

HAUNTED BY MEMORY, SUSTAINED BY RESILIENCE: A STUDY OF POSTMODERN PARANOIA IN PREETI SHONEY'S WAKE UP, LIFE IS CALLING

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Abstract

Postmodern paranoia offers a lens to study the fractured self and the rising anxieties of the contemporary world, where people often struggle between memory and the uncertainty of life experiences. The strength of this approach is to show how literature brings out the complex mix of fear, endurance, and struggle to survive in unstable realities, without trauma. Preeti Shenoy's Wake Up, Life is Calling follows the life of Ankita Sharma (Protagonist), who is haunted by her past but at the same time, holds on to resilience in herself to lead a normal life. The paper connects the postmodern paranoia in Shenoy's narrative techniques, showing how memories become both sources of fear and survival, and how resilience helps to turn vulnerability into new possibilities. The study uses a qualitative method of close reading to examine how paranoia appears in the text through narrative breaks, shifting viewpoints, and psychological intensity. Secondary sources are used to mark the novel within postmodern ideas and the cultural context of Indian fiction. The analysis shows that the anxieties and uncertainties experienced by the protagonist are not merely destructive but also help her to face the past and explore new possibilities. The novel reflects the fear present in contemporary society while highlighting the power of hope, resilience, and self-reconstruction.

Keywords: Wake Up, Life is Calling, Preeti Shenoy, Postmodern Paranoia, Resilience

INTRODUCTION

Preeti Shenoy's Wake Up, Life is Calling is a sequel to Life is What You Make It. It is about the journey of Ankita Sharma, a young woman who struggles with bipolar disorder. She tries to rebuild her life by joining a creative writing course in Mumbai and searching for a sense of identity beyond her illness. Her life is filled with moments of pain, but also with the courage to recover and move forward with her parents and doctors' support. Ankita's struggle is not only about the disease itself but also about the stigma of mental illness in society and the personal guilt she carries from her past. The idea of postmodern paranoia gives a useful critical lens. In postmodern literature, paranoia refers to doubt, suspicion, and the feeling that life is shaped by forces beyond one's control. This is seen in Ankita's own fear and inner battles, where her illness often blurs the line between reality and imagination. Postmodern paranoia helps us to understand how the self becomes fragmented, memory is uncertain, and survival becomes a constant challenge in a world that seems to be unstable. Analyzing the novel, Wake Up, Life is Calling, through this lens shows that Ankita's Journey is more than a story of illness. It becomes a reflection of wider problems faced in the modern world, especially fear, endurance, and the search for meaning when life is uncertain. The purpose of this paper is to understand the complex ways in which her illness, memories and struggles are portrayed expressively. The patient with bipolar disorder becomes a symbol of resilience, faces the deep anxieties in the fragmented world.

To interpret these struggles, trauma theory provides a meaningful framework. Judith Lewish Herman, in Trauma and Recovery postulates that trauma shatters the sense of safety and stability in life, leaving survivors with fragmented memory, fear, and difficulty in narrating their experiences. Ankita's condition reflects these elements, as she carries the weight of unresolved pain while attempting to live a new life. Cathy Caruth adds that trauma is not only about the original event but about its haunting presence in the present. In Wake Up, Life is Calling, Ankita constantly encounters which she has faced in the past. Despite trying to write her future, her memories and past mistake reappears, shaping her emotions and identity. Trauma theory therefore clarifies how the novel portrays memory as unstable, the self as fragile, and recovery as a continuous process rather than a fixed state. The idea of paranoia in postmodern criticism deepens this reading. Brain McHale points out that postmodern writing is often marked by paranoia, where characters doubt reality and live with uncertainty. This fits Ankita's experience well, since bipolar disorder makes her suspicious of her own thoughts, emotions, and her world appears unstable. Eve Kosofsky Sedgwick further explains that paranoia is about illness also a way of reading the world through doubt, suspicion, and the influence of outside forces. Ankita embodies this condition as her life is shaped



