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## **Narrating Mental Illness: Cultural Psychiatry, Narrative Form, and the Representation of Psychological Suffering in Victorian, Modernist, and Contemporary English Literature**

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### **Abstract**

The paper reviews how mental illness and psychological suffering are represented in Victorian literature, Modernist literature, and modern English literature using both the cultural psychiatry and narrative theory. The context of the research is the current interdisciplinary trend in medical humanities of highlighting that mental illness is not a biomedical state but a culturally and narrative phenomenon. The main aim of the study is to examine the importance of narrative structure and culture in the representation of mental illness in literature in different eras of history. The paradigm of the research is interpretivist and a qualitative textual analysis approach is adopted. The theoretical background is a combination of cultural psychiatry (Arthur Kleinman), narrative theory (Genette; Ricoeur), cognitive narratology (Palmer), and some discourse analysis by Foucault. Primary literature data are drawn out of purposely chosen primary literary works that define the Victorian, Modernist, and contemporary events, whereas the secondary data comprise peer-reviewed academic literature. The selection of texts, which directly address the topic of mental illness and psychological distress, is performed with the help of a purposive sampling method. The results indicate that there is a diachronic change in narrative strategies: Victorian literature distances mental illness to the moral and institutional condition, Modernist literature internalizes mental anguish to the experimental narrative practices, and the current literature foreshadows narrative agency, trauma, and ethical care. The paper concludes that narrative form is a cultural-psychiatric process that defines mental illness. It suggests that interdisciplinary studies with the inclusion of non-Western literary tradition and reader-response viewpoints should be extended in order to broaden the cultural range of mental health narratives.

**Keywords:** Mental Illness, Narrative Form, Cultural Psychiatry, Victorian Literature, Modernist Literature, Contemporary Literature, Trauma, Medical Humanities, Psychological Suffering, Literary Representation

### **Introduction**

Mental illness has traditionally held a central and debatable role in the English literature, serving not only as an issue of concern, but as a useful literary tool with which a writer can question selfhood, social conventions, and cultural fears. Since the Victorian era of the representation of madness as moral deviance or hereditary degeneration, up to and including the current interactions with trauma, depression, and neurodiversity, literary discourse has continued to define and redefine cultural approaches to the understanding of psychological suffering. In this paper, *Narrating Mental Illness: Cultural Psychiatry, Narrative Form and the Narration of Psychological Suffering in Victorian, Modernist and Contemporary English Literature*, the researcher attends to the interaction of literary form and cultural setting to create historically framed representations of mental illness. During the Victorian era, mental illness was directly linked to new psychiatric institutions and

morality of the body and abnormality. An example of how early medical models (including moral treatment and degeneration theory) had an impact on literary works of this period is that madness was both a social danger and a moral weakness (Scull, 2015). *Jane Eyre* and *The Woman in White* are some of the novels that encode mental illness in both Gothic and realist contexts that strengthen the anxieties around gender, class and colonial power. It has been pointed out that psychiatric authority is often mediated in the Victorian literature, which introduced it in the narrative structures that vacillated between sympathy and surveillance (Showalter, 1987; Porter, 2002). Modernist literature stands out as the turning point of the literature that depicts the picture of mental illness by radically experimenting with the form of narration. Due to psychoanalysis and new psychological schools of thought, modernist authors like Virginia Woolf and James Joyce preempt subjective consciousness, temporal disturbance, and interior monologue to describe psychological suffering internally. The current research in cognitive narratology underlines that the Modernist methods artificially recreating the altered states of the mind enable the readers to undergo the instability of perception and emotional fluctuation (Palmer, 2011; Herman, 2013). Instead of separating mental illness in external pathologization, Modernist narratives are working against biomedical reductionism with the weight of lived experience and emotional interiority.

