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**WRITING CURE: NARRATIVE AS A THERAPY IN PREETI  
SHENOY'S LIFE IS WHAT YOU MAKE IT**

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<b>Keywords</b>	<b>Abstract</b>
<i>Writing therapy, Mental illness, Bipolar disorder, Illness narrative.</i>	In writing cure, narrative is positioned at the forefront of therapy, which assists individuals in restructuring psychic pain, trauma, and fragmented identities. Writing is not only a mode of expression; but a process of activity, which allows individuals to talk about their distress, confront repressed feelings, thoughts or outbursts. Therapeutic function of narrative is based on its ability to transform overwhelming affect into symbolism, invasive memories into communicable form, and give a chronological structure within which the self can find coherence. This method is consistent with more general conceptions of narrative as a self-healing technology in which the representable and the unspeakable are mediated through storytelling.



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Preeti Shenoy's *Life is What You Make It* portrays this dynamic by placing the lived experience of Bipolar disorder within a confessional, self-reflexive narrative style. The novel's oscillating structure, which is characterised by uncertainty, extreme emotion, and recurrence of traumatic episodes, reflects psychological ruptures of the disorder while also serving as an area of integration. This paper will examine how the narrator uses writing to externalise volatile emotions, relive destabilising experiences, and create a voice which is capable of capturing her own suffering. The paper also aims to analyse the therapeutic gesture of the text and observe how the text serves as a site where writing itself acts as a treatment, promoting meaning-making, self-restoration, and agency in the wake of psychological anguish.

## 1. INTRODUCTION

The interaction between narratives and psychological healing has been a long-standing source of academic discussions in psychology, literary criticism and trauma theory. Writing has been conceptualised as a cognitive and affective process through which people provide a medium where they shape the excessive and intense experiences to symbolically coherent forms. According to James W. Pennebaker, the process of writing stabilises the emotional events, which are complex in nature and transforms them into a coherent narrative, thus, facilitating an improved mental and emotional functioning (Pennebaker 164). The literary narratives, especially the confessional or illness narrative can be categorised as artistic recreations of a self, using the narrative as a process, and as a product of a healing process. Within literary discourse, therapeutic writing has been commonly associated with 'writing cure' wherein the process of narrativisation of suffering is a form of self-analysis, regulation of affect and meaning making. In trauma theory Cathy Caruth also points out that the traumatic experiences are manifested after the incidents when they are reformulated as repetitive memory, thereby, narration becomes a mechanism of understanding (Caruth 4).

In this interdisciplinary approach, Preeti Shenoy's *Life is What You Make It* appears as a modern Indian illness narrative dramatising the psychological discontinuities of the Bipolar disorder and also illustrates the healing impact of storytelling. By its first-person narration, fragmented memories, and its passionately reflective retrospection, the novel presupposes the position of storytelling as a mode



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of addressing psychic dislocation. Ankita, the main character narrates the story of her life that starts with a youthful enthusiasm and then progresses to emotional breakdown, being institutionalised in National Mental Health Institute (NMHI), and experiencing a healing process. Her story is not an indirect memory of being ill but an active act of reconstruction – an effort to make sense, assimilate, and to redefine traumatic experiences. The paper will analyse Preeti Shenoy's *Life is What You Make It* as a story of writing therapy by arguing that the very process of writing which Ankita performs is a form of healing in accordance with the theory of expressive writing, trauma theory, and illness narrative theory. The paper examines how the story externalises emotional turmoil, recreates traumatic memories and works through psychological fragmentation over time. The paper intends to present how Shenoy's novel is turned into a site of psychological healing.