by forces beyond her control her illness, her memories and social expectations. Seen this way, paranoia in the novel becomes a symptom of her personal struggles and a reflection of a broader cultural instability where certainty and stability are difficult to achieve. The Indian context of mental health adds another crucial layer. In India, mental illness is often surrounded by silence and stigma. Many families avoid speaking openly about psychiatric conditions, and individuals feel guilt or shame when seeking help. Preeti Shenoy captures this reality in her novel by showing how Ankita, supported by her parents and doctors, still carries the heavy burden of stigma. Her medical recovery, as she learns to negotiate a world that remains he sitant to accept psychological illness. By placing a young woman's story at the centre, Shenoy highlights both the private pain and the public silence that mark the experience of mental health in India. Preeti Shenoy's choice of Chick Lit as a narrative form is especially important here. Chick Lit in India is usually associated with urban romance, female friendship, and light storytelling. However, Shenoy uses this popular and accessible genre to bring serious issues like trauma, paranoia, and resilience into mainstream discussion. The narrative style is simple and relatable, yet the themes are complex and layered. These blending shows that popular fiction can act as a strong medium for addressing issues often neglected in literary or academic spaces. Ankita's life demonstrates how Chick Lit can move beyond stereotypes of romance and comedy to include deeper explorations of mental health, identity, and survival. In this way, Shenoy redefines the scope of Indian Chick Lit by combining accessibility with depth. The novel also highlights resilience as an essential theme. Trauma theory suggests that recovery involves integrating painful memories into a coherent narrative. For Ankita, this happens slowly, as she learns to write, to confront her memories, and to make sense of her past. Her resilience is not the absence of fear or doubt but the ability to live with uncertainty and still move forward. By portraying this struggle, Shenoy suggests that resilience is an ongoing process of acceptance, creativity, and self-discovery. This idea has wider cultural significance because it reflects how young women in India negotiate modern challenges while carrying both personal struggles and social pressures.

METHODOLOGY

The paper focuses on a qualitative descriptive approach. The primary method employed is a close reading of Preeti Shenoy's Wake Up, Life Is Calling. By reading the novel, the study looks at how the novel presents trauma, memory, fear, and resilience in the life of the Protagonist, Ankita Sharma. Her Struggle with bipolar disorder is read as a survival in the modern world. The analysis is guided by ideas from trauma theory and postmodern criticism thinkers like Judith Herman and Cathy Caruth help in understanding how trauma affects memory and the self, while Brian McHale and Eve Sedgwick explain paranoia and instability in postmodern writing. These theories are used to interpret the novel and to map Ankita's fears with the broader cultural condition of living in an uncertain, fragmented world. The novel is significant as it presents a personal journey of recovery along with wider issues of social stigma, trauma, and resilience. It also reflects the challenges of young women in India who search for self and meaning in a fast-changing society. Since the study focuses on trauma and postmodern paranoia, the novel provides a strong ground for analysis by showing both the inner fears of the character and the uncertain social environment around her. The expected outcomes of this method are threefold. First, the paper will show how Wake Up, Life is Calling portrays trauma as both a clinical condition and an emotional burden shaped by guilt, memory, and stigma. Second, it will explain how postmodern paranoia gives a useful way to read Ankita's fear, her fragmented identity, and her struggle to find stability in an unstable world. Third, it will highlight the role of resilience, showing how the character survives by learning to accept uncertainty and rebuild meaning. These outcomes will place the novel within broader academic discussions of trauma, postmodern paranoia, and Indian English writing.

