

**MIND AND SPACE: A STUDY ON POST-
TRAUMATIC PSYCHOSOCIAL
DISABILITIES IN
SELECTED MALAYALAM FILMS OF THE
1980s and 90s**

A Thesis submitted

in partial fulfillment for the Degree of

Doctor of Philosophy

by

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**INDIAN INSTITUTE OF SPACE SCIENCE AND TECHNOLOGY
THIRUVANANTHAPURAM
MAY, 2020**

IN EVER LOVING MEMORY OF MY
AMMAMA, WHO TOOK THE GREATEST
PRIDE IN ALL MY ACHIEVEMENTS.

CERTIFICATE

This is to certify that the thesis entitled **Mind and Space: A Study on Post- Traumatic Psychosocial Disabilities in Selected Malayalam Films of the 1980s and 90s** submitted by Gayathri G.R. to the Indian Institute of Space Science and Technology, Thiruvananthapuram, in partial fulfillment for the award of the degree of **Doctor of Philosophy** is a *bona fide* record of research work carried out by her under my supervision. The contents of this thesis, in full or in parts, have not been submitted to any other Institution or University for the award of any degree or diploma.

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DECLARATION

I declare that this thesis entitled **Mind and Space: A Study on Post-Traumatic Psychosocial Disabilities in Selected Malayalam Films of the 1980s and 90s** submitted in partial fulfillment of the degree of **Doctor of Philosophy** is a record of original work carried out by me under the supervision of **Dr. Babitha Justin**, and has not formed the basis for the award of any other degree or diploma, in this or any other Institution or University. In keeping with the ethical practice in reporting scientific information, due acknowledgements have been made wherever the findings of others have been cited.



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ABSTRACT

Psychosocial disabilities describe the experiences of people and their ‘participation restrictions’ related to mental health conditions. The present study focuses on how psychosocial disabilities are constituted in the selected Malayalam films of the 1980s and 90s. The work analyzes the gender and sexuality conflicts within these selected films with a special focus on the body politics, sexual restraints, the role of families and the precarious positioning of the protagonists on the fringes of their families and other institutions. The work also analyzes how the visualization of psychosocial disabilities in these films differs from time to time through the use of cinematic techniques, the portrayal of the eccentric psychiatrist, the setting of mental hospitals in exotic locations and through the interplay of realities using dream sequences. The study also analyzes the epistemic changes within the discourse of mental health healing systems prevalent in Kerala as depicted in the selected films. The study discusses the caste dynamics by analyzing the anxieties of the upper caste protagonists in relation to the end of feudalism and breakdown of joint families; and also through the representation of the fear of the ‘empowered other.’

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1. The Changing Discourse about Psychosocial Disabilities

1.1 Introduction

‘Psychosocial disabilities’ is an internationally recognized term under the U N Convention on the Rights of Persons with Disabilities (2007), used to describe the experiences of people and their ‘participation restrictions’ related to mental health conditions. The present study focuses on how psychosocial disabilities are constituted in the selected Malayalam films of the 1980s and 90s. The work analyzes the gender and sexuality conflicts within these films with a special focus on body politics, sexual restraints, the role of families and the precarious positioning of the protagonists on the fringes of their families and other institutions. The work also analyzes how the visualization of psychosocial disabilities in these films differs from time to time through the use of cinematic techniques such as; the portrayal of the eccentric psychiatrist, the setting of mental hospitals in exotic locations and through the interplay of realities using dream sequences. The study also analyzes the epistemic changes within the discourse of mental health healing systems prevalent in Kerala in the selected films. It also discusses caste dynamics by analyzing the anxieties of the upper caste protagonists in relation to tapering off of the feudalistic era and the breakdown of joint families. These discourses occur through the representation of the fear of the ‘other.’

The study uses films as cultural texts and uses discourse analysis and content analysis to see how films weave a regional discourse about psychosocial disabilities. Twelve Malayalam films released between the 1980s and 90s are the primary texts. The rationale for selecting these films is that all these films have protagonists with

psychosocial disabilities resulting from a trauma. The primary texts analyzed are *Nidhra* (*Sleep*, 1981), *Novemberinte Nashtam* (*November's Loss*, 1982), *Adaminte Variyellu* (*Adam's Rib*, 1983), *Thalavattam* (*A Cycle of Rhythm*, 1986), *Anantharam* (*Thereafter*, 1987), *Thaniyavarthanam* (*The Exact Repetition*, 1987), *Aksharathettu* (*The Spelling Mistake*, 1989), *Ulladakam* (*The Content*, 1991), *Aham* (*The Self*, 1992), *Manichithrathazhu* (*The Ornate Lock*, 1993), *Bhootakannadi* (*The Magnifying Glass*, 1997), and *Ennu Swantham Janakikutty* (*Yours Faithfully Janakikutty*, 1998). The films released before the 1980s, *Irutinte Atmavu* (*The Soul of Darkness*, 1967), *Yakshi* (*The Ghost*, 1968) and *Punarjanmam* (*Rebirth*, 1972) are used as secondary texts to understand the change of discourse. Two other films of the selected decades, *Veenapoovu* (*The Fallen Flower*, 1983) and *Lekshmana Rekha* (1984) are also analyzed as secondary texts due to certain thematic similarities. The films released post 2000 are mentioned, but not analyzed in detail, as they fall outside the scope of the study.

The study becomes relevant as other significant research works in this area are written from an essentialist or psychiatric point of view. This study is one of the pioneering works that looks at psychosocial disabilities from a cultural point of view, which would enhance the existing scholarship in the topic and perhaps bring changes in the way psychosocial disabilities are portrayed in Malayalam films. Though the thesis deals with post-traumatic psychosocial disabilities, the subsequent chapters use the term psychosocial disabilities for simplicity of expression. Effort has been taken to maintain consistency in usage of terms and other terms wherever used are put in quotes. For historicizing with clarity, the chapter is divided into two sections. The discourse on psychosocial disabilities is so large and part I is devoted to discuss the epistemic changes in psychosocial disabilities. Part II discusses the work in detail and elaborates the hypothesis, objectives and methodology of the study.

Part 1

Psychosocial disabilities relates to the ‘social consequences of disability’ and ‘participation restrictions’ connotes how people with such disabilities are prevented from engaging in opportunities such as education, training, cultural activities, etc. (Quinlan). According to Oxford Dictionary, the word ‘mad’ originated from the Old English word ‘gemaed’; which in turn corresponded to the Anglo Saxon word ‘gimed’ meaning foolish. Later the word evolved into madness (mad+ness), ness meaning ‘more at mad’ (Oxford Dictionary 13). The word ‘lunatic’ was comparatively of later origin and this word always had a tinge of contempt or disgust associated with it as it implied “violent excitement as extravagant delusions: maniacal and frenzied” (Gopal 5). The term “mentally ill person” was introduced by the Mental Health Act 1987. This act defined a mentally ill person as “a person who is in need of treatment by reason of any mental disorder other than mental retardation”. Moving away from the medical model, the Rights of Persons with Disability Bill (2016) defines “mental illness” as “a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behavior, capacity to recognize reality or ability to meet the ordinary demands of life, but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterized by subnormality of intelligence” (Qtd from report of Mental Health Council of Australia). Mental distress or psychological distress is a term used both by mental health practitioners and users of mental health services, to describe a wide range of symptoms and experiences of a person’s life that are commonly held to be out of the ‘ordinary’. So, there exist a number of terms (both medical and non medical) for psychosocial disabilities that are interchangeably used and widely accepted. Besides these terms, expressive modes of psychosocial disabilities are culturally constituted and are “associated with culturally pervasive values, norms, generative themes and health concerns” (Nichter 379).

This thesis uses the term post-traumatic psychosocial disabilities. Psychosocial disabilities are often connected to traumatic events in a person's life. In psychiatry, 'mental disorders' resulting from a traumatic incident are termed Post-traumatic Stress Disorders (PTSD). The Diagnostic and Statistical Manual for Mental Disorders (DSM V), includes PTSD under Trauma and Stressor Related Disorders. The basic criterion for PTSD is that there should be an exposure to a traumatic or stressful incident and it can either be a direct exposure or the witnessing of the traumatic incident. DSM V also states that PTSD patients have a re-experience of the traumatic incident through upsetting memories or nightmares and this creates emotional distress or functional impairments like the inability to work or socialize with people. "Trauma Studies in literature and films, in its present theoretical form, germinated from Freud's earliest idea which dealt with the dynamics of trauma, repression, and pattern formation in his *Studies in Hysteria*" (Justin 175). In this thesis, I prefer to use the term post-traumatic psychosocial disabilities rather than post-traumatic stress disorder because I am using the term 'trauma' from the perspective of literary trauma studies and this thesis does not aim to diagnose the 'mental disorders' represented in the selected texts from a medical perspective. Literary trauma studies gained prominence after 1996 with the publication of two seminal books in this field in the very same year; Cathy Caruth's *Unwanted Experience: Trauma, Narrative and History* and Kali Tal's *Worlds of Hurt: Reading the Literatures of Trauma*. Literary trauma studies often take a psychoanalytic approach and suggest that "trauma is an unsolvable problem of the unconscious that illuminates the inherent contradictions of experience and language" (Balaev 1). Caruth writes in *Unclaimed Experience* that "trauma is not located in the simple violent or original event in an individual's past, but rather in the way that its very unassimilated nature- the way it is precisely not known in the first instance- returns to haunt the survivor later on" (4). Therefore the characters analyzed in the selected primary texts may or may not be directly exposed to a traumatic incident or have witnessed it. But all of them experience an "unspeakable void" (Balaev 1) that

traumatizes their mind and there is a constant repetition of disturbing thoughts through remembering (sometimes forced remembering through hypnosis), dreams or nightmares. Contemporary literary trauma theories give “more focus to the particular social components and cultural contexts of traumatic experience” (ibid. 3). There is a skepticism regarding a universal pathological concept of trauma. Literary trauma studies extend the conventional understanding of trauma as a disruption of the consciousness and incorporates the idea that the values attached to traumatic experiences are influenced by a variety of individual and cultural factors that change over time. In this context individual trauma becomes cultural or historical trauma, where social, semantic, political and economic factors play vital roles in the recollection of trauma. Thus this thesis focuses on the experiential difficulties faced by the protagonists of the selected films and how their identity gets negotiated in different spaces like family, religion, sexuality, caste, etc.

This chapter traces the epistemic change in the discourse on mind and psychosocial disabilities. It also explores the theoretical possibilities of psychosocial disabilities and also the connections (or lack of them) between western discourses on mind and mental health and that of India, especially Kerala. The first section will deal with the prominent Western discourses on mind like Freudian psychoanalysis and Foucauldian thoughts on ‘madness’. It will also discuss how Indian psychologists have followed Western models while retaining some specific Indian elements (which sometimes appear contradictory to Western concepts). In the context of Kerala, the thesis discusses the ‘spirituality’ associated with the mind by drawing examples from folklore. The chapter also discusses the advent of psychiatry in India and Kerala and also some of the indigenous healing practices in Kerala. Another section of the thesis would look at the present state of psychosocial disabilities in India as a ‘medico-legal’ predicament. Significant movements and organizations connected to the activities of psychiatric survivors are discussed. The last section will talk about the specific time period chosen for the study and discuss the prominent social and

economic happenings that led to a proliferation of Malayalam films dealing with psychosocial disabilities during the 1980s and 90s. The chapter will also state the hypothesis, objectives, methodology and major literature reviews used in the study.

1.2 The Realm of Psychoanalysis

Psychoanalysis is a set of psychological theories related to the study of the mind. It functions on the core idea that all people have unconscious thoughts, feelings, desires and memories. The aim of psychoanalysis therapy is to release repressed emotions and experiences, and to make the unconscious conscious. The discipline of psychoanalysis was established in the early 1890s by an Austrian neurologist Sigmund Freud. Freud, while practising as a neurologist, realized that there were many mental processes that were not conscious and that many hysteric patients had no organic causes for their symptoms. Freud's first theory to explain the causes of hysteria was presented in his book *Studies on Hysteria* (1895). In this work, Freud contended that at the root of hysterical symptoms were repressed memories, having direct or indirect sexual associations. This idea was further developed in Freud's seduction theory (1896), which stated that these repressed memories were often connected to childhood sexual abuse. *The Interpretation of Dreams* (1899) was another seminal work in Freud's career and in this work he theorized that dreams have a symbolic significance. According to this view, dreams are formed of two mental processes. The first process involves expression of unconscious desires through dreams. The second is a process of censorship that forcibly distorts the expression of that desire. Again, according to Freud, dreams have a manifest content and a latent content. The manifest content refers to that part of the dream narrative that is remembered, after the person awakens from sleep. The latent content is the underlying meaning of the dream and this part is unrecognizable to the individual upon awakening. Freud's work, *Three Essays on the Theory of Sexuality* (1905) laid down the principle of psychosexual development. According to this principle, human

beings have an instinctual libido that develops in five stages- the oral (from birth to the age of one), the anal (one to three years), phallic (three to six years), latency (from six to the age of puberty) and genital stage (from puberty to death).

Psychoanalysis was later developed in different directions, mostly by students of Freud such as Alfred Adler and Carl Gustav Jung, and by neo-Freudians such as Erich Fromm, Karen Horney and Harry Stack Sullivan. Though the predominant psychoanalytic theories can be organized into several theoretical schools (like Freudian and neo- Freudian), all of them emphasize the influence of unconscious elements on the conscious. Jacques Lacan has been called the “most controversial psycho-analyst since Freud.” Like other psychoanalytic theorists, Lacan took the unconscious and sexuality as defining points of his work. His early contributions included the idea of the mirror stage and centered on the questions of image, identification, etc. Later Lacan’s interest shifted to the symbolic order of kinship, social structures, social roles, etc. After that he focussed on the concept of the Real, which was not the external reality but rather that unconscious element in the personality, often linked to trauma, dreams or sexual drives.

All these theories are used during psychoanalytic sessions where the patient (analysand) lies on a couch with the analyst often sitting just behind and out of sight. The analysand expresses his or her thoughts, including fantasies and dreams and the analyst finds out the internal conflicts causing the patient’s symptoms. Some psychoanalysts have been labelled culturalist psychoanalysts because of the prominence they attribute to culture in a person’s behavioural pattern. Feminist theories of psychoanalysis that emerged towards the second half of the 20th century focussed on the sexual difference and developed the concepts of psychoanalysis from a feminine perspective.

1.3 Foucauldian Thoughts

Michel Foucault was a French philosopher, social theorist and literary critic. His theories primarily address the relationship between power and knowledge and how it is executed through societal institutions like religion, law, medicine, etc. Foucault's first major work, *Madness and Civilization* (1964) examines the epistemic changes in the discourse of 'madness' in Europe from the Middle Ages to the end of the eighteenth century. Foucault writes that 'madness' emerged as a replacement for leprosy at the end of the Middle Ages. While Renaissance art portrayed the mad as possessing some kind of wisdom, the seventeenth century associated it with dark secrets and apocalyptic visions. Great uneasiness arose about the mad men. Mad men, along with other social deviants, were shut away from the world through the Great Confinement. These confinement houses were not medical establishments. Instead, they were places where power was executed over these social deviants through constant monitoring. A shift occurred in the nineteenth century. The confinement houses were condemned and were replaced by mental asylums. The medical gaze developed and this started the development of a hierarchical relationship between the doctor and the patient. More than that, these asylums forced the insane to do work and those who could not do work were subject to public whipping and made to perform in plays for the amusement of an audience. "Here is madness elevated to spectacle above the silence of the asylums, and becoming public scandal for the general delight," as Foucault states (69). In his conclusion to this book, Foucault interprets the complex relationship between madness and creativity. "Foucault makes the assertion that madness, in this esteemed artistic form, brings the very question of our reason and civility to light" (Hunton 65).

Foucault's second major work *The Birth of the Clinic* (1973) can be seen as an extension of *Madness and Civilization* and this work traces the development of the medical profession, and specifically the institution of the clinic. Its central concept is

the evolution of the medical gaze¹ and how the analysis of the body was mixed with power interests. His next work, *The Order of Things* (1970), claimed that all periods of history have possessed some epistemological assumptions that decided what was acceptable. For example, scientific discourse became the epistemic discourse by the late eighteenth century and the conditions of this discourse have changed over time, from one period's episteme to another. In *The Archeology of Knowledge* (1974), Foucault analyzes discursive formations and meaning-making in a society. In the work *Discipline and Punish: The Birth of the Prison* (1975), Foucault compares modern society to Jeremy Bentham's "Panopticon" designs for prisons. In the panopticon, a single guard can watch over many prisoners, while the guard remains unseen. Foucault observes that, just like this system of panopticon modern society exercises its controlling systems of power and knowledge. The discourse of psychiatry becomes such a controlling system. *The History of Sexuality* (the first volume published in 1978, the second and third volume in 1984 and the fourth in 2018) is considered one of Foucault's seminal works. It is a four volume study and it examines "sexuality" as a discursive object. Foucault in this work writes that Western society suppressed sexuality between the seventeenth and the twentieth century. It was during this period that society took interest in sexualities that did not fit into the marital bond like the sexuality of children, of prostitutes, of the mentally ill and homosexuals. Thus, brothels and psychiatric institutions became places where 'improper' sexual feelings could be let out and the prostitutes and the persons who took psychiatric treatment in the Victorian era became the 'other Victorians'. Foucault's lecture series *Abnormal: Lectures at the College de France*, 1974- 1975, is an enquiry into the rise of the 'abnormal' individual in the western society. In this work Foucault expands on themes such as confession, the repressive hypothesis, the medicalization of the family, the emergence of psychiatry and the sexual pervert. He talks about the disciplinary methods of psychiatry (already mentioned in *Discipline and Punish*) and argues that penal/disciplinary psychiatry is situated in a rule

¹ The term 'medical gaze' denotes the dehumanizing medical separation of the patient's body from the patient's identity.

governed network of power and knowledge. Foucault traces two genealogical lines of descent that culminate in the figure of the abnormal individual; the rise of penal psychiatry and the pathologization of sexuality. The first chapter traces the establishment of an expert medico-legal opinion which established a kinship between madness and crime. The original function of psychiatry was to oversee public hygiene and protect the society from 'illness.' Later psychiatry intervened in legal settings and the connection between madness and crime became an everyday phenomenon. This medical control later entered the realms of family where the adolescent masturbator was penalized. Foucault traces the history of sexuality from the emergence of Christian confessional practices to the nineteenth century crusades against masturbation in children. As Foucault puts it: "Pleasure not governed by normal sexuality supports the entire series of abnormal, aberrant, instinctive conducts that are capable of being psychiatrized" (Foucault 287). Thus Foucault did not concentrate on the historic development of the asylums or other such structures. He intended to provide a narrative of European enlightenment- how it promoted the spread of scientific surveillance and how psychiatry and other scientific discourses became disciplinary boundaries regulating the individual's mind and body.

