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**Reconstructing Selfhood in Preeti Shenoy's *Life is What You Make It* and the sequel  
*Wake up, Life is Calling***

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**ABSTRACT**

Mental illness frequently causes a deep crisis of selfhood, destroying continuity, agency, and one's sense of identity. Experiences with depression, institutional care, and recovery usually highlight the limitations of biological paradigms that portray healing as linear and complete. Within the interdisciplinary field of medical humanities, such disruptions prompt a reconsideration of selfhood as fragile, relational, and constantly negotiated rather than stable or entirely restored. Literary illnesses narratives, in particular, provide a key place for investigating how individuals reconstruct themselves in the aftermath of psychological breakdown, with a focus on memory, vulnerability, and everyday survival tactics. Against this backdrop, this article examines Preeti Shenoy's *Life Is What You Make It* and its sequel *Wake Up, Life Is Calling* as persistent investigations of fragmented and reconstituted selfhood. The first novel chronicles the protagonist's decline into depression and mental treatment, emphasising a moment of narrative and existential rupture in which the self is rendered unstable by clinical and social examination. The sequel follows the protagonist after recovery, changing the focus to post-illness life and illustrating that rehabilitation is a continuous, non-linear process defined by residual trauma, memory, and ethical self-care. The primary objective of this paper is to examine how selfhood is recreated in both the novels using narrative strategies such as writing,

contemplation, and emotional bargaining. By comparing the texts, the study contends that Shenoy shows identity not as something reclaimed after illness, but as something that is constantly rebuilt in connection to care, gendered vulnerability, and lived experience. In doing so, the paper frames these works as important contributions to modern Indian illness narratives that question simplistic concepts of treatment and provide a nuanced understanding of being after mental illness.

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### **Introduction:**

Mental illness challenges traditional notions of identity and selfhood by interrupting continuity, agency, and narrative coherence. Depression, psychiatric intervention, and recovery frequently challenge the idea of a stable, independent self, revealing instead a subjectivity marked by rupture, vulnerability, and reliance on others. Recovery is commonly framed in biomedical discourse as a return to normalcy; however, scholars in medical humanities and narrative studies have argued that such models fail to capture the lived experience of mental illness, where healing is uneven, recursive, and inextricably linked to memory, care, and social relations (Frank, 1995). Literary illness tales, as a result, have become critical cultural places for investigating how people make sense of fragmented selves and strive to reconstruct identity via storytelling and contemplation.

Paul Ricoeur argues that since identity is formed through time and emplotment rather than fixed essence, narrative is essential to the development of selfhood (Ricoeur, 1994). Mental illness breaks narrative continuity, resulting in what Arthur Frank refers to as a “chaos narrative,” in which the self struggles to define suffering in meaningful terms (Frank, 1995). The act of narrating illness, whether through writing, recollection, or retrospective thought, serves as a technique of reconstructing the self, even if coherence is partial or unstable. According to this perspective, selfhood after illness is reconstructed rather than healed, moulded by continual interactions with trauma, care, and vulnerability. This understanding is especially important in literary portrayals of depression, which frequently emphasise quiet, emotional tiredness, and the challenge of maintaining a cohesive sense of “I.”

Preeti Shenoy’s *Life Is What You Make It* and its sequel, *Wake Up, Life Is Calling*, can be viewed as long-term analyses of fragmented and reconstructed selfhood. The two novels tell the story of Ankita Sharma’s psychological breakdown, including her spiral into depression, feelings of loss and betrayal, and subsequent psychiatric institutionalisation. The novel emphasises the moment of breakdown as a



rupture in identity, in which the protagonist's sense of self is disrupted by both internal despair and the external medical gaze. Rather than portraying sickness purely as pathology, the narrative focuses on Ankita's subjective experience of her emotional breakdown, quiet, and gradual shift towards introspection and writing as a means of surviving. However, *Wake Up, Life Is Calling* moves the narrative focus away from the catastrophe and towards the aftermath. The sequel revisits Ankita years after her recovery and questions what it means to live beyond illness, confounding the concept of cure by demonstrating the persistence of sensitivity, memory, and fear of relapse. This work depicts recovery as an ongoing ethical and emotional labour that necessitates constant self-observation and negotiation with the past, rather than closure. By expanding the story temporally, Shenoy emphasises the long-term effects of mental illness on identity, implying that selfhood is constantly reassembled rather than definitively recovered.

