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Narrating Depression: Emotional Suppression and Mental Decline in Shaheen Bhatt's *I've Never Been (Un) Happier* (2018)

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Abstract

Society frequently trivializes mental illness, perceiving it as indicative of emotional weakness and fragility. For numerous individuals, psychological distress is perceived as an intrinsic deficiency rather than a valid medical illness warranting earnest consideration and empathetic intervention. Conceptualization of mental diseases have evolved significantly during human history, reflecting the understanding and perspectives of various periods. Ancient civilizations devised intricate ideas to explain the causes of psychological discomfort through supernatural rationale for such ailments was demonic possession or divine retribution, suggesting that those who are experiencing mental distress were dominated by malevolent entities like Satan and other forms of evil things. For millennia, these influenced societal treatment and perceptions of the infirm. Silence frequently makes things worse, according to research on trauma and mental health. Psychological harm tends to worsen over time when people keep their suffering to themselves, even from those closest to them.

This paper examines Shaheen Bhatt's memoir I've Never Been (Un) Happier' through the lens of psychoanalytic and clinical psychology to understand how mental illness develops,

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goes unrecognized and is eventually treated. Mental health disorders affect millions of people worldwide, per contra, social stigma and lack of awareness deny the state of seeking help. Bhatt comes from a wealthy and well-connected family in the Indian film business/ industry, which breaks the common assumptions that mental illness is linked to poverty and hardship. The study analyses the role of denial, emotional avoidance and silence in worsening her condition overtime, as well as the turning point that led her toward therapy and recovery. The paper highlights on Freud's theories of repressions, trauma, psychology and cognitive-behavioral framework to explain her psychological experience. The prolonged silence and avoidance worsen mental illness, that a personal crisis can often become the starting point for seeking help and that recovery doesn't require the complete absence of symptoms but rather the ability to manage them. The study also highlights that the value of personal narratives in reducing mental health stigma and encouraging others to seek support. The research argues that mental illness must be understood as a medical condition that affects people across all social and economic backgrounds and the early intervention, professional treatment and self-acceptance are essential to recovery.

Keywords: mental illness, depression, denial, avoidance, trauma, recovery, self-acceptance, auto biographical narrative, Shaheen Bhatt, Bell Jar, Sigmund Freud, Sylvia Plath.

Introduction

Mental illness is one of the most misunderstood areas of human health. Among society, people who suffer from psychological disorders are seen as emotionally weak or personally flawed, rather than as individuals dealing with a legitimate medical condition. This misunderstanding has deep historical roots. In ancient times, mental illness was attributed to supernatural causes such as demonic possessions or divine punishment. Later, scholars like Hippocrates mentioned that mental disorders were caused by imbalances in the body's fluids, which he called humors. "The burden of mental disorders is likely to have been underestimated because of inadequate appreciation of the connectedness between mental illness and other health conditions" (Prince et al. 863). Over centuries, from the classics, the field of psychology developed more informed theories and today, the World Health Organization defines mental disorders as significant disturbances in a person's thinking, emotional regulation and behavior. "Health services are not provided equitably to people with mental disorders, and the quality of care for both mental and physical health conditions for these people could be improved. We need to develop and evaluate psychosocial interventions that can be integrated into management of communicable and non-communicable diseases. Health-care systems should be strengthened to improve delivery of mental health care, by focusing on existing programmes and activities, such as those which address the prevention and treatment of HIV, tuberculosis, and malaria; gender-based violence; antenatal care; integrated management of childhood illnesses and child nutrition; and innovative management of chronic disease" (Prince et al. 864).

Despite this progress, stigma remains widespread and continues to discourage people from seeking help. Shaheen Bhatt's memoir *I've Never Been (Un) Happier'* offers a candid and deeply personal account of living with depression and anxiety. As a daughter of celebrated filmmaker Mahesh Bhatt, Shaheen grew up surrounded by success, wealth and social privilege. Howbeit none of this advantage favored her mental health. Her story challenges the widespread belief that psychological suffering is linked to difficult external circumstances. In lieu of, it reveals that mental illness can develop quietly within anyone, regardless of their positions or financial security.

