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EFFECT OF REPRESENTATION OF MENTAL DISORDERS IN POPULAR INDIAN CINEMA

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ABSTRACT: Indian cinema has always been fascinated by a variety of psychological disorders such as pervasive developmental disorders, mental retardation, anxiety and mood disorders, personality and identity disorders, etc. This paper is a qualitative research; the objective is to explore any disparity between the cinematic representation and the DSM criteria for diagnosis of the disorders, and the effect of these representations (or misrepresentations, if any) on the layman's perceptions of them. A review and analysis of certain popular Indian films (made between 1990 and 2010) that thematically explore certain prevalent psychological disorders is attempted here, focusing on four major film industries in India, namely- Hindi from the north, Tamil from the south, Marathi from the west and Bengali from the east. This also includes structured interviews to assess both the knowledge about and attitudes towards the same, as created by such cinema, among general public that is not predisposed to accurate information (in terms of correct clinical picture, causes and treatment). These were conducted on a random sample of 120 subjects in the age range of 15-60, who had no prior or present knowledge of psychology. Results were assessed in percentage and mean values. Observations found disparity between the representation of mental disorders in Indian cinema and their DSM descriptions, which had an influence on its audience. The general perception about mental disorders is that it is curable, maybe controlled with discipline and is largely unacceptable in society. It was concluded that accurate portrayals make for relatively correct impressions on the viewers and leave less scope for misconception.
KEYWORDS: representation, Indian cinema, mental disorders, attitudes, stereotypes.

INTRODUCTION: Over the years, movies have thematically explored a broad range of disorders such as pervasive developmental disorders, mental retardation, anxiety and mood disorders, personality and identity disorders, etc. References to mental illness are common, with movies often containing misrepresentations and misinformation that could lead to stigmatization, stereotyping and discriminatory attitudes and behavior towards those with mental disorders.

According to some studies, media dramatizes and distorts images of mental illness, emphasizing on its danger, criminality and unpredictability, with such images leading to negative reactions such as fear, rejection, derision and ridicule.[1] Added to incorrect representations of the clinical picture is the often incorrect depiction of its management, treatment and rehabilitation.

Indian cinema has explored mental illness in particular with a certain fascination. The mentally ill are often used to induce laughter, fear or sadness- dramatic breakdowns, ineffective treatment, relapse, etc. If at all the situation is resolved, this is quick and ideal- with illnesses being cured by revelations and the all-pervading love.[2]

However, a changing trend seems to be occurring in Indian cinema, with movies becoming accurate in their representations of mental illness with time, with more balanced and less

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sensationalized approaches.[3] More so with recent films exploring mental illness with more sensitivity and specificity along with the entertainment factor.

In India, where supernatural and paranormal beliefs and practices are aplenty, mental disorders are mistreated or even undiagnosed due to lack of awareness. Cinema definitely influences the country's huge movie-going population. Such reasons have prompted efforts towards the present research on the depiction of mental illness in popular Indian cinema, with a view to assess representations and their effects, be it positive or negative.

AIM, OBJECTIVE AND HYPOTHESIS: The objective of this paper was to study the impression created about mental disorders and the mentally ill by Indian cinema during 1990-2010. It attempts to investigate any disparity between the representation in cinema and the DSM IV TR's description of the condition portrayed so as to report any incongruity and the impression so created in the sample's mind-set.

The aim of this study was to observe the impression created by popular Indian cinema about mental disorders with special emphasis on some prominent Indian film industries and a particular film within each linguistic category. The hypothesis of this paper is that there is no disparity between the representation of mental disorders in Indian cinema and the DSM IV TR's description of the portrayed condition and the impression created – both within the time frame of 1990-2010.

MATERIALS & METHODS: The observations were carried out using the structured interview guided by a set of questions designed by the authors. Materials used included this tool as well as the movies mentioned.

SAMPLE: Technique: Stratified sampling technique was used to create a mini-reproduction of the linguistic population concerned. Each of the four regional film industries, characterized by a language, had a sample comprising 30 individuals. The basis of stratification was the language that one understood.

INCLUSION AND EXCLUSION CRITERIA: The individuals in the sample, male and female, fell within the age group of 15 to 60 years and were of an Indian nationality. This excluded any person with a past or present working knowledge of Psychology; and those who have a mentally infirm relative in their immediate family. The individuals could comprehend Hindi (Barfi!), Tamil (Anniyan), Bengali (Shakha Proshakha) and Marathi (Devrai).