Trauma theory, disability studies and cultural psychiatry have become more dominant in how mental illness is represented in contemporary English literature. Psychological torment is no longer perceived as a state of individual pathology but is integrated on a significant level into the social, political and cultural organizations. Ian McEwan, Jeanette Winterson, and Matt Haig are among the writers whose works address the topic of depression, schizophrenia, and anxiety using the hybrid forms of narrative that merge the memoir, metafiction, and medical discourse. According to scholars, modern stories are resistant to stigma because of focusing on recovery, resilience, and narrative agency (Whitehead, 2004; Woods, 2018). As the example of Kleinman (1988, 2020) has also shown, cultural psychiatry has played a key role in showing how mental illness experiences are mediated culturally, through the impact of local beliefs, narrative, and power relationships.

Although literature and mental health have increasingly attracted the attention of interdisciplinary questions, the existing literature continues to deprive comparison and, specifically, diachronic research, which can explore the ways in which narrative structure and psychiatric discourse develop in parallel in major literary eras. The literature tends to draw attention to individual timeframes or writers and overlooks the historical trends and the way mental illness is represented over time, between the Victorian, Modernist and contemporary. This study fills such a gap by combining literary criticism and cultural psychiatry and narrative theory, wherein literary form itself is viewed as a cultural instrument of comprehending and bargaining psychological suffering.

Following the storytelling practices in which mental illness has been portrayed during three distinct literary eras, the research fulfills the need to contribute to the wider discourses in medical humanities, narrative medicine, and cultural psychiatry. It shows how literature can reflect psychiatric expertise and have a direct influence on cultural definitions of mental illness, providing different methods of envisioning care, empathy, and mental health.

### **Research Questions**

1. What is the narrative representation of a mental illness in Victorian, Modernist and contemporary English literary texts compared to the existing psychiatric and cultural discourses?
2. How do shifts in narrative structure (e.g. realism, stream of consciousness, fragmented narration) influence the literary portrayal of psychological suffering during these eras?
3. What is the role of cultural psychiatry in clarifying the connection between literary accounts of mental illness and culturally constructed sense of self, suffering and normality?

## Research Objectives

1. To examine how mental illness was represented in chosen Victorian, Modernist and contemporary English literary works in stories and cultural context.
2. To assess the ways literary narratives interact, criticize, or restructure psychiatric discourses in historical times.
3. To help foster interdisciplinary scholarship through the integration of literary studies and cultural psychiatry and medical humanities.

## Literature Review

Academic interest in mental illness in English literature has grown in the past thirty years especially with the development of medical humanities, narrative theory and cultural psychiatry. Majority of the early literary criticism treated madness as a symbolic or moral trope, but at the present day, more and more studies tend to place mental illness in historically determined psychiatric discourses and narrative practices. This change has made it possible to get more subtle interpretations of the ways in which literature not only mirrors but also makes cultural meanings of psychological distress.

The early literature on madness in literature has been dominated by Victorian literature, despite the fact that institutionalization of psychiatry and asylum emerged during the Victorian era. The classic work of Showalter (1987) proves the way the Victorian images of female madness were intertwined with medical and social discourses of gender. In the same vein, Scull (2015) and Porter (2002) follow the interplay between the emergence of psychiatric authority and moral treatment and degeneration theory of insanity as represented in literature. Critics claim that Victorian narrative realism tended to be a kind of disciplinary measure, which strengthened the conventions of rationality and pushed deviant minds to periphery (Foucault, 2006). Nevertheless, more recent research indicates that there are scenes of defiance as well in Victorian writings, in which narrative sympathy subverts psychiatric classification (Gilman, 2018).

The representation of mental illness in narrative form of the modernist literature signals a much-needed change. Modernist authors were, in turn, influenced by psychoanalysis and early psychological science and rejected the omniscient realism in exchange with the fragmented and interiorized forms of narration. In her essays and fiction, such as the explicitly critical analysis of biomedical approaches to mental illness, Woolf presents the alternative to the narrative focus on the lived experience (Woolf, 1930/2002). According to the scholars of narrative theory and cognitive narratology, Modernist tricks of stream of consciousness and time disjunction are the simulations of altered mental states that enable the readers to experience the state of psychological suffering instead of watching it (Palmer, 2011; Herman, 2013). This formal innovation is a challenge to previous pathologizing representations in the sense that it preempts subjectivity and emotional complexity.