LITERATURE REVIEW

Portrayal of women, relationships, and mental health struggles. Many researchers have studied her novels Wake Up, Life is Calling, and Life is What You Make It with special focus on trauma, recovery, and bipolar disorder. However, a closer examination of existing scholarship reveals that while psychological and feminist readings are common, the dimension of postmodern paranoia has not yet been critically analysed. Magishavarthini and Ramya Niranjani examine Shenoy's Wake Up, Life is calling from a psychological perspective, showing how Ankita Sharma copes with resurfacing trauma, bipolar disorder, and suicidal impulses with the support of family and her teacher. Their paper stresses the role of balancing in life (Magishavarthini and Niranjani 2022) Sudeeksha Pai explores the negative consequences of bipolar disorder in Wake Up, Life is Calling The study analyses Ankita's struggles with depression, mania, and self confession, highlighting complexity of living with manic depression (Pai Sudeeksha 2022) Vishnupriya and Senthamarai present trauma theory as a lens to read Wake Up, Life is Calling. They argue that Ankita's suppressed memories return to destabilize her, but therapy and social support aid her recovery, proving that emotional healing is possible through resilience (Vishnupriya and Senthamarai 2025). Ramasubbiah and Vimala apply disability studies to Wake Up, Life is Calling. They link Ankita's bipolar disorder to broader issues of mental disability, treatment, and aftermath consequences, positioning the novel within the discourse of mental health as social stigma (Ramasubbiah and Vimala 2019). Rebello and Tantry extend the focus to Shenoy's larger oeuvre, including Wake Up, Life is Calling, and Life is What You Make It. They emphasize the connection between mental health and interpersonal relations, arguing that supportive social



connections reduce stress and aid recovery. Their evaluative study also points to the importance of counselling and meditation (Rebello and Tantry 2023). Desai highlights female-centric values in Shenoy's fiction, showing how women like Ankita, Veda, Diksha, and Vipasha face personal crises but overcome them with determination and social support. The paper focuses on gender discrimination and counselling as recurring motifs in Shenoy's novels (Desai 2022). Jyothi and Vijayanand analyse Life is What You Make It as an inspirational novel about resilience and survival. They describe Ankita's journey through bipolar disorder, her rejection of love, and her eventual determination to live meaningfully. The paper also interprets the novel as a reflection of social reality and interpersonal relationships (Jyothi and Vijayanand 2022). Fathima studies Wake Up, Life is Calling with emphasis on impulsive behaviour and occupational therapy. She interprets Ankita's recovery process through symbolic acts like balloon therapy, arguing that counselling and positive thinking help her overcome past suppression (Fathima 2021). The reviewed studies show that Preeti Shenoy's novels are widely analysed through the lenses of trauma theory, disability studies, feminism, and psychology. Scholars have consistently emphasized bipolar disorder, trauma, resilience, interpersonal connections, and recovery. However, none of these works have applied the framework of postmodern paranoia to Shenoy's novels. The fragmented memory patterns, resurfacing past, instability of identity, and cultural anxieties in Ankita's narrative open a strong scope for such a study. Hence, this paper addresses this critical gap by interpreting Shenoy's Wake Up, Life is Calling through the lens of postmodern paranoia.

The Fractured Self

Ankita's inner turmoil is a portrait of fractured selfhood, shaped by insecurity and unresolved trauma. The protagonist begins with an inability to focus on even the simplest academic task. She perceives herself as "inadequate, worthless, and inferior," haunted by the belief that she is merely "a sham, a pretender" with no original ideas (Shenoy 1). This self-doubt reveals how past academic failures and external judgments erode her sense of identity. Her condition deepens into hostility towards her family, where her father's calm insistence on medication is met with uncontrollable rage. Ankita screams at her parents and, in a violent outburst, throws a paperweight that injures her father, as "blood gushes out from the skin split open" (Shenoy VIII). Such moments show how her fractured psyche externalizes as aggression, blurring the line between self and other. Medication, instead of offering relief, exacerbates this loss of selfhood. Ankita laments that it "takes away everything... empties my imagination," leaving her numb and lifeless (Shenoy VIII). What is prescribed as healing becomes another prison, cutting her off from creativity and agency. Finally, her realization that she is "trapped in my body, trapped in my head" affirms the depth of her crisis, as she becomes "my own prisoner. There is no escape" (Shenoy X). Through these episodes, Shenoy illustrates how Ankita's fractured self oscillates between defiance, guilt, and despair. The protagonist's haunted memories and unstable identity reveal the struggle of living with an inner wound that no external remedy can fully resolve.