Literature Review

Mental illness has always been misunderstood, people once believed it was the result of evilness and supernatural forces but today people got the awareness of mental illness as a real medical condition. Even so, shame and social stigma still prevent many people from seeking help. Sigmund Freud, a famous psychologist, explained that emotions that do not express do not disappear but they get trapped in our inner psyche, individual's unconscious mind and come back later as mental health problems. Freud also explains these concepts in various psychological terms, defense mechanisms which are ways our minds protect us from emotional turmoil and harsh feelings. These include denial, repression and projection. Denial of mental sickness leads to admitting that they have a problem and delays them from getting a medical aid. Research on mental trauma shows that when painful experiences are ignored, they damage our ability to process emotions in healthy ways. This leads to anxiety, sleep problems and depression. Avoiding our problems might feel better at first but it actually makes things worse overtime. People who isolate themselves, hide their feelings or refuse to open up or acknowledge warning signs suffer more because of this avoidance. Sylvia's literary writings express the notion women's psychological hardships. Women in 1950s faced impossible choices they were expected to become wives and mothers while their own feelings were ignored and mental health was shameful. Her poetry shows both her fight and suffering against the society's unfair treatment forced upon them. Psychologists explain that negative thoughts about ourselves become fixed patterns in our minds, especially if they've started experiencing rejection and comparison from their childhood. Modern therapy teaches a different approach, which insists of trying to eliminate sad thoughts, people learn to live alongside them and function well anyway. This is a major change in how we understand recovery. The main lesson from all my research on this article is precise, keeping problems concealed, not seeking help and feeling ashamed can only make the mental sickness grow worse. Real recovery happens when people break the silence, seeking professional help and transform their suffering into healing and strength.

Objectives and Aims

This article pursues several keenly defined objectives, primarily it aims to examine the personal experience of mental illness as described in Bhatt's narrative

and to identity that experience within recognized psychological frameworks, it seeks to analyze the mechanisms of denial and avoidance and to explain why these responses, though understandable, prolong suffering rather than to resolve it. “The central argument is that psychological systems have a natural tendency to compensate for component limitations” (Anderson and Lough 74-82). Also, this research aims to trace the process of recovery by identifying the moments where meaningful change became possible and by examining what therapeutic approaches contributed to Bhatt’s healing, also breaks the misconception that mental illness is connected to poverty, weakness or personal failure by demonstrating that even individuals with considerable social privilege can experience serious psychological disorders. My research also aims at contributing to the broader effort of reducing stigma around mental by showing that speaking up with transparency/ openly about psychological struggles, as Bhatt does in her memoir, is not only courageous but also valuable for public understanding and awareness.

Discussion

Early onset development of symptoms Bhatt’s psychological difficulties began during adolescence, which is a common period onset of the depressive and anxiety disorders. At the age of twelve, a painful heartbreak led her to associate her physical appearance with her sense of self- worth. She began comparing herself constantly to others, particularly to the glamourous and accomplished people surrounding her in the film industry. This pattern of negative self - evaluation which psychologist Aaron Beck describes as a cognitive schema, created a mental framework through which she consistently interpreted experiences in ways that reinforced feelings of inadequacy. In due course, these patterns of thought became deeply ingrained and increasingly difficult to break. The environment in which Bhatt grew up intensified these vulnerabilities. The film industry places a high demand on appearance, talent and visibility, all of which became sources of personal insecurity for her. Where her family thrived, she felt out of place. This mismatch between her inner experience and her outer circumstances contributed to a growing sense of disconnection and self - doubt that laid the groundwork for the clinical depression. “The mental illness-related stigma was significantly different among different age, education level, work experience, and marital status groups ($p<0.001$, $T=3.7186$; $p=0.034$, $F=3.436$; $p=0.001$, $T=3.526$; $p=0.016$, $F=4.212$). The 40–65 years group had significantly higher mean scores of stigma than the 18–39 years group ($p<0.001$, $T=3.719$), and the work experience ≥15 years group had significantly higher mean scores of stigma than the work experience < 15 years group ($p=0.001$, $T=3.526$). Participants with high school/technical secondary degree had significantly higher mean scores of mental illness-related stigma than those with undergraduate degree ($p=0.034$, $F=3.436$), and the married group had significantly higher mean scores of stigma than the unmarried group ($p=0.016$, $F=4.212$). In the chi-square test, age, length of work experience, and contact history with mental illness (within

1 month) were significantly different between G1 group and G2 group (p=0.013, p=0.002, p=0.028)" (Yang et al. 1).

