises not just from her abortions, but her many interactions with patriarchy. Her motherhood can be seen as a stressor, a trigger, for the unravelling of her mind.

Nikolas Rose<sup>41</sup> emphasises the importance of social and environmental factors in psychological disorders by saying, “it is not enough to simply acknowledge that social and environmental factors are important, and then to maintain that research and explanation must focus on the neurological architecture of the brain.” Institutions like patriarchy, through their inherent inequality, greatly affect the mental health of people living inside it. However, their contributions to the trauma of these people remains relatively under-addressed. Thompson<sup>42</sup> discusses how any account of trauma which does not engage in its socio-political analysis would have only limited capability to explain it. Explanations, thus, need to account for “the institutional (re)production of socio-political relations...which create the conditions of possibility of violence against certain bodies.”<sup>43</sup> Institutions, thus, must be seen as not only the contexts, but the methods for the reproduction of trauma, and need to be thoroughly examined.

Reading patriarchy surrounding Em as a potential stressor as well as a potential cause of her trauma, hence, would not be unwarranted. Em’s stress emanates from the gendered nature of

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<sup>37</sup> Iris Agrawal, Ashok M. Mejende, and Ritika Malhotra, “Risk Factors of Postpartum Depression”, *Cureus*, vol. 14 no. 10 (2022).

<sup>38</sup> P.A. Martinez Diaz, J. Nazif-Munoz, I. Magana, and G. Rojas, “Structural Gender Inequalities and Symptoms of Postpartum Depression in 40 Countries”, *European Psychiatry*, vol. 65 (2022).

<sup>39</sup> Vinit Rahaney et al, “Postpartum Depression and its Risk Factors: A Cross Sectional Exploratory Study”, p. 41.

<sup>40</sup> Van der Kolk and McFarlane, “The Black Hole of Trauma”, p. 490.

<sup>41</sup> Nikolas Rose, *Our Psychiatric Future* (London: Polity Press, 2019), p. 115.

<sup>42</sup> Lucy Thompson, “Toward a Feminist Psychological Theory of ‘Institutional Trauma’”, *Feminism and Psychology*, vol. 31, no. 1 (2021), p. 112

<sup>43</sup> Thompson, “Toward a Feminist Psychological Theory of ‘Institutional Trauma’”, p. 112.



patriarchy, as discussed above, continuously vexes her. If one dwells upon her constant crying during the time her marriage was fixed, one can see a disproportionate reaction, signalling some kind of psychological stress. Her reaction can be read as disproportionate as she is getting married to her long-time boyfriend who she deeply loves. However, breaking down her reaction and the situation, one can clearly see a breach of her agency, which patriarchy allows, since fixing women's marriages without their consent is not an unfamiliar situation in India. Next, the distress of Em also arises from the lack of acknowledgement this breach receives from the people around her, hence marking her very normal reaction abnormal. Finally, Em's fear of marriage emerges from her understanding that, for women, marriage necessitates motherhood. Hence, the compulsory job that she is neither ready, nor looks forward to, is being levied upon her; her life is changing without her consent. Upon deeper examination, her reaction, far from being disproportionate, is actually quite normal. A feminist psychological analytic of institutions is thus, paramount, as they are not just the background to the trauma, but active participants in it.

However, the pathologization of trauma often makes it hard to observe this. Thompson describes 'pathologization' as the "construction of the 'abnormal' individual,"<sup>44</sup> which tries to explain trauma as a cause-and-effect, and then, proceeds to treat the pathology with medicine or therapy. Such treatments are mismatched to a trauma (re)produced by an institution built upon inequality and daily violence. Such pathologization, also, ignores an important facet of reality, somewhat reflected in Kolk's idea, "that all people can be stressed beyond endurance."<sup>45</sup> Thompson's and van der Kolk's ideas together allow us to understand the complicated relationship of trauma with the individual and the society. The personal is political, and hence, trauma occurring inside an institution like patriarchy iterates the necessity of understanding trauma in that context as well, for, even if trauma is a deeply personal experience, it does not exist in a vacuum.<sup>46</sup>

Mayank Gupta discusses how patriarchy makes for a fundamentally unsafe, detrimental and traumatic space for people who do not adhere to strict social and gender boundaries and behaviours.<sup>47</sup> Both Gupta and Thompson iterate the importance of moving beyond a simple, linear understanding of mental health and trauma, which focuses on biology and psychology.<sup>48</sup> Instead, we need to understand how social structure and institutions like patriarchy create a fertile space like that of "snakes and ladders board game in which persons have been given roles to play."<sup>49</sup> This idea emphasises the need to read trauma arising out of institutions like patriarchy as not simply stemming from one singular cause or event. It stresses the need to read the normalised everyday inequality and violence in such spaces as a series of potentially traumatic incidents.

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<sup>44</sup> Thompson, "Toward a Feminist Psychological Theory of 'Institutional Trauma'", p. 106.

<sup>45</sup> Van der Kolk and McFarlane, "The Black Hole of Trauma", p. 489.

<sup>46</sup> Thompson, "Toward a Feminist Psychological Theory of 'Institutional Trauma'", p. 115.

