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Exploring Depictions of Mental Health in Popular Hindi-Urdu Cinema

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Exploring Depictions of Mental Health in Popular Hindi-Urdu Cinema

Sara Ahmed

Abstract

Hindi-Urdu popular cinema, commonly referred to as Bollywood, largely reflects the evolution of various social attitudes in the Indian subcontinent. In order to better understand these films' depiction of social attitudes surrounding mental illness and the implications for its treatment, this study creates and analyzes an anthology of Hindi-Urdu movies from the 1940's to the present that portray some aspect of mental illness. These movies that depict mental illness were grouped into the various aspects of stigma that they portrayed: structural stigma, courtesy stigma, health practitioner stigma, self-stigma, and public stigma. I extracted and analyzed the attitudes towards mental illness, perceived cause of mental illness, types of stigmas related to mental illness, depiction of mental illness and, if applicable, the treatment methods portrayed. This study aimed to answer the following questions: how have films contributed to explanations of the stigma related to mental illnesses? What are the perceived causes of mental illness in Indian cinema and what implications does this depiction have on the current help-seeking behaviors of the South Asian community?

Abstract (Spanish)

El cine popular hindi-urdu, comúnmente conocido como Bollywood, refleja en gran medida la evolución de diversas actitudes sociales en el subcontinente indio. Para comprender mejor la descripción que hacen estas películas de las actitudes sociales en torno a las enfermedades mentales y las implicaciones para su tratamiento, este estudio crea y analiza una antología de películas hindi-urdu desde la década de 1940 hasta el presente que retratan algún aspecto de las enfermedades mentales. Estas películas que representan enfermedades mentales se agruparon en los diversos aspectos del estigma que retrataban: estigma estructural, estigma de cortesía, estigma de los profesionales de la salud, autoestigma y estigma público. Extraje y analicé las actitudes hacia las enfermedades mentales, la causa percibida de las enfermedades mentales, los tipos de estigma relacionados con las enfermedades mentales, la descripción de las enfermedades mentales y, si corresponde, los métodos de tratamiento representados. Este estudio tuvo como objetivo responder las siguientes preguntas: ¿cómo han contribuido las películas a la explicación del estigma relacionado con las enfermedades mentales? ¿Cuáles son las causas percibidas de las enfermedades mentales en el cine indio y qué implicaciones tiene esta descripción en los comportamientos actuales de búsqueda de ayuda de la comunidad del sur de Asia?

KEYWORDS: Mental health, South Asian, Bollywood, Counseling, Stigma

INTRODUCTION

Stigma and Treatment Gap

According to the 2016 National Mental Health Survey, 83% of people suffering from mental health problems in India do not have access to adequate mental health treatment (Sharma 2020). Likewise, a 2002 report from Asian and Pacific Islander American Health Forum (APIAHF) states that South Asian Americans have the lowest rate of utilization of mental health services. People suffering from all types of mental illnesses in India, are still not completely accepted in mainstream Indian society. There are many biases and fears associated with those living with a mental illness in India. Many believe mental illness is not a real illness, but rather the product of hysteria or an overactive imagination (Basu, 2014) Because stigma is culturally constructed, one must consider a particular stigma in relation to its cultural context. A person who possesses an attribute that elicits stigma is seen by the community as different from others in a way that is undesired and shameful (Basu, 2014; Tummala-Narra & Deshpande, 2018). In India, the stigma that causes mental illness to be a source of shame has been influenced by aspects of religion, collectivism, policy, pop culture, supernatural belief, and systems of traditional medicine (Gupta & Coffey, 2019; Jain et al., 2017). Stigma in the Indian context motivates families to conceal the affected person, along with the perceived shameful causes of the condition (Gulzar & Chatterjee, 2003). An example of these perceived shameful causes is the idea that mental illness is caused by one's bad deeds in their past life, and that mental illness is a punishment from God for these bad deeds. Unfortunately, this belief delays and potentially impedes access to treatment (Basu 2014). Social contact intervention, where individuals affected by mental illness share their personal stories, has now been developed as a common component of mental health anti-stigma interventions in wealthier cities, but this is difficult in India, as people with mental illnesses frequently remain hidden and do not share their personal experiences as openly (Math, 2011). Stigma potentially strips people of their rights, takes away their dignity, and isolates them from a community (Goffman, 1997; Wahl, 1999; Rossler, 2016), In order to understand stigma, it is key to understand the relevant cultural context of the region. India - for this very reason - is quite difficult to understand, as it is incredibly ethnically, religiously, and culturally diverse. In India, explanations for mental disorders are often influenced by systems of traditional medicine, religious and cultural beliefs, the caste system, colorism, media and pop culture, literature, and more (Gupta & Coffey, 2019; Jain et al., 2017; Appadurai, 1996). The goal of this paper is to examine how films reflect stigma surrounding mental illnesses in India. Mental illnesses depicted in Bollywood films range from schizophrenia and schizoaffective disorder to more commonly known ones, such as substance use disorder, depression, and anxiety.