The Psychology of Avoidance: Why Running From Pain Makes It Worse

Sigmund Freud is one of the primary figures of modern psychology. "While Freud did not claim to be a philosopher, his analysis of the human psyche led him to confront core philosophical questions regarding the nature of being. The study traces how Freud's clinical method—originally developed to treat mental illness—evolved into a broader inquiry into the structure of the human personality through key concepts such as the Id, Ego, and Superego. By positioning the unconscious not merely as a psychological phenomenon but as a central element in the ontological structure of the human being, Freud inadvertently contributed to reconfiguring the philosophical understanding of the self" (Ta 132). Freud's thinking highlights the suppression of emotions which are not expressed do not simply disappear instead they are buried within the unconscious mind and later emerge in vulnerable ways or the shadowy personalities. Adding similarity to this, Bhatt's experience, as she suppressed her thoughts, emotional pain for years without expressing anyone about it. Freud also introduced the concept of defense mechanisms which are mental strategies people use to protect themselves from psychological pain. These include repression, denial and projection. In Bhatt's narrative, denial played a central role, she resisted acknowledging that what she was experiencing was a recognized mental illness and this resistance delayed her access to treatment for a significant period for her life. When trauma a is left unaddressed and unnoticed, it can lead to a range of psychological symptoms including anxiety, insomnia and depression. Trauma and emotional dysregulation research in trauma psychology, particularly the work of Bessel Van der Kolk, shows the traumatic experiences disrupt a person's ability to process emotions in healthy ways.

Bhatt in her novel highlights that her distress begun with the early experiences of rejection and self- doubting during her adolescence, which never properly processed. Cumulatively, these unresolved feelings contributed to a more serious psychological difficulty. Her symptoms, including disrupted sleep, poor appetite and persistent negative thinking are consistent with the effects of cumulative emotional trauma. 'Avoidant behavior' in mental illness, avoidance is a common response among people who experience mental health difficulties. In lieu of, confronting painful emotions or seeking professional help, individuals may withdraw socially, suppress their feelings or even distract themselves with other activities. While avoidance can temporarily reduce discomfort, research shows that it typically makes the underlying problem worse over time. Bhatt substantiates this pattern clearly. She hid her pain from her family, isolated herself in private spaces and intellectualised suicidal thoughts as a distant philosophical concept, recognising them as a serious warning sign. "I don't write about my experiences with depression to defend the legitimacy of my pain. My pain is real; it does not come to me because of my lifestyle, and it is not taken away by my lifestyle. But

make no mistake, my lifestyle is an advantage when it comes to living with my condition" (Bhatt 16). This avoidance, sustained over many years, allowed her condition to deteriorate significantly. "Sex differences analysis revealed that females (OR 1.59, 95 % CI 1.08-2.33) were at greater risk of depression compared to males (OR 0.98, 95 % CI 0.75-1.27)" (Liu et al., 2025, p. 1). Sylvia Plath and the literature of depression, *The Bell Jar and confessional poetry* explore the inner experience of depression with great clarity. "Many critics have noted that Plath's marital sufferings are responsible for her suicidal death, which is a means of protest against, and resistance to, patriarchy. Since her poetry represents both her psycho-social suffering and her fight against the margins set by patriarchal society, one may consider her poetry to be a weapon of setting her "self," as well as other women's, free from male-dominated psychological imprisonment" (Mozumder 124). Plath's highlights *'dying is an art, like everything else'* which illustrates how she transformed psychological suffering into a literary framework, through her works she just romanticised death and despair.

In Plath's The Bell Jar, the 1950s socio-political constraints on women, such as limited career autonomy, compulsory domesticity, and stigmatisation of mental health, are critically interrogated. The expectations for women were pretty specific during this period. Women were supposed to study at colleges and universities only until marriage, care for the house, and become full-time mothers and wives. In some ways, the period of the 1950s witnessed a rise in cultural emphasis on the family as a stabilising force and as the centre of women's attention (Mohammed 9).

Bhatt found deep resonance in Plath's writings and named the critical inner voice in her mind 'Syl', after Plath. This internal voice maintained a continuous commentary focused on morality and worthlessness, which psychologists recognise as a form of negative rumination, a key factor in sustaining depressive states. The concealment of mental illness and the denial of mental sickness can make it more worser.

Symptoms of Depression and Anxiety

Bhatt described symptoms, align closely with the diagnostic criteria for major depressive disorder as outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM -5). The Diagnostic and Statistical Manual of Mental Disorders (DSM) is a classification of mental disorders published by the American Psychiatric Association (APA) (Cooper 668). These include persistent low mood, loss of interest in activities, sleep disturbances, changes in appetite, fatigue, feelings of worthlessness, difficulty in concentrating and recurring thoughts of death and suicidal notion. The long-term nature of her symptoms also suggests a diagnosis of persistent depressive disorder in which a person experiences ongoing low mood for an extended period, sometimes with episodes of severe depression.

Within diagnostic frameworks, depression is categorised as a mood disorder. It is characterised by a low mood lasting a minimum of two weeks, decreased interest or enjoyment in previously pleasurable activities, and significant weight

fluctuation. In addition, it can present with sleep disturbances, either insomnia or hypersomnia, as well as changes in psychomotor activity, and can manifest as either agitation or retardation. Depressed people are often reported as being fatigued all the time or having an intense lack of energy, along with constant feelings of worthlessness/guilt. This usually comes along with trouble concentrating and, at its most severe, thoughts of self-harm or attempts at suicide (Mohammed 2).