According to Cathy Caruth's trauma theory, traumatic experience is not completely consummated immediately when the incident occurs, but it re-emerges later when traumatic experience manifests itself in intrusive memories and flashbacks and emotional turbulence. Caruth describes trauma as "the confrontation with an event that...is not grasped as it occurs, but only in its repeated possession of the one who experiences it" (Caruth 4). This delay of the return makes the experience of the trauma essentially nonlinear, fragmentary, and incoherent to narrate. In, *Life is What You Make It*, the psychological disaggregation and later reaggregation of Ankita follow this scheme in every detail: things that she cannot initially understand, such as her emotional neglect, academic stress, and even the death of Abhishek, her boyfriend, materialise later, and are forced to be comprehended. The idea of trauma as Caruth conceptualises it as the temporally disorientated period reflects in the narrative structure of Shenoy. The novel begins right after the breakdown of Ankita, where she is institutionalised at NMHI and turns back to flashbacks on her past life. This circular movement between the present and the past is emphasised by the inability of traumatic memory to follow a linear sequence.

Caruth emphasises that trauma does not arise solely from the catastrophic event itself but from the survivor's belated and conflicted relation to that event, particularly when guilt, attachment, and unresolved affect are involved. In *Life Is What You Make It*, the relationship between Abhishek and Ankita exemplifies this traumatic dynamic. Ankita's initial emotional withdrawal, her inability to fully



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commit to the relationship and her subsequent alienation when Abhishek begins to show signs of psychological instability becomes a crucial pre-traumatic condition. Following Abhishek's death, officially recorded as drowning under the influence of excessive alcohol (Shenoy 80), Ankita is unable to immediately comprehend the magnitude of the loss. Instead of mourning, she suppresses the memory and attempts to resume her academic and social life, mistaking repression for recovery. However, as Caruth argues, trauma is characterised by its resistance to conscious assimilation; the "wound of the mind" repeatedly returns, insisting on being heard precisely because it was not fully experienced at the moment of occurrence (Caruth 3). This repetition becomes evident in Ankita's psychological breakdown, where memories of Abhishek erupt with overwhelming force. She confesses to seeing his image involuntarily, experiencing his presence as both haunting and accusatory, bound by an unresolved mixture of desire and guilt. Abhishek's suffering, previously denied or minimised, emerges retrospectively as the emotional core of Ankita's trauma, shaping the contours of her mental collapse.

This unresolved trauma is further intensified by a secondary rupture when Ankita's parents discover Abhishek's letters. Her mother's violent verbal assault, branding her a "shameless whore" and accusing her of manipulating men, "How many guys will you trap with your wily charms, you stupid little tramp" (Shenoy 117) – constitutes another traumatic shock. Trauma theory suggests that the ego fractures when confronted with emotionally overwhelming experiences that cannot be immediately integrated into consciousness. The humiliation, fear, and moral condemnation Ankita endures destabilise her already fragile sense of self, accelerating her psychological disintegration. Significantly, these affects resurface later as intrusive memories during her depressive episodes, reinforcing Caruth's assertion that trauma returns belatedly and repetitively. Ankita's reflection, "Till now it had only been a moment of vague feeling of uneasiness inside my head" (Shenoy 117) – captures this transition from latent unease to explicit psychic rupture, underscoring how unassimilated experiences gradually crystallise into traumatic knowledge.

Caruth observes that trauma often manifests through seemingly contradictory psychological responses such as hyperarousal and dissociation, both of which function as belated effects of an unassimilated