Research underscores the profound impact of trauma on selfhood, particularly in individuals with bipolar disorder. A study by Guillen-Burgos et al. highlights that childhood trauma significantly increases the risk of a severe course of bipolar disorder, including early onset, rapid cycling, and suicidal ideation. This aligns with Ankita Sharma's experiences in Wake Up, Life is Calling, where unresolved trauma contributes to her fractured sense of self and emotional instability.

Past and Initial Recovery

Ankita's early journey shows how recovery is never linear, but constantly interrupted by memory and intrusion from the past. Having "survived something that almost destroyed her," she clings to the "tiniest positive bits" as proof of a brighter future (Shenoy 1). Her hope is not natural ease but an act of will, a fragile insistence that normalcy is possible after trauma. In this sense, her recovery is already haunted by paranoia the awareness that stability may collapse again. The past refuses to stay sealed. Ankita believes she has "tied up her past neatly, sealed it tight in cardboard cartons with duct tape and kicked them out of sight" (Shenoy 1). Yet the re-entry of Vaibhav into her life reopens the sealed box. His unexpected letter and physical presence destabilize her fragile sense of newness. For Ankita, what Vaibhav recalls is not innocent romance but the reminder of "NMHI" and everything associated with breakdown and hospitalization (Shenoy 16). Her insistence on a "fresh start" shows her deep anxiety that the past can contaminate recovery. Here Shenoy reveals a distinctly postmodern paranoia: the fear that personal history cannot be erased, and that identity is never fully rewritten but always shadowed by earlier scars. Her relationship with Vaibhav becomes the site of this tension. Though he recalls her as "just the same as I remember" (Shenoy 29), Ankita internally resists this flattening. She knows she has changed in "a profound way," marked by experiences that Vaibhav cannot see or share. Shenoy uses this dissonance to underline the alienation that trauma creates: the survivor inhabits a different temporality, a split between before and after, which those around her fail to recognize. The paranoia here is not baseless suspicion but lived truth that others cannot perceive her fractured reality. Recovery is also complicated by memory's double edge. On one hand, Ankita remembers her "mania phase" when she could speak flawlessly at cultural events, experiencing "giddy exhilaration" and applause (Shenoy 40). On the other hand, this memory is accompanied by doubt, since she attributes her earlier brilliance to illness rather than talent. What should have been a source of confidence becomes a reminder of instability. Shenoy shows how memory, instead of offering continuity, becomes a site of suspicion Ankita cannot trust even her own past achievements. This reflects postmodern paranoia's core: the self's mistrust of its own narrative. At the same time, recovery is threatened by darker intrusions. The discovery of The Best Way to Go: A Handbook on Suicide intensifies her vulnerability. The book, described as a "suicide manual," pulls



her into a dangerous loop of obsessive thought, where every method of "self-deliverance" is rehearsed mentally (Shenoy 56). The physical sensation of sweaty palms, shallow breathing, and "dark energy" illustrates how memory of previous suicide attempts merges with new temptation. Her mind becomes a battlefield between fragile hope and self-destructive obsession. Most significantly, the trauma of Abhi's death underscores how love itself is corrupted by memory. Instead of being associated with joy, the very word "love" for Ankita evokes "death and the sound of an old man's wails" (Shenoy 59). Shenoy connects the personal to the paranoid condition, which should signify intimacy and life, instead conjures fear and mortality. The intrusive inner voice that taunts her with detailed suicide instructions makes recovery precarious. It reminds her that "normal people did not read a book about suicide," marking her as permanently othered by trauma. Thus, Ankita's initial recovery is never a simple return to life. It is haunted by the persistence of memory, by voices that undermine her sense of normalcy, and by the intrusion of past relationships that threaten to destabilize her fragile hope. Shenoy captures the paradox of resilience: to recover is to carry the weight of what nearly destroyed you. Recovery, therefore, is not the erasure of memory but the constant negotiation with it, a negotiation marked by both determination and paranoia.