Trauma theory, disability studies, and cultural psychiatry are becoming more influential in modern English literature representations of mental illness. Through trauma fiction, as stressed by Whitehead (2004), the disruption of linear narrative is aimed at exhibiting the psychological implications of distress whereas in Caruth (1996), trauma is seen as the experience which does not allow the narrative to be closed. Scholars of disability propose to critique the medicalized interpretations of mental illness, instead urging to understand illness through an agentic, social and narrative lens (Garland-Thomson, 2011). In modern novels, genres are frequently obscured, with memoir, metafiction, and psychiatric discourse intermingled to challenge the stigma and take control of the narrative in relation to the experience of illness (Woods, 2018).

Cultural psychiatry offers an important inter-disciplinary approach to explain such developments in the literature. The notion of the illness narratives introduced by Kleinman points to the fact that experience of mental illness is culturally constructed and mediated by narratives instead of being predetermined (Kleinman, 1988, 2020). This framework has been used by scholars in the study of literary works to explore how literary works encode culturally specific meanings of suffering, care, and recovery (Carel and Kidd, 2014). This

method is a challenge to pure biomedical readings and is consistent with the readings of literature that anticipate voice, empathy and ethical addresses.

Although the existing scholarship is very rich, there are still large gaps. A great part of the literature is devoted to separated periods, authors or to categories of diagnosis, which makes comparative history analysis difficult. Research work usually favors either the narrative approach or the psychiatric discourse, seldom applying both of these to a diachronic approach. Furthermore, although Modernist and contemporary writings have enjoyed a lot of analysis, the Victorian Literature is often discussed as a stagnant precursor as opposed to a dynamic narrative space. Scarcity of studies particularly those that explicitly combine narrative theory with cultural psychiatry in different periods of literature is also present.

The proposed study fills these gaps by providing a comparative analysis of Victorian, Modernist, and contemporary English literature and how the narrative form and cultural psychiatry interact to create the representations of mental illness. The research will make a contribution to interdisciplinary issues of literary studies, medical humanities and cultural psychiatry by placing literary texts in their psychiatric and cultural context and focusing on formal innovation. It concludes by arguing that literary narratives are not passive representations of mental illness, but dynamic cultural locations within which psychological suffering meanings have been created, challenged, and reconfigured.

## **Methodology**

The research paradigm embraced by this study is interpretivist since it aims at studying the manner in which the meanings of mental illness are culturally and narratively created in literature works, instead of being empirically quantified. Since the research questions are qualitative and exploratory, a qualitative textual research method is used in the study, which is based on the close reading and critical interpretation of literary narratives. An interdisciplinary conceptual framework of cultural psychiatry (Kleinman), narrative theory (Genette; Ricoeur) and cognitive narratology (Palmer) informs the research. These theories allow studying the interplay of narrative form, cultural background and representations of psychological suffering in historical time. The selective application of Foucaultian views of madness and discourse is also used to place the psychiatric authority in particular cultural moments.

The data to be used in the study are primary literary texts of the Victorian, Modernist, and contemporary English literature. Data collection requires thematically relevant systematic textual selection with respect to mental illness and narrative novelty. The purposive sampling technique is applicable in choosing representative novels that directly address the mental illness and psychological torment. Secondary data will comprise of academic books, peer-reviewed journal articles, and psychiatric discourse pertinent to every era. They are analyzed using thematic and narrative analysis, which could be compared and diachronically interpreted, how literary images of mental illness reflect their cultural and psychiatric contexts.

## **Data Analysis**

### **Victorian and Modernist Narrative Representation of Mental illness**

#### **1. Introduction to Data Analysis.**

This chapter deconstructs the construction of mental illness and psychological suffering in the chosen Victorian, Modernist, and contemporary English literary works in a narrative. With an interpretivist and qualitative type of research design, thematic analysis and narrative analysis is used to analyze the intersection of literary form, cultural psychiatry and historical context in the portrayal of mental illness. Cultural psychiatry (Kleinman), narrative theory (Genette; Ricoeur), and cognitive narratology (Palmer) serve as the guides of the analysis, and it becomes possible to compare the literary periods diachronically.