TOOL: STRUCTURED INTERVIEW: To gauge the impression of the sample, a structured interview was constructed by the researchers. The interview was conducted with the help of guidelines that consisted of a set of general questions assessing the interviewee's outlook on mental disorders and the mentally ill. These were followed by another set of questions which was specific to the film concerned; here too, a broad pattern of questions was made common.

This consisted of symptoms of the disorder, causes, treatment, etc. The list consisted of a mixed distribution of correct and incorrect occurrences associated with the disorders. A new tool was created as, in order to gauge the movies' accuracy, questions that were very specific to the movies themselves were obviously required.

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Questions regarding general attitude were constructed keeping in mind that a structured one-on-one interview would be carried out and that although many scales and questionnaires regarding opinions about mental illness do exist, none were/are particular to the Indian population. The authors have tried to foolproof their tool to the greatest possible extent, however do recognise certain limitations.

The tool partly relies on the interviewee's memory of the movie concerned. Also, only the most popular movie of each industry was chosen to understand the representation of mental disorders. A more diverse range of industries could have been considered and included in the tool. Attitudes and opinions towards mental illness have been gauged based on certain aspects. This range could have been broadened to include more aspects.

CHOICE OF MOVIE: Selection of the regional film industries and subsequently, films within each industry was motivated by the critical acclaim they had gathered in their time and also their prominence in the region. In the east, the Bengali Film Industry is not only the most prominent but also a critically acclaimed one. From the north, Bollywood is understandably the most prominent and commended industry. Marathi emerged as the most pronounced film industry in the west, apart from being widely celebrated in critical circles.

In the south, although in close ranks with Malayalam, Tamil seems to be most acclaimed and pronounced industry. (It is to be noted that Bollywood is an industry that is popular throughout India and cannot be treated, technically, as a regional film industry. However, since Hindi is the most widely spoken and understood language of the north and Bollywood could not be ignored in the study due to its wide reach, the above criteria of selection and inclusion have been employed.) For our purpose, we have used the Internet Movie Database (IMDB) to gauge movie popularity and critical acclaim, the database being one of the most widely used for the same.

STATISTICAL TOOLS: The scope of this paper does not demand any measure of central tendency or any inferential statistics, impression may be qualitatively measured by a simple calculation of percentage agreement. Qualitative comparisons are made to compare the different opinions which comprised the impression of individuals sampled.

PROCEDURES: Subjects were chosen if they had watched the movie (s) concerned and could recall well the details concerned. If not, and willing to participate in the study, the subjects were shown the movie based on language spoken and understood. Interviewees were briefed about the intention of the study and consent was received, after which they were asked the formulated questions in an order wherein the general questions preceded the specific ones. This interviewing process was done in person, over the phone and in some cases, through emails and instant messaging systems.

INSTRUCTIONS: "These are some questions which assess your general knowledge and understanding about mental disorders and the effect of visual media, cinema in particular. Consider the questions carefully and answer them accordingly. We urge you to be honest and frank with your responses, as it will contribute to the accuracy of the research. The anonymity of your responses is guaranteed."

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RESULTS: Percentage and mean values were used to assess results. Responses of 120 individuals were tabulated, and a common pattern was revealed in their impressions about mental disorders. When asked about sources of information of mental disorders, 60.24% named cinema as their most pronounced source.

Close to 46% of the sample believed that there is something distinctive about an individual with a mental disorder that easily differentiates him/her from normal. 42.63% of the subjects were under the impression that mental disorders can be improved with discipline in behavior; with only 25.86% recognizing otherwise. In terms of curability of severe mental disorders, 55% opined that treatment is possible with timely medical/psychological intervention.

In the crucial issue of responsibility, 45.06% stated that people with mental illnesses may be entrusted with responsibility within certain situational limitations. A high 53.41% believed people with mental disorders tend to become violent when they do not get their way. A majority 55.18% recognised our society's intolerance towards the mentally ill. In a broad analysis of detected, missed and misrecognized true symptoms of the four mental disorders studied-Autism (Barfi!), Schizophrenia (Devrai), Dissociative Identity Disorder (Anniyan) and general mental illness owing to physical injury (Shakha Proshakha) - it was seen that 1.48 symptoms on an average were misinterpreted by the sample.

Barfi! (2012): On an average, the sample recognized 6.9 true symptoms of Autism; whereas 4.1 crucial symptoms were missed out and 2.03 symptoms were misrecognized as symptoms of Autism. 93% of the sample knew about autism before watching the movie. 46.67% of the sample believed that the representation might not have been accurate in the movie and recognized an element of creative license. Certain people recognized individual differences such as IQ levels, with responses such as "not all people with autism have low IQ".