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shock. Ankita's manic episode can thus be read as a defensive strategy – a temporary escape from the unbearable weight of unarticulated emotional distress. She describes herself as feeling invincible, supercharged, and propelled by an uncontrollable surge of ideas (Shenoy 84). Shenoy's diction foregrounds speed, excess, and a growing detachment from a coherent sense of self, illustrating how mania operates as a psychological defense against the return of traumatic memory. Trauma theorists suggest that such manic states externalise inner anguish by converting psychic pain into hyperactivity, thereby allowing the subject to momentarily outrun the re-emerging wound. However, as Ankita's manic defenses collapse, depressive states increasingly dominate her inner life. She reflects, "All that was left now was a huge void and blackness" (Shenoy 129). This sense of entrapment and emotional emptiness signals what trauma theory identifies as the inward-turning movement of unresolved affect. The descent into depression marks a critical phase in which repressed emotions resurface, not as conscious recollection but as paralysis, inertia, and loss of agency. Ankita's depressive consciousness becomes saturated with traumatic mnemonic fragments: parental denial, Abhishek's death, academic pressures, and the relentless demands she imposes upon herself. Each of these memories returns in the manner Caruth describes as "possession," wherein the subject is overtaken by the traumatic event rather than actively remembering it (Caruth 4). The non-linear, intrusive quality of these recollections further confirms that Ankita's psyche is operating under the pressure of trauma rather than narrative coherence. Trauma theory contends that healing becomes possible only when traumatic memory is narrativised – when it is transformed from an intrusive repetition into an integrated, meaningful account. Ankita's stay at NMHI emerges both as a spatial and psychological site of such belated confrontation. Under the guidance of her psychiatrist, Dr. Modhusudan, she is encouraged to reflect, journal, and gradually reconstruct her fragmented memories. This therapeutic emphasis on narrative allows Ankita to articulate emotions that had previously remained unspeakable, marking the initial movement from traumatic possession toward narrative agency.

Dominick LaCapra's distinction between "acting out" and "working through" provides a crucial theoretical framework for tracing Ankita's emotional trajectory in *Life Is What You Make It*. LaCapra argues that individuals who experience trauma often enter a phase of *acting out*, characterised by compulsive repetition, dissociation from present reality, emotional reliving, and an inability to achieve



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critical distance from the past (LaCapra 21). In this state, the traumatic event remains unassimilated; rather than being integrated into conscious knowledge, it returns as an intrusive force through which the subject becomes, in LaCapra's terms, "possessed by the past." By contrast, "working through" involves reflective engagement, interpretive mediation, and the gradual transformation of traumatic memory into a narrative that no longer overwhelms the self (LaCapra 70). Ankita's psychological collapse following Abhishek's suicide exemplifies the condition of acting out. She is described as being "deeply sunk in reverie," incapable of reading, functioning, or grasping the emotional implications of her experience (Shenoy 90). These symptoms align closely with LaCapra's model of trauma-induced repetition, wherein memory resurfaces not as an object of contemplation but as an emotionally charged presence that dominates consciousness. Ankita's difficulty in comprehending even simple words further illustrates LaCapra's assertion that acting out disrupts cognition and undermines meaning-making. Her psyche remains trapped in a temporal loop, haunted by guilt and unable to differentiate between past loss and present reality. This paralysis is intensified by familial invalidation. When Ankita's parents burn Abhishek's letters and subject her to moral condemnation, she internalises their judgment, resulting in further fragmentation of her identity. LaCapra emphasises that acting out is sustained when trauma is reinforced by external denial or silencing, conditions that prevent the articulation of suffering. The parents' verbal abuse branding Ankita as a "whore," functions precisely in this manner, foreclosing her capacity to narrativise her pain. Deprived of both empathetic recognition and narrative agency, Ankita's trauma escalates toward psychic collapse. Her subsequent suicide attempt marks the catastrophic endpoint of "acting out," signaling the breakdown of self-preservation and the complete erosion of narrative coherence.

Institutionalisation at NMHI marks Ankita's gradual transition from "acting out" to "working through" trauma. Crucially, this shift is not instantaneous; as LaCapra emphasises, working through is an extended process rather than a moment of sudden insight or resolution (LaCapra 144). During the early stages of treatment, Ankita continues to experience disorientation, emotional volatility, and impaired cognitive functioning – symptoms that signal the lingering grip of trauma. However, therapeutic interventions begin to reorient her psychic life, particularly through the structured practice of writing. By writing down information and organising her thoughts, Ankita starts retraining cognitive faculties