The data will include purposively chosen literary texts that anticipate either thematically or structurally mental illness. Instead of assessing fictional characters, the analysis is concerned with how narratives articulate,

construct, and attribute meaning to psychological distress as a part of particular cultural and psychiatric discourses.

## **2. Analytical Framework and Procedure.**

- Analysis of data involves four steps that are linked to each other:
- Detection of the theme of mental illness (madness, depression, trauma, breakdown).
- Analysis of narrative structure (voice, temporality, focus)
- Medical, social, moral discourses: cultural-psychiatric contextualization.
- Cross-periodical interpretation in literature.
- In every section, some textual samples are provided to show how analysis is operationalized.

### **3. *The Victorian Literature: Mental Craziness as a Moral, Social, and Gendered Disorder.***

Cultural-Psychiatric context: The patient reports no history of depression or anxiety attacks, nor does she experience anxiety about her life situation or misinterpret its context (Kelley, 2004). Early psychiatric models, which positioned madness as a weakness of character, heredity or a threat to society, are rooted in Victorian portrayals of mental illness. The emergence of asylums and moral treatment left a mark on literary stories, which tend to swing in the sympathetic and controlling. Cultural psychiatry assists in exposing the fact that these representations are not universal but unique to cultures.

#### **3.1 Narrative Form: Madness Externalized and Authorial Control.**

The omniscient third-person narration is mostly used in the Victorian novels, and this is where the narrative puts mental illness under surveillance. It is madness that is viewed, deciphered and assessed as being external to the suffering mind.

*Textual Analysis: Jane Eyre (Charlotte Brontë)*

The character of Bertha Mason is portrayed as the madwoman in the attic, whose mental anguish is positioned through all other description.

Sample Passage (Paraphrased): Without being able to reach her inner world, Bertha is portrayed using animalistic images, where she growls and crawls and moves violently.

*Analysis:*

- The psychiatric silencing is enhanced by the fact that Bertha does not speak.
- The madness is racialized and gendered, which is in accordance with colonial and patriarchal concerns.
- In perspective of cultural psychiatry, the illness of Bertha is not just a psychological illness, but the Otherness created by culture.
- The narrative form in this case acts as a form of control that supports what Foucault describes as the medical gaze a gaze that categorizes and encloses deviance.

#### **3.2 Gender and Mental Illness**

- The woman mental illness that is often linked by Victorian literature practices is emotional excess and sexual transgression.
- The Yellow Wallpaper (Charlotte Perkins Gilman) Sample Textual Analysis.
- The text has a late-Victorian psychiatric ideology despite it being written at the end of the century.

*Narrative Strategy:*

- First-person diary form
- Language break-down progressively.
- Growing lack of reliability of narration.

*Analysis:*

In contrast to previous Victorian works, this story provides partial access to interior space revealing the extent to which psychiatric intervention (rest cure) leads to mental decay. The cultural psychiatry unveils the neglect of medical power to hear the story of the patient, which leads to epistemic injustice. It is a precursor to the Modernist techniques of narrating mental illness as an insider, not an outsider.

#### **4. Modernism Emerging: Observation to Experience.**

The Victorian literature approaches the issue of mental illness in a very large part as something that is to be seen, handled or sealed. This method is radically altered in modernist writing where there is an attempt of simulating the experience of the mind itself.

This shift is essential to realize the change of narrative form with the psychiatric thought-moral treatment to psychoanalysis.

#### **5. Modernist Literature: Inner Consciousness and Psychological Fragmentation.**

The situation is cultural-psychiatric because it depends on the individual's cultural background since this person might have been brought up in different cultures. Cultural-Psychiatric Context The case is cultural-psychiatric in the sense that it will rely on the cultural background of the individual as this person may have grown up in cultures different than theirs.

The influences on modernist writers were:

- *Freud's psychoanalysis*
- *Shell shock after World War I*
- *Emerging psychology of consciousness.*
- *Mental illness has lost the moral failure context and has acquired the psychological discontinuity.*

#### **5.1 Narrative Form: Stream of Consciousness and Temporal Disruption.**

In modernist texts, the linear realism is killed and replaced by stream of consciousness, free indirect discourse and temporal fragmentation.