Alongside depression, Bhatt also experienced significant anxiety, including panic attacks and constant worry. This combination is keenly documented in the clinical literature, where depression and anxiety frequently occur together, the inner voice she called 'Syl' represents what cognitive psychologists identify as negative automatic thoughts, a thought pattern of thinking in which the mind automatically focuses on the worst possible interpretation of any situation. This kind of thinking maintains and deepens both depression and anxiety.

The role of silence and concealment, one of the most striking aspects of Bhatt's narration is how long she suffered in silence, she lived with her sister but never spoke about what she truly feels or what she was experiencing in her real life. She accompanied her family to film sets and social events without revealing her inner state. She retreated to bathrooms and private spaces as places of refuge seeking haven of comfort, when she weights of her emotions became great. "Loneliness and social isolation are more prevalent among obese individuals" (Zhou et al. 1). This prolonged concealment explains a pattern that widely observed among people with depression. "Depression and anxiety are some of the most prevalent and debilitating mental health conditions in humans" (Ausderau et al. 1). The sense of shame and guilt associated with mental illness, combined with fear of being misunderstood or judged, prevents many individuals from speaking openly about their struggles. "Healthy adolescents had higher levels of cortisol recovery" (Goetz et al. 2).

Bhatt's own resistance to being labelled as mentally ill reflects what psychologists call internalized stigma. When a person absorbs society 's negative attitudes toward mental illness and applies them to themselves, they are less likely to seek help and more likely to delay treatment. In Bhatt's case, this delayed treatment for many years, during which her condition grew progressively worse.

Crisis as a Turning Point

The moment that finally broke her through the silence was an attempt to commit suicide in which she swallowed a large amount of sleeping pills. This moment of crisis forced her to acknowledge that her situation was beyond what she could manage alone. Non-medical use of prescription drugs (NMUPD) is an increasing phenomenon associated with physical and psychological consequences (Rougemont-Bücking et al.1). Though such a moment is deeply tragic, it represented a necessary breaking point, what some psychological frameworks describe as 'hitting bottom', after which the possibility of change became real.

Following this event, she sought professional help for the first time and began a course of therapy and medication. This served as a turning point which also illustrated an important clinical observation that for many people with mental illness, a crisis is not the end of the story but rather the beginning of recovery. It highlights the critical importance of comprehensive support in the immediate period following a mental health crisis, as this is often when individuals are most open to accepting help. After the crisis, Bhatt began attending therapy and taking antidepressant medication. She has spoken openly about the fact that therapy wan not an immediate solution but recovery was slow, non- linear and at times frustrated. But through her consistent engagement with the therapeutic process, she began to develop greater self- awareness and more effective ways of managing her thoughts and emotions. She described therapy as an education in oneself, a process of learning how the mind works and developing tools to exist, live within it.

Medication played an important supporting role by addressing the neurochemical imbalances that were contributing to her depressive symptoms. Through the exposure of her narrative, she demonstrated the value of an integrated treatment model.

The Art of Acceptance

Learning to accept rather than Escape can be considered as the most significant shift from her gradual recovery towards acceptance, rather than defining recovery as the complete elimination of depression, she came to understand it as developing the capacity to live alongside her illness. She no longer viewed depression as something to be defeated but as a recurring aspect of her psychological life that could be managed and understood. This perspective aligns closely with acceptance and commitment therapy (ACT), a well- researched therapeutic approach that emphasizes learning to relate to difficult thoughts and hard feelings without being controlled by them.

ACT helps by increasing “psychological flexibility” (which is the ability to be aware and mindful of your present moment in a non- judgemental way), even when the individual is experiencing feelings of pain or discomfort which might ordinarily limit apparent options. By noticing such feelings and sensations, it allows people to make decisions that are not held hostage to these uncomfortable feelings but rather geared towards meaningful action. ACT encourages individuals to notice their discomfort and enhance psychological flexibility to promote a more effective and meaningful life, despite the painful thoughts and feelings that come with existence (Khan et al. 1075).

Bhatt’s recognition that she would continue to experience periods of sadness, but that this did not define her entire life which reflects a mature and realistic understanding of mental health. This shift from the pursuit of perfect wellness to the practice of mindful co- existence with one’s psychological reality is considered reality is considered a healthy and sustainable model of recovery.