Devrai (2004): Out of the 16 crucial symptoms for Undifferentiated Schizophrenia identified, the average number of true symptoms of schizophrenia recognized is 8.7; whereas 7.76 crucial symptoms were missed out and close to one symptom was almost always misrecognized. The most commonly misinterpreted symptom was that of aggression. 33.33% recognized contradictions in the portrayal of schizophrenia and its treatment in the movie. 16.67% recognized the extensive usage of ECT -Electro Convulsive Therapy as treatment for schizophrenia as "out-dated, unrealistic and ineffective."

Anniyan (2005): Out of 13 crucial symptoms for Dissociative Identity Disorder (DID) identified, the average number of true symptoms recognized by our respondents is 7.76; whereas 5.63 crucial symptoms were missed out. 50% of the subjects opined that people with DID can exercise a conscious choice between their personality states. 43.3% believed that multiple personalities will integrate into one eventually. 43.3% also stated that dissociative identity disorder may be cured with love. Questions about violence revealed that 23.4% of the sample generalized all people with DID to be serial killers (at least in one personality state). 76.6% recognized contradictions in the portrayal of the disorder in the movie.

Shakha Proshakha (1990): Out of 11 true symptoms, approximately 7 correct symptoms for General mental disorder owing to physical injury were indicated; 4 crucial symptoms were missed out and close to 2 symptoms were consistently misrecognized. When asked if the subjects thought all mental disorders to be similar, only a minor 14% stated so. Close to 40% were uncertain on the issue

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of accuracy in the portrayal of the disorder. A high 93% of the sample was unable to recognize any incongruity in this most common portrayal of the mentally ill.

DISCUSSION: 60.24% of our sample named cinema as their major source of information on mental illness. This observation justifies the purpose of this study. This is a pattern recognized in many populations around the world. For example- 87% of Americans in a survey said that they had seen something about mental illness on television in the past several years.[4]

The general perception about mental disorders is that it is curable, easily differentiable, maybe controlled with discipline, patient maybe a victim or perpetrator of violence, and is largely unacceptable in society. 53.41% believed people with mental disorders display violence when they do not get their way. This erroneous belief that the mentally ill are any more aggressive than normal persons reveals a disturbing pattern in popular perceptions of people with non-Psychology backgrounds.

Media, cinema and television especially, often portrays those with mental illness as dangerous and violent, and this stereotype is further carried on into the beliefs of its audience. For example, in a study on how viewer attitudes are affected by television portrayals of schizophrenia by Lindsey Jo Hand, it was found that respondents viewed people with schizophrenia as more dangerous after viewing negative stimulus material (a TV show episode).[5]

Similarly, a study on Disney movies portrayals and references to mental illness showed that characters were often portrayed as villainous or comic, were stereotypically blatant or negative and were used as objects of fear, derision or amusement.[6] Otto Wahl suggests how people watching movies and television series with even incidental references to psychiatric problems may be learning that people with mental illness may need forceful control, that they are best treated as children and that communities seek to punish them.[7] Although correlations cannot be attributed as causations, it can be concluded that cinema as a major source of information does in fact affect attitudes towards mental illness.

Across the four industries, many symptoms about mental disorders are recognized, while some are overlooked, and a significant proportion misidentified by people as seen with the sample. 1.48 symptoms on an average were misinterpreted by the sample for the four disorders. While the most accurately representative movie may create wrong impressions in viewers (owing to subjective interpretations), accuracy about mental disorders in movies is paramount- chances of wrong impressions of mental disorders are higher with cinematic misrepresentations.

BARFI: The most commonly misrecognized symptoms were that of aggression when upset, regular emotional and social reciprocity, constantly disturbed by loud sounds, and always anxious. This could be because of the characterization of Jhilmil in the film- display of high strung anxiety, always disturbed by loud sounds, etc leading to generalizations about the disorder. The aspect of disturbance by sound is subjective, and depends on the patient's current state (sometimes loud noises not disturbing the patient; and sometimes even the minutest of noises affecting the patient.)

Although individual differences do exist, the important aspect of deficits in social communication and social interaction does not come across, due to Jhilmil's various close bonds with loved ones. The sample however was more aware of Autism and some of its most distinguishing features, probably due to the popularity of movies such as My Name is Khan and Barfi, which show

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autism spectrum disorders. Certain people have also recognized more specific and lesser known symptoms such as patterns of eating, with responses such as "certain strange patterns of autism like 'bolus formation when eating' have not been depicted", in open ended questions with no prompting.