There has been a broad agreement that the 19th century saw a remarkable rise in insane people known to the British state, growing from two to three persons in every 10,000 in England and Wales identified as lunatics in the early nineteenth century to about thirteen per 10,000 by the time the Lunacy Act of 1845 was passed, and perhaps thirty per 10,000 at the time that a new Lunacy Act came into force in 1890 (Melling and Forsythe 1). Such changes were studied by historians like Henry Maudsely, Andrew Scull, Roy Porter and so on. By the Victorian Era, the site of specialist treatment of pauper lunacy had shifted from the parish community to a new type of institution known as Pauper Lunatic Asylum. While Foucault focused on the genealogy of distinct forms of discourse, recent historians looked at the distinctive chronology of institutional reform in each state. Roy Porter's works dealt with the commercial as well as compassionate impulses in the English treatment of 'madness'

starting from the Restoration period. The works of Andrew Scull provided a critical reading of Foucault. Scull agreed with Foucault that a rational institutional ordering took place but placed the foundations of such institutions in the expanding market relations of late nineteenth and twentieth centuries. Scull located the increasing use of the new asylums in the labour markets of Victorian England, as families surrendered responsibilities of their 'insane' relatives to the state psychiatrists. Thus the commercialization of Britain weakened many traditional familial ties and strained the resources of the communities which could not cope with the growing number of social casualties. The purpose of these new asylums was to model social behaviour according to rational bourgeois expectations. Thus damaged human capital was repaired in these spaces. Certain other historians looked at the importance of the Poor Law with respect to the workings of lunacy legislation rather than solely concentrating on the power of the psychiatrist in the administration of the pauper lunatics. These historians agreed with Scull's claim that those who used the pauper asylums in the nineteenth century belonged mainly to the poorest groups of the society and that the Poor Law authorities made every effort to ensure that these institutions catered for the needs of the poor. Thus mental health institutions were placed within a context in which rules of behaviour were laid down for society and articulated by agencies such as the Poor Law.

Later studies saw 'insanity' as an act of transgression against rules which were both legal and social. Rather than the asylum being a simply a space of hegemonic control, it also became the space where the identities of class, gender and ethnicity (or race) were negotiated via the rules of the asylum. "The asylum occupied an important role not only in drawing the rules of normal behaviour in relation to domesticity, class and community, but also figured in the wider network of institutional life that designed the relationship between the citizen and the state in the later nineteenth and early twentieth centuries" (Melling and Forsythe 6) Thus the entry of an individual into a category of medical infirmity were not only the outcome of the creation of scientific fields of knowledge mapped out by health professionals but also the result of the

state's growing concern with the experience of childhood, gender roles, family life, etc.

1.4 Mad Movement and the Advent of Mad Studies

The contemporary mad movement came into being during the decades of 1960s and 1970s, a turbulent period of ever-shifting relations between psychiatry, society, individual and the state. The post World War II ushered in a new wave of therapeutic discourse. Mental health industry had undergone a spectacular re-birth by successfully asserting its dominance over every field. There were changes happening in the mental health system like the collapse of the old asylum system and the spread of community health movements. New biogenetic theories and somatic techniques were used in psychiatry. Depression and anxiety were declared as epidemics. Psychiatric medicines like Prozac, Ritalin Nation, etc were flooding in the market place (Greenberg 2010). The movement to psychiatrize contemporary culture was opposed by scholars, activists and psychiatric survivors. In the United States, Thomas Szasz (a well-known psychiatrist), launched his life-long campaign against what he called "the myth of mental illness" through his essay "The Myth of Mental Illness: Foundations of a Theory of Personal Conduct" (1960). Albert Deutsch's *The Shame of the States* (1948), Erving Goffman's *Asylums* (1961) and Ken Kesey's iconic novel *One Flew over the Cuckoo's Nest* (1962) discussed the traumatic conditions of mental hospitals during those times. A group of radical psychiatrists like R.D Laing, David Cooper, Franco Basaglio and so on started the anti-psychiatry school. This school popularized the idea of Laing's "politics of experience"- the idea that madness could only be understood through the eyes of those who had lived it. These anti-psychiatrists believed that "the objectification of so-called 'mentally ill' people under the guise of science was deeply dehumanizing pursuit that required challenging through a wholesale re-thinking of human consciousness" (Menzies, Brenda and Geoffrey 5). Simultaneously people bearing psychiatric diagnosis started to organize

democratic actions referred to as ‘mental patient’s liberation’ and later as the “c/s/x” (consumer/survivor/expatient) movement (in North America) and the “psychiatric survivor” or “service user” movement (in the United Kingdom). Later, second wave feminism embraced the aims of anti-psychiatry movements at multiple levels. Phyllis Chesler’s *Women and Madness* (1972) argued that women were held to different and higher standards of normalcy than were men and that psychiatrisation process was profoundly gender-biased in its premises. An edited work by Dorothy Smith and Sara David titled *Women Look at Psychiatry* (1975); offered an experiential, women focussed interpretation of the psychiatric system.

By the 1980s and 90s biogenetic psychiatry regained its dominance. New diagnostic systems increasingly pathologized everyday behaviour. Morally corrupt medical practioners allied themselves with corporate drug pushers led to a kind of medical monstrosity where pills were promoted as the ultimate panacea (Whitaker 2000). “Legal rights won in the activist heydays of 970s and early 1980s were gradually rolled back and new laws were introduced to curtail rights” (Menzies et al. 6). Electric shock became respectable again. With the revised versions of DSM 2 and ICD 3², there was a widespread tendency of labelling children with a variety of psychiatric disorders.

Children who were once thought as behaving badly have been increasingly diagnosed with conduct disorders; toddlers once seen as having vivid and creative imaginations have been increasingly diagnosed with psychotic disorders and children who were once understood as expressing sadness or low moods have been increasingly diagnosed with depressive disorders (Menzies et al. 7)

Paradoxically, these decades of increased psychiatrization of children also saw the rise of the children’s rights movement and proliferation of organizations run for children.

² ICD is International Classification of Diseases and it is a system that has various diagnostic categories to classify different diseases.

Through the latter decades of the 20th century and into the present day, critical scholarship and activism have flourished around the world as never before. Many strands of anti-psychiatry, critical psychiatry, mental patient's liberation, psychiatric survivor activism, Mad pride and local and global mobilizations for psychiatric citizenship and social justice in mental health have evolved into dynamic social movements. Canadians have figured prominently in the production of critical knowledge in opposition to psychiatric oppression. Mad movements had vibrant centres of engagement in Europe, America, Africa and Asia, spreading messages of antidiscrimination and the shift in the very discourse of mental health from biomedical to a paradigm of human justice. Organizations like Mind Freedom International (MFI), the World Network of Users and Survivors of Psychiatry (WNUSP), the European Network of (Ex) Users and Survivors of Psychiatry (ENUSP), Mad Pride UK, the Hearing Voices Network (HVN), International Network Towards Alternatives and Recovery (INTAR), etc, convene regular meetings involving survivor- activist, educator and research communities.

The discourse on psychosocial disabilities in the West was widely influenced by the emergence of Mad Studies as an academic discipline during the 1960s. Mad studies was an emergent field of studies which took up the matters of psychiatrization, the oppression and agency of people with psychosocial disabilities.

Mad Studies is an area of education, scholarship and analysis about the experiences, history, culture, political organising, narratives, writings and most importantly, the PEOPLE who identify as: Mad; psychiatric survivors; consumers; service users; mentally ill; patients- neuro- diverse; inmates; disabled- to name a few of the “identity labels” our community may choose to live. (Costa 4-5)

Many of the aspects raised by mad studies have already been raised conceptually and through actions of resistance within other activist circles. Though mad studies as an academic discipline draws its approaches from other fields like women's studies, queer studies, legal studies, etc., it has been able to create its own space with its concepts and theories about mental health systems and their politics. As explained in the book *Mad Matters* (2013), mad studies is a “project of inquiry, knowledge production and political action.” (Le Francois 13). The conventional biological paradigm of “mental illness” has been challenged across a range of institutional and cultural contexts by activists, psychiatric survivors, academicians, dissenting practitioners, etc. “The challenges posed against the existing trajectories of mental distress are often linked with other movements organized around gender, disability, social class and culture” (Menzies, Le Francois and Reaume 3). The contemporary Mad movement came into being during the decades of the 1960s and 70s, “when a powerful new wave of therapeutic discourse and practice dominated the Western world” (ibid. 3). Mad studies incorporate all that is critical of psychiatry and considers the medical model as a reductionist approach. It promotes alternate forms of helping people experiencing psychosocial disabilities and views these practices as humanitarian and holistic practices where people are not reduced to symptoms but understood within the social and economic context of the society in which they live. The field of Mad Studies is relevant to a range of interconnecting social movements as well as a range of academic disciplines. “Mad studies is vital in informing Mad politics as well as anti-poverty organizing, queer politics, race politics, anti-colonial resistance, diaspora, disability rights and trans rights among others” (Menzies, Le Francois and Reaume 3).

1.5 The Indian Perspective

Most of the early literature on the discourse of psychosocial disabilities in pre-colonial India focussed on medical texts. Interestingly, most of those works were

written by foreigners who were interested in the exotic homeland. For example, Jan Meulenbeld (1997) examined the organization of the Sanskrit medical text's description of "mad states". Kenneth Zysk, through his work *Medicine in the Veda-Religious healing in the Veda* (1985); looked at how 'mental distress' is addressed in *Arthavedha*. David Kinsely's "*Through the Looking Glass: Divine Madness in the Hindu Religious Tradition*", examined how and why "madness" was employed as a marker of divinity in Hindu tradition. Weiss (1987) also conducted a comprehensive study of mental distress in classical Indian texts. Kakar's *Shamans Mystics and Doctors* (1982) and Murphy Halliburton's *Mudpacks and Prozac* (2009) investigated the different ways in which Ayurvedic, Western and religious healing systems in India defined 'mental distress' and its cure. Many recent works written from anthropological and ethnographic perspectives examine the literary, political and socio-medical aspects of psychosocial disabilities in modern India. Davar (1995, 1999, 2008 and 2015), Addlakha (2008) and Lakshmi (2006), studied the discourse of psychosocial disabilities in India from a feminist perspective. Bhargavi Davar in her article, "Legal Frameworks for and against People with Psychosocial Disabilities" (2012); analyses the Mental Health Act (2007). Similar works connecting mental health and the legal discourse were done by Narayan and Shikha (2013), Dawson (2015), etc. Gopal (2008) and Halliburton (2002, 2003 and 2005); examined the linguistic, medical and cultural discourse of psychosocial disabilities in Kerala.

1.5.1 Religion, Madness and Spirit Possession

There is a general pattern of celebration of 'madness' in Indian society in the context of religion. The Gods (especially of Hindu religion) "provide culturally valorized models of madness, for they break out of ordinary constraints of normalcy, do not consistently act in conformity to acceptable conventions, and appear as insane or intoxicated" (Fabrega 524). These Gods are sometimes portrayed as wild, chaotic, frenzied, uncontrolled and unpredictable. For example, mythological descriptions of

Lord Shiva present him as unkempt, untamed and living on the moral boundaries of the society. Kinsley in his essay, “Through the Looking Glass: Divine Madness in the Hindu Religious Tradition” wrote that Lord Shiva can sing, dance and laugh in ecstasy. He leaps, gapes, weeps and speaks like a madman or drunkard (274). These and many other aspects of the behaviour of Lord Shiva and other gods are portrayed in hymns and popular literature. Thus, we need to consider the religious, spiritual, moralistic and supernatural dimensions of psychological being, experience and behaviour in India.

Mc Daniel in her work *The Madness of Saints: Ecstatic Religion in Bengal* studied the central role played by ‘madness’ in religion. Ecstasy and altered states of consciousness (states of dissociation) became important markers in the religious and ‘mad’ behaviour associated with ritual meditations of the saints that she studied. The so called ecstatic states associated with spirituality included auditory and visual hallucinations, acts of a hostile and violent nature, laughing (for no reason), violent forms of singing and dancing, uncontrollable behaviour, etc (Mc Daniel 1989). Interestingly all these saints have led socially isolated lives and claim to have experienced visions from deities. “Even as children and adolescents they were considered mad and their parents sought help from exorcists and treatment by ayurvedic physicians. (...) Many collected strange objects, preferred the company of animals and shared their meals with them” (Fabrega 527). Again, Feuerstein introduced the concept of ‘crazy wisdom’ or ‘crazy adepts’ in his work *Holy Madness: The Shock Tactics and Radical Teachings of Crazy- Wise Adepts, Holy Fools and Rascal Gurus*. He wrote that “Holy fools in some ways fulfil a role in Indian society. Their real or legendary prototypes reject customary behaviour and criticize and ridicule the views of the orthodox religious establishment. (...) In India they have not only been tolerated, but sometimes deified” (43)

Kerala too has such a history of holy/divine madness as exemplified through the folk character Naranathu Bhuranthan, (The mad man of Naranam). He was born as the son

of Vararuchi, the famous astrologer of King Vikramaditya's court. Naranathu is believed to be the fifth child among the twelve sons of *Parayi petta panthirikulam*.³ These twelve babies were adopted by people of different *kulams* (clans) and they grew up learning the trade/skill of that kulam. They all grew up to be the best in their respective fields. The key learning from this legend is that all Kulams of ancient Kerala have a common ancestry and that regardless of birth, life skills and value systems are acquired through one's upbringing. Naranathu Bhranthan was brought up at Narayana Mangalathu Mana, situated at Chellathur in Palakkad. I visited this place to know more about the legend of Naranathu Bhranthan and was surprised to see that more than just being a folklore character, Naranathu Bhranthan holds a prominent position in the cultural history of Kerala.



Figure 1.1: Narayana Mangalathu Mana, where Naranathu Bhranthan was adopted

During my visit to the mana, I could interview the eldest member of the family. He narrated the tales of Naranathu Bhranthan. According to the legend, Naranathu

³ *Pariyi petta panthirikulam* is a Malayalam phrase translated as “twelve kulams (clans) born of a Pariah woman”. This phrase is well recognized as the title of an important legend in ancient Kerala. The ‘kulams’ refer to the vocation based hierarchical ethnic groups.

Bhranthan came to Thiruvegappura for mastering the Vedas. During this time he visited the nearby Rayiranellor mountain, where he had the eccentric habit of rolling big stones up the hill and letting them roll down back, and laughing thunderously on seeing this sight. He was reluctant to learn the Vedas, used to wander about, collect alms through begging and eat and sleep wherever he felt like doing so. At Rairanellor mountain, Naranathu Bhranthan is believed to have had a vision of the Devi (Goddess) and he enshrined Devi in the mountain and started his worship. This mountain has now turned out to be a historical place, with a temple of Goddess Durga and a statue of Naranthu Bhranthan. Devotees climb this mountain every year on the day when Naranathu Bhranthan is believed to have had Devi's vision (on the first of *Thualam*⁴). Interviews with some of the devotees revealed the interesting fact that they worship Naranathu Bhranthan as a deity, present the statue with offerings and consider visiting this place as a remedy for curing psychosocial disabilities.



Figure 1.2: The entrance of the mountain temple at Rayiranellor, Palakkad.

⁴ *Thulam* is one of the twelve months in Indian solar calendar.



Figure 1.3: Statue of Naranathu Bhranthan at Rayiranellor mountain.

Naranathu Bhranthan is also believed to have in him an essence of Lord Shiva and there is a Shiva temple at a place called Kaipuram Bhranthachalam, which used to be Naranathu Bhranthan's usual abode. This is a single rock mountain where there is a Shiva temple along with some reminiscences of Naranathu Bhranthan like the place where he meditated and a tree with chains where he is believed to have chained himself. The devotees who climb the Rayiranellor mountain also visit this place, as part of their pilgrimage.



Figure 1.4: The Bhuranthachalam Shiva Temple



Figure 1.5: The tree with the chain, where Naranathu Bhuranth is believed to have chained himself.

Due to his strange behaviour and odd activities, people perceived him as ‘mad’. However, these acts are now considered allegorical and have been applied for social

critiquing for myriad contexts. His act of rolling big stones up the hill and pushing them down is considered as a reminder of the temporary nature of human life and fortunes. It is believed that Naranathu Bhranthan defied the injustices of the existing social order through his wayward form of life.