Ankita's recovery emerges as a fragile continuum rather than a definitive restoration. Her attempt to reclaim normalcy mirrors what Baldessarini et al. identify as the "major, only partially solved clinical challenge" of bipolar depression, where recovery remains unstable and continually shadowed by the threat of relapse (Baldessarini et al. 8). Shenoy situates Ankita within this uncertain terrain, portraying how hope functions not as a cure but as an act of resistance against the lingering presence of despair. The narrative reflects the clinical reality that bipolar recovery, like Ankita's own progress, is frequently marked by intrusive memories, cyclical anxiety, and emotional dysphoria symptoms that, as the study notes, heighten vulnerability to recurrent suicidal ideation (Baldessarini et al. 8). Through this lens, Shenoy's portrayal transcends individual trauma to illuminate the wider psychological truth that recovery and fragility coexist. Ankita's awareness that stability may collapse again captures what Baldessarini et al. describe as the ongoing negotiation between hope and morbidity within bipolar conditions. Her "haunted hope" embodies the paradox of survival: endurance shaped by memory, and strength sustained through the acknowledgement of vulnerability. Shenoy thereby transforms the postmodern paranoia that shadows Ankita's consciousness into an authentic reflection of lived mental instability where healing is never erasure, but the continual reconciliation with what once broke the self.

Vaibhay, and Memory Triggers

The encounter with Vaibhav reveals how fragile Ankita's sense of recovery remains, as ordinary experiences become openings for repressed trauma. Music, which is often considered therapeutic, turns into an adversary: "the songs were painful. Each lyric pierced my eardrum. It hurt so much!" (Shenoy 70). Here, music does not soothe but violently unlocks "that trunk of bad memories," showing how cultural artefacts associated with pleasure can also serve as conduits of suffering. Her bodily reaction, clenching fists, holding breath, and digging fingernails into her palms, illustrates the corporeal dimension of trauma, where the past is inscribed not only in thought but also in flesh. Even when the date momentarily restores a sense of normalcy, the past intrudes without permission. The sight of the sea compels Ankita to remember Abhi's drowning, a loss she attempts to push away: "I should not be thinking about Abhi. He was dead and gone. But memories have a strange way of creeping up on you" (Shenoy 80). This intrusion captures the essence of postmodern paranoia, where memory is not linear but cyclical, repeatedly resurfacing to destabilize the present. The oscillation between elation and despair reflects the fractured temporality of trauma.

The attempt to confide in Vaibhav deepens this instability. Ankita recounts her history with brutal honesty, bipolar disorder, psychiatric consultations, suicide attempts refusing to sanitize her experience (Shenoy 81). This act of disclosure should ideally foster intimacy, but instead it provokes suspicion. Vaibhav responds with accusatory questions: "Am I competing with a dead guy?... Did you sleep with him?" (Shenoy 83). His reaction reveals the persistence of social stigma around mental illness, where vulnerability is mistaken for betrayal and pain is misread as deceit. Through this episode, Shenoy foregrounds the paradox of resilience: the very act of speaking the truth becomes another source of wounding. Ankita's survival is not linear progress but a continuous negotiation between the weight of haunted memories and the precariousness of human relationships.

The dynamics of trauma and social stigma in bipolar disorder can lead to sudden emotional and physical crises when past events resurface. Pai (2022) explains that interactions in social settings may trigger relapse-like reactions, particularly when individuals are confronted with reminders of prior trauma or public exposure of their mental health history. In the context of Wake Up, Life is Calling, Ankita's encounter with Joseph at a birthday party illustrates this phenomenon. The author notes that Joseph's aggressive behavior and public disclosure of her mental health status caused Ankita extreme distress, prompting her to withdraw from the situation immediately. Such incidents reflect how emotional vulnerability, intrusive memories, and external provocations can converge, producing a breakdown that is both psychological and somatic. This supports the argument that trauma in bipolar conditions is recurring, socially triggered, and difficult to contain, highlighting the fragility of recovery in unpredictable circumstances.