Research increasingly demonstrates that South Asian immigrants, like many other minoritized groups, are experiencing high rates of mental illnesses, which often go unaddressed (Kim-Goh et al., 2015). Like many immigrant groups, South Asians are susceptible to psychological distress due to migration, subsequent pressures to acculturate, and other social determinants that have a significant impact on functioning and quality of life (Gater et al. 2009). Migration related stress,

which is common among many immigrant groups including South Asians, along with the interaction of other social factors, such as unemployment or poverty, produces stress levels that may deteriorate one's mental health and contribute to other mental illnesses such as depression and anxiety (Bhugra, 2004). Stress resulting from attempts to incorporate host country traits within one's own culture, referred to as acculturative stress (Berry, 1970), can also take a toll on mental health. Acculturative stress can include intergenerational conflict, discrimination, and depression. Particularly for the children of immigrants born in the host country, this can be a challenging experience. For example, with respect to gender, cultural conflict has been identified as a major source of stress for South Asian women (Samuel, 2009). In-depth interviews with first generation South Asian women found that many have reported acculturative stress due to intergenerational conflict at home, which was correlated with depression and difficulty coping (Samuel, 2009). Somatization is another common factor among South Asian immigrants with mental health issues. They commonly interpret their symptoms as physical illnesses and often do not seek the necessary psychological help, as they believe their symptoms are solely physical (Nazroo, et al., 2002). Somatization among South Asians may also be understood within the concept of collectivism. In the West, individualism is emphasized, and independence, autonomy, self-reliance, and personal achievement are valued (Chadda, 2013). In contrast, South Asian communities are collectivist, emphasizing family cohesion, conformity, solidarity, and cooperation, with interdependence and group priorities valued over those of the individual (Chadda, 2013). While traditional, collectivist families may be considered to be strong, close, and resilient, the shifting family structures, unjust distribution of money and resources to different family members, traditional gender norms, patriarchy, and an emphasis on "family harmony" and "obedience to the elderly" may lead to repressed stress and conflict, and a higher prevalence of somatization, particularly for first generation South Asians (Zagelbaum, 2001).

According to Akhtar & Choksi (2005), Indian movies help relieve psychological tensions of the masses and may be considered an "addictive defense" against the hardships of life in India. Their deeper agenda of films seems to consist of elucidating and healing the audience's intrapsychic conflicts (i.e., the internal battles that are subtly passed down from generation to generation). Since films are such an integral part of the life of both South Asian immigrants and first-generation Indian Americans, it is important to understand the possible perceived causes of mental illness, as well as other related factors depicted in the films, such as time period, which helps provide context and meaning. With this information in hand, mental healthcare practitioners will be able to better serve the unique needs of the Indian immigrant community. Mental illness has been a popular subject for filmmakers and audiences all over the world. Depiction of mental illness and its treatment by psychiatrists and other mental health professionals provides emotionally compelling stories for movies (Hylar, 1988). Unfortunately, these portrayals are often negative, relying on stereotypes and fears about mental illness (Wahl, 1999). Movies from different cultures have used mental illness and characters with mental illness in a variety of ways: for entertainment, for reinforcing societal implications, for taboos and for political satire. As Cape (2003) points out, it is useful to think of films as a "cultural reservoir" that reacts to what is "taken for granted" in a society. Therefore, movies are a powerful tool for studying implicit beliefs, socio-cultural assumptions, misconceptions, and stereotypes about several concepts, including mental illness. Since the first film was made in India in 1913, Hindi movies have played a central role in the formulation of the national Indian identity. So much so that 'film is perhaps the single strongest agency for the creation of a national mythology of heroism, consumerism, leisure, and sociality' (Appadurai & Breckenridge, 1996). Bollywood,