<sup>47</sup> Mayank Gupta, Jayakrishna S. Madabushi, and Nihit Gupta, "Critical Overview of Patriarchy, Its Interferences with Psychological Development, and Risks for Mental Health", *Cureus*, vol. 15, no. 6 (2023).

<sup>48</sup> Thompson, "Toward a Feminist Psychological Theory of 'Institutional Trauma'", p. 104.

<sup>49</sup> Gupta et al, "Critical Overview of Patriarchy, Its Interferences with Psychological Development, and Risks for Mental Health", p. 8.

### The Butterfly Banging at the Window: Womanhood and Patriarchy

As Deepa Narayan in her book *Chup*<sup>50</sup> states, women are not expected to be seen or heard in Indian society, which makes silence a habit of women. In such a society, Em's laugh is described as bold and coarse, and "might belong in a brothel,"<sup>51</sup> signifying the lack of 'womanly' restraint in Em. Narayan gives special significance to the laughter of women in patriarchy. Loud laughter of women, she observes, is often barred in homes, where girls are told to laugh softly. "Loud laughter can be rebellious,"<sup>52</sup> she says, and it is seen as a failure of the training that, Narayan argues, girls receive since their childhood, to erase themselves and their bodies. The insistence of this ideology reflects in the habit of many women who often cover their mouths when laughing, while the same is not true for men.<sup>53</sup> Em's loud laughter, hence, reflects her deviance. She is not a regular mother. She did not do things 'normal' women would do, in every sense of the term. She loudly talked about sex and told her children to their face that she never wanted to be a mother. This may be why she was always at ease in the hospital. In the middle of her mania, when her family would have to drop her off to the hospital, Em would grow calmer and happier. She would even go around helping the doctor and nurses, counselling the other patients. The hospital felt like a second home to her. It is not far-fetched to argue that Em found some kind of happiness, some kind of peace, even relief, around people who were not 'normal', and did not expect her to be normal as well.

Normalcy assumes a 'norm', a guideline, a script, according to which one has to function, and the individuality, the self, gets lost in the middle. Em had always been surrounded by that norm; where to work, what to wear, who to date, when to marry, when to have children and how many, among many other things, and it irked her. While her depression and mania pained Em immensely, and made her lose herself to an extent, some of her still remained. Thus, ironically, her 'madness' gave Em the agency to laugh freely, talk freely, and be her unedited self, which was something that patriarchy did not allow. In the middle of a bad 'manic' episode, when treated with electric shocks without her family's approval, Em completely loses herself. She starts to behave like a proper lady, sit like one, talk like one, and live like one; she forgets herself, becomes but a 'caricature' of her previous self.

In an early letter to her husband, Em mentions that she must get up and let out a butterfly that seems eager to escape. Em's life also is like an attempt to escape normalcy; the rules of the gendered society. As a mentally unstable woman, Em is allowed to be unrestrained, talk openly about her sexual life, and even deny her role as a mother. Her laughs soar high, like one heard in a 'brothel', and her rage flows wide, encompassing all around her. Gender roles do not apply to her, since she is mad. It is, however, deplorable that it is in madness that Em, a woman, finds agency and freedom, which she could not in her normal state; it is in becoming a shadow of herself, that she could finally be a free woman, even if she remained only a fraction of her previous self.

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<sup>50</sup> Narayan, *Chup*, p. 56.

<sup>51</sup> Pinto, *Em and the Big Hoom*, p. 3.

<sup>52</sup> Narayan, *Chup*, p. 98.

<sup>53</sup> Narayan, *Chup*, p. 99.

## Conclusion

Institutions are often guilty of birthing violent spaces that (re)produce trauma. In such conditions, a reading of trauma beyond mere biology or psychology, focused on the social aspects becomes important, as often, the social is not just the background, but the very site of trauma. Postpartum depression affects a significant percentage of new mothers, but generally fades away with time. However, Em's postpartum depression does not fade away with time, but persists, and is later diagnosed as manic depression or bipolar disorder.

This article argues that Em's history with patriarchal norms, her failure to assimilate to patriarchy, and her history of self-induced abortions, together, create a fertile ground for her postpartum depression. As reflected in many studies, this paper suggests a strong correlation between her postpartum depression and abortions. Em shows signs of fixation on her past, and her obsession with her "twenty-six" abortions, even late into her life, suggests a traumatic association, reflected both in her fixation and avoidance of her abortion experience. Often, trauma is not caused by a singular difficult situation, but rather by the regular violent conditions that biased institutions like patriarchy create. Patriarchy makes motherhood an essential and natural culmination of a woman's life, and trains women to erase themselves in the process. Em's fear and denial of motherhood is, to a large extent is centred on this expectation of the society that maintains motherhood to be the obvious next step of marriage, and also naturalises the self-sacrifice mothers have to make in the process. Gender expectations made Em uneasy, and she often felt trapped, unable to escape from them. She faces a denial of her agency throughout her life, from a marriage she didn't consent to, to being pitted in the role of the household goddess, to becoming a mother despite her reservations about it. The institutional trauma that patriarchy (re)produces, thus, was the primary stressor for Em, while motherhood acted like the last straw that broke the camel's back. This article, therefore, concludes that the gendered vision of patriarchy, often in the name of gender roles, creates a space for incessant violence upon women, and reproduces institutional trauma, which often ends up destroying the lives of women, as reflected in the case of Em.