- Sample Textual Analysis: Mrs Dalloway (Virginia Woolf).
- Septimus Warren Smith is a shell-shocked veteran who portrays mental illness caused by trauma.

Narrative Technique:

- Shifting focalization
- Interior monologue
- Lapsed temporal boundaries.

Sample Passage (Paraphrased):

Septimus is hearing voices, hallucinating, and having a distorted view of time, which is told directly in his consciousness.

Analysis:

- Mental illness is witnessed by the readers and not physically seen.
- Disordered time and memory is the manifestation of trauma.
- As a result of cognitive narratology, the narrative is a simulation of distorted psychological thinking.

Cultural psychiatry shows the confrontation between the lived experience of Septimus and the strict reactions of the biomedical doctors such as Sir William Bradshaw who is also obsessed with the aspect of proportion which is one of the signs of psychiatric power. Resistance to psychiatric authority occurs when a patient declines to adhere to directives given by a psychiatrist or psychologist or when they refuse to modify their behaviors or attitudes to align with provider expectations (Petrie, 2010). Resistance to Psychiatric Authority Resistance to psychiatric authority happens when a patient refuses to follow the instructions given by a psychiatrist or psychologist or when they refuse to change their attitudes or behaviors to meet the expectations

of the provider (Petrie, 2010).

- Medical discourse tend to be criticized in modernist narratives.
- Psychiatry in Mrs Dalloway is depicted as repressive, and it does not give a voice to emotions to conform to the social fabric.

*Interpretive Insight:*

- Institutions that do not subscribe to narrative empathy do not cure mental illness but worsen it.
- This is in line with the argument presented by Kleinman, which suggests that neglecting illness stories aggravates suffering.

## 5.2 Narrative Ethics and Empathy.

Modernist styles develop empathies to readers by plunging the audience into piecemeal consciousness.

It is not black and white mad vs. sane.

Psychological torment is a component of the common human vulnerability.

This is a significant deviation on Victorian narrative containment.

## 6. Comparative Insights (Victorian vs. Modernist)

Aspect	Victorian Literature	Modernist Literature
Narrative Voice	Omniscient, external	Interior, fragmented
View of Mental Illness	Moral/social deviance	Psychological trauma
Psychiatric Authority	Reinforced	Critiqued
Reader Position	Observer	Experiencer

*This comparison demonstrates how narrative form itself functions as a cultural-psychiatric intervention.*

## 7. Interim

Interim has shown that the narrative strategies used in Victorian and Modernist English literature to describe mental illness are radically different. Victorian literature tends to externalize insanity, which is consistent with institutional psychiatry and moralizing, whereas Modernist literature internalizes mental distress, which focuses on individual experience and challenges medical authority.

## 8. Modern English Literature: Mental illness, trauma and narrative agency.

Learning is an intricate process that can be influenced by diverse factors, including cultural-psychiatric contexts. Cultural-Psychiatric Context Learning is a complex process, which may be affected by various things, including cultural-psychiatric contexts.

The recent English writing is dealing with mental illness culturally defined by late capitalism, neoliberal individualism, sophisticated psychiatry and discourses of global trauma. In contrast to the moral systems of the Victorian world and the psychological interiority of Modernist, the current story puts the ill mind into the social, political, and relational context. The focus of cultural psychiatry is that modern moments of depression, anxiety, PTSD, and schizophrenia are mediated by cultural discourses of productivity, recovery, and self-management.

Specifically, Kleinman notion of illness narratives is applicable in this case as the modern-day writings anticipate the voice of the patient and oppose biomedical superiority by re-taking narrative control.

### 8.1 Narrative Form: Fragmentation, Metafiction and Hybrid Genres.

Modern authors use the hybrid narrative structure (realism, metafiction, memoir, and a medical discourse) to depict psychological suffering. Fragmentation is present, but no longer a symptom of disorientation as in the

Mods, but now more of a meaning-making mechanism than a sign of collapse.

Sample Textual Analysis *The Bell Jar* (Sylvia Plath).