the Hindi-Urdu popular movie industry, produces almost twice the number of movies that Hollywood does on an annual basis (UK Film Council Report on Indian Media, 2002). Most Bollywood movies are “formula films” meaning that they include a number of common ingredients that are a part of a typical movie. A forbidden love, music, dance, archetypal characters, and famous actors are all essential components that have grown in frequency since the 1940’s. A typical Bollywood movie starts with a coming-of-age story, followed by the male hero who falls desperately in love with the heroine. The couple then faces a host of diverse problems which make their marriage or union almost impossible; however, at the end true love always triumphs and the movie closes with a fairytale-esque ending (Gulzar and Chatterjee 2003). A typical movie contains about 8-10 songs used to showcase romantic scenes; each song is considered a short story in itself and there is clearly much expense and effort that goes into the production of these songs. With rapidly changing locations, special effects, and costumes, these films create a dream-like experience. Indian movies tend to reinforce prevalent social constructs, such as the submissive role of women as devoted mothers and wives, acceptance of religion and fate, virtues of contentment and poverty, and the eventual victory of goodness and struggle (Malik et al. 2011). It is estimated that 23 million people flock to movie theaters on a daily basis in India (Rajadhyaksha & Willemen, 1999).

Methods and Data Analysis

The depiction of mental illness in South Asian movies, particularly Bollywood, has changed significantly in the last 70 years. This study will examine the depiction of mental illness in popular films, in order to explore the role of stigma and how it reflects the perceived causes of mental illness. The author independently constructed lists of Bollywood films that depicted mental illness in at least one lead character of the movie by recall and by using Google search. Online movie encyclopedias, personal blogs, and similar online resources were accessed. Plots/storylines of the films were perused using IMDb database source (<https://www.imdb.com>) to confirm the presence of mental illness in the plot. Films depicting isolated substance use disorders and intellectual disabilities were excluded. The table below outlines some of the major Bollywood films in which mental illness was a key element of the storyline and one of the protagonists was shown to be living with a mental illness. After viewing each film, the main storyline was translated and analyzed, taking into account plot, characters, settings, and songs. These were thematically compiled into the following groups: (1) the mental illness depicted in the movie, (2) the perceived cause of the illness along with quotes that depict those beliefs, and (3) the type of stigma portrayed in the movie. The table below also describes the treatment methods portrayed in each film when applicable. The table below references the six types of action-oriented stigma identified by the National Alliance on Mental Health. NAMI is the leading organization for research on mental health stigma, thus, their identified types of mental health stigma were used in this study (NAMI). Public stigma includes stereotypes, prejudice, and discrimination endorsed by the general population. Self-stigma is the internalized acceptance of stereotypes and prejudice and includes aspects such as label avoidance (Goffman, 1997).

Courtesy stigma, common in collectivist societies, is stigma by association with the marked group. For example, if a child in a family unit has a mental illness, the parents may experience prejudice and discrimination, since they are associated directly with someone who has a mental illness (Pescosolido, 2015). Structural stigma is the active prejudice and discrimination by policies, laws, and constitutional practice; also called institutionalized stigma (Pescosolido, 2015). Finally, health practitioner stigma is active prejudice and discrimination voiced or exercised, consciously or unconsciously, by occupational groups designated to provide assistance to stigmatized groups (Pescosolido, 2015).

FIGURE 1

Year	Movie	Mental Illness Depicted	Cause	Stigma
1935	<i>Devdas</i>	Substance use disorder Major depressive disorder	Societal factors (caste); familial conflict Acceptance of religion and fate	<ul style="list-style-type: none"> • Structural (caste) • Public • Courtesy • Self • Label avoidance
1955	<i>Devdas</i>	Substance use disorder Major depressive disorder	Societal factors; familial conflict Acceptance of religion and fate “Who actually drinks [alcohol] in order to bear difficult situations.... I drink in order to take my next breath”	<ul style="list-style-type: none"> • Structural (caste) • Public • Courtesy • Self • Label avoidance
1964	<i>Ghazal</i>	Conversion disorder Psychogenic aphonia	Familial conflict Acceptance of fate	<ul style="list-style-type: none"> • Structural (caste) • Public • self
1970	<i>Khilona</i>	Acute mania	Emotionally traumatic event;	<ul style="list-style-type: none"> • Structural (caste)

Year	Movie	Mental Illness Depicted	Cause	Stigma
			<p>suicide; familial conflict</p> <p>“The doctors believe that if a young and beautiful woman marries [my son] then he will be cured of his illness.”</p> <p>Virtues of contentment and poverty</p>	<ul style="list-style-type: none"> • Public • Courtesy
1975	<i>Deewar</i>	<p>Antisocial personality disorder</p> <p>Substance use disorder</p>	<p>Traumatic childhood; familial conflict</p> <p>“Someone is drinking because they’ve worked for the entire day and they are tired ... someone is drinking because they didn’t do anything today and they are bored ... someone is drinking because they are with friends today ... and someone is drinking because today their friends are not with them”</p>	<ul style="list-style-type: none"> • Structural (caste) • Public • Courtesy