Joseph's Spectral Return

The unexpected reappearance of Joseph at the public event marks the most violent eruption of Ankita's haunted past into her precariously rebuilt present. The very act of seeing him destabilizes her body and psyche: "I froze. My stomach somersaulted, my mouth went dry. I felt the air being sucked out from my lungs" (Shenoy 105). Trauma here is not merely remembered; it is relived. The auditorium dissolves around her, collapsing into the



singular figure of Joseph, whose smile functions as both accusation and reminder of unfinished history. Her questioning of reality, "Was I hallucinating?... Had I seen a ghost?" (Shenoy 105) underscores the porous boundary between memory and imagination for survivors of mental illness. The return of Joseph is less about his physical presence and more about the psychic residue he carries: the cab ride, the illicit kiss, the echoes of Abhi's grandfather's voice, and the guilt of loving deceptively. Each recollection rises like "waves, submerging" her (Shenoy 105), creating a vortex where memory, desire, and self-reproach collapse into one another. The physical act of vomiting on stage literalizes this psychic overload. What cannot be contained in memory spills out into the public sphere, making her shame visceral and visible: "I had thrown up in front of an entire auditorium of a thousand-plus people" (Shenoy 107). In this moment, trauma exceeds metaphor; it becomes material, staining her clothes and contaminating the stage. The incident dramatizes the impossibility of completely sealing the past, as embodied memory ruptures in uncontrollable ways. By staging this breakdown in a public performance, Shenoy blurs the line between private suffering and collective witnessing. The silence of the audience, followed by the rushed intervention of Maya and Parul, situates Ankita's collapse within a communal frame, showing how mental illness disrupts not only individual life but also the social fabric. The pungent smell of vomit lingers, a sensory marker of the inescapable persistence of trauma, reminding us that the past does not simply return; it erupts, contaminates, and demands recognition.

Gitlin and Malhi (2020), in their article "The Existential Crisis of Bipolar II Disorder," explain that bipolar disorder does not have fixed boundaries and often overlaps with normal emotional variations. They observe that mood and mental states exist on a continuous spectrum and cannot be divided neatly into normal and abnormal categories. This idea supports the emotional instability seen in Ankita's experience. Her confusion between memory and imagination, and her sudden physical breakdown, reflect how trauma in bipolar conditions often appears in unexpected ways. The study by Gitlin and Malhi helps to understand Ankita's relapse as part of a dimensional and recurring mental struggle, rather than as a single isolated event.

DISCUSSION AND FINDINGS

Ankita's journey throughout the novel illustrates the complex interplay between trauma, resilience, and support systems, demonstrating how post-traumatic growth unfolds over time. Her early struggles depict a deeply fractured self, shaped by insecurity, self-doubt, and unresolved memories. The inability to focus, the sense of inadequacy, and internalized feelings of worthlessness underscore how trauma disrupts cognition and self-perception, while her outbursts of anger toward her parents reveal the external manifestations of inner turmoil. Medication, intended to stabilize her, initially deepens her sense of disconnection, highlighting the tension between prescribed treatment and personal agency. Yet, even within these dark moments, the presence of caring figures, her parents, mentors, and medical professionals acts as a stabilizing force, providing the scaffolding that enables gradual recovery. The initial phases of Ankita's healing are marked by tentative hope, as she attempts to separate herself from her past and engage in new academic and social pursuits. Her determination to reclaim her identity through education and creative endeavors illustrates a conscious effort to reconstruct life after trauma. At the same time, reminders of past relationships and unresolved grief, as seen through interactions with Vaibhav, challenge her emotional stability. These encounters force her to navigate conflicting feelings of attachment, guilt, and fear, highlighting the ongoing struggle to reconcile her past with her present.