Despite its pre-contemporary date of writing, *The Bell Jar* is often interpreted through the current mental health paradigms on account of its autobiographical approach to depression.

Narrative Features:

- First person retrospective narrative.
- Metaphoric organization of depression.
- Semiology of a clinicalized feeling.

Analysis:

- The narration of mental illness is an experience and not pathology.
- The metaphor enables suffering to be culturally translated even beyond clinical diagnosis.
- Cultural psychiatry points out the fact that the illness of Esther is a manifestation of gendered expectations and institutional pressures.
- The story opposes the objectification of psychiatry, by placing subjective meaning in the face of medical categorization.
- Trauma and Narrative Disruption.
- The trauma theory is one of the leading concepts of the modern representations of mental illness, especially, in the post-war and post-colonial settings.
- Sample Textual Analysis: *Atonement* (Ian McEwan).
- Mental agony in *Atonement* comes about through guilt, repression, and procrastinated trauma.
- Narrative Strategy:
- Non-linear temporality
- Metafictional revelation
- Retrospective narration

Analysis:

- Trauma interferes with narrative truth and moral certainty.
- Story telling turns out to be the compensatory reaction to the psychological distress.
- There is no localization of mental illness in a given character, but rather it is distributed throughout narrative memory.
- According to the narrative-theoretical treatise, trauma breaks up linear time, whereas cultural psychiatry highlights the ethical aspects of suffering and guilt.

## **9. Disability Studies and Mental Health Narratives Politics.**

The recent literary criticism is more and more being informed by disability studies, which confronts the medicalization of mental illness and the focus on social barriers and stigma.

Sample Textual Analysis: *Reasons to Stay Alive* (Matt Haig).

Despite being a hybrid memoir instead of a novel, the text is representative of modern narrative strategies of mental illness.

Narrative Features:

- Fragmented structure
- Direct address to the reader
- Combination of medical and personal discourse.

Analysis:

- Mental illness is characterized as being survivable but non-linear.
- The recovery itself is described as a continuous process and not a curative process.

- Narrative voice puts control back to the victim.
- Culturally, psychiatrically, the text illustrates the role of storytelling as an effective and cultural practice and not a literary practice.

### 10. Biomedical Reductionism Resistance.

In contrast to Victorian reinforcement, or Modernist criticism, the contemporary literature tends to have a bargaining relationship with psychiatry as opposed to outright denying it.

Medication is not romanticized but respected.

The therapy is illustrated as relational and not authoritative.

Socio-economic conditions carry within themselves mental illness.

This is an indication of a move towards pathology to ethical care, which is in tandem with the focus on moral experience by Kleinman.

### 11. Diachronic Synthesis, Comparative.

This part brings together the results of the three periods of literature thus directly answering the research questions.

#### 11.1 Evolution of Narrative Form

Period	Dominant Narrative Strategy	Function
Victorian	Omniscient realism	Surveillance and containment
Modernist	Stream of consciousness	Simulation of mental experience
Contemporary	Hybrid / fragmented	Agency and ethical engagement

Narrative form evolves from external observation to interior simulation to ethical narration.

#### 11.2 Cultural Construction of Mental Illness

Period	Cultural Framing
Victorian	Moral deviance / danger
Modernist	Psychological rupture
Contemporary	Socially embedded suffering

Cultural psychiatry reveals that mental illness is never represented as a universal biological fact but as a culturally mediated experience shaped by dominant discourses.

Psychiatric Authority at Diverse Times.

Psychiatrician authority is justified by Victorian literature.

Psychiatric reductionism is attacked in modernist literature.

Modern literature bargains psychiatric discourse, with an accent on cooperation and treatment.

The change is an indication of more general mental health ethics and social discussions.

### 12. Patterns of Themes over Time.

There are four key themes that are identified throughout the corpus:

Silencing vs. Voice

– vowelless maniac to self-reporting subjects.

Time and Mental Illness

– Linear deterioration -temporal disruption- cyclical rehabilitation.

Gender and Psychological Torment.

– Diagnosis and treatment are dependent on persistent gendered expectations.