Year	Movie	Mental Illness Depicted	Cause	Stigma
			Virtues of contentment and poverty	
1981	<i>Basera</i>	Retrograde amnesia after head injury Paranoia	Fall “Any mistake on your part can make your sister crazy once again” Portrayal as violent and unmanageable Use of ECT Submissive role of women	<ul style="list-style-type: none"> • Courtesy • Structural (marriage) • Public • Self • Health practitioner stigma
1983	<i>Sadma</i>	Traumatic brain injury Retrograde amnesia and aspects of dissociative identity disorder	Car accident “ <i>Koi paagal hai shaayad</i> ” (“perhaps he’s just a crazy person”; describing a man crying and frantically calling out a woman’s name to get her attention) Portrayal as violent Environmental factors	<ul style="list-style-type: none"> • Public • Courtesy

Year	Movie	Mental Illness Depicted	Cause	Stigma
1994	<i>Anjaam</i>	Delusions (romantic)	<p>Obsessive compulsions; delusions of reciprocated love; extreme guilt</p> <p>“When things aren’t handed to me, I destroy them”</p> <p>Portrayal as violent</p> <p>Psychosocial factors</p>	<ul style="list-style-type: none"> • Courtesy • Self
2002	<i>Devdas</i>	<p>Major depressive disorder</p> <p>Substance use disorder</p>	<p>Sociocultural factors (caste); familial conflict; suicidal ideation</p> <p>“Dad told me to leave the village, everyone told me to leave/forget Paro, Paro told me to leave alcohol, you told me to leave this place... one day someone will tell me to leave the world, and I will”</p> <p>Acceptance of religion and fate</p>	<ul style="list-style-type: none"> • Structural (caste) • Public • Courtesy • Self • Label avoidance

Year	Movie	Mental Illness Depicted	Cause	Stigma
2002	<i>Deewangee</i> (inspired by <i>Primal Fear</i>)	Dissociative identity disorder	<p>Fear of abandonment; passing of family member; attachment disorder</p> <p>“When doctors live among insane people all the time, why don’t they become insane too? Therefore, since Tarang’s mom was insane, it doesn’t make sense for him to become insane too.”</p> <p>Use of ECT</p> <p>Psychosocial factors</p>	<ul style="list-style-type: none"> • Health practitioner stigma • Public Label avoidance • Self
2003	<i>Tere Naam</i>	<p>Psychosis</p> <p>Amnesia</p>	<p>Brain injury</p> <p>“Medical doctors don’t exactly buy this.... But we believe we can cure your son [of his mental illness] by sending to him to an ashram”</p> <p>“Don’t you know? They chain people up at the</p>	<ul style="list-style-type: none"> • Health practitioner stigma • Courtesy (parental) • Structural • Self

Year	Movie	Mental Illness Depicted	Cause	Stigma
			<p>ashrams.... They force them to work... they treat them like animals..."</p> <p>"Why do some people get to experience love when others like me [with a mental illness] do not get to?"</p> <p>Acceptance of religion and fate; psychosocial factors</p> <p>Use of ECT</p>	
2004	<i>Madhoshi</i>	Schizophrenia Erotomania	<p>Emotionally traumatic event (9/11 terrorist attacks)</p> <p>"Seems like the 9/11 attacks have permanently damaged your daughter's mind. The figure that your daughter has fallen in love with does not exist. It is impossible to cure her from this ['mental disorder']."</p>	<ul style="list-style-type: none"> ● Self ● Courtesy (parental) ● Label avoidance

Year	Movie	Mental Illness Depicted	Cause	Stigma
			“Science does not have the answer to why schizophrenia exists”	
2005	<i>Kyon Ki</i> (inspired by <i>One Flew Over the Cuckoo’s Nest</i>)	Mania Retrograde amnesia Suicidal ideation	Unrequited love; extreme guilt; severe brain damage “They [those with a mental illness] should be confined; they can’t be trusted... they want to be like us so they will resort to hurting us...” “They need to be separated from the general population so that we can protect ourselves” Use of lobotomy and ECT; violence	<ul style="list-style-type: none"> • Health practitioner stigma • Structural
2010	<i>Karthik Calling Karthik</i>	Psychosis Schizophrenia	Childhood trauma as a possible cause but otherwise unspecified; suicidal ideation	<ul style="list-style-type: none"> • Self • Public