1.5.2 Transcending the conscious and the subconscious: The Kerala Model

The indigenous healing systems in Kerala have a wider understanding of ‘the mind,’ that transcends the Western concept of the conscious/subconscious divide. Murphy Halliburton in his essay “Re- thinking Anthropological Studies of the Body: Manas and Bodham in Kerala”, examines the holistic understanding of the concept of the mind in Kerala, where the body, the mind, consciousness and the soul become “a continuum of states” (Halliburton 1123). Here the non physical states like the soul or *atman*/ higher self, are closely linked to the spirituality aspect discussed in the previous section. Indian philosophy discusses the multiple layers of the self and interestingly, most of these assumptions exist in our popular discourse also. Halliburton observes that Sanskrit terminology from philosophical texts such as *atman*, *bodham*⁵ and *manas*⁶ exist in contemporary discourse in Kerala (1127) and this in turn proves that the psychological idiom in Kerala gives importance to the non tangible parts of an individual.

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Similarly, Dr. Baiju Gopal in his doctoral thesis *The Concept of “Madness” and it’s Management: The Kerala Scenario*, analyzes the metaphysical correlates of ‘madness’ by doing a thematic study of the colloquial words for ‘madness’ in Malayalam. The different words analyzed are *bhranthu*, *unmadham*, *ilakkam*, *PE*, *kirukku*, *chithabhramam*, *ulan*, and *vattu*. By tracing the linguistic development of

⁵ The term *Bodham* can be roughly translated as consciousness.

⁶ *Manas* is a Sanskrit derived Malayalam term for the mind.

‘madness’, this thesis unearths how ‘madness’ is constructed in a particular social system (Gopal 2008). The words *bhranthu*, *ilakkam*, *chithabhramam*, *kirukku* and *vattu* are found to be somewhat similar terms, which connote the ‘unsteadiness’ associated with ‘madness’. The word *unmadha* is found to have an Ayurvedic origin and the term *PE* (which is derived from Tamil) is associated with spirit possession and connotes the metaphysical nature of madness. But anthropological surveys conducted by Halliburton in Kerala during the 1990s revealed that there is a decline in the use of the term ‘spirit possession’ and with the spread of bio-medical psychiatric services in post colonial Kerala, there is proliferation of western idioms like ‘tension’, ‘depression’, etc.

1.5.3 Indigenous Healing in Kerala: A Public Spectacle

Although, there is a reported decrease in spirit possession within the psychological realm of Kerala, most of Kerala’s indigenous healing practices (especially in religious centers) revolve around spirit possession. In some cases, the state of possession or trance becomes a part of the therapy. “Since the traditional mental healing practices do not keep a prescribed form or a specified uniform system, they have left not many of artefacts or historical evidences so as to recreate the real ethnic healing practices in their traditional form” (Gopal 153). So in order to understand the past, we have to go to the reminiscences of such indigenous healing practices, as practised in the present.

Dr. Baiju Gopal (2008) observes that many of the indigenous healing practices are performed like religious rituals. Quite contrary to Western psychoanalytic treatment, where the treatment and counselling are a private business between the patient and the analyst, in the traditional healing practices of Kerala, the entire therapy becomes a public spectacle. For example, in the Hindu tradition, the *manthravadi* (exorcist) is often assisted by the palmist/ astrologer, the *pujari* (the priest) and the *velichapadu* (the divine oracle). The astrologer through his logic deduces the cause of a person’s

problems. Often these reasons are traced back to the wrath of ancestors, possession by spirits, etc. In case of spirit possession, the *manthravadi* gains the upper hand. He performs different practices of exorcism to drive away the spirits. Once the spirit is driven out, the *pujari* does rituals to protect the patient from further attack by the spirit. Finally, the astrologer is once again consulted to see if the spirit/ ancestor is satisfied. Thus, these practices are cyclic treatment procedures. Another interesting aspect is that all these practices are done in public and involve the entire family or community.

Many families in the Malabar region, still practice indigenous healing methods for treating psychosocial disabilities. As part of my data collection, I visited two of these families in the Malappuram district of Kerala. The first one was Poonkudil Mana in Malappuram district, where we find a mix of religious and Ayurvedic healing practices. P. N. Namboodiri, the chief practitioner of the Mana, elaborated on their healing practices. They used both medicines and rituals. The medications involved a home-made tablet, home-made oil and a special type of ghee for the patient's intake. These medicines are believed to be "ritually empowered and it was often given together with sacred ash and a thread to tie around the wrist" (Sax and Harikumar 209). All the patients were treated in the veranda of the Mana. There was a lit lamp with some pooja materials on a platter and the healer sat beside it. The patients along with their family members told their problems to the healer. This was interesting because, unlike the talking sessions in western therapy, there was no private dialogue between the healer and the patient. Everything was transparent and there was no room or wall separating an ongoing healing session from the rest of the patients who stood outside or sat on stools, patiently waiting for their turn. The healers of this family are high caste Brahmins and as the Mana is located in the Muslim dominated region of Malappuram, a large section of their clients were Muslims. The other sections that constituted the Hindus and the Christians, were fewer in number.



Figure 1.6: A healing session at Poonkudil Mana

Besides Poonkudil Mana, I also visited another well known family of healers known as Kaatumadam family. Unlike the main practitioner at Poonkudil Mana who considered the healing practices as the primary profession, the practitioner at Kaatumadam family was a school teacher who considered such healing practices only as a hereditary practice of the family. The practitioner whom I interviewed claimed that they were the descendents of Parasurama⁷, who gave the Kaatumadam family the power to cure ‘mental illness.’ This family does a particular type of ritual practice known as *sambradayi*.

Besides these families, there are other religious centres in Kerala, where healing practices are performed. Murphy Halliburton in his book *Mudpacks and Prozac: Experiencing Ayurvedic, Biomedical Religious Healing*, discusses three religious healing centres in Kerala, namely the Chottanikara Temple, the Vettucaud Church and Beemapalli⁸. As their names suggest these centres belong to the three prominent

⁷ Parasurama is believed to be the sixth avatar of Lord Vishnu in Hindu religion.

⁸ Palli is the Malayalam equivalent of mosque.

religions in Kerala, Hinduism, Christianity and Islam. The Chottanikara Temple is located in the Ernakulam district of central Kerala. Most of the people who came there were said to be “possessed”, while some others were just said to have “mental illness” or “mental problems”. Halliburton also writes that a majority of the people who came to this temple had earlier gone to psychiatric hospitals for treatment. Another interesting feature of this temple is that, it is not a secluded place that treats the “possessed”. On the other hand, Chottanikara is one of the most famous pilgrim spots in Kerala. The devotees are aware of the fact that there are many “possessed” people seeking relief there. “The mentally afflicted are allowed to engage in emotional outbursts and erratic behavior” (Halliburton 69), while other devotees carry out their daily poojas. Thus, the temple premises become a liberated space, where the “mentally ill” are not restrained from expressing their distress, and as these expressions are made in public, they become a spectacle. There is a smaller temple within Chottanikara which is known as *kizakke kavu* (the sacred grove of the east). This small temple is the abode of Goddess Kali, “who intimidates the spirits possessing the afflicted and helps drive them away” (ibid. 70). Though the healing practices at Chottanikara temple are mainly ritual oriented, the devotees are also given a particular kind of ghee (as in Poonkudil Mana) and bhrami (a herb used in Ayurvedic treatments). Special poojas for the ‘mentally ill’ are done every week at the *kizake kavu* (the Kali temple), where the sounding of drums induced these people into a state of trance to ward off the spirits. Thus, this ritual becomes a counter therapy where the state of possession is induced as part of the healing procedure.

Another such famous healing centre in Kerala is Beemapalli, located at Trivandrum. When the devotees at Chotanikkara temple worship Kali for a solution, the people who come to Beemapalli worship Ummachi, “the female saint who is interred at the mosque” (ibid. 76). Again unlike Chottanikara where the patients move freely and do poojas with other devotees, there are some cells in Beemapalli where ‘violent patients’ are locked and attended to by relatives. “People with less serious problems- those felt not to be a threat to other ill people or worshippers- wander freely on the

mosque grounds” (ibid. 77). Unlike the organised ritual practices at Chottanikara temple, the ‘afflicted devotees’ at Beemapalli pray on their own. The healing procedures include prayers, eating jasmine flowers, drinking water from an underground source in the mosque (which is believed to have medicinal properties) and tying talismans⁹ around the wrist. Vettucaud Church, the third religious healing centre discussed in Halliburton’s work is also located at Trivandrum. This church is believed to be established in the sixteenth century, when the second wave of Christianity reached Kerala shores (Halliburton 2009). Halliburton observes that the number of ‘spirit possessed’ people reaching Vettucaud church are less in number as compared to Chottanikara and Beemapalli. The treatment procedures include prayers and talking sessions with priests, that resemble the talk therapies in western medicine.

Besides these religious healing centres, there are some ritualistic art forms in Kerala, the performance of which is considered a solution for ‘mental illness’. Dr. Baiju Gopal in his thesis, *The Concept of “Madness” and it’s Management: The Kerala Scenario* analyzes Theyyam (a ritualistic art form in Northern Kerala) and its connection with ‘madness’ and its management. The person who performs Theyyam personifies the deity. These performers mainly belong to the tribal group of Malabar regions. Theyyam is a colourful spectacular performance often done in front of village deities or in houses as a form of worship to the ancestors. Dr Baiju observes that most Theyyam performances are stories of oppression, and these people who were denied rights in their lives, become Gods later. Thus, through the theyyam performance “ the ‘power-less’ human being who is subjected to all the worldly oppression and cheating gets a chance to resurrect as a mighty, powerful God who is above all these worldly boundaries” (Gopal 212). Again, the caste hierarchy gets subverted in a Theyyam performance and the theyyam performer (from a lower caste) is allowed to perform even in a Brahmin’s house and is accepted as a God by people of all castes. There is a particular ritual called *pena kodukal* in the Theyyam performance. As part of the ritual, the possessed person consults an astrologer to

⁹ A sacred thread believed to have magical powers.

know the right reason for them to get possessed. During the performance, the possessed person faces the relative of the spirit who possessed the particular person. The Theyyam performer acts as a mediator in this process and suggests remedies for problems (Gopal 2008). Dr. Baiju also observes that most of the Theyyam performers are also known for their *manthravada* practice for ‘mental illness.’

1.5.4 Ayurvedic Healing

Ayurveda highlights the balance of three humors or three *dosas* for the proper functioning of the body and mind. It is known as the *tridosa* principle, and balance of the three *dosas*- *vata* (roughly translated as wind), *pitta* (bile) and *kapha* (phlegm) is sought. Therefore a disease of the mind or body is understood as an imbalance of these *dosas* and healing is prescribed through proper diet, medications and lifestyle changes (Halliburton 2009). According to Ayurveda,

a person possesses *budhi* (intellect), *manas* (similar to mind), *indriyas* (sense organs), *ahamkara* (a sense of self or individuality), and other attributes which constitute what might be considered one’s “mental” makeup (. . .) Mental illness can develop from vitiation of any or all of the three *dosas* or excess in the mental humors *rajas* and *tamas* due to excessive desire (for example, lust or covetousness) and repulsion (avoiding objects that cause pain (Halliburton 49).

Kerala is well known for its Ayurvedic healing practices. ‘Mental illness’ is referred to as *unmada* in Ayurveda , caused due to imbalance of *dosas*. Accordingly they are classified as *vatotmadam*, *piitotmadam* and *kaphotmadam*. *Vatotmadam* is characterised by manic behaviour and hyper- activity, *pittotmadam* results in outbursts of anger and violence and *kaphotmadam* is characterised by lethargic, gloomy and passive behaviour (Halliburton 2009). These ‘disorders’ can be caused due to a shock resulting from a trauma, dietary problems and other factors. The

therapy includes *snehapana* (drinking ghee for the lubrication of the body and the removal of impurities), oil bath, sweating, *panchakarma*¹⁰ treatment and talk therapy (Halliburton 2009).

1.6 The Advent of Psychiatry in Colonial India

In the early part of the 19th century, there emerged a lunacy movement in India based on the premises that ‘madness’ could be cured through proper institutional treatment. Hochmuth (2006) observes the conflicts in the confrontation of colonial psychiatry with the indigenous healing systems in India. Colonial medicine assumed a scientific superiority over the indigenous treatment methods. The colonizers even claimed that the “indigenous practioners were shameless imposters who would not hesitate to use the most dangerous drugs on their patients (Gopal 63). Thus the Britishers spread the notion that they had to save the Indians from the so- called harmful indigenous practioners.

In his article “Emergence of a Marginal Science in a Colonial City: Reading Psychiatry in Bengali Periodicals”, Basu (2004) looks at how colonial psychiatric knowledge was disseminated through a vernacular language, Bengali. Basu also argues that there were powerful attempts “to homogenize a plural culture of healing.” He writes, “The coming of psychiatry in India as a modern, rational, Eurocentric set of knowledge did not happen in a space full of magic, witchcraft and the like. Medical systems like Ayurveda and Unani were being practiced along with numerous, localized but systematic practices that dealt with the problems of the mind. (66)”. The rise of psychiatry in colonial India did not follow Foucauldian course that happened with Enlightenment in Europe. It was different because it had to negotiate a range of indigenous health systems and cultural practices that were already operating in India. “Thus the history of insanity in the age of colonial modernity is quite

¹⁰ It is a five step procedure to remove impurities from the body.

different as its theoretical challenge lies in understanding the hybridity, which is produced from the impact of colonialism (Gopal 68).”

Mills in his work *Reforming the Indian: Treatment Regimes in the Lunatic Asylums of British India*, analyzes the role and functioning of lunatic asylums in British India. He observes that for the British, ‘recovery’ of the ‘insane’ meant an exhibition of certain individual qualities linked to self-regulation and productivity. In other words, much attention was given to the functions of the body. “The body was to be ordered and made efficient through the regulation of its functioning, so that cleanliness and eating were emphasized and the working of the body was observed closely (Gopal 70). The Asylum Reports of the Bombay Presidency, also shows that coercive measures were also used to control the intake of food, cleanliness and expression of sexual desires. The Indian inmates could not use their body to convey personal messages or to satisfy their own desires. Thus their bodies were colonized.

As the recovery of an individual meant to make them ‘productive’ again, ‘work’ was considered as both the means and the measure of the recovery process. “A strict division of labour was being enforced in the asylums by the medical officers: the emphasis was on women performing domestic tasks and men executing outdoor work including agriculture and rudimentary construction (ibid. 77).” The gendered division of labour in Indian asylums was intended to reinforce sex identities that the British thought proper. The gender differences were also highlighted by separating the women’s wards from the male ones. Thus the asylums in colonial India “were fostered environments where the inmates would learn the roles that the British wanted all Indians to play (ibid. 80).”

1.6.1 Psychiatry in Kerala

With the advent of colonialism, “the indigenous curatory practices of Kerala were seen as antithetical to the civilized practices of the West” (Nair 6). The colonial

missionaries and other British administrators through their writings spread the notion that “the healing practices prevailing in colonial and post- colonial Kerala are superstitious as the procedures of treatment involve magic and spirit possession (ibid. 15).” Thus, as Edward Said says in his work *Orientalism*, there was a hidden politics behind these writings to make the indigenous people believe that what the West said was always correct. The western medical practice that was introduced in Kerala by stressing on the aspect of hygiene, and the establishment of hospitals in Kerala became part of the white man’s burden to ‘purify’ the state.

“According to the Travancore State Manual, the western system of medical treatment was introduced in the Travancore State during the reign of Rani Gauri Lakshmi Bayi” (Gopal 226). The order for establishing a new mental asylum in Trivandrum was issued on 11th July, 1866 (Gopal 2008). Later this lunatic asylum was renamed as “The Hospital for Mental Diseases.” The northern side of Kerala had many indigenous healing practitioners and the introduction of western treatment methods was not as easy as in the south. “The first attempt to introduce European Medical treatment into Cochin was made by a missionary Rev. J. Dawson, who opened a dispensary in Mattancheri in 1818” (ibid. 230). The Calicut Lunatic Asylum was established in the year 1872 (Gopal 2007).

1.7 Psychosocial Disabilities: A Medico- Legal Issue

Ever since the establishment of psychiatry and psychiatric hospitals, psychosocial disabilities became a medico- legal issue. In the clinical space, “the power to heal is converted into the power to control and where the voice of the life world is silenced” (Addlakha 97). This control began as early as the development of the medical gaze¹¹. The psychiatric examination transforms a person from an individual to a medico-legal subject requiring treatment. People with ‘mental illness’ lack legal recognition

¹¹ See Foucault’s *The Birth of the Clinic* (1973).

before the court. The change of terms from the ‘lunatic’ to a person with psychosocial disabilities marks the change in the social positioning of the people with psychosocial disabilities. Bhargavi Davar, a well known activist and academic in her article “Legal Frameworks for and against People with Psychosocial Disabilities” traces the legal background on psychosocial disabilities. She writes that people with “mental illness” are considered “non- persons” and criticises the mental health care systems in India that are still regulated by the Mental Health Act of 1987, which “provides liberally for involuntary commitment into mental hospital” (Davar 123).