Conclusion

Shaheen Bhatt's memoir *I've Never Been Un Happier* is a significant contribution to the public understanding of mental illness, mental health, and mental stability is an essential factor for every human being. Through her honest narration, an account of depression, anxiety, and suicidal thoughts, she illustrated the human reality of psychological suffering in a way that clinical literature alone cannot fully perceive. Her narration shows that mental illness are not a reflection of weakness or personal failure but a genuine medical condition that can affect anyone. The psychological analysis presented in this paper confirms several important principles, affiliations, suppressed emotions and prolonged avoidance deepen mental illness rather than resolve it. Stigma and shame prevent people from seeking help, often until a cris forces the issue. Professional treatment through therapy and medication is effective and necessary. And recovery is best understood not as the permanent elimination of all symptoms but as the development of the capacity to live well in spite of ongoing challenges. Bhatt's journey from years of silent suffering to eventual self- acceptance and public advocacy is a testament to the possibility of recovery. It also serves as a reminder that society has a responsibility to create environment in which people feel safe to speak about their mental health without fear of judgement. Greater awareness, reduced and accessible mental health services are not optional but essential, particularly for the many who suffer in silence.

Works Cited

Anderson, Mike, and Sinclair Lough. "A Psychological Framework for Neurorehabilitation." *Neuropsychological Rehabilitation*, vol.1, no.1, 1986, pp. 74 -82, https://doi.org/10.3109/09593988609022421.

Ausderau, Karla K., et al. "Evaluating Depression- and Anxiety-Like Behaviors in Non-Human Primates." *Frontiers in Behavioral Neuroscience*, vol. 16,2022, pp. 1 -14 https://doi.org/10.3389/fnbeh.2022.1006065.

Cooper, Rachel. "Diagnostic and Statistical Manual of Mental Disorders (DSM)." *Knowledge Organization*, vol. 44, no. 8, 2017, pp. 668–676, https://doi.org/10.5771/0943-7444-2017-8-668.

Goetz, Leonie, et al. "Relationship of Oxytocin and Cortisol Response to Psychosocial Stress in Children and Adolescents with Anxiety Disorders." *Scientific Reports*, vol. 16, article 10496, 2026, pp. 1–14, https://doi.org/10.1038/s41598-026-44831-8.

Khan, Imran, et al. "The Integration of Islamic Psychology with Acceptance and Commitment Therapy (ACT)." *Culture, Medicine, and Psychiatry*, vol. 49, 2025, pp. 1067–1086, https://doi.org/10.1007/s11013-025-09924-5.

Liu, Yuyan, et al. "Association between Social Isolation and Depression, and Sex Differences in Older Adults: A Systematic Review and Meta-Analysis." *Archives of Gerontology and Geriatrics*, vol. 137, 2025, https://doi.org/10.1016/j.archger.2025.105915.

Mohammed, Estabraq Yahya. "A Psychological Approach to Melancholia in Sylvia Plath's *The Bell Jar*." *Journal of Poetry Therapy*, 2025, pp. 1–14, https://doi.org/10.1080/08893675.2025.2518543.

Mozumder, Subrata Chandra. "Marital Suffering in Sylvia Plath's Poetry: A Feminist Reading." *Narrating Identity*, 2020, pp. 124–146, https://doi.org/10.2478/abcsj-2020-0008.

Prince, Martin, et al. "No Health without Mental Health." *The Lancet*, vol. 370, no. 9590, 8–14 Sept. 2007, pp. 859–877, https://doi.org/10.1016/S0140-6736(07)61238-0.

Rougemont-Bücking, Ansgar, et al. "Non-Medical Use of Prescription Drugs by Young Men: Impact of Potentially Traumatic Events and of Social-Environmental Stressors." *Frontiers in Public Health*, vol. 6, 2018, https://doi.org/10.1080/20008198.2018.1468706.

Ta, Ha Van Thi. "Freud's Concept of the Unconscious: A Philosophical Ontology of Human Existence." *Griot: Revista de Filosofia*, vol25, no. 3, oct. 2025, pp. 130 - 145, https://doi.org/10.31977/grirfi.v25i3.5395.

Yang, Yi-Yue, et al. "Mental Illness-Related Stigma and Its Associated Factors among Primary Health Care Professionals in Rural China." *Frontiers in Psychiatry*, vol. 16, 30 May 2025, https://doi.org/10.3389/fpsyt.2025.1519527.

Zhou, Ying, et al. "Association of Loneliness and Social Isolation with Excess Risk of Mental Disorders in People with Obesity: A Prospective Cohort Study."*Population Health Metrics*, vol. 24, no. 9, 2026, pp. 1–14, https://doi.org/10.1186/s12963-025-00451-4.