Year	Movie	Mental Illness Depicted	Cause	Stigma
			<p>With sympathy: “Maybe you need some help... I think you need to see a doctor”</p> <p>“It is up to you. Either you go to the psychiatrist, or I will leave [this engagement]. I don’t have the energy for another bad relationship”</p> <p>Genetic and biomedical factors</p>	
2016	<i>Dear Zindagi</i>	<p>Depression</p> <p>Insomnia</p>	<p>Trust issues; fear of abandonment; societal pressures</p> <p>“When you know yourself well enough, it doesn’t matter what other people think”</p> <p>“We go through so many options when picking out something like furniture... so what is the issue with going through options when picking</p>	<ul style="list-style-type: none"> ● Self ● Public

Year	Movie	Mental Illness Depicted	Cause	Stigma
			<p>out a life partner?”</p> <p>“As children, we were never allowed to openly express anger, sadness, hate, happiness... and now how can they [parents] expect us to express love?”</p> <p>Psychosocial factors; genetic and biomedical factors</p>	

DISCUSSION

Structural Stigma (1940s-70s)

The perceived cause of structural stigma is the duty to maintain family honor, issues of caste and marriage, socioeconomic status (class), acceptance of fate and religion. Structural stigma, also known as institutionalized stigma, is the active prejudice and discrimination by policies, laws, and constitutional practice (Pescosolido 2015). Two structural systems that go hand in hand in India are caste and marriage. The caste system in India is hereditary, and the practice of marrying within one's caste ensures that the hierarchy is perpetuated. Caste divisions have deep roots in Indian history, and marriages across caste or religion in India are uncommon. According to the India Human Development Survey, only about 5% of Indian marriages are inter-caste (Grover, 2017). There are several films in the table above whose plot highlights the highly pervasive and intertwined systems of caste and marriage in India. Many films, particularly from the 30s-70s, display caste and marriage as precipitating factors to the onset of a mental illness. The first commercially successful movie was based on a novel, *Devdas*, by Sharat Chandra Chatterjee. *Devdas* has since been remade several times, with the latest version being awarded one of Time Magazine's "10 Greatest Movies of The Millennium" (Corliss, 2012). The story of *Devdas* is a highly acclaimed staple of Indian cinema. The movie surrounds two lovers who are never able to unite because of the strict class system. Devdas, son of a wealthy landowner, could not marry his

childhood sweetheart Paro, and went into a deep depression and eventually succumbed to alcoholism. He befriends a prostitute Chandramukhi, who falls in love with him but after using her as an emotional crutch, Devdas rejects her as lover. He loses all interest in life but eventually goes to Paro's house one last time, where her family refuses to let her see him. He then passes away from a broken heart. The movie offers no hint of any treatment or help for his depression or alcoholism. This movie reflects many cultural beliefs about caste, marriage, and duty to family. Devdas represents a sentimentality for self-sacrifice in the name of pure love and family loyalty. In the film, his depression and alcoholism are depicted as if they follow a logical sequence of events after the tragic events regarding his childhood love. This idea of romantic self-sacrifice and the acceptance of fate due to the hierarchical class system are prevalent throughout Bollywood films. In other words, one's fate is sealed due to membership in a certain caste or class. One's mental health concern may be similarly viewed as a fixed status.

This makes the mental illness more stigmatized than if mental illness were viewed as amenable to mental health counseling or prescribed medication. *Deewar* is another movie that yet again depicts the class system as the precipitator for a mental illness; the son of a day laborer displays symptoms of antisocial personality disorder (tendency to lie, break laws, act impulsively, and lack regard for their own safety or the safety of others) as a result of an absent father, and a single mother that is stuck in a very low-paying, laborious job. The protagonist took to a life of crime and was unable to escape the cyclical nature of poverty that his family struggled against. According to Indian cinema, the nature of these structures is so integral to Indian society that when people break these norms (inter-caste marriage for example), it impacts the person and their family to the degree of potentially falling prey to a mental illness. Having to choose between love and marriage versus family, honor, and status, seems to be a common thread in Indian cinema (Siddique, 2011).