The incorporation of law into the clinical intervention is very significant in the mental health care sector. The first law in relation to ‘mental illness’ in colonial India was the Lunatic Removal Act of 1851. This law was mainly enacted to take British patients back to England. The early laws established by the colonial administrators in India were The Lunacy Act 1858, The Indian Lunatic Asylum Act 1858 and the Military Lunatic Act 1877. “Under these acts patients were detained for an indefinite period in poor living conditions, with little chance of recovery or discharge” (Firdozi and Ahamad 65). The Indian Lunacy Act (ILA) 1912 was the first law that governed mental health in India. This act focused on the protection of public from those who were considered dangerous to the society and neglected the human rights of the patients. As a result the Indian Psychiatric Society suggested that ILA 1912 was inappropriate and subsequently helped to draft a mental health bill in 1950 (Trivedi 2002). It took more than three decades for this bill to become an act and became the Mental Health Act 1987. This act provided detailed procedures for hospital admissions and emphasized the need to protect human rights. The Mental Health Act (1987) which repealed the Indian Lunacy Act of 1912 was passed as an act of social welfare. “The objectives of the Act were to amend the law relating to mentally ill persons, reflected the change in the attitude and procedures involved in the care of mentally ill persons with advances made in the field of psychiatry” (Trivedi 95). This act was criticized mainly on the grounds that it does not make any distinction between the patients who seek the treatment voluntarily and those who are in need of

involuntary treatment or hospitalization. Criticisms related to legal procedures of licensing and administration of mental hospitals were also raised. Human rights activists questioned the constitutional validity of MHA 1987 because it involved the curtailment of personal liberty without the provision of a review by a judicial body. The poor implementation and defects of the Act became more prominent with the Erwadi incident. These criticisms led to the amendment of MHA 1987 and the Mental Health Care Bill 2013 was introduced in the Rajya Sabha in August 2013. India signed the U.N Convention on the Rights of Persons with Disabilities (CRPD) in 2007 and CRPD was considered “a shift of paradigm”, a shift away from the medical model to the social model of disability. CRPD took into consideration multiple discrimination against the women and children with disabilities. Under the MHCB 2013, every person had the right to mental health care from services run by government. It also provided for other services like the provision of essential psychotropic medications free of cost, insurance coverage for psychiatric patients, funding for private consultation if a district mental health service is not available, etc. Later, the Mental Health Bill (2013) came out as the Mental Health Act (2017) with positive amendments like the de-criminalization of suicide, introduction of mental health insurance, etc.

Still, people with psychosocial disabilities face some difficulties. The shift from the ‘illness’ aspect to the ‘disability’ aspect, considers ‘mental illness’ as a social disability but the question whether the Mental Health Act is a disability rights law is still debated. For a long time, people with ‘unsound’ mind were governed by the Indian Lunacy Act (1912). The Lunacy act primarily advocated safeguarding the society from the ‘dangerous’ lunatics. When this act was reframed into the Mental Health Act of 1987, the medical domain gained more prominence. “It also allowed families to more simply, and without the involvement of the judiciary, involuntarily commit a relative, on the basis of psychiatric evidence alone, without having to go through a lengthy court procedure” (Davar 125). However through strong advocacy from the part of people with ‘mental/ intellectual disabilities’, more sensitive

legislations like The Persons with Disabilities Act (1995) and The National Trust Act (1999) were formed. But even though the Persons with Disabilities Act (1995) included psychosocial disabilities in the seventh category, “the disabling aspects of mental illness have been invisible” (ibid. 126). Consequently people with psychosocial disabilities are discriminated against in different spaces like marriage, family, job sector, etc. Family laws deny legal capacity for persons with psychosocial disabilities “to be married, stay married, adopt, inherit, terminate a pregnancy, choose a pregnancy, etc.” (ibid.125)

1.8 Organizations of People with Psychosocial Disabilities

Organizations of people with psychosocial disabilities critique the oppressive strategies of mental health systems and become a socializing space for the psychiatric survivors, advocates of mental health rights and academicians working in the field of mental health studies. These organizations often conduct social activities, conferences and workshops on different issues of psychosocial disabilities and some of the well known organizations have been able to make considerable positive changes within the discourse on psychosocial disabilities. This section will discuss some such prominent organizations in India.

1.8.1 The Banyan

The Banyan is a Chennai based NGO, working in the field of mental health. It started as a rehabilitation centre that offered shelter to the homeless women with ‘mental illness.’ Established in 1993, this organization “aims to create replicable and sustainable models of care that address the interconnected elements of mental ill health” (source: official website of Banyan). The organization provides psychiatric

and social care through community based outpatient care units. The Banyan has a Kerala unit in Malappuram, and in 2017, it established care homes in the Kozhikode district of Kerala. “The Banyan team, consisting of a psychiatrist, a nurse and two social workers, conduct bi-monthly training sessions on integrated mental health care for volunteers. These volunteers then identify potential clients in the area who would benefit from outpatient mental health services” (Stories from The Banyan). Recently the Banyan collaborated with the government of Kerala and Tata Institute of Social Sciences (TISS) Mumbai to create a rehabilitation centre for the ‘mentally ill’ in Kerala, known as *Snehakoodu* (The Shelter of Love). *Snehakoodu* is part of the Kerala government’s *Arogya Keralam* Project.

1.8.2 Bapu Trust for Research on Mind and Discourse

Bapu Trust is a non profit organization established in 1999. It is a Pune based organization started by Dr. Bhargavi Davar, in the name of her mother (fondly known as Bapu). This organization is “dedicated to socially relevant research in the area of mental health” (Patole). The trust’s vision is to “see a world, where emotional well being is experienced in a holistic manner and not just as a mental disease” (source: official page of Bapu Trust). This organization advocates changes in structural and legal policies dealing with mental health. The Bapu Trust has alliances with several international organizations like CBM Australia, International Disability Alliance, DFAT Australia, etc. Besides that, the Bapu Trust organizes various training programmes like Seher, which is a Comprehensive Urban Community Mental Health and Inclusion Programme. The Trust also published a newsletter named *Aaina*, which was the only national newsletter in India which gave space for psychiatric survivors to express their views related to mental health and treatment procedures. *Aaina* covered issues like the role of NGOs in mental health, the use of alternative therapies, policy discussions related to mental health, etc. It was started in 2001 and had to stop its circulation in 2007, due to lack of funding. About twenty issues of *Aaina* are archived in Bapu Trust’s official website.

1.8.3 Anjali: Mental Health Rights Organization

Anjali is a Kolkata based organization and it aims to establish mental illness within the mainstream health paradigm. Anjali works with a group of people who identify themselves as psychiatric survivors and who have faced discrimination in their life. Anjali's activities are extended to three government mental hospitals in West Bengal and they provide health care services and alternative therapies to the patients. Anjali's vision is to create "a world where the right to positive mental health is secured for all" (source: official website of Anjali). Anjali has also played a pivotal role in bringing the tabooed subject of sexuality and psychosocial disabilities into academic platforms by organizing conferences like "Pleasure, Politics and Pagalpan : National Conference on Sexuality, Rights and Psychosocial Disability", "Sexual Rights of women with Psychosocial Disabilities: Insights from India", etc.



Figure 1.7: An installation put up at the conference on "Pleasure Politics and Pagalpan"

Part 2

Cinema often weaved conventional frameworks for imagining psychosocial disabilities. There were quite a few significant works that discuss the cinematic representation of psychosocial disabilities, mostly written from a medical perspective. Interestingly, most of these works were written by psychiatrists and psychoanalysts; who often criticized cinema for its unrealistic representation of psychosocial disabilities. Bhugra (2012) argues that the social climate in India from the 1950s through the 1990s had a significant impact on the way ‘mental illness’ was portrayed in Hindi films. In 2012, a review of a scholarship on Indian films on “mental illness” published in the *Journal of Mental Health and Behaviour* argued that; the industry both perpetuates stereotypes and educates against stereotyping. This review states, “Generally Indian movies have portrayed mental illness in a negative manner and presented them in the form of crude comedy, showing the victim of mental illness as subject of ridicule”, but some films have “demonstrated a text book example of the disorder(s) and are valuable for learning.” (Krishnan, Gupta & Gupta 2012). Other works that looked at the representation of psychosocial disabilities in Indian Cinema include Menon and Ranjith (2009), Mangala and Thara (2009), Guruprasad, et.al (2009), Bhugra (2008), Ratnakaran, et.al (2015), Chathoth (2016) etc.

This section analyzes the portrayal of psychosocial disabilities in Malayalam cinema and investigates why there was an increase in the number of films dealing with this particular theme during the 1980s and 1990s. The section also looks into the psychological climate of Kerala of 1980s and 90s and how the cultural, social and political scenario of the two decades have influenced the system. In this context it is poignant to look into the transformation of the matrilineal system into a patrilineal one, the land reform movements, the end of feudalism, the rise of nuclear families, the increase in the number of working women, increase in Gulf migration etc. The

major literature reviews, hypothesis, objectives and methodology used in the work are also discussed. It will also give a rough overview about the ensuing chapters.

1.9 Psychosocial Disabilities in Malayalam Cinema

Malayalam cinema had always been enamoured by the complexities of the human mind. *Irutinte Aatmavu* released in the year 1967, was identified as the first Malayalam film that discussed psychosocial disabilities. The previous section discussed the rich Ayurvedic and religious discourse on psychosocial disabilities in Kerala, even before the advent of psychiatry during the late nineteenth century. Hence, we can safely conclude that a psychological discourse was not absent in Kerala. Thus there was something that triggered the popularity of the theme of psychosocial disabilities by the end of the 1960s. Malayalam cinema in its initial years (from 1930s to 50s) was mostly under Tamil influence. But still it was known for its realistic tackling of social issues (Vasanthi 1990). So we need to inquire whether psychosocial disabilities were not considered a relevant social issue before the 1960's. This chapter is an inquiry into those possible causes. Again if we examine the number of Malayalam films that dealt with this theme each year, we can find that there was a sudden increase in the number of films after the 1980s ¹². This chapter also analyzes what were the changes that happened during the 1980s and 90s that brought in a renewed interest in the theme of psychosocial disabilities.

1.10 Socio-economic Changes in Kerala During the 20th Century

By the end of the nineteenth century, the colonial administrators de-legitimized many of the existing social systems in Kerala through missionary practices, print culture

¹² See appendix I

and mainly through legal interventions (Jeffrey 1976, 2004 and Kodoth 2002). These changes included the abolition of *sambandam* system and the enactment of Hindu Marriage Act 1896, the decline of the matrilineal system of inheritance, the rise of nuclear families, the decline of feudalism, the advent of print culture, increased Gulf migration, etc. These changes in turn re-configured the socio-economic conditions in Kerala.

1.10.1. The Decline of Matriliney

Matriliney was the system in which the structure of inheritance is through the female line. In Kerala, this system was called *Marumakkathayam*. The term *marumakkal* in Malayalam meant nephews or nieces. Thus according to this system, the male head of the joint family (known as *karanavar*) could hand over his properties only to his sister's children and not to his own children. The joint family under the matrilineal system was known as *tharavadu*. In this system, "*sambandham* was the customary institution that framed sexual relations between men and women" (Kodoth 350). *Sambandam* was not the equivalent of the 'modern' marriage and it had no legal validity. Through this system, "the Nambudiris were able to use their position of dominance in the land hierarchy to ensure access to women of Nair tenant *tharavads* (matrilineal joint family)" (ibid. 351). The colonial masters saw this system as uncivilized and the English educated Malayalees (mostly Nair youth) were equally dissatisfied with the system. Thus discontent against matriliney arose from 1870s onwards, mostly because of the sexual access and privilege claimed by Nambudiri men over Nair women (Kodoth 2002). The Malabar Marriage Act passed in 1898 was part of the "efforts to reform matrilineal practice through legislative intervention (ibid. 355). The matrilineal system collapsed by the 1930s (Jeffrey 1978). The collapse of the matrilineal families led to the changes in property rights and inheritance laws and the subsequent rise of nuclear families.

1.10.2. The Forming of Nuclear Families

The rise of nuclear families in Kerala was an interesting phenomenon and many researchers feel that there was a discourse directing Malayalees to small families from the middle of the nineteenth century (Devika 2002). The advocacy of nuclear family changed the parental concepts. J. Devika in her article “Domesticating Malayalees: family planning, the nation and home-centered anxieties in mid twentieth century Keralam” observes that “(. . .) child-rearing has increasingly resembled a craft-like activity in which children are treated as a sort of ‘raw material’ upon which parents work in their parenting” (11). This in turn created pressure in the minds of both parents and children, and often resulted in psychological problems. Consequently, this period saw the burgeoning of child psychologists. The Family Planning Programme that started in Kerala during 1960s aimed at a ‘new domesticity’. But the ‘stress and strain’ arising out of nuclear families were almost ignored. Devika (2002) observes,

The rising rates of divorce, recurrence of domestic difficulties among the reasons given by families and individuals taking their own lives, concern over increasing child abuse, especially psychological abuse in contemporary Keralam voiced by child psychologists etc, seem to indicate that individualising family had its side-effects unintended or simply ignored by the Family Planners. (11)

‘Modern’ nuclear families in Kerala also became the perfect loci that highlighted gender norms and gender expectations. With the shift from matriliney, there came the patrilineal system of inheritance, where the father became the head of the family. Thus, the “(. . .) ability to maintain a family on one’s self-esteem income had become a crucial norm (. . .) in defining masculinity itself” (ibid. 12). Filip Osella and Caroline Osella in their essay “Migration, Money and Masculinity in Kerala” observe that “after the breakdown of matriliney, a new masculinity which is independent, individualistic, with a male centric family orientation emerged in tune

with the transformation of matrilineal inheritance” (124). The nuclear families also designed a new model of domesticity for the women. The *Mahilasamjams* and *Gramasevikas*, the women’s camps that came around late 1950s as part of Community Development Programme, “were actively integrated into the family planning propaganda” (Devika 28). The aim of these communities was to train women in family planning, cooking, other domestic duties, etc. Thus, nuclear families propagated the idea of a ‘new womanhood’, where women had to be the ‘vessel of culture’, not like the *vesya*¹³, but in a significantly different way (Sreekumar 2009). The construction of ‘new womanhood’ was devised through various methods. One was educating the women through popular literature like women’s magazines.

1.10.3 The Advent of Women’s Magazines

The early women’ magazines “played a definitive role in the social and political construction of Malayalee womanhood” (Vinayan and Merin Simi 2). “The first women’s journal *Keralaliya Suguna Bodhini* was published from Thiruvananthapuram in 1884.” (Antony 21). The earliest women’s magazines mostly discussed about education. Later they began to cover topics like dowry, child marriage, birth control, etc (Devika 2006, Antony 2013, Vinayan and Merin Simi Raj 2019). Most of the women writers in their magazines were high caste Hindus and the articles were mainly addressed to Nair women (Devika 2007). “This in turn led to the emergence of a hegemonic image of the “ideal Malayali woman” strongly influenced by the caste markings and customs of Nair women” (Antony 22). These magazines highlighted the concepts of *sthreetwam* and *streedharmam*. *Sthreetwam* referred to state of being a woman and this term connotes the feminine qualities of love, sacrifice, etc. *Streedharma* was more action oriented and referred to the duties of an ‘ideal’ Malayalee woman like child care, cooking, etc (Antony 2013). Dr. Babitha Justin in her article *The Making Of The ‘Feminine’: Looking At Popular Magazines*

¹³ See *Scripting Lives: Narratives of ‘Dominant Women’ in Kerala* (2009) by Sharmila Sreekumar.

Inside Out, examines two magazine's of late twentieth century and concludes that these magazines "systematically enwrap women within the private sphere of home, by connecting them to the institution of marriage, domesticity, familial values, etc. Thus there was "a silent propagation of patriarchal ideology, under the guise of women's empowerment and the fashioning of the "modern Malayalee" self" (Vinayan and Merin Simi 10).

1.10.4 The Land Reform Movements

The land reform movements were initiated in 1936, under the leadership of the left wing party (Jefferson 1976).

The movement mobilized tenants and small land owners. (. . .) The movement's demands were those of petty landowners and of a tenantry experiencing social dislocation and growing impoverishment: security of tenure, assignment of half the net produce of the land to the tenant, reduction in land revenue, and, most important, abolition of feudal sub-servience to landlords (Jefferson 90).

This reform movement was supported by the Gandhian Congress and other social reformers in Kerala. "Boycotts and social ostracism were used against stubborn landlords and against tenants who would not fall in with the programs of the Peasants' Union" (ibid. 91). The Communist Party of India which came to power in 1957, supported this movement. Accordingly, Kerala's land reform law was passed in 1969 and was implemented in the successive years (Franke and Barbara 1989,. "The end of house-land tenancy meant a major shift in power towards the poor, along with some improvement in their economic position" (Franke and Barbara 84). On the other hand, many of the feudal families were left in miserable conditions.

1.10.5 The Rise of Psychological Magazines

Although Kerala had a rich culture of healing psychosocial disabilities much before the advent of psychiatry, the discussion on psychological issues came into the public sphere of Kerala much later. Ranjani Krishnan, in her doctoral thesis, *The Experience of the Intimate in Contemporary Keralam: Towards an Understanding of Erotic Economy* analyses how a ‘psychological language’ started in Kerala. She observes that Kesari Balakrishna Pillai (1889-1960) was one of the pioneering figures who attempted to translate psychological concepts into Malayalam during 1930s. The psychological magazines like *Psycho* and *Manashastram* came into existence during 1960s and 80s respectively. A detailed discussion on the evolution of these magazines and their contents is available in the second chapter.

1.10.6 Gulf Migration

The rise of the nuclear families and increase in literacy, resulted in the emergence of a salaried job culture in Kerala. Ironically, this situation also accentuated the joblessness in the state which resulted in a large number of people migrating to Gulf countries in search of a job. “It is estimated that in 1983 half of the Indians working in the Gulf states were from Kerala” (Osella and Osella 119). The migrants were almost exclusively male and the Gulf migration began to have a crucial role in the lives of men in Kerala. For young men in Kerala,

migrating to the Gulf does not only spell an escape from unemployment, but is also a move away from *payyanhood* (young immature status) towards full adult status as a householder, defined by the combination of marriage, fatherhood and showing ability as a ‘provider’(Osella and Osella 120).