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that had been constrained by traumatic repetition. LaCapra conceptualises this phase as the “return of interpretive agency,” wherein the traumatised subject slowly regains the capacity to differentiate between past experience and present reality (LaCapra 186). Writing becomes central to Ankita’s working-through process. Dr. Madhusudan recognises her “writing skill” and actively encourages her to cultivate it further (Shenoy 180). Under his guidance, writing functions not merely as therapeutic introspection but as a means of reconstructing a coherent narrative identity. Through narrative articulation, Ankita acquires the critical distance necessary to reassess her past without being overwhelmed by it. LaCapra identifies this process as “critical self-reflexivity,” a mode of engagement that enables understanding trauma rather than compulsively reliving it. The occupational therapy (OT) wing described in the novel as “a different world altogether” operates both as a physical and symbolic space for this transformation (Shenoy 170). Within this environment, Ankita engages in art, reading, and writing, activities that align with what LaCapra terms the performative dimension of working through, wherein new practices replace the compulsive repetitions of trauma. By the sixth week of therapy, Ankita “no longer needs to write down the passages,” a significant indicator that her cognitive processing, memory integration, and narrative competence have been substantially restored (Shenoy 190). Her mind is no longer confined within trauma’s recursive loop; instead, it begins to synthesise experience and re-engage with the external world. Importantly, LaCapra’s model of working through does not entail erasure or transcendence of trauma, but rather the capacity to live with it without being governed by its compulsions. Ankita ultimately embodies this principle. Although her past remains part of her narrative, it no longer defines her identity. She emerges not merely as a clinical subject diagnosed with bipolar disorder, but as an individual who has narratively reconstituted her sense of self through introspection, institutional care, and, most crucially, writing.

James W. Pennebaker’s theory of expressive writing offers a crucial framework for understanding Ankita’s relationship with writing in *Life Is What You Make It*. Pennebaker argues that individuals who write about emotionally charged experiences are able to “organize and structure complex emotional experiences,” a process that generates measurable psychological benefits (Pennebaker 164). Writing, in this model, is not a passive act of documentation but an active cognitive and affective process through which the self is reorganised. The writer becomes both witness and interpreter of



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personal distress, projecting emotional confusion into language and gradually deriving new meanings from it. This theoretical insight resonates deeply with Shenoy's construction of Ankita's narrative arc, in which writing emerges as the medium through which Ankita begins to comprehend her bipolar disorder and reconstruct a coherent sense of self after its traumatic fragmentation. Significantly, writing does not enter Ankita's life as an incidental practice; rather, she repeatedly turns to it at moments when the boundaries of her identity feel unstable and threatened. Writing thus functions as a stabilising force, a therapeutic mechanism that enables her to sublimate excessive emotional energy into symbolic order. Long before her institutionalization, Ankita engages in sustained writing through letters addressed to Vaibhav and Abhishek. These letters, while outwardly romantic, operate at a deeper level as emotional outlets through which desire, guilt, confusion, and longing are narrativised. As Yadav and Mishra observe, epistolary forms in fiction offer intimate access to a character's inner life, allowing emotional vulnerability to surface with particular intensity (315). Ankita's early letter-writing, though unconscious of its curative potential, anticipates the therapeutic possibilities of narrative by translating psychic turmoil into structured expression. The forty-two-page letter to Suvi stands as the most striking example of this tendency toward narrative self-disclosure. Ankita consistently prefers writing over verbal communication, finding it a safer and more authentic medium for articulating emotions she cannot share with her family or peers. This preference aligns with Pennebaker's observation that individuals often "write what they cannot say" (Pennebaker 170). At this stage, however, Ankita's writing remains primarily expressive rather than consciously therapeutic. While it enables emotional release, it lacks the interpretive structure necessary for integration. Writing becomes a deliberately organised and therapeutic practice only after her mental breakdown, when it is guided and framed within a clinical setting. Thus, Ankita's early writing functions as a preparatory phase – an intuitive rehearsal for the narrative work that will later facilitate healing.