Courtesy Stigma (1960s-80s)

Courtesy stigma is defined as the stigma that arises by association with the group or person who has a mental illness (Pescosolido, 2015). In fact, in more collectivist leaning cultures, mental illness is perceived as a communal concern; for example, in Filipino culture, the whole family identifies as having a mental illness when one member of the family is afflicted (Sanchez and Gaw, 2007). Furthermore, in Indian culture, the primary responsibility for the care of a person with mental illness lies with the family, who will make crucial decisions about treatment and care (Khandelwal et al., 2004). This particular type of stigma is quite pervasive throughout the timeline of films in this study but seems to be portrayed as a stronger force during the time period between the 1960s and 1980s because it directly intensifies the mental illness of the protagonist. The earliest film in this study that portrays courtesy stigma is *Deewar*, made in 1975. *Deewar* is an iconic film in the history of Indian cinema; it is celebrated for its complex portrayal of sociological and political realities of contemporary India. The protagonist, Vijay, suffers from antisocial personality disorder (ASPD). As a child, Vijay's father abandoned his family when he could not keep promises he made to union workers that he could not keep. Some people who were angry with Vijay's father, kidnapped Vijay and tattooed the following words on his arm: "my father is a thief." Vijay grew up bearing his father's shame on his tattooed arm. As a young boy he is fiercely protective of everyone he cares about and lashes out against authority and injustice. He throws a stone at the contractor who harasses his mother at the construction site where she works as an unskilled day laborer. This rebellious attitude is carried into his adult life where he mobilizes against the extortionists at the dockyard. Later the same

bold impulsivity earns him both his notoriety and respect in the criminal world. His sense of justice is governed by his own private morality that conflicts with the state. As depicted by Vijay's character, those with antisocial personality disorder tend to lie, break laws, act impulsively, and lack regard for their own safety or the safety of others. The courtesy stigma that Vijay experienced due to his mental illness was enacted by his mother. Their mother ends up siding with her other law-abiding son, even though the decision pains her greatly. She decides not to be associated with her son Vijay, even though she loves him. Another movie that displayed the concept of courtesy stigma is *Basera*, released in 1981. *Basera* is the story of a woman named Sharada, who experiences a severe case of retrograde amnesia and paranoia after a traumatic head injury. Sharada is portrayed as extremely violent and unmanageable. Her younger sister, Nima, ended up marrying Sharada's husband since it seemed like there was no return from Sharada's amnesia. This marriage union was born primarily out of a sense of duty as Sharada and her husband had a child when they were married, and Nima felt that the child should be raised by a mother. When Sharada suddenly recovered from her amnesia due to another injury to the head, she returned home for a while to find everyone acting as if it was 15 years ago. In one poignant scene, Balraj (her husband) loses patience with Sharada, and she reminds him that she never wanted to be ill, and she hates it as much as he does. In another brief flashback, Balraj and Nima remember the day Sharada was taken away -- in a very long tracking shot from the bedroom, down the stairs, to the living room, the camera follows the tumult as hospital workers restrain Sharada, while her husband and her doctor try to calm her. Once Sharada realizes that everyone is simply putting on a facade, she starts to act violently again, threatening to kill her family. The courtesy stigma here is enacted by her ex-husband, her sister, her children, and their significant others. Courtesy stigma also includes lying or concealing the illness from others (Goffman 1963). This family goes to extreme lengths to avoid facing the harsh reality of her illness, which in turn, perpetuates her violent tendencies, and Sharada ends up in the mental institution once again. *Tere Naam* (2003) is another film that portrays elements of courtesy stigma, as well as some other types, was released in 2003, *Tere Naam*. *Tere Naam* is a story about a young man named Radhe who obsessively stalks the woman he has fallen in love with, Nirjara. Radhe, a delinquent and school dropout, often gets into violent fights because of his hot temper. He and his friends are notorious around the town. One day he sees Nirjara, a girl who is in a caste higher than his own, and falls in love with her. The difference in their castes becomes a contentious issue, which demonstrates an aspect of structural stigma. Nirjara is already engaged to a man from her own caste. Radhe and Nirjara have more interactions together, and when Radhe decides to propose to Nirjara, she despises him and calls him a goon and a thug. Radhe, in another fit of anger, starts behaving violently and aggressively with everyone around him. Unknowingly, one day he helps Nirjara's married older sister escape the brothel where she was forced to work. When Nirjara's fiancé narrates this information to Nirjara, she starts feeling love for Radhe. Nirjara accepts Radhe's love. However, when the owners of the brothel realize what Radhe did, they attack him and cause severe and traumatic injury to his brain. The movie then portrays Radhe as having retrograde amnesia, along with psychotic tendencies such as delusions. The courtesy stigma here is enacted by Radhe's parents. Radhe's parents are at a loss for how to move forward. They believe that his illness was due to his wrongdoings, and in one poignant scene, Radhe is sitting in a mental asylum with heavy chains on his hands and feet, while his father yells at him, "I'm tired of you! Do you know how much shame you have caused our community? What will it take for you to be fixed?" This is a clear example of courtesy stigma; the narrative of shame put forth by Radhe's parents implies that Radhe is culpable or responsible for the negative social implications of his illness (Corrigan and Miller 2004). Courtesy stigma