Gulf migration was at its boom between 1979 and 1984 (Osella & 2000, Radhakrishnan 2009). Ratheesh Radhakrishnan in his essay “The Gulf in the imagination: Migration, Malayalam cinema and regional identity” writes

The construction boom, the establishment of various small-scale industrial units, the burgeoning gold market, the increasing number of travel agencies in the state, the spread of private telephone connections and public telephone booths as early as the mid-1980s and the growing availability of consumer goods like music systems, video cassette recorders and video cassettes with English and Arabic subtitles, rechargeable torches, all bring to relief the immediate and visible aspects of the influence of the Persian Gulf in Kerala (218).

1.11 The Psychological Impact

All these social, economic and political changes had significant impact on the psyche of ‘modern’ Kerala. For example, “matriliny offered a sense of security, autonomy and perhaps even purpose to a woman” (Kodoth 130). The end of matriliney and *sambandam* systems resulted in the creation of a sexual restraint in the Kerala society. The rise of nuclear families and the Family Planning Programmes in Kerala further increased these restraints by imposing the norm of ‘responsible parenting’ (Devika 2002). This increased stress on ‘responsible parenting’, led parents to high pressure, helicopter parenting and the pressures showered on children increased manifold. The culture of English education through convent schools had a negative impact on their mental health conditions. Thus by intervening into the structure of the nuclear family, the state was trying to design its citizens and create a ‘political docility’ (Devika 2002). The increased pressure of meeting the financial and moral needs of the nuclear family, often posed a threat to the concept of ‘masculinity’ of Malayali men, which in turn resulted in psychological problems. The ‘feminine’ qualities of Malayali women were being manipulated by the women’s magazines,

films, educational system and other sources of entertainment. Thus any woman who deviated from these expected feminine roles were seen as 'abnormal'. The health magazines like *Psycho* and *Manashasthram* did not only target the person who is 'ill' but rather the entire community. Thus, with the coming of these magazines, entire Kerala was put under medical gaze and health became a consumer product (Nair 2009). The Gulf migrants often left their families at home and the sexuality of the wife of the *Gulfan*¹⁴ became a matter of public concern.

1.12 Impact on Malayalam Films

These social changes had its impact on films as well. Interestingly, the portrayal of psychosocial disabilities in Malayalam cinema seem to be directly linked to the socio-cultural changes. For example, *Irutinte Aatmavu* (1967), the first Malayalam film that discusses psychosocial disabilities is set in a Nair *tharavadu* in its crumbling stages. Malayalam film always puts great emphasis on the notion of family, and family plays an important role in the sanity of a person. *Yakshi* (1968) and *Punarjanmam* (1972), the earliest psychothrillers in Malayalam, have protagonists (with psychosocial disabilities), who are orphans. Interestingly, both these films deal with the theme of sexual problems and openly discuss sex and family planning programmes. Here, I would like to argue that Malayalam cinema was more liberal in its treatment of sexual themes during the 1960s and 70s. For example Ragini in the film *Yakshi* is loud about her sexual desires and questions her husband's masculinity, when he does not reciprocate her feelings. But when the same film is remade as *Akam* (2013), the heroine does not seem to be open about her sexuality. She is distressed of being avoided by her husband, but instead of questioning his sexuality she silently bears the pain. Thus, there was a silencing of sexuality (especially of women) in the later centuries. The moral policing over sexuality came by the late 70s due several reasons such as the male anxiety over female sexuality, the control of female sexuality

¹⁴ See "Migration, Money and Masculinity in Kerala" by Filippo Osella and Caroline Osella.

through the rise of the nuclear family and women's magazines, forced family planning, etc. Radhakrishnan (2006) observes that in the Malayalam films of the 80s and 90s, the 'mental illness' of men is often connected to their incapacity to control dominant women. The spread of a psychological discourse through health magazines during the 70s and 80s, also accentuated the production of films that deal with psychosocial disabilities. Again, most of the producers of the period were Gulf migrants (Radhakrishnan 2009) and this resulted in the production of films with nostalgic depiction of Kerala (Menon 2009), that showed women who deviated from traditional norms as 'abnormal'. Thus, there was a burgeoning of Malayalam films that dealt with the theme of psychosocial disabilities during the 1980s and 1990s and this is the reason why the study chooses to deal with the films of the said period¹⁵.

1.13 Literature Review

- Menon, Koravangattu Valsraj, and Gopinath Ranjith. "Malayalam cinema and mental health." *International Review of Psychiatry*, vol. 21, no.3, 2009, pp. 218-223.
- Ratnakaran, Badr, et al. "Depictions of mental health topics in Malayalam cinema." *Kerala Journal of Psychiatry*, vol. 28, no.2, 2015, pp. 204-211.
- Ratnakaran, Badr, et al. "Psychiatric disorders in Malayalam cinema." *Kerala Journal of Psychiatry*, vol. 28, no.2, 2015, pp. 195-203.
- Balasubrahmanya, K. R. "Njangalude Veettile Athidhikal (2014)." *Kerala Journal of Psychiatry*, vol.28, no.1, 2015, pp. 115-117.
- Chathoth, Vidya. *Reel to Real: The mind, through the lens of Malayalam cinema*. Notion Press, 2016.

"Malayalam Cinema and Mental Health" by Menon et al. proposes the idea of using films as a means of instruction for students of psychiatry. The two articles by Ratnakaran et al. critique the stereotypic, negative and inaccurate depictions of

¹⁵ A complete list of selected films is given in Appendix I.

‘mental illness’ in Malayalam cinema and comments how accurate portrayals can be used as pedagogical materials for instructing the medical students about mental health. Balasubramaniya’s article “Njangalude Veettile Athidhikal”, is a review of the movie of the same title, released in 2012. *Reel to Real: The mind, through the lens of Malayalam cinema*, is the only book published in this area. Written from a non-psychiatric perspective, this book analyzes the films *Aranyakam*, *Udhyana Palakan*, *Chillu*, *Ulladakam*, *Innale* and *Ennu Swantham Janakikutty*. The author looks at these films as aesthetic creations of great psychological values that help us to surpass our vulnerabilities and to confront the challenges in our life.

1.14 Hypothesis

- The illustration of psychosocial disabilities in Malayalam cinema, which proliferated during the 1980s and 90s, due to the changing socio-political scenario in Kerala; imagined/configured psychosocial disabilities with a gender and caste bias and with a suppression of legal debates on the topic.

1.15 Objectives

- To analyze how psychosocial disabilities were cinematically constituted in the selected films.
- To understand the changing regional discourse(s) of psychosocial disabilities in Kerala and to analyze how it was represented through films of the selected period.
- To examine how these film texts mediated the interaction between psychosocial disabilities and other institutional and discursive spaces like medicine, law, family, sexuality, gender and caste politics.
- To analyze how these films articulated counter- hegemonic discourses.
- To study how the selected films became symbolic vehicles of ‘meaning-making’ and also a cultural critique.

1.16 Methodology

The study was conducted using the methods of

● Trauma theory

According to literary trauma theory, “trauma is an unsolvable problem of the unconscious that illuminates the inherent contradictions of experience and language” (Balaev 1). The protagonists of the selected texts may or may not be exposed to a particular traumatic incident, but all of them experience an “unspeakable void” that traumatizes their mind and there is a constant repetition of disturbing thoughts through remembering (sometimes forced remembering through hypnosis), dreams or nightmares. In *Nidhra*, it is the trauma caused by the death of the mother, that is identified as the cause of Raju’s ‘illness.’ The protagonist Meera in *Novemberinte Nashtam* mourns the absence of a mother figure and the figure of the father is connected with an unexplained fear in her mind. All the female protagonists in *Adaminte Variyellu* experience an “unspeakable void” in their lives. In *Thalavattam*, it is the traumatic incident of the death of his lover, that drives the protagonist ‘mad.’ The protagonist Balagopalan in *Thaniyavarthanam* faces intense trauma, when the entire society brands him as ‘mad’. In the film *Anantharam*, the protagonist Ajayan is traumatized by the thought that he is an orphan, right from his childhood. Reshma in the film *Ulladakam* develops sea phobia, after the traumatic incident of the death of her lover on the sea shore. In *Aham* and *Manichithratazhu*, the protagonists face childhood trauma on being neglected by their parents. The traumatic incident of the rape and death of the protagonist’s lover’s daughter triggers schizophrenia in the film *Bhootakannadi*. In the film *Ennu Swantham Janakikutty*, it is the trauma faced by Janakikutty on realizing that the man she desires is in love with another woman that causes schizophrenia.

● Theory of Narrative Prosthesis

The theory of Narrative Prosthesis was introduced by David T. Mitchell and Sharon L. Snyder in the book *Narrative Prosthesis: Disabilities and Dependencies of Discourse*. Narrative Prosthesis “address the meanings assigned to disability as a representational identity in narrative art.” (1) It refers to the prevalence of the theme of disability in imaginative narrative structures like films. This theory argues that “while other marginalized identities have suffered cultural exclusion due to a dearth of images reflecting their experience, the marginality of disabled people has occurred in the midst of the perpetual circulation of images of disability in print and visual media” (Mitchell and Sharon L. Snyder 2000). We can observe that Malayalam cinema also has a profound interest in the portrayal of psychosocial disabilities. But even though there are sufficient number of films, these films often lead to the cultural exclusion of a character with psychosocial disabilities. The cinematic techniques used in the visualization process like camera techniques, light and sound, etc, often create an aura of fear around the character with psychosocial disabilities.

● Studies on Precarity

“Precariousness is used to denote a general, pervasive ontological condition of vulnerability and insecurity” (Kasim). The protagonists of all the selected films are in a precarious condition. They find themselves on the fringes of their own family or the society as a whole. Raju in the film *Nidhra* is always in a precarious situation and feels that the entire family is plotting against him. Meera in *Novemeberinte Nashtam* always lives with a feeling of insecurity and her dreams symbolize her inner fears. The protagonists of the film *Adaminte Variyellu*, are people of nowhere. Though Alice belongs to an affluent family, she does not belong there. Vasanthi cannot identify with the conditions of both home and office and works like a robot. Ammini is a highly vulnerable character who belongs to the fringes of the society, even caste-wise. In *Thalavattam*, the condition of Vinu in the mental sanatorium is highly

vulnerable. Balagopalan in *Thaniyavarthanam* becomes an outsider in his own family and is moved to the fringes of the society, when tagged ‘mad.’ The character Ajayan in *Anantharam* believes that he belongs to nowhere. *Ulladakam and Aham*, tell the story of characters who are moved to the fringes of society in a mental hospital and rehabilitation centre respectively. The female protagonists in *Aksharathettu* and *Manichitratazhu* are ‘deviant identities’, who do not belong to the family structure. Vidhyadharan in *Bhootakannadi* is always conscious of his own existence and also about the vulnerability of his daughter in the ‘modern’ world. Janakikutty in *Ennu Swantham* Janakikutty always remains an outsider in her own family.

● Foucauldian Discourse Analysis

“Foucauldian discourse analysis is a form of discourse analysis, focusing on power relationships in society as expressed through language and practices, and based on the theories of Michel Foucault” (en.wikipedia.org/wiki/Foucauldian_discourse_analysis) This study considers Malayalam cinema as a discourse that negotiates power relations within the social structures of family, gender, caste, etc, and visually constitute knowledge on psychosocial disabilities.

● Content Analysis

“Content analysis is a research method for studying documents and communication artifacts, which can be texts of various formats, pictures, audio or video” (en.wikipedia.org/wiki/Content_analysis). By using the theory of content analysis, this study does a thematic analysis of the selected texts.

● Feminist Film Theory and The Theory of Gaze.

“Feminist film theory is a theoretical film criticism derived from feminist politics and feminist theory” (en.wikipedia.org/wiki/Feminist_film_theory). Many feminist film critics have pointed out that it is the “male gaze” that predominates cinema. The study uses the theory of male gaze to analyse how female bodies become the epitome

of ‘culture’ in the selected films and how a deviation from the set norms of patriarchy is considered ‘abnormal’. The study also observes how a reversal of this gaze (the female gaze) from the part of these women also symbolize deviation from ‘femininity’. Besides these, the study also analyzes the medical gaze that controls the sexuality of the protagonists.

● **Psychoanalytic theory**

Psychoanalytic theory is mainly based on the theories of Sigmund Freud. The study uses psychoanalytic theory mostly in dream analysis, where the repressed anxiety of the protagonist. Such dream sequences appear in the primary films *Nidhra*, *Novemberinte Nashtam*, *Thaniyavarthanam* and *Ulladakam* and also in the secondary films *Irutinte Atmavu*, *Veenapoovu* and *Lekshmana Rekha*.

● **Literature Reviews**

The study draws ideas from the major literature review on the area, written on media and mental health. It also uses the sociological writings on Kerala history and anthropological writings on the discourse of the mind in Kerala.

● **Expert interviews**

The study draws information from the expert interviews conducted by the researcher with the healers at Poonkudil Mana and Katumadam (two families in Kerala, well-known for mental healing practices) and also with two psychiatrists, Dr. Vidhya Chathoth and Dr. Jayakumar. Dr. Vidhya Chathoth is a psychiatrist, teaching at Kannur Medical College. She writes regularly on her Wordpress blog, *It's all in the mind*. Human mind is the central theme of all her articles. She also published a book, *Reel to Real: Mind through the Lens of Malayalam Cinema*. Dr. Jayaprakashan is a psychiatrist at Govt. Medical College Trivandrum and also the secretary of Kerala State Mental Health Authority. He is one of the administrators of the Facebook group

group Psychiatry and Cinema and also an active member of the Facebook Page Mind's Maladies in Movies.

1.17 Conclusion

The different linguistic terminologies used for psychosocial disabilities, from the social and medical model throw light on the changing discourse on psychosocial disabilities. The terms 'mental illness' and 'mental disorder' are accepted mainly in the medical model. 'Mental distress' is a widely accepted term in the colloquial vocabulary and it connotes the experience part of people undergoing distress. The western theoretical knowledge on the nature of mind and its surrounding institutions is mainly based on the studies by Sigmund Freud and Michel Foucault. While Freud studied about the unknowability of the human mind, Foucault discussed the discursive formations that placed 'the mad' on the fringes of the society.

The Indian concept of the mind is much more complicated and is a combination of tangible and non tangible elements like *buddhi*, *bodham*, *atma*, etc. Before the advent of colonial medicine, Kerala had a rich tradition of Ayurvedic and religious healing practices. Though suppressed by biomedicine at present, some of these indigenous healing centres and ritualistic art forms like *Theyyam* still enjoy popularity. Poonkudil Mana and Kaatumadom are two families in Malabar region who perform indigenous healing practices. Besides these families, religious healing centres like the Chottanikkara temple, the Vetukaud church and the Beemapalli mosque are still preferred over psychiatry by the people of Kerala. Though all these religious healing centres have their own unique practices, we can find that some of these practices overlap. Interestingly these centres become sites of religious pluralism, where people of all castes meet for a solution. All these healing practices are done in public and become a visual spectacle.

The earliest missionary writings in colonial Kerala tried to spread the notion that indigenous healing practices are ‘unhygienic’ , ‘superstitious’ and involved witchcraft. Thus these healing practices were later replaced by lunatic asylums in Trivandrum and Cochin. Since then, the ‘mad man’ of Kerala became a medico-legal predicament. The Indian law often mistreated persons with psychosocial disabilities and denied them justice. Even though legislation brought out several Mental Health Acts, the problem is not completely solved. Thus a number of organizations (either comprised of persons with psychosocial disabilities or working for their welfare) emerged in different parts of the country.

Malayalam cinema started portraying psychosocial disabilities from the late 1960’s. There was a sudden increase in the number of films with psychosocial disabilities as the major theme during the 1980s and 90s. The portrayal of this theme in Malayalam cinema is linked to matriliney’s demise and the resultant male anxiety about female sexuality, the rise of the nuclear family and the ensuing tussles, increased Gulf migration, the portrayal of non- traditional dominant women as ‘mad’ women, etc.

2. Historicizing Psychosocial Disabilities in Malayalam Cinema

2.1 Introduction

‘Psychosocial disabilities’ describe the experiences of people and their ‘participation restrictions’ related to mental health conditions. The present study focuses on how psychosocial disabilities are constituted in the selected Malayalam films of 1980s and 90s. This chapter gives a brief literature review on studies related to media and psychosocial disabilities, with an emphasis on Malayalam Cinema. It then tries to weave a history of representation of psychosocial disabilities in Malayalam Cinema from the 1960’s till recent times. This chapter will look into the possible reasons behind the introduction of the theme of psychosocial disabilities during the 1960s, the reasons for its accelerated popularity during the 1980s and 90s and the changes in its portrayal after 2000.

2.2 Tracing the roots of psychosocial disabilities in the Kerala public sphere

This section tries to analyze how a ‘psychological culture’ evolved in the Kerala public sphere during the second half of the twentieth century. Various factors contributed to this increased focus on psychological issues and films and visual culture were also part of it. This thesis looks into the reasons for the proliferation of films (that dealt with these themes) during the 1980s and 90s and how the language of psychosocial disabilities was cinematically constituted in the films.