This article explores the ways in which the selfhood is reconstituted through both novels by combining them within the context of narrative identity, trauma, and medical humanities. It considers three interdependent problems: first, that mental illness is a narrative breakdown that disrupts identity, second, that writing and reflection are practices by which the self is reconstituted in discontinuous ways and third, that recovery is an ethically challenging process of gendered vulnerability and care. The comparative reading of the novels submits that Shenoy uses her fiction to contest reductive biomedical conceptualizations of the recovery process and, indeed, to introduce selfhood as relational, processual, and constantly governed by the practice of making. Through this, the article categorizes these texts as an important addition to the modern discussion of Indian illness as one that prefigures the complexity of becoming after mental illness.

According to Paul Ricoeur's concept of narrative identity, selfhood is formed by the narratives that people tell about themselves throughout time; identity evolves through continuity, recollection, and emplotment rather than a permanent essence. Mental illness disturbs this continuity, resulting in an interruption in the narrative self. This division is visible in Preeti Shenoy's writing, as Ankita Sharma repeatedly strives to remove herself from her past, illustrating the volatility of identity following tragedy. As portrayed in *Wake Up, Life Is Calling*, Ankita consciously strives to cut ties with her past personality, asserting: "As far as I was concerned, I was done with my old life, and perhaps the people in it too" (Shenoy, 2020). However, the text also demonstrates how narrative practices facilitate a partial restoration of identity across time. Ankita's involvement with creative writing becomes a tool for reorganising experience and restoring continuity. This act of self-narration exemplifies an attempt to



restore control over memory, even if such power is temporary. Identity reconstruction here is accomplished not through forgetting, rather, through selective story framing.

LaCapra's theory of trauma as a cycle of acting out and working through allows for a more nuanced understanding of Ankita's shifting psychological states, which are distinguished by recurrence, repression, and delicate moments of introspection. Acting out entails compulsive repeating of trauma, but working through allows for reflective distance without eliminating pain (Lacapa, 2001). Ankita's experiences continually show how unresolved trauma resurfaces as triggers, eroding any stable sense of self. The paper demonstrates how tiny cues can trigger traumatic resurgence, causing severe discomfort and disrupting psychological balance. One of the most prominent examples is when music evokes intense sensory memories. Ankita recounts the incursion vividly, "It was pounding on that locked trunk of bad memories... A tsunami of thoughts rose inside my head. I was struggling to breathe... I couldn't listen to this anymore. I wanted to stop." (Shenoy, 2011). These lines depict acting out, in which the past aggressively invades the present, breaking down temporal barriers and rendering the self-impotent. The metaphor of the "locked trunk" implies repression rather than resolution, which supports LaCapra's assertion that unresolved trauma returns with obsessive power. However, moments of healing come when Ankita begins to verbalise her pain rather than simply reliving it. A watershed moment happens when she confides in her parents and reflects, "Perhaps it was not my fault" (Shenoy, 2011). This transition represents a significant ethical and narrative shift: guilt is no longer blindly internalised, but rather critically explored. Working through here does not suggest resolution; rather, it allows Ankita to re-separate sickness and identity, reclaiming narrative agency.