places strains on the relationship between the marked individual, in this case Radhe and his family members, ultimately reducing the access for social support in this context (Grover 2004). Ultimately, all who were associated with Radhe, including Nirjara, were impacted negatively by his mental illness, yet watched his downfall from a distance without providing any viable social support. Finally, it is important to note that the depiction of the protagonist with a mental illness as violent has detrimental effects on the perception of those actually living with a mental illness. According to Pathak (2013), when those living with a mental illness are portrayed as violent, they are labelled as life-threatening, criminal, and aggressive, which results in fear, anxiety, and stigma. That study reported that when compared to people receiving information through print media, those who are frequently exposed to mental health issues through television and cinema are more intolerant towards a person with mental illness.

Health Practitioner Stigma (Early 2000s)

Health practitioner stigma is the active prejudice and discrimination voiced or exercised, consciously or unconsciously, by occupational groups designated to provide assistance to stigmatized groups (Pescosolido 2015). Health practitioner stigma can be executed by psychiatrists, psychologists, therapists, physicians, nurses, lawyers, and other healthcare professionals who are meant to help patients. The first movie in this study that actively portrays this type of stigma is *Deewangee*, released in 2002. *Deewangee* is based on the English movie *Primal Fear* with some added adaptations. The premise of the film surrounds a man named Tarang, who seemingly has dissociative identity disorder (DID). DID is marked by the presence of two or more distinct personality states; each personality state may have a unique name, personal history, and set of characteristic features. It is believed that DID is usually a reaction to trauma that helps a person avoid bad memories (Oltmanns 2011). When Tarang is accused of a murder, his childhood best friend and lawyer try to prove his innocence on the premise that he suffers from a mental illness. They aim to prove that one of his identities killed the victim, as opposed to Tarang's main identity, his actual personhood. Tarang's life as a child is revealed through a series of flashbacks, and the film suggests that his dissociative identity was precipitated by living with an abusive parent, causing him significant trauma. In one scene, Tarang is being questioned in court to prove his innocence. There is a clear display of health practitioner stigma here, as the prosecuting lawyer says to the jury, "When doctors live among insane people all the time, why don't they become insane too? Therefore, since Tarang's mom was insane, it doesn't make sense for him to become insane too." In this horribly poor line of reasoning, one clearly sees the active discrimination and prejudice displayed by a member of an occupational group designed to uphold laws and maintain justice for the public. The Bombay Psychiatrists Society successfully requested a mental health professional be placed on the censor board for films released in Bollywood from then on (Thapa, 2014). The health practitioner stigma depicted here is apparent; violence and brutality towards those living with a mental illness is unethical and inhumane.

Self-Stigma (2010-present)

There is little doubt that Hindi-Urdu films not only engage large audiences in India; they are also extremely popular among the Indian diaspora worldwide, bringing with them an idealized image for migrants as well. The portrayals of characters and mental illness in the context of Hindi-Urdu