2.2.1 The Rise of Mental Asylums in Kerala

Interestingly we can find a lot of literature which deals with the history of psycho culture in Kerala. Santhosh Abraham in his article, “Medicine and British Empire in South India: A Study of Psychiatry and Mental Asylums in Colonial Kerala”, looks at the evolution of colonial psychiatry and psychiatric institutions in Kerala. Right from the period of Enlightenment, “psychiatry was purely a western construct and lunatic asylums became sites of disciplining and punishing of the self for surveillance and judgement” (Foucault 248). The English model asylums in colonial India were also modes of social control. Abraham, in his article, points out that the earliest lunatic asylums in colonial India were meant only to treat the soldiers of the East India Company. The local people had no admittance there and they were treated by local healers. It was only during the 1820s that government asylums (for the general public) were set up in Madras, Bombay and Calcutta (Abraham 126). The Calicut Asylum was first established in 1872 and after the Lunacy Act of 1912, there was a change of terminology from lunatic asylum to Calicut Mental Hospital. Mental hospitals were also set up in Travancore and Cochin and these became “hybrid spaces” where there was a blend of local practices with those of Western medicine (ibid. 130).

2.2.2 Psychosocial Disabilities and the Advent of Print Culture in Kerala

Thus, there was the onset of western psychiatry and mental hospitals in Kerala, as early as in the nineteenth century. But we can observe that the discussion of psyche and psychological problems began much later in the public sphere of Kerala. Ranjani Krishnan, in her doctoral thesis, *The Experience of the Intimate in Contemporary Kerala: Towards an Understanding of Erotic Economy* analyses how a ‘psychological language’ started to pervade the Kerala common sense. She

traces this to the advent of print culture that promoted ‘advice columns’ and articles related to psychology. She observes that ‘psychological writing’ slowly began to spread in Kerala from the 1930s. Kesari Balakrishna Pillai (1889- 1960) was one of the pioneering figures who attempted to translate psychological concepts into Malayalam. He was the editor of *Kesari* magazine and through that magazine, he tried to translate many European thoughts into Malayalam. Kesari has written in several magazines on psychological issues and the need to address issues psychologically at that time. A magazine named *Mahila* (translated as *Woman*), carried Kesari’s translation of a German psychologist’s article, under the heading ‘*Vivaham oru Manashastra Prashnam Enna Nilayil*’ (Marriage as a Psychological Issue). Thus, we can see that the early psychological writings in Kerala did not directly deal with the psyche and psychosocial disabilities. Instead, they discussed the disharmony in relationships, marital discord, etc.

Interestingly, *Psycho*¹⁶, the first Malayalam magazine devoted solely to psychology did not deal with psychic problems. Ranjani, in her work includes, excerpts from her interview with Chelavoor Venu, the editor of the magazine *Psycho*; who said that the letters that they received for the advice columns in this magazine were not related to *bhranth* (madness) as such. They were doubts mostly related to marital relationships. *Manashasthram* was another magazine on psychology, which was in circulation during 1980s and 1990s. I collected some of the available copies¹⁷ of this magazine. The initial issues of the magazine came out with the objective of revolutionizing psychology in Kerala and to creating awareness about it among the people. The editor clearly stated that the magazine’s intention was to change the notion that psychology is used to solve the problems of only city dwellers and the rich elite and to take psychology to the common masses. The magazine used Freudian concepts to solve day to day problems. Besides discussing problems like OCD (Obsessive

¹⁶ This magazine (which started during 1960s) was released by M.T. Vasudevan Nair, one of the major literary figures of Kerala.

¹⁷ Though the magazine is known to have started in 1980s, I could collect only a few copies available, between 1990s and 1995.

Compulsive Disorder), emphasis was given on how to lead a good family life, the adverse effects of television and how it affects family relations, etc. For example, in one of the article titled “*Television Nammale Eghne Swadeenikunu*” (“*How Television Influences Us*”), S. Sajeew Kumar a psychiatrist writes that television takes away the leisure of evening trips and precious moments children spent with their parents and this adversely affects their psyche (Kumar 161).

Interestingly, in 1991, *Manashasthram* magazine shifted its emphasis from psychology alone and began to incorporate general health issues. It changed its name to *Manashasthram- A Psycho Medical Magazine*. Its new objectives were to teach people how to lead a healthy lifestyle, to give proper awareness about different diseases and their treatment procedures, to make people understand that a healthy mind is as important as a healthy body, etc. Another notable change was the modifications made in the front cover. Whereas earlier editions used abstract images, the new ones changed their covers to make them look similar to those of women’s magazines.

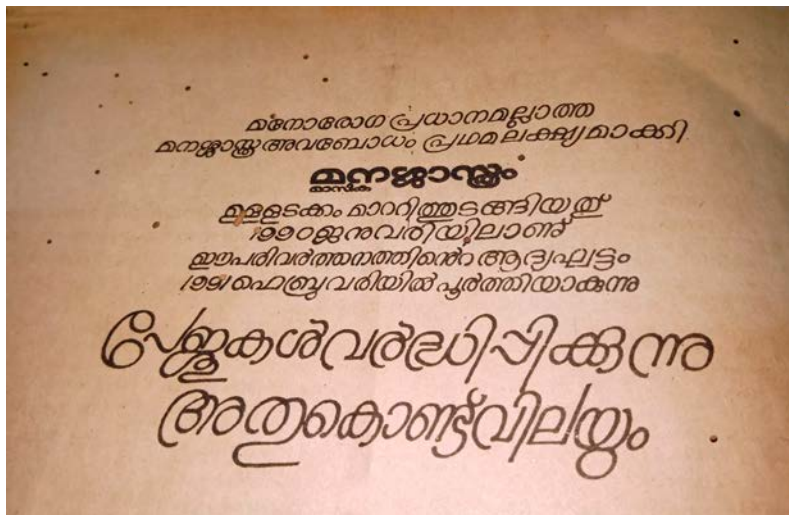


Figure 2.1: The last issue of *Manashastram* magazine that was solely devoted to psychology.

Here it is written that, *manorogapradhanamallatha manashasthra avabodham pradhana lakshyamaki Manashastrathinte uladakkam marunu*. This means that from now on the stress will be on creating a general understanding on psychological issues rather than on psychological disorders and the content will be changing according to the change in focus.

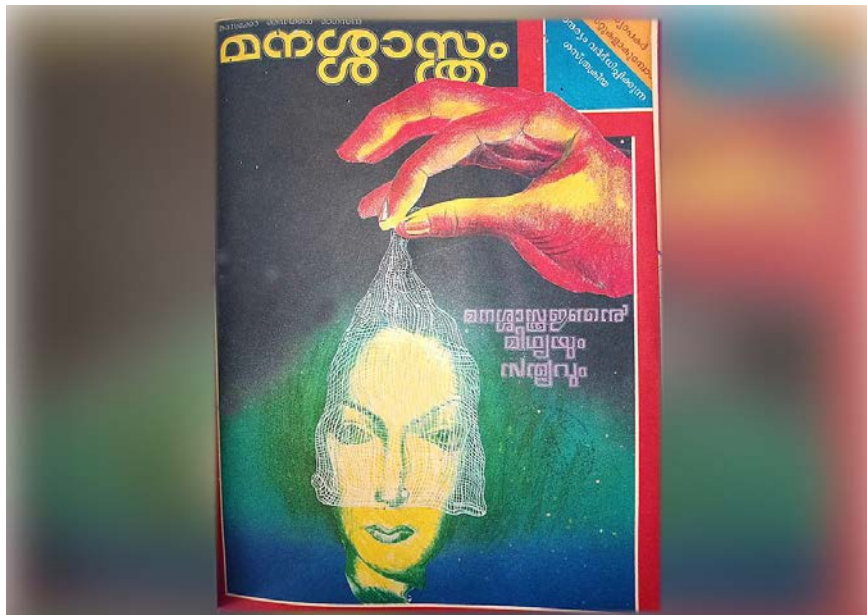


Figure 2.2: The cover page of one of the earlier editions of *Manashasthram* magazine, showing an abstract image.

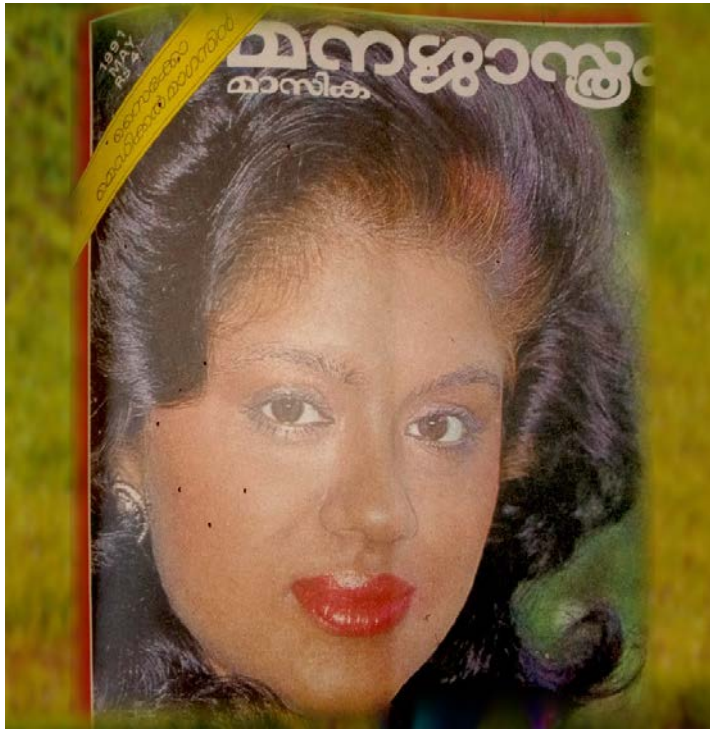


Figure 2.3: The cover page of a later issue of *Manashasthram*

This magazine was in circulation when the Gulf migration in Kerala was at its peak and it had its reach in Gulf countries also. There were constant advertisements in the magazine that showed its availability in Gulf countries. The following advertisement in the magazine is particularly targeted at Gulf migrants, where *Manashasthram* gives an opportunity to Gulf migrants to gift the issues of the magazines to their dear ones, by paying an annual subscription amount.

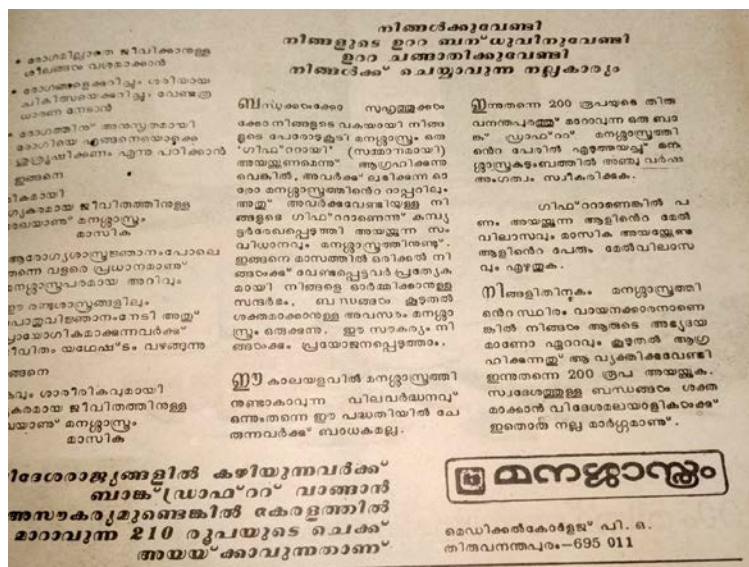


Figure 2.4: An advertisement in *Manashasthram* magazine targeted at migrants from Kerala.

Another important aspect is that the post 1990s editions of this magazine began to carry articles or rather reviews on films that discussed psychosocial disabilities. There was an entire section devoted to this. Initially this section was titled “*Nalla Cinemyku Vendi*” (For Good Films) later it was changed to “*Manashasthram Dryshyamadhyamaghaliloode*” (*Psychology through Visual Media*). Here I would like to argue that when initially the magazine was aiming at ‘good’ films that discussed about psychology or psychosocial disabilities; later the magazine analyzes how psychology is constituted through visual culture . The thesis analyses this change, when psychology stopped being just an academic and scientific discourse and entered the realm of visual culture. Later, rather than just being a medium for portraying psychosocial disabilities; Malayalam cinema began to create its own language of psychosocial disabilities.

Thus, although both these magazines began with a psychological or physiological discourse, they began to incorporate social narratives especially on marriage and domesticity. This shift was particularly important because it was during the time when Kerala had started its units of nuclear families, after the waning of matriliney

and the split of joint families (Jeffrey 1978, 1990 and 1992, Devika (2002), Kodoth (2001) and Arunima 2003). In other words, these magazines played a crucial role in grafting ‘modern’ relations (Krishnan 2015). I would also like to argue that, changing its outlook to that which imitates women’s magazines was not simply a move to increase female readership. Instead we can witness that there was a “deployment of sexual morality” (Kumaramkandath 117) by shifting the burden of culture and the responsibility of preserving the newly invented domestic space on Malayalee woman. Thus, these magazines propagated a new value system and a careful scrutiny of the changes in their cover pages and contents ‘unveil the hidden cultural politics and social realities behind the progressive veneer of these transformations” (ibid. 118).

2.2.3 Psychosocial Disabilities and the Advent of Television

The circulation of these psychological magazines decreased after the 1990s due to the spread of visual media (especially television) and the subsequent fall in strength of the reading public. But as Ranjani Krishnan (2015) in her thesis argues, the drop in the circulation of magazines like *Psycho* and *Manashasthram*, should not be just seen as the waning of a particular discourse. Rather it shows that such discussions no longer need a specific location. Later, all the popular magazines began to have psychological columns. Slowly such discussions entered the television screen and in 1998, Asianet¹⁸ started a phone in programme titled “*Rathisukhasree*” (The Essence of Erotic Pleasure), which provided access to a psychologist. This programme aimed at solving conjugal disturbances and discords. Later, health awareness programmes (like *Arogya Keralam*) in different channels, started to have constant discussions on psychosocial disabilities.

¹⁸ Asianet is one of the prominent television channels in Kerala.

2.2.4 Psychological Discourse and The New Media

Discussions on psychological issues, post 2000 have been happening on the new media. We can also notice that the discourses on psychosocial disabilities in print and visual media were mostly uni- directional, in the sense that the information usually passed from the psychologist/ psychiatrist to the patients or the general public. The voices of survivors and the patients undergoing therapy were absent here. But with the arrival of online platforms survivors and therapy users could meet each other, form groups, raise their concerns, seek solutions and help each other.

Online platforms also became the sites where awareness was created using new means like films, short films, etc. For example, *Manasikarogyam* is an online portal maintained by the Kerala unit of Indian Psychiatric society. This portal has different sections like *vayanamuri* (reading room), *kottaka* (theatre), *nilavara* (cellar) and *chodiyothram* (question- answer). The portal was made with a view to provide a ‘scientific’ understanding of psychology and psychological problems. The language used is the vernacular. *Vayanamuri* contains diverse readings on the topic. *Kottaka* is the section where visual media is used for creating awareness about psychosocial disabilities. Various documents on the topic can be downloaded from *nilavara* and readers can clarify their doubts through *chodyothram* section.

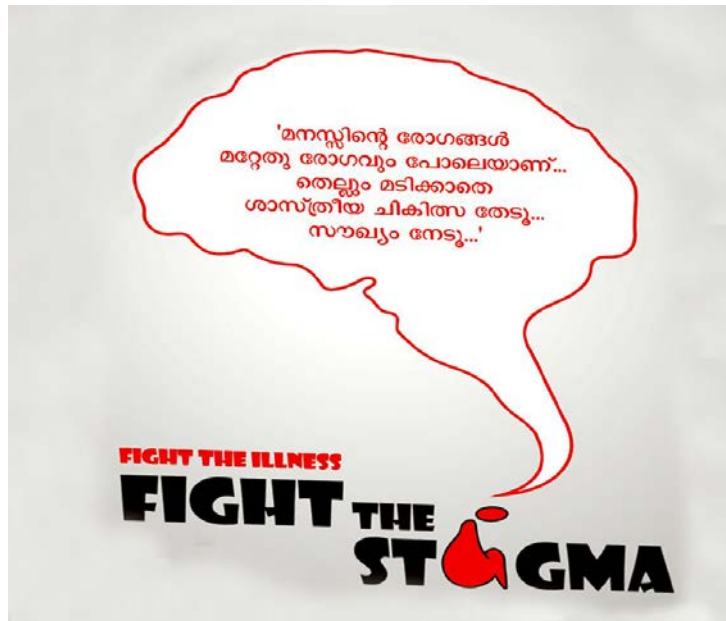


Figure 2.5: A poster published in the portal *Manashasthram*.

Besides this, there is Facebook page and a Facebook group that are devoted to the discussions on psychosocial disabilities in films. The Facebook page is called Mind's Maladies in Movies and it was launched in December 2014, in connection with a mental health awareness exhibition conducted at the time of the nineteenth IFFK (December 2014). The page is active till date and it “intends to highlight mental health related issues in movies and use them for creating mental health awareness among film lovers and the public” (source official page of ‘Mind’s Maladies in Movies’). Psychiatry and Cinema is a closed group and it serves as a “forum for discussion of movies, and their influence on mental health and related issues” (source official page of Psychiatry and Cinema).