The therapeutic potential of writing in *Life Is What You Make It* is further realised through Ankita's gradual recovery of agency, a capacity profoundly destabilized by her illness. As Shenoy illustrates, bipolar disorder can be severely debilitating, often precipitating academic decline, fractured relationships, and suicidal ideation (Shenoy 155). Within this context, writing enables Ankita to reclaim interpretive control over her experiences rather than remaining a passive subject at the mercy



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of the disorder's fluctuations. Through narrative articulation, she gains the ability to name, order, and confront her vulnerabilities and fears, thereby mitigating the sense of powerlessness that characterized her psychological breakdown. This repossession of agency aligns closely with Pennebaker's assertion that expressive writing enhances the writer's sense of control, allowing individuals to engage with emotional truths instead of evading them (Pennebaker 167). Writing thus becomes a means of self-positioning: Ankita moves from being acted upon by illness to actively interpreting and responding to it. Moreover, her first-person narration exemplifies what Arthur Kleinman identifies as the function of illness narratives, wherein meaning-making transforms disordered and overwhelming experiences into coherent, communicable stories. By converting the chaos of bipolar disorder into a structured narrative, Ankita renders her suffering both intelligible and shareable. Writing, therefore, operates not merely as emotional release but as a narrative technology of agency, enabling Ankita to reconstruct a self that can live with illness without being defined by it.

Illness narrative theory, as formulated by Arthur Kleinman, posits that illness is not merely a biological dysfunction but a profound disruption of the meaning-structures through which individuals understand and inhabit their lives. As Kleinman argues, illness "disrupts not only the body but the lived world," necessitating the creation of narrative in order to restore coherence, continuity, and significance to experience (Kleinman 49). The bipolar disorder experienced by Ankita in *Life Is What You Make It* can be understood precisely as such an existential rupture. Her emotional and psychological world disintegrates, accompanied by the collapse of her relational life following the suicide of her boyfriend, Abhishek. This crisis is represented not simply as a mental health breakdown but as a dismantling of identity itself. Before the onset of illness, Ankita is characterised as "brimming with energy and desire to drink life to its fullest" (Azhar 225). The intrusion of mental illness into this developmental trajectory produces what Kleinman would describe as an "unmaking" of the world – a state in which familiar meanings, aspirations, and self-conceptions lose coherence. Healing, in Kleinman's framework, requires more than clinical intervention; it demands interpretive reordering through storytelling, reflection, and sustained meaning-making. Shenoy's novel reflects this dual process by depicting psychiatric care not merely as symptom management but as a pathway toward narrative reconstruction. Ankita's psychiatrist, Dr. Madhusudan, emerges as the facilitator of this process,



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becoming “the last vestiges of hope” to which she clings “with the desperation of a drowning person” (Shenoy 164). This metaphor underscores Ankita’s prior loss of agency and direction – she is figuratively submerged, unable to narrate or steer her own life. Crucially, Dr. Madhusudan’s therapeutic approach integrates medical treatment with narrative cultivation. By recognising and encouraging Ankita’s writing ability, “I was very talented, had a great gift for writing. He said I ought to nurture it,” (Shenoy 180) he initiates a process central to narrative medicine and illness narrative theory. Writing here is not a peripheral hobby but a therapeutic instrument through which fragmented emotional experiences are gathered into a coherent, communicable form. Through sustained narrative practice, Ankita reconciles her past and present selves, reframes traumatic memories, and reconstructs meaning that her illness had eroded. In this way, the novel affirms Kleinman’s assertion that illness is not only biological but ontological, and that healing emerges through the restoration of narrative agency as much as through clinical care.

The concept of narrative identity, as developed by Paul Ricoeur, proves particularly illuminating for the present discussion. Ricoeur argues that identity cannot be reduced to mere somatic or psychological continuity; rather, it is constituted through the stories individuals tell about themselves (Ricoeur 116). A life becomes intelligible when its disparate events are organized into a narrative configuration, a process Ricoeur famously terms “emplotment” (Time and Narrative 66). In Preeti Shenoy’s text, Ankita’s retrospective narration of her illness functions as a compelling instance of this narrative process. Her account is not a simple recollection of events but a deliberate construction of meaning, tracing a coherent arc from hope to disillusionment, guilt to collapse, and despair to recovery. Each remembered episode becomes an act of narrative reconstruction through which Ankita renders an otherwise unliveable experience intelligible. The structured environment of occupational therapy plays a crucial role in facilitating this narrative reconstitution. Ankita describes the occupational therapy wing as “a different world altogether,” one that does not feel entirely like a hospital (Shenoy 170). This description carries symbolic weight: the OT wing operates as a liminal space between illness and healing, a transitional zone in which Ankita begins to form a renewed relationship with creativity, art, and narrative understanding. Initially, her cognitive disruption is evident in her difficulty comprehending written text; when Dr. Namita reads aloud, Ankita must write everything down in order