Arthur Frank's idea of illness narratives emphasises storytelling as an ethical act by which people fight objectification and regain their voices (Frank, 1995). Shenoy's writings, as mediated by critical scholarship, emphasise this ethical dimension by valuing Ankita's interiority over clinical reductionism. Ankita's frequent self-reproach "You are worthless" (Shenoy, 2011) shows how illness infiltrates moral self-evaluation, reducing selfhood to pathology. Such events highlight the ethical risk of internalising the medical and social gazes, in which identity becomes associated with illness. However, narrative articulation eventually resists this erasure. According to the essay, Ankita's transition to creative writing and self-reflection helped her reclaim her narrative and separate her illness from her identity. This movement supports Frank's claim that illness narratives do not restore a past self, but rather develop a "new moral identity" via vulnerability and testimony. Here, selfhood is recreated as ethical awareness – of constraints, dependency, and care – rather than autonomy. Both the novels challenge linear recovery paradigms by emphasising relapse, dread, and vigilance. According to the trauma research, Ankita's



rehabilitation is still fragile since “psychological illnesses such as bipolar disorder often return if not carefully managed” (Vishnupriya & Senthamarai, 2025). Recovery is thus portrayed as ongoing ethical work that includes self-monitoring, openness, and support, rather than a destination. This approach undermines celebratory tales of resilience, instead emphasising selfhood as always “in process.” Identity is reconstructed through ongoing negotiations with memory, care, and narrative truth. The papers illuminate Shenoy’s fiction, which situates selfhood not in cure but in continuity – a continuing endeavour to live meaningfully with vulnerability rather than transcend it.

While narrative identity and trauma theory provide insight into how selfhood is fragmented and reconstructed through memory and storytelling, they do not completely account for the relational contexts that allow for such reconstruction. To close this gap, the present paper examines care ethics, specifically the work of Carol Gilligan and Joan Tronto, which redefines the self as essentially relational, fragile, and embedded within networks of care rather than independent or self-sufficient. Gilligan's critique of autonomy-based moral frameworks emphasises an ethics focused on relationships, responsibility, and responsiveness, indicating that moral reasoning frequently develops from recognising reliance rather than independence (Gilligan, 1982). When viewed through this lens, Ankita's reconstruction of selfhood in *Life Is What You Make It* and *Wake Up, Life Is Calling* cannot be understood purely as an internal psychological process or narrative accomplishment. Instead, rehabilitation and identity reformation emerge as ethically contingent processes, moulded by the presence or absence of empathic caregiving from family, medical professionals, and close companions. Care in Shenoy’s novels is uneven, frequently coercive or misdirected, illustrating how a lack of ethical attentiveness exacerbates rather than alleviates Ankita’s fragility. This approach allows us to shift from interpreting recovery as individual resilience to viewing it as relational and moral labour, laying the groundwork for a more in-depth examination of how care or its breakdown directly influences Ankita’s precarious rebuilding of selfhood.

From a care-ethical standpoint, Ankita's reconstruction of selfhood in *Life Is What You Make It* and *Wake Up, Life Is Calling* is inextricably linked to the quality and ethics of her care. Carol Gilligan's moral reasoning model emphasises relational attentiveness and vulnerability responsiveness, emphasising care as a moral practice based on connection rather than autonomy (Gilligan 19). Reading through this perspective, Ankita’s pain is exacerbated not only by the illness but by recurrent failures of relationship understanding. In *Wake Up, Life Is Calling*, Ankita tries to detach herself from her past in order to survive emotionally, claiming, “As far as I was concerned, I was done with my old life, and perhaps the people in it too” (Shenoy, 2020). This assertion indicates withdrawal rather than healing, suggesting a



protective self-reconstruction in reaction to unresolved traumatic events. Rather than being encouraged in expressing her discomfort, Ankita is forced to hide it, demonstrating Gilligan's observation that women frequently silence their own needs in order to maintain relational harmony. Ankita's personal coping techniques demonstrate how care operates unevenly. She uses self-narration to handle unwanted memories: "Whenever a memory from my old life came back to me, I would push it away, suppress it...and remind myself how fortunate I was" (Shenoy, 2020). While this cognitive reframing temporarily stabilises her, it also highlights the lack of relational spaces in which pain can be addressed without judgement. Care here becomes internalised labour, putting all of the responsibility for emotional control on the individual.