2.3 Psychosocial disabilities in Malayalam Literature: A Brief Review

The portrayal of psychosocial disabilities in literature can be seen as an aftermath of the western spirit of Enlightenment reaching the shores of Kerala towards the end of the nineteenth and the beginning of twentieth century. The complexities of life became the main topic of modernist literature in Malayalam. The earliest expressions of such themes in Malayalam literature are discussed in Radhakrishna Warriar's work *Bhranthu Malayala Kadhanaroopaghalil Oru Padanam (A Study on Madness in Malayalam Fiction)*, published in 2005. This work examines the different dimensions of 'madness' ranging from the anxiety of Rama taken to the level of madness in *Ramayana Kilippattu*¹⁹ to its diverse expressions in Malayalam elegies like *Leela* (1914) by Kumaran Asan and *Chithaaspathriyile Dinaghal (The Days Spent in a Mental Hospital)* by A. Ayyapan. An interesting part of this study throws light on the character of *Bhranthan Channan*²⁰ (the mad Channan), a character in C.V's novel *Marthandavarma* (1891). We can perceive that the portrayal of this character has some similarities with the folk character Naranathu Bhranthan²¹. Both these characters are portrayed as divinely eccentric or in other words they feign madness for a spiritual, philosophical or political reason. No one understands whether they are really 'mad' or whether they pretend madness. CV's Channan is a heroic mad character who feigns madness in order to save the king. Just like the folklore character of Naranathu Bhranthan, he remains a mysterious character who utters incomprehensible words, loves singing songs and remains well

¹⁹ *Adhyathmaramayanam Kilippattu* is the most popular Malayalam version of the Sanskrit epic *Ramayana*. It is believed to have been written by Thunchathu Ramanujan Ezhuthachan in the early 17th century.

²⁰ *Channan* or *Channar* was a title used in Kerala until early 20th century and was conferred on some families of the *Ezhava* caste by ancient rulers.

²¹ Naranathu Bhranthan, a character in Malayalam folklore is believed to be a divine man who pretended to be mad

camouflaged from the public eye. The novelist describes him as “*Kapada bhranthanaya aa vishistapurushan*”, meaning a divine man who feigns madness.

Similarly, *Bhranthalayam* (1949) (*The Mad House*) by Kesavadev is a story about how religious fanaticism is taken to an extreme level of madness. *Bhranthu* (*Madness*) by Pamman is about how uncontrolled sexual desires disturb a person’s stability of mind. During the period between the 1940s and 1960s, we can find ecstatic characters in the novels of K.E Mathai (better known as Parapurathu), Thakazhi Shivashankara Pillai, S.K.Pottakadu, V.V Ayyappan (known by his pseudonym Kovilan), Nandhanar, etc. After the 1950s, there came a number of novels with migration as a theme and the psychological problems associated with it. People of the southern regions migrated to the northern parts of Kerala for better agricultural prospects but they had to face the hostilities of nature, in the form of natural uncertainties, wild animals and also various illnesses. These unexpected calamities traumatised the minds of the characters in these works. Examples are S.K. Pottakad’s *Vishakanyaka* (1990) (*The Poison Maid*), Thakazhi’s *Enipaddikal* (1965) (*The Ladder*), M.T Vasudevan Nair’s novels *Manju* (*The Snow*) and *Kaalam* (*Time*), Rajalekshmi’s *Njan Enna Bhavam* (*The Egotist*), Sethumadhavan’s *Kiratham* (*Brutality*), etc.

Later, Vaikom Mohammad Basheer the novelist, came out with the medical confession that he himself was mad. He wrote *Paathumayude Aadu* (*Paathuma’s Goat*), while he was undergoing treatment for madness. This fact is well elucidated in the foreword to this novel, where Basheer explains the Ayurvedic treatment procedures that he underwent during his treatment for ‘madness’. In *Paathumayude Aadu*, the licentious behaviour of *aadu* (goat, the protagonist) symbolizes madness.

The twentieth century was a period during which significant changes occurred in Kerala society. The collapse of the joint family (especially of traditional Nair

*tharavads*²²) was one among the significant changes that happened during this period. Dr. C.J. John in his article “*Kazhinjupoya Dashakam Naam Ethra Maripoyennu Ariyan Shramikuka*” (“Try to Understand How Much We Have Changed in the Last Ten Years”) observes that the new shift towards nuclear families produced a bunch of parents anxious about the future of their children. This, coupled with the increased popularity of convent school education, left the children with no time to play. The advent of television (that took away much of the family time) further increased the gap between the parents and children (John 1990). During this time, M.T. Vasudevan Nair wrote a number of novels that discussed this theme of how the breakdown of joint families affected the psyche of individuals. M. T’s characters like Govindankutty in the novel *Asuravithu (The Demon Seed)* (1968) and Velayudhan in *Irutinte Aatmaavu (The Soul of Darkness)* (1967) are perfect examples of such traumatized individuals.

2.4 Psychosocial Disabilities in Malayalam Cinema: A Historical Overview

Malayalam Cinema has been interested in the complexities of human mind, for many decades. The researcher could identify that *Irutinte Atmavu (The Soul of Darkness)* released in 1967, was one of the earliest films that dealt with this theme. Though the film portrays the protagonist Velayudhan as a person with intellectual disabilities, he is referred to as a ²³*bhranthan* at the same time. Thus, the film does not make a clear demarcation between psychosocial disabilities and cognitive/intellectual disabilities. The film is set in the backdrop of a dilapidated Nair *thravadu* ²⁴ and one can probably link this to the heralding of land reform

²² *Tharavad* is a Malayalam name for ancestral home, usually used by the Namboodiri and Nair castes as the common house for the joint family system practiced in Kerala.

²³ *Bhranthan* is a colloquial Malayalam term for a person with psychosocial disabilities.

²⁴ Nair is the name of a Hindu forward caste in Kerala. Tharavadu is the system of joint family practised by Nairs.

movements in Kerala and the subsequent fall of the *jenmi*²⁵ class. Here, I would like to argue that the changes in the socio-economic conditions brought in by land reform movements in the 1960s were one of the reasons why psychosocial disabilities became an important theme in the 1960s. This theme of the fall of high caste *tharavadus* and the after effects on the minds of people in them became a common theme in later Malayalam films also, especially during the 1980s and 1990s.

Similarly, as analyzed before, there was a proliferation of Malayalam novels that dealt with this theme from the 1940s onwards. The influx of this theme into Malayalam cinema by the end of the 1960s can be seen as a continuation of this tradition. Most of these novels depict a visible conflict between tradition and modernity and this tension can be seen in films also. Thus, these films depict the troubled minds bewildered by the onset of the elements of modernity in Kerala. A detailed analysis of the films that deal with theme of psychosocial disabilities will make clear what exactly these elements of modernity are.

2.4.1 *Irutinte Aatmavu (The Soul of Darkness, 1967)*

Irutinte Aatmavu is a 1967 Malayalam film directed by P. Bhaskaran and written by M. T. Vasudevan Nair (better known as M.T.). The film is an adaptation of M.T.'s own short story by the same name. In most of M.T.'s novels and short stories, "he addresses the tensions incarnated by a central character between traditional family structures in the declining feudal system and economic development (Vijayakumar).

The film narrates the story of Velayudhan (Prem Nazir²⁶), a young man with intellectual disabilities. It was believed that Velayudhan's condition symbolized the curse that led to the decline of the Nair family. He is shown as a constant source of

²⁵ Jenmi is a term used to refer to the landed aristocracy in Kerala.

²⁶ Prem Nazir is considered one of the greatest and most successful actors in Malayalam Cinema. He rose to stardom during 1950s and remained one of the biggest stars till his death in 1989.

sorrow to his mother who resorts to rituals and local mendicants to treat her son, without success. Velayudhan's only solace is Ammukutty, his uncle's daughter. The tensions in the house increase with the coming of another uncle of Velayudhan, who is settled in Singapore. He and his family, become the epitomes of modernity and shatter the traditional systems of the old household. These symbols of modernity include the western clothes they wear (coats and frocks), a Singapore clock, photographs, etc. Besides that, Velayudhan's cousins speak English, discuss Hollywood and Bollywood films, learn classical dance (which was considered shameful during the time), read English novels, and dance to western music. One of them tries to molest Ammukutty, and Velayudhan tries to prevent this. This act is manipulated as a mad man's violent behaviour and Velayudhan is chained and locked up in an abandoned room in the house. In a sense we can say that it is his resistance to modernity that brands him as 'mad' and fetters him in chains. Finally, Velayudhan acknowledges the futility of this resistance and yells out "Chain me, I am mad." This film won the National Film Award for Best Film on Other Social Issues. But despite the critical acclaim, the film was a box office failure.²⁷

²⁷ See Amaresh Datta (2006) *The Encyclopaedia of Indian Literature*. Pp. 752.



Figure 2.6: Velayudhan who is finally chained in *Irutinte Aatmavu* (1967)

2.4.2 *Yakshi* (*The Ghost*, 1968)

The film *Yakshi* is based on the novel of the same title, written by Malayattoor Ramakrishnan. This film is regarded as the first psycho- thriller in Malayalam, where the theme of psychosocial disabilities is combined with elements of suspense and horror. This film also depicts the conflict between tradition and modernity. It tells the story of a Chemistry Professor Sreeni, who is interested in the study of yakshis; the Indian female counterpart of the vampire. The film discusses the dissensions between reason or rational belief and unreason or traditional beliefs. Sreeni conducts experiments to prove the existence of *yakshis* and meets with an accident in the laboratory. Half of his face gets burnt and he develops a kind of inferiority complex. It was only after his marriage with the beautiful Ragini (played by the veteran actress Sharada) that he realizes he is impotent. But his conscious mind is not ready to acknowledge the fact. He starts believing that Ragini is a Yakshi and hallucinates events that do not take place. He even believes that his

impotency is the result of his marriage to Ragini. Finally, in a moment of extreme frenzy, he kills her.

The elements of horror and suspense are maintained throughout the film. The sequences in the film make the audience believe that Ragini is a yakshi. The sound effects add to the horror element. Apart from that, I would like to argue that *Yakshi* is one of the few films (or perhaps the only film) in which Sharada, the tragedy queen of Malayalam cinema has an image make over and appears as a sensuous beauty²⁸. All these elements might have helped in the marketing of the film and it was remade again in 2011 with the title *Akam*.



Figure 2.7: Sharada in the film *Yakshi*

2.4.3 *Punarjanmam (Rebirth, 1972)*

This film directed by K.S. Sethumadhavan is based on a case history by the famous atheist and psychiatrist A.T Kovoov in the *Mathrubhumi Weekly*. This film has several unique characteristics. *Punarjanmam* is the first film that brought in the

²⁸ This is the only Malayalam film in which actress Sharada appears in modern dress (a sleeveless frock). The film also includes several bathroom scenes showing moments of intimacy between the couple.

theme of psychiatry in Malayalam cinema. A.T Kovoov, the psychiatrist himself comes screen at the beginning of the film and gives an enlightening speech on the human mind, psychiatry, neurosis, etc. Another interesting fact is that the entire speech of Kovoov is in English and that too without any subtitles. Thus, the film might have been targeted at the educated class in Kerala and also people outside Kerala. Kovoov explicitly states that, this film will be an eye-opener to millions, to discard the 'foolish' belief in magical cure and seek scientific solutions for psychosocial disabilities. Thus, the film can be read as a piece of medical propaganda of modernity.

Another characteristic of the film is that *Punarjanmam* is regarded as the first erotic psychothriller in Indian cinema. Rather than just seeing it as a pioneer of a particular genre in Malayalam cinema, I would like to argue that treating the theme of psychosocial disabilities (the film uses the term neurosis) under the banner of an erotic film was a marketing strategy. In other words, the film might have been targeted at two kinds of audiences; "the unenlightened audience who sees the film through a smutty gaze and sensitive viewers who can read a political message in the film" (Maruthur 276). The following is an official poster of the film which makes the argument clear.

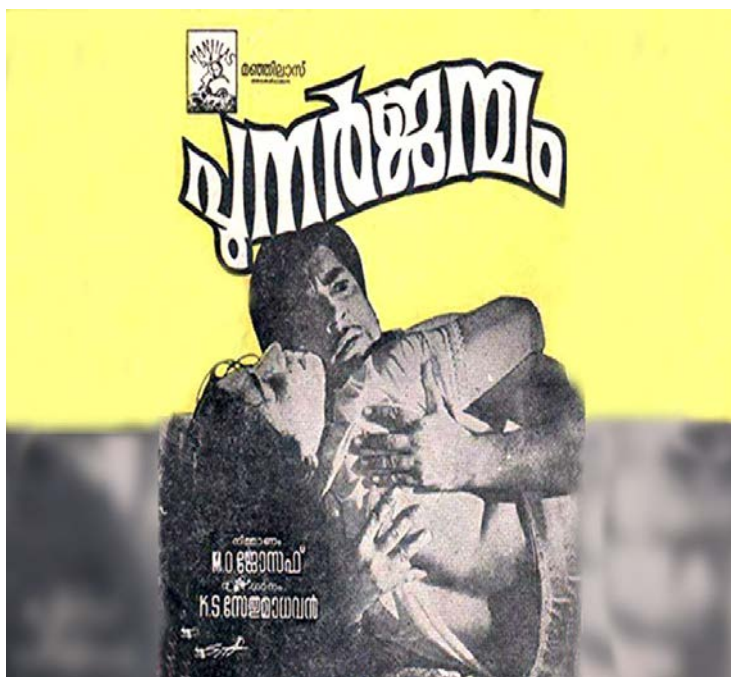


Figure 2.8: A poster of *Punarjanmam* (1973).

The poster shows a moment of intimacy between a couple, and the body of the heroine is exposed. The anxiety on the hero's face makes it clear that the couple is not happy in their sexual life. This forms the main plot of the film and the psychiatrist (through hypnosis) understands that the protagonist is not able to sexually satisfy his wife because he sees elements of his dead mother in his wife. This can be seen as the first Malayalam film that prescribes sex as a therapy that brings in positive results.

2.4.4 Psychosocial Disabilities and Avant-garde Movement in Malayalam Cinema

Avant-garde cinema refers to films that undermine traditional cinematic conventions and experimented with film noir. The earliest attempts at avant-garde films in Malayalam, discussed “the paradoxical relation towards urban modernity that emerged among the middle class by the middle of the twentieth century” (Joseph

125). These films used cinematic devices like the montage²⁹, chiaroscuros³⁰, noir lighting³¹, etc. to add effects to the local thematic contents of Kerala.

Filmmakers like M.T. Vasudevan Nair, G. Aravindan, John Abraham, Adoor Gopalakrishnan, P. A. Backer, etc, were the prominent avant-garde or experimental film directors in Malayalam. The films that belong to this genre targeted an “educated audience who were aware of world cinema and literature due to strong and vibrant film societies and festivals that still continue to dominate the state of Kerala” (Naidu 1) Most of these films describe the conflict between the modern and feudal Kerala and how these issues complicate the minds of their protagonists. Thus, most of these films directly or indirectly speak of the complexities of the human mind. Here, I would like to look at three films that belongs to this category: *Cheriyachante Kroorakrithyaghal* (*The Cruelties of Cheriyachan*, 1979), *Elipathayam* (*The Rat Trap*, 1981) and *Pokkuveyil* (*Twilight*, 1982). *Anantharam* (*Thereafter*, 1987), also belong to this group of films, but I will be dealing with it separately, as it is one among the primary texts that are analyzed in this study.

Cheriyachante Kroorakrithyaghal, directed by John Abraham is set in the backdrop of Kuttanad³² and is loaded with religious and feudal symbols. The film is a critique of the atrocities of the feudal lords and the police force, which succumbs to the wealth of these feudal lords and attacks the poor tenants. Cheriyachan, who was such a ruthless landlord is threatened by the industrial revolution and the coming of the Marxist party into power. Towards the end of the film he reaches a state of paranoia and is seen up a tree trying to keep away from the police. The film uses surrealistic images to narrate the inner thoughts of the protagonist.

²⁹ Montage is an editing technique in which shots are juxtaposed in a fast paced fashion that compresses time and conveys a lot of information in a relatively short period.

³⁰ Chiaroscuros is an Italian term which means light and dark, and basically refers to the high contrast light/ dark style used in avant- garde cinema.

³¹ Noir lighting uses low- key lighting,harsh shadows and contrasts of black and white.

³² Kuttanad is a region covering Alappuzha and Kottayam districts, in the state of Kerala, India; well known for its paddy fields. This place is also known as the ‘Rice Bowl of Kerala’.

Elipathayam is a 1981 Malayalam film, written and directed by Adoor Gopalakrishnan. M.F Thomas in his book *Adoorinte Chalachithra Yathrakal* (*Adoor's Film Journeys*) observes that, no one has observed life as closely as Adoor Gopalakrishnan. His films explore the complex relationships between the individual and society and narrate the experiences of people who cannot cope with the changes in society and hence are left alone (9-11). In *Elipathayam* we see a man who clings to the vestiges of feudalism, refusing to integrate himself into the process of history. He displays a neurotic obsession with power which he exercises over his immediate family members (Ganguly 45). Born to an affluent family, he treats himself as the centre of the universe. He is not aware of or rather does not bother about the changes happening around him like “the changing human values, the dynamic man- woman relationships, the changes brought to the society through the influx of Gulf money” (ibid. 46). Neither does he understand or try to understand the changes happening within his family. He does not work and survives on his ancestral properties. Adoor uses the surrealistic image of the rat trap to show that there is no escape for anyone from the trap created by ‘modern’ society. The present condition of the dilapidated Nair tharavudu itself is a ‘rattrap’, from which all the inmates are trying to escape. “The title song shows antique household objects and decorated doors in the background, suggesting the lost glory of the tharavad. (. . .) *Elipathayam* is not just Unni’s story; it is the story of a whole social order which breaks down a feudal system” (Ganguly 65).