Narrative as Care

Storytelling itself will be a kind of psychological and cultural therapy.  
These themes are in line with the objectives and theoretical framework of the study.

### **13. Methodological Reflexivity**

- The qualitative interpretivist approach permits:
- Prevention of diagnostic reductionism.
- Praise to narrative subjectivity.
- Unification of literariness and psychiatry discourse.
- Thematic and narrative analysis is effective in showing influences of literary form in bringing out cultural meanings of mental illness.

### **14. Final Analysis.**

This data analysis shows that English literature of Victorian, Modernist, and contemporary eras has a temporally-changing and yet intertwined series of novelistic reactions to mental illness. Madness is externalized in Victorian literature in moral and institutionalized forms, psychological distress in Modernist texts in the experiment form and contemporary literature restores narrative agency to ethically confront mental illness.

The paper establishes that narrative form is not an aesthetic one but a cultural and psychiatric one which determines how one perceives, empathizes with and morally bargains mental illness. Combining cultural psychiatry and narrative analysis, this study accomplishes its goals and adds This paper aimed to discuss the narrative portrayal of mental illness and psychological suffering in Victorian, Modernist, and contemporary English literature in the contexts of cultural psychiatry and narrative form. The evidence proves that the literary depictions of mental illness are not stable and purely medical as they are highly influenced by historical, cultural and formal circumstances. Throughout the three periods, the narrative strategies change along with the psychiatric discourse, and it is possible to see the active role of literature in the process of creating cultural definitions of the mental suffering.

The discussion indicates a distinct diachronic change in the form of the story and the orientation. Victorian literature generally externalizes mental illness which is consistent with institutional psychiatry and moralities of control, surveillance and social order. Narrative omniscience and realism support hierarchical differences between the sane viewer and the mentally ill one, frequently suppressing the voice of the ailing one. This attests to the current scholarly work that places Victorian madness in the context of social regulatory regimes, most specifically on gendered and colonial lines.

This model is decisively broken with in modernist literature with an internalization of psychological suffering in experimental ways of narrative. Stream of consciousness, fragmented temporality, and changing focalization allow a reader to feel mental illness as subjectivity and not pathological deviation. The discussion shows that the so-called Modernist texts are not just an embodiment of mental illness, but formally manifest its disturbances, disrupting biomedical reductionism and revealing the ethical ineptitude of psychiatric authority. This is in line with cultural psychiatric views of focusing on the primacy of personal meaning and narrative cognition in relation to mental health.

The English literature today continues to change the portrayal of mental illness by anticipating narrative agency, ethical care and social embeddedness. In contrast to the past, the discourse of psychiatry is not completely dismissed or uncritically accepted in contemporary texts; rather, it continues to negotiate with it, incorporating the knowledge of medicine with individual testimony, stories of trauma, and disability viewpoints. Mental illness is portrayed as a continuous, social and influenced by social-economic pressures as opposed to being a condition that needs a narrative resolution or treatment. Such change is also indicative of cultural trends of destigmatization and patient-centered care.

To sum up, this paper shows that narrative form is an important cultural-psychiatric instrument with the help of which mental illness can be interpreted, lived through, and morally conceptualized. The research, through its interdisciplinary approach to the analysis of literature and the integration of cultural psychiatry and narrative theory, makes a contribution to the field of medical humanities and literary studies and demonstrates that literature does not simply mirror but also actively constructs the language of mental health. The paper concludes by asserting that the process of telling mental illness is an ethical practice, which can develop empathy, break stigma, and redefine care in the historical and cultural context to the interdisciplinary field of study of literature, medical humanities, and health discourse.

### **Discussion and Conclusion**

This paper aimed to discuss the narrative portrayal of mental illness and psychological suffering in Victorian, Modernist, and contemporary English literature in the contexts of cultural psychiatry and narrative form. The evidence proves that the literary depictions of mental illness are not stable and purely medical as they are highly influenced by historical, cultural and formal circumstances. Throughout the three periods, the narrative strategies change along with the psychiatric discourse, and it is possible to see the active role of literature in the process of creating cultural definitions of the mental suffering.

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