The ethical inability to care is most obvious in Ankita's intimate relationships, where moments of vulnerability are met with moral accusation rather than response. When Ankita reveals her background, she is challenged with the accusation: "You cheated on me (Shenoy, 2011). This approach reduces care to judgement, undermining what Joan Tronto defines as responsiveness, the ethical obligation to consider how care is received (Tronto, 1993). Instead of promoting healing, this encounter feeds guilt and exacerbates Ankita's psychic fragmentation. Ankita's self-directed monologue highlights the impact of misrecognition, stating, "You always hurt those who love you... You are worthless" (Shenoy, 2011). This excerpt demonstrates how a breakdown in ethical care causes Ankita to internalise blame, reducing her identity to moral failure. Selfhood is not only psychologically broken, but also ethically damaged, as a result of recurrent experiences of misunderstanding and judgment. However, the novels also illustrate instances where morally sensitive care facilitates narrative and moral restoration. A watershed moment happens when Ankita expresses her feelings to her parents and is met with empathy rather than criticism. Her realisation: "Perhaps it was not my fault" (Shenoy 169). Clinical caregiving emphasises the transformational power of ethical care. Ankita begins to regain stability while receiving psychiatric care that blends medical expertise with emotional empathy. She characterises this moment as holding on to hope "with the desperation of a drowning person" (Shenoy 164). Care here is neither coercive nor corrective, but rather sustaining, allowing Ankita to reinvent herself beyond disease and shame. Taken together, these textual instances show how Shenoy's novels reconstruct selfhood through relational ethics rather than individual willpower. Recovery is possible not when symptoms go away, but when care is attentive, non-judgmental, and efficient. The novels contradict autonomy-driven conceptions of healing by emphasising the moral features of carer relationships, instead articulating selfhood as relational, contingent, and ethically supported.



The paper explored *Life Is What You Make It* and its sequel *Wake Up, Life Is Calling* as ongoing tales of fragmented and reconstructed selfhood, emphasising mental illness as an experience that affects identity rather than just mental health. By reading the two novels together, the study found that selfhood in Shenoy's writing is gradually rebuilt through memory, narration, and relational involvement rather than returning to a previous state of coherence following illness. The analysis demonstrates that Ankita's recovery is neither linear nor decisive. Moments of apparent stability are frequently disrupted by the recurrence of trauma, emotional triggers, and anticipation of relapse. Such depictions call into question celebratory resilience myths that conflate recovery with closure. Instead, the novels portray healing as a delicate, continuing process that necessitates ongoing negotiations with the past. Ankita's identity arises not from forgetting trauma, but from learning to live with it, acknowledging its presence but not allowing it to completely define her. Relationships play a crucial part in this process. The novels continuously show how Ankita's selfhood is influenced by the level of care she receives from family members, intimate relationships, and medical experts. When care is inattentive, judgemental, or imposed without comprehension, Ankita's sense of self collapses into guilt and self-blame. In contrast, times of listening, validation, and emotional support allow her to view disease as a lived experience rather than a moral failure (Azhar, 2023). Recovery is thus demonstrated to be relationally mediated rather than individually accomplished.

By emphasising these relationships, Shenoy's works challenge reductive biological narratives that isolate illness within the human body or mind. They also confound motivational discourses that emphasise effort and optimism while ignoring susceptibility and reliance. Instead, the texts provide a more humanistic portrayal of mental illness, including anxiety, relapse, and uncertainty as part of the process of becoming. *Life Is What You Make It* and *Wake Up, Life Is Calling* make substantial contributions to modern Indian illness narratives by placing selfhood as relational, contingent, and ever-changing. They encourage readers to think of rehabilitation as an ethical and emotional activity that is sustained by care, recognition, and narrative continuity rather than a goal.

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