By confronting these emotional triggers rather than avoiding them, Ankita demonstrates an active engagement with her own healing process, building bridges between memory and recovery. Further complexity arises as Ankita negotiates new social experiences and romantic entanglements, exemplified in her encounters with Vaibhav and later with Joseph. These interactions underscore how post-traumatic individuals must negotiate relational challenges while processing their own histories. Moments of enjoyment and normalcy such as her date with Vaibhave are intertwined with involuntary memories of past trauma, illustrating the persistent intrusion of memory even amid attempts at reintegration. Likewise, the encounter with Joseph vividly evokes shame, panic, and self-reproach, demonstrating how trauma can resurface unpredictably and how recovery is not a linear process. Yet, each confrontation also provides opportunities for reflection, self-awareness, and the gradual reassertion of control over her narrative. Through sustained therapeutic intervention, familial support, and personal determination, Ankita transforms vulnerability into agency. She learns to separate her identity from the uncontrollable events surrounding her life, refusing to internalize the blame for others' actions. This recognition allows her to take ownership of her story, cultivate self-compassion, and develop strategies to maintain psychological stability. Her conscious practices, from positive affirmations to symbolic exercises for letting go of negativity, demonstrate a deliberate approach to resilience. Over time, these efforts culminate in both academic and personal fulfilment, reinforcing the novel's message that post-traumatic growth is achievable when support, reflection, and agency converge. The narrative traces a continuum from fractured selfhood to tentative recovery, through the negotiation of interpersonal complexities, and finally toward the consolidation of agency and selfefficacy. The novel, thus, foregrounds not only the psychological impact of trauma but also the potential for renewal, resilience, and empowerment through a combination of supportive networks, therapeutic guidance, and personal determination.

CONCLUSION



Ankita's journey in Wake Up, Life is Calling states that recovery and self-understanding are neither linear nor easily attained. Life, as she realizes, often defies expectation, fairness, and personal planning: "Life doesn't play fair. Life doesn't play by the rules you make. Life has its own way of doing things" (Shenoy 127). Her experiences emphasize that resilience is not merely the absence of crisis, but the ability to negotiate the unpredictable, to find stability amidst turmoil, and to value what persists when much is lost. She reflects on human tendencies to magnify defeats, focusing on what is taken away rather than on what remains. In this recognition, she identifies the importance of gratitude for even the simplest blessings, such as parental love or the security of a daily meal. Such insight reflects a profound internal growth, learning to value small constants as anchors in a world that often feels uncontrollable.

Central to Ankita's journey is the duality of her inner conflict. On one hand, she resists seeking help, convinced that she can manage alone. On the other hand, the awareness of potential harm to herself and loved ones compels her to reach out: "You hurt your own father... You need help. You need help. You need help" (Shenoy 171). This internal struggle reflects the human condition in post-trauma recovery, where autonomy clashes with vulnerability. The decision to acknowledge her limitations and seek assistance signifies a pivotal turning point. It demonstrates how self-awareness, even in moments of extreme despair, can catalyze responsible action and the gradual reclamation of selfhood. The role of familial support emerges as indispensable in this process. Shenoy emphasizes that parents, despite differing worldviews, remain unwavering in their care: "Whether we follow the rules or not, they are always there for us... Parents can be your wings when yours are broken, and you need a little help to fly" (Shenoy 177). Ankita's reliance on her parents, especially during episodes of acute distress, provides both emotional anchoring and moral reassurance. Their presence and understanding create a foundation upon which she can confront her fears and navigate therapeutic interventions. This depiction underlines the uniquely human dimension of recovery, the recognition that unconditional support and guidance often form the scaffolding for resilience. Professional intervention further consolidates her recovery. Dr. Neeraj's empathetic, patientcentered approach, exemplified by his prescription of herbal sleeping aids and encouragement to self-regulate, places agency firmly in Ankita's hands (Shenoy 185-186). Likewise, Mrs. Hayden's "Blue Balloon" technique offers a practical method to externalize and diminish recurring negative thoughts (Shenoy 210). The repetitive, structured practice demonstrates how recovery is iterative: progress is achieved not instantaneously but through sustained engagement with strategies that reinforce mental clarity and emotional regulation. Over time, Ankita internalizes these patterns, learning to manage intrusive thoughts and self-criticism, gradually diminishing their disruptive influence. A critical dimension of her growth lies in reframing societal and personal constructs of failure. Ankita reflects: "Don't let these failures define you. You are beyond that. You are much more than the times you have failed... There are no grades for LIFE" (Shenoy 127). Through this lens, recovery transcends conventional markers of success such as academic achievement, wealth, or social approval. Instead, it encompasses the cultivation of sensitivity, kindness, and joy, qualities that are immeasurable yet integral to human flourishing. By disentangling self-worth from external judgments, Ankita learns to navigate life with a grounded, self-affirming perspective.