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to retain it in her memory (Shenoy 188). This emphasis on retention is significant. For Ricoeur, narrative memory is not passive recall but a reconstructive act. By transcribing and organizing what she hears, Ankita actively retrains her narrative faculty, re-establishing continuity between perception, memory, and meaning.

Ankita's gradual recovery is marked by the restoration of both cognitive and narrative competence. By the sixth week of therapy, she "no longer needs to write down the passages," signaling that her memory, comprehension, and storytelling capacities have been substantially repaired (Shenoy 190). Importantly, this recuperation does not culminate in a return to her former aspirations of corporate success or an MBA degree. Instead, Ankita arrives at a new narrative trajectory, choosing to "take up a creative writing course" and grounding her future in a self-authored identity rather than socially prescribed expectations. This decision exemplifies Ricoeur's notion of narrative identity: Ankita reshapes the story of her life rather than merely surviving its disruptions. She revises the illness narrative itself, transforming suffering into a source of ethical and existential insight. Her letter to Vaibhav captures this evolved understanding, "I have realized that love and faith can indeed work miracles" (Shenoy 201) a statement that reflects a philosophical reorientation forged through pain, reflection, and narrative reconstruction. Illness, thus, emerges not only as a rupture but as a catalyst that redefines her values, relationships, and sense of self.

*Life Is What You Make It* offers a profoundly humane portrayal of psychological rupture and recovery, foregrounding the emotional textures of a young woman's journey through disorder, shame, grief, and the arduous process of rehabilitation. The narrative traces Ankita's movement from a life shaped by external expectations and internal confusion toward one marked by clarity, creativity, and reflective self-awareness. What emerges is not merely a story of illness but a narrative of transformation, in which the protagonist is compelled to reinterpret her past, confront its lingering pain, and consciously shape her future. The novel's strength lies in its willingness to dwell within Ankita's fragmentation and uncertainty, presenting the emotional truths that accompany a mental health crisis without romanticisation or simplification. Healing is depicted as slow, uneven, and non-linear, unfolding through small yet meaningful acts of reflection, care, and self-expression. Ankita's gradual shift in



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tone – from turbulence to steadiness, from self-reproach to curiosity about her own mind – signals a fundamental change in how she inhabits her life. Her eventual turn toward creativity and writing is neither impulsive nor escapist; it is earned through sustained effort, renewed confidence, and an evolving capacity to engage with her emotions rather than be overwhelmed by them. The novel powerfully demonstrates how writing functions as a therapeutic practice in Ankita's recovery. Writing anchors her during emotional upheaval, restores cognitive rhythm, enables her to confront painful memories without being consumed by them, and offers a medium through which she can reconstruct meaning after psychic collapse. By embracing narrative, Ankita does not simply recover from illness; she reimagines her identity, aspirations, and future through the very words she once struggled to articulate. The novel concludes not with the triumph of cure, but with the affirmation of self-authorship suggesting that healing often begins at the moment one learns to tell one's own story.

## **2. AUTHOR(S) CONTRIBUTION**

The writers affirm that they have no connections to, or engagement with, any group or body that provides financial or non-financial assistance for the topics or resources covered in this manuscript.

## **3. CONFLICTS OF INTEREST**

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

## **4. PLAGIARISM POLICY**

All authors declare that any kind of violation of plagiarism, copyright and ethical matters will take care by all authors. Journal and editors are not liable for aforesaid matters.

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