DEVRAI: The common symptoms misinterpreted or misunderstood by our sample include-is aggressive, repetitive behavior such as head banging, rocking and socially inappropriate behavior such as bad manners, untidy physical appearance, etc. Repetitive behavior such as head banging and rocking is characteristic features of autism and not schizophrenia. Also, aggression which was recognized most commonly as a symptom shows the existence of a stereotype that people with schizophrenia are violent, which is a gross misunderstanding.

An unprompted finding from the respondents themselves about the extensive use of ECT as one of the more out-dated forms of therapy for patients with schizophrenia points out the awareness about more recent forms of therapy. An interesting finding was that 16.67% of the respondents confused Schizophrenia with Dissociative Identity disorder (DID). Reasons for the same cannot be attributed solely, but possibly to misrepresentations by media.

ANNIYAN: The common symptoms misinterpreted or misrecognized included- All personality states are violent and Multiple personalities eventually always integrate into one. This could be due to the protagonist's successful love affair, prompting one to believe love is cure for DID. The movie's ambiguous ending does not inform us whether or not personality states can successfully integrate eventually. A significant fraction of the sample generalized all people with DID to be serial killers (at least in one personality state).

This can be attributed to the portrayal of one of the protagonist's alter states as a vengeful psychopath, and highlights the grave need to treat mental disorders with sensitivity and care in Indian cinema. An interesting finding was that 10% of our sample did not clearly understand how the disorder operates. They couldn't recognize why one alter state was "stronger" or "more attractive" than the host state. This could be attributed to the nature of the disorder and it being used creatively in an exaggerated or dramatic manner.

SHAKHA PROSHAKHA: The most commonly misrecognized symptoms were- Lack or difficulty in communication and Adherence to specific routines. General mental illness is usually the case of portrayal in various cinematic representations. Although this is a possible condition, it is of concern that 40% of the sample expressed uncertainty on being asked if it was possible to be generally mentally ill without a specific disorder. Large inability to recognize incongruity in representation of general mental illness due to physical injury could have been due to the fact that they do not figure in textbooks or in journals with comparable vehemence. However, they do feature the most in cinema portrayals.

Various causes can be attributed to the general patterns identified in this paper. They include- a stigma towards mental disorders, societal indifference, non-Psychology backgrounds of our respondents, stereotypes against mentally ill, societal misconceptions, etc. In a country like India, especially rural populations, mental disorders are seen as a result of demonic possession, black magic, etc A general albeit diminishing lack of awareness due to negligence of mental health in policy making could be to blame.

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In African and south-east Asia, more than 50% of the countries which provided information on actual budgets for mental health spent <1% of their total health budgets on mental health.[8]

SCOPE AND RECOMMENDATIONS FOR FURTHER RESEARCH: To check the effect of representation of mental disorders in Indian cinema, it has to be extended to all major film industries of this country. This would require an extensive study with a much larger sample space. In keeping with this, more movies can be chosen for analysis as opposed to just one representative movie per disorder/ industry/ language and a longer timeline can be considered to enhance our understanding about the representation of mental disorders over decades.

Comparative studies between different industries and/or over different time periods can be conducted. Similar studies may be conducted on other kinds of media. The findings of this study may find application in producing and scripting better films, employed to create awareness about mental disorders in India. Findings may also be used to gain an understanding of the public's understanding of mental health and help in planning and policy making in the various sectors.

LIMITATIONS: The differences between more specific age groups and sample spaces could have been considered. This was however not done as the authors felt that segregation of our results on a demographic basis would be a digression from the aim of the study, which was to report any incongruity between public perception and cinematic representation. Stratification of the population has only been done based on language spoken or understood. Also, selection criteria of the film industries and movies were critique based; more intensive criteria could have been employed. Lastly, Bollywood, albeit popular in the north is not a regional film industry of the north.

CONCLUSIONS:
- The hypothesis of this paper stands disconfirmed as there are considerable disparities between the representation of mental disorders in Indian cinema, their DSM descriptions and the impression created in the minds of the audience.
- It was found that accurate portrayals make for relatively correct impressions on the viewers. Though there is always a possibility that the most clinically accurate depiction of a mental disorder is misinterpreted; the grave need for accurate portrayals cannot be denied. Thus, we propose that more accurate portrayals will definitely reduce the chances of misconceptions in the viewers-about the mentally ill and mental illnesses, at large.

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