Ankita's trajectory of recovery underscores the profound interdependence between emotional resilience and supportive relationships. Her progress reflects a truth observed in recent clinical findings: depression and suicidal risk are not isolated struggles but interconnected experiences shaped by both individual and relational factors. Lin et al. highlight that among patients with bipolar disorder, suicidal ideation is strongly associated with the severity of depressive episodes, while the emotional well-being and perceived stigma of caregivers significantly influence recovery outcomes (Lin et al. 15). This relational dynamic resonates deeply within Shenoy's narrative, where Ankita's stability is inseparable from the compassion, patience, and involvement of her parents and therapists. Just as Lin et al. emphasize the importance of psychoeducation and open discussion for caregivers, Shenoy depicts parental empathy and sustained emotional reinforcement as essential to preventing regression and restoring self-worth.

Ankita's parents, by choosing understanding over judgment, embody the very intervention that Lin et al. describe as protective, transforming caregiving into an act of shared healing. Their steady reassurance mitigates her internalized stigma and replaces self-reproach with acceptance. Similarly, the structured therapeutic guidance of Dr. Neeraj and Mrs. Hayden reflects the clinical recommendation to foster agency through consistent support and dialogue. In this sense, Wake Up, Life is Calling aligns with the psychological insight that recovery is a collaborative process: healing the mind requires not only individual strength but also the active compassion of others. Shenoy's portrayal thereby echoes the study's central finding that addressing both patient and caregiver distress yields reciprocal emotional stability. Through this intertwined resilience, the novel reveals that overcoming trauma involves a community of care where mutual understanding, open communication, and shared empathy form the foundation for sustained mental well-being.

Finally, her journey addresses the inevitability of loss and the necessity of conscious engagement with grief. Life, as Shenoy observes, ultimately claims even the most precious elements of human existence: youth, health, and loved ones (Shenoy 222). Ankita learns that meaning is not found in avoidance but in acknowledgment and active coping. She cultivates practices that heal the soul, such as creative expression, reflective habits, and the intentional creation of cherished memories. In doing so, she exemplifies post-traumatic growth, where adversity catalyzes self-realization, emotional resilience, and a deeper appreciation of life's transient beauty. In conclusion, Ankita's trajectory demonstrates that recovery is an ongoing negotiation between inner conflict, relational support, and



conscious self-development. It is a testament to the human capacity to face despair, integrate trauma, and cultivate strength, understanding, and joy. Through parental care, therapeutic interventions, self-reflection, and deliberate practice, she transforms vulnerability into empowerment. Shenoy's narrative shows that while life may challenge expectations and bring loss, resilience is anchored in agency, support, and the mindful pursuit of meaning revealing that even amidst turbulence; one can reclaim hope, selfhood, and a purposeful existence.

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