films are heavily embedded in the social, cultural, political, and economic contexts in both Indian and American culture (Jain 2017). This period of films since 2010 has marked a gradual shift in Hindi cinema from entertainment to infotainment. Infotainment is both meant to entertain and inform the public on important matters. Popular movies gained the attention of not only the viewers but also the caregivers of people with mental illness. These movies (*Taare Zameen Par*, *Barfi*, *My Name is Khan*, *Paa*, etc.) have portrayed different facets of development and learning disabilities such as dyslexia, Asperger's syndrome, autism, and Tourette syndrome. A number of recent movies have specifically focused on mental health. For example, *Dear Zindagi*, the story of an urban middle-class female suffering from depression, carefully integrates scenes one by one where lifestyle adversities and flashbacks of childhood isolation have led the protagonist into a season of depression. The movie then advances by breaking stereotypical thoughts prevalent about clients with mental illness and therapists. The movie is one of the first of its kind to accurately portray the therapeutic relationship between the mental health professional and the client. A therapist, as a facilitator of the therapeutic process, comforts the client in a nondirective way rather than by giving advice or instruction (Zagelbaum 2011). This movie depicts many aspects of self-stigma. For example, in one scene, the protagonist gets entirely fed up with her parents' interfering in her life and trying to choose a suitable husband for her, when she wants to choose for herself. Her parents invite yet another family over in an attempt to set their daughter up with their son. Kaira, the protagonist, loses her temper and yells in front of everyone, "I know you think I'm mental! Yes, I am indeed 'crazy.' I am seeing a therapist. Why is it acceptable for you all to see a doctor when you have physical issues, but I can't say I'm seeing a therapist?! You make me feel like I'm crazier than I really am." Kaira depicts aspects of self-stigma here by becoming aware of public stigma (that seeing a therapist is shameful) and internalizes them by applying them to the self (calling herself "crazy") (Bathje 2014). *Dear Zindagi*, along with *Karthik Calling Karthik*, portrays a largely sympathetic attitude towards mental illness. In *Karthik Calling Karthik*, the protagonist suffers from schizophrenia, and the course of the illness was accurately depicted. Unfortunately, most films focus on the exceptions when, in fact, individuals receiving treatment for schizophrenia are no more prone to violence than the general public (NAMI), and this film did an excellent job of portraying the protagonist as someone with worth and value, who also deserves to be in a loving relationship. The protagonist, Karthik, demonstrates aspects of self-stigma when he tells his fiancée, "I don't know what is wrong with me... Do you think I want to be this way? Crazy? With no friends, no family, no love, no life? I don't want to be like this... I just want to be normal." Once again, the public stigma here says that people with mental illness are dangerous, incompetent, to blame for their disorder, and unpredictable. Karthik internalized this public stigma, and self-stigmatizes by believing thoughts that say, "I am dangerous, incompetent, and to blame for my illness." The stigma of mental illness is universal. A 2016 study on stigma by Rössler sadly concluded "there is no country, society or culture where people with mental illness have the same societal value as people without mental illness." The public's knowledge about mental illness parallels cinematic stereotypes (Gabbard & Gabbard, 1999). Though movies have started to depict a somewhat sympathetic portrayal of mental illness, there is still widespread stigma and misconceptions against individuals with mental illnesses portrayed in films. This analysis may perhaps show that movies could serve as a powerful tool in India to decrease stigma related to mental disorders by presenting an accurate and factual representation of mental illness. In a study conducted by Jain (2017), it was found that when a celebrity (in this case, Deepika Padukone, a highly popular Bollywood actress) talks about her own struggle with a mental health issue, people may be more accepting of the information given the emotional reactions such announcements elicit when it is

coming from such a famous figure, which may suppress psychological reactance and subsequent counterarguments. Given that celebrity disclosures influence people's attitudes and behaviors (Slater 2017), perhaps that influence may apply to the content of the films that the celebrities take part in. In that manner, more individuals may eventually become advocates for the issue which becomes especially relevant in the stigmatized context of mental health issues in India.

Implications

The public's knowledge about mental illness parallels cinematic stereotypes (Gabbard & Gabbard, 1999; Malik et al., 2011). Just like audiences worldwide, the public's knowledge about mental illness in India is heavily influenced by how it is portrayed in cinema. Early Indian films, mirroring the pre-independence era, often depicted characters with mental illness as possessed by evil spirits or prone to violence. After independence, the social context shifted, with films highlighting societal pressures and poverty as potential triggers for mental breakdowns. However, portrayals remained stereotypical, with characters being melodramatic or comedic exaggerations (i.e., the "infotainment" mentioned previously). Today, there is a growing awareness of mental health issues, with some films attempting to portray specific disorders more realistically. Challenges remain though, such as limited representation of the vast spectrum of mental illness and the sensationalization for entertainment value, which can reinforce negative stereotypes. These film portrayals can solidify misconceptions in the public mind and contribute to social stigma, making people hesitant to seek help (Malik et al., 2012). However, there are positive developments as well; more recent films can spark conversations about mental health, and celebrities and filmmakers are using their platforms to advocate for awareness. Indian cinema plays a significant role in both reflecting and shaping public understanding of mental illness. While progress is being made towards more sensitive portrayals, there is a need for a wider range of accurate representations to combat stigma and encourage help-seeking behavior. Though movies depict a somewhat sympathetic portrayal of mental illness, there is widespread stigma and misconceptions against individuals with mental illnesses portrayed in films. Selected Indian films may be a valuable resource in increasing cross-cultural sensitivity in psychiatric and clinical training while also helping therapists understand their clients' perceptions of mental illness on a deeper level. As the field of counseling continues to expand, this changing landscape of professional clinical practice means counselors should be trained to work with clients whose cultural backgrounds differ from their own. The notion that culturally competent services should be available to members of every ethnic minority group has been articulated for at least four decades (Zagelbaum 2011). This analysis may be the foundation for the paradigm shift that movies could serve as a powerful tool for South Asians to decrease stigma related to mental health by presenting an accurate, factual, and compassionate representation of mental illness.

AUTHOR BIOGRAPHY

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