Pokkuveyil is a 1982 film directed by G. Aravindan. The film gives immense importance to music and the director recorded its audio (the background score combination of flute and sarod) first, and the visuals were composed according to the musical notations without any script. The film begins and ends in a mental hospital. The protagonist is a young poet, whose world collapses when he loses some intimate people in his life; namely his father, a Communist friend, a friend who is a sportsman and finally the woman he loves. The entire movie is shot either

at the time just before dawn or after sunset. The film also uses colour symbolism. The scenes of the film abound in red and pale yellow colour. According to V. Rajakrishnan (a famous film critic in Malayalam), the use of red colour in *Pokkuveyil* symbolizes Balu's (the protagonist's) agony and the pale yellow colour stands for the futility of his life (Rajakrishnan 180). Apart from this there are several other surrealistic images used in the film. The film also throws light on the waning of feudal powers by focussing on the dilapidated condition of Balu's ancestral house.

2.4.4.1 *Anantharam (Thereafter, 1987)*

Anantharam is a 1987 Malayalam film, written and directed by Adoor Gopalakrishnan. The entire film is structured like a monologue. Ajayan, the narrator of the film is born an orphan. He is a multi-talented person and wins the top position in everything since childhood. But after that the feeling of being an orphan makes him think that he does not belong anywhere and he turns out to be a secluded person. The real trauma happens when he gets sexually attracted to his foster brother's wife. This feeling instills guilt in his mind and he gradually slips into schizophrenia.

The entire story runs through two parallel narratives. In the first narrative, we see an objective recounting of the past events of his life. Ajayan recounts his childhood days, his youth and his feelings for his brother's wife. Through the second narrative, Ajayan's troubled mind tries to justify his feelings for that woman. According to the director Gopalakrishnan, the structure of the film simulates the very process of producing a fiction. Creative expression involves perception, relation and arrangement of events in one's life. Similarly Ajayan's narrative is all about how he wants to present himself. "Because he is schizophrenic, his narratives become the rationale of an irrational man" (Ganguly 51). In other words Ajayan's story will continue to unfold in multiple narratives and the film is about "the fundamental unknowability of the human mind" (ibid. 51).

2.4.5 Psychosocial Disabilities in Malayalam Middle Cinema

Malayalam MiddleCinema, arose at the time of culmination of art house cinemas. With their metaphysical themes and dull narrative style, art cinemas could not gain any popularity among the general public. It was the need of the hour to combine artistic elements with commercial elements, to gain back the common man's interest in Malayalam cinema. By combining elements of popular culture with that of artistic values, these films stood in between art house cinemas and commercial cinemas (Menon 105). The Directors Bharathan, Padmarajan, K.G. George and Lenin Rajendran were the precursors of Malayalam middle cinema. These films dealt with the day to day life of middle class society; their internal and social conflicts and their basic emotions like love, sexuality, revenge, etc. There was a bold portrayal of sexual desires in these films and C.S. Venkiteswaran in his article "*Smitha Enna Kalam*" (The Time of Smitha) writes that Malayalam Middle Cinema discussed the themes of sexual desires and the violence associated with it. In the films of K.G. George, we see sexual desires operating in its violent forms. Padmarajan often dealt with sexual desires that defied the society's code of conduct. Sexual drives portrayed in the films of Bharathan, often meant a celebration of female bodies (Venkiteswaran 2009). Keeping these observations in mind, I would like to analyze three films (that discuss different dimensions of psychosocial disabilities), *Nidhra* by Bharathan, *Novemberinte Nashtam* by Padmarajan and *Adaminte Variyellu* by K.G. George.

2.4.5.1 *Nidhra* (*The Sleep*, 1981)

Nidhra is a 1981 film directed by Bharathan. The poster of the film comes with the tagline, "a Bharathan special *Nidhra*", with some intimate scenes between the protagonists in the background. As the tagline rightly points out, this film has those

exclusive Bharathan elements like visually appealing shots that highlight the beauty of nature and bold portrayal of sexual themes. The films discussed so far (in this chapter) either portrayed the paranoia of the protagonists due to their impotency or presented them as child-like beings with no explicit sexual drives. Thus, there was a visible silencing of the sexuality of the characters with psychosocial disabilities. The film *Nidra* was a landmark in this respect. It was the first Malayalam film that boldly talked about the romance and sexual drives of such a person.



Figure 2.9: A DVD cover of the film *Nidhra*

The couple in this film seems to be perfectly happy when they are left alone. The intervention of the joint family (mainly through the hero's brother and his wife) ruins their solace. There are certain scenes in the film where the hero says that it would be better if there is no one in the house other than the couple. In one instance they even leave the house to live a life of their own. Thus, the film portrays the increasing problems in the joint family systems and the subsequent drive towards nuclear families.

2.4.5.2 *Novemberinte Nashtam* (*November's Loss*, 1982)

Novemberinte Nashtam is a 1982 Malayalam film written and directed by Padmarajan. The film is remarkable because it was one of the pioneering Malayalam films that discussed a woman's psychosocial problems. Betrayed by her lover, Meera the protagonist enters a state of depression. She is admitted to a mental hospital, where she learns that she has been impregnated by her lover (the same person who cheated her before). Thus, the film talks about a sexual union that is not 'normally' accepted by society; the relationship between a mental patient and a psychologist and that too in a mental hospital.

The family aborts the child (without her consent), in the belief that as she was 'abnormal', everything might have happened without her knowledge. But things turn the other way round when Meera finally admits that it was a consensual act and that she wished to keep the child. So the film brings out the fact that "on being labelled as 'mad', the individual immediately loses agency over their body, life and decisions related to it. Violation of consent becomes an everyday reality for them" (quoted from the proceedings of the conference, "Pleasure, Politics and Pagalpan").

2.4.5.3 *Adaminte Variyellu* (*Adam's Rib*, 1984)

Adaminte Variyellu was a film released in 1984, directed by K.G. George. The film commences with a title song which shows young women, adults and aged women engaged in various activities. Chithra P.S in her doctoral thesis, "Ambivalences and Negotiations: The Question of Gender in K.G. George's Film", argues that through this title song, the film tries to establish the fact that the women are no longer confined to their houses and have become part of the public sphere (117). *Adaminte Variyellu* tells the story of three women (Alice, Vasanthi and Ammini), from different socio-economic backgrounds. Alice is the wife of an insensitive business

man and a mother of two teenagers. She lives in the lap of luxury but her life is a living hell. Vasanthi is a middle class woman with a government job. She toils all day (at home and work place) without getting a kind word from anyone. Besides that she has to live with a nasty mother-in-law and a wayward husband. Ammini is the domestic help in Alice's household and is sexually exploited by Alice's husband, the master of the house.

Alice finds relief by having a relationship with a young architect and seeks ultimate freedom through suicide. Vasanthi starts hallucinating about her dead father-in-law, who was her biggest support, and finds comfort in that memory. Ammini, ends up in a rescue home. The final scene (which has a surrealistic touch) shows Ammini and other women of the rescue home "running out of the cinematic 'frame'- breaking free from the imposing gaze of the society" (Martin, Nilanjana. "Adaminte Variyellu: Shining a light on invisible women", Full picture.in). Thus, all the three women destroy the notion of the 'ideal' at some point in their lives, either through illicit relations or 'mental illness' or by toppling the entire system as done by Ammini, when she runs out of the 'rescue home' pushing away the very camera that has been capturing her plight (Binoy, Rashmi. "Gendered Spaces in Post-Emergency Kerala: Frames of K.G.George", Sahapedia.org).

2.4.6 Psychosocial Disabilities in Malayalam Popular Films

The films of the 1960s used the figure of the leper as an emotional device. The popular Malayalam films of early 1970s marked the shift from the emphasis on public issues to that on personal ones (Edampadam 71). These films showed the rise of nuclear families, which still upheld traditional feudal values (ibid. 72). Later, "as Kerala moved into the 1990s, physical illnesses were not what troubled the state and the family. . . . But in the realm of 'individual concern', the mind, a responsibility that the individual has to take up, the statistical information was disturbing" (Arunlal 138). As discussed before, the late 80s and early 90s saw the Gulf war and the

subsequent return of Gulf Malayalees, increased proliferation of globalization, the influence of television, etc. Dr. Babumon Edampadam in his doctoral thesis, *Narration and Representation A Study Based on Popular Malayalam Cinema* observes that with the advent of television, the female audience for cinema decreased in strength and this resulted in the rise of male- centered stories. When television took over family themes, Malayalam cinema focused more on comedy films and sex- oriented themes. (85). Thus towards the end of the 80s, there came a number of films that gave importance to comedy, by not completely drifting away from the family atmosphere. Eg. *Nadodikaatu* (*The Vagabond Wind*, 1987), *Chithram* (*The Picture*, 1988), *Ramji Rao Speaking* (1989), etc. This trend of introducing comic elements reverberated in the Malayalam films that portrayed psychological disabilities also.

2.4.6.1 Thalavattam (A Cycle of Rhythm, 1986)

This film directed by Priyadarshan, with Mohanlal in the lead role, revolves around the treatment of the protagonist with psychosocial disabilities and is set in a stereotypical mental sanatorium. Its plot was drawn from Ken Kesey's *One Flew Over the Cuckoo's Nest* which came out as a film in 1962 with Jack Nicholson in the lead. The original film portrayed the brutal ill treatment that 'mentally abnormal subjects' undergo in an asylum. Jack Nicholson played the 'normal' thief who enters this world of 'abnormal' bodies. *Thalavattam*, on the contrary has a hero, who is really 'mad'.

Thalavattam is one of the first Malayalam films that is entirely set in a mental sanatorium³³ The name, setting and the general ambience of the sanatorium hints at its colonial associations. The hospital is named Sir Richards Mental Health Sanatorium and is located in Ooty. Here, I would like to argue that the setting of

³³ Till then the films either showed the psychiatrist coming home to treat the patients or a part of the film showed a mental hospital.

mental sanatoriums in locations like Ooty was part of the discourse of isolating the ‘abnormal’ subjects from the ‘normal’ world. This later became a trend in Malayalam cinema and we have a handful of films like *Ulladakkam* (1991), *Kilukkam* (1991), *Sundarapurushan* (2001), *Kilukkam Kilukilukkam* (2006), etc. that have mental hospitals located at Ooty³⁴. In *Thalavattam* also, we can see the conflict between modernity and tradition. Here, the main doctor who inherits the hospital from his colonial master becomes the symbol of ‘disciplining’ modernity. His implementation of discipline on the ‘abnormal’ subjects is ratified through colonial symbols. He “dresses up in western-style formal suits, pets a pomeranian dog, is very particular about time and hospital disciplines, and is irritated when things happen off the schedule” (Arunlal 140). On the other hand, the protagonist of the film is shown to be the son of a feudal lord. Before being admitted in the hospital he is shown to be a pleasure seeking, unemployed youth who “does not feel the need to be employed because of the financially well-off upper-caste taravad that he belongs to” (ibid.142). The protagonist shows least tolerance towards the strict regimes in the hospital and is finally put into a state of paralysis stage through a surgery done by the authoritarian doctor. Thus, “the film reflects a dangerous ideological position: the discourse of medicine and hospital are licensed to control the bodies, the manner of control is for the institution to decide” (ibid.142).

2.4.6.2 Ulladakkam (The Content, 1991)

Ulladakkam is a 1991 film directed by Kamal. The entire film is set within the premises of a mental hospital. Although the locale of the film is not specified as Ooty, the outlook of the mental hospital and its surroundings are very similar to that we find in the earlier film *Thalavattam*. “On closer scrutiny we can also find that instead of the general tag of madness in *Thaalavattam*, *Ulladakkam* tries to classify and categorize madness” (Arunlal 150). Scientific terms like schizophrenia, anxiety

³⁴ A detailed analysis of the setting of mental hospitals in exotic locations like Ooty is made in the fourth chapter on visualization of psychosocial disabilities.

disorder, hallucination, paranoia, sea phobia, etc are mentioned in the film. Another difference between *Thalavattam* and *Ulladakam* is that, “while the psychiatrists in *Thalavattam* are classified as cruel and kind³⁵, it is the higher knowledge of Dr. Sunny (the psychiatrist in *Ulladakam*, played by Mohanlal), that differentiates him from the other psychiatrists in the film” (ibid. 150).

Again, Dr. Sunny is shown as a ‘Dr. Wonderful’³⁶ who completely understands his patients. The major plot of the film narrates how he tries to cure a young girl Reshma, who also happens to be his friend’s (who is also a doctor) sister. Reshma is shown to act violent at the beginning but Dr. Sunny tames her. The psychiatrist hereafter becomes the saviour father figure. More than that, he becomes a detective who tries to know about his patient’s past in order to treat her. Thus, *Ulladakam* was one of the first Malayalam films that depicted a detective model psychiatrist, a trend continued in later Malayalam films. But the film has a tragic ending, wherein Reshma in a moment of frenzy, kills Dr. Sunny’s fiancée.

2.4.6.3 *Aham* (*The Self*, 1992)

Aham is a 1992 film directed by Rajeevnath. This film does not have a linear narrative. There are “brief incisions into the past” (Greenberg and Gabbard) through the voice-over technique. The scenes revealing the past of the protagonist (Sidharthan) show him to be a victim of the hapless ‘modern’ nuclear family. He is shown to have a miserable childhood due to parental neglect. Thus, he lives with a longing to love and to be loved. His affluent and isolated life is juxtaposed with the warm (though impoverished) family atmosphere of his childhood friend. The suicide of this friend and family because of the actions of his stony-eyed father (who is a

³⁵ The different depictions of psychiatrist are discussed in the fourth chapter.

³⁶ See Schneider’s (1987) classification of psychiatrists in films as Dr. Dippy, Dr. Evil and Dr. Wonderful

lawyer) disturbs his mind. This incident triggers the traumatic memory and he goes through the first stages of emotional instability in his early teens.

Later, his marriage also turns out to be a disastrous affair. In an ensuing argument and a physical tussle, his wife falls from the balcony, enters a coma stage and finally dies. This incident makes Siddharthan relapse into a disturbed state of mind.

At the beginning of the film, we see a completely different Siddhartan (now known as Swami) in a rehabilitation centre (for the persons with psychosocial disabilities) run by a church. The rehabilitation centre becomes a space that goes beyond the domains of religion, psychiatric procedures and the conventional power dynamics. For example, there is a scene inside the church where the protagonist enters clad in saffron attire (symbolizing Hinduism) and chants *Aliflamin* (the exalted name of Allah), *Hallelujah* (a Christian expression of worship) and *Om* (most sacred mantra in Hinduism) together, along with the lighting of camphor (a part of Hindu rituals) amidst lit candles and the Cross.



Figure 2.10: Screen shot from the film *Aham*, where we see the protagonist inside the church, wearing saffron clothes and lit camphor in his hands.

Again, unlike in a customary mental hospital, the inmates of this rehabilitation centre live in an egalitarian atmosphere. The caretakers and the patients share the same food. In other words, they live there like the members of a joint family, with the nun as its head. But in contrast to the mental sanatorium in the film *Thalavattam*, “which works as if it is an autonomous administrative realm” (Arunlal 139), the activities of the rehabilitation centre are under the constant scrutiny of parish members. This shows the strong dominance of religious institutions in the ‘modern’ state.

2.4.6.4 *Manichithrathazhu* (*The Ornate Lock*, 1993)

Manichithrathazhu is a 1993 film directed by Fazil. It is a psychological thriller with intermittent scenes of slapstick comedy. In some aspects, this film follows the footsteps of the earlier psychothriller *Yakshi*. But unlike the film *Yakshi*, where female sexuality is explicitly discussed, *Manichithrathazhu* discusses the same subject in a more subtle fashion and hence stays within the limits of popular family films. Set in an ancestral Nair *tharavadu*, the film tells the story of how a Calcutta born woman, Ganga gets interested in a ghost story that prevails in her husband’s Nair *tharavadu*. Later, despite numerous warnings, she unlocks and enters the forbidden room that was believed to be the ghost’s abode. Following this incident, a lot of ‘unnatural’ occurrences happen in the house and Dr. Sunny, a psychiatrist from U.S is called to investigate the strange happenings and settle the problems. After many twists and turns, the psychiatrist finds out that Ganga suffers from multiple personality disorder and believes herself to be the ghost. In fact, this film is one among the few films that became a huge box office hit and at the same time got great critical acclaim. *Manichithrathazhu*’s tremendous popularity led to the film being remade in four different regional languages.

The diverse readings on *Manichithrathazhu* in the realm of film studies bear testimony to the fact that the film received immense critical acclaim. For example, Muraleedharan Tharayil (2002) in his essay “Queer bonds: male friendships in contemporary Malayalam cinema”, writes about the queer relationship between the characters, Dr. Sunny and Nakulan. Rajiv Kannan (2009) in his article, “Intimate Terrors: Changing Representations of Structural Violence Against Women in Malayalam Cinema” examines how *Manichitrathazhu* celebrates patriarchy and depicts unrestricted women as a source of terror. Dr. Raheena in her paper “‘Madness’ as a Language of Resistance: A Psychological Reading of Ganga in *Manichithrathazhu* and Rani in *Nagamandala*”, does a psycho feminist study and asserts that an inclination of a woman towards ‘madness’ is her tool for resisting the dominant patriarchal structure.

2.4.7 Psychosocial Disabilities and Fragmented Masculinities in Malayalam Cinema

As discussed before, after the breakdown of matriliney, there emerged a ‘new’ masculinity which is independent and individualistic. The twentieth century has witnessed the production of a new hegemonic ‘ideal’ family, with the man (who has financial resources and earning power) as the centre of the family and a network consisting of a dependent wife and children around him (Kodoth 2001 and Arunima 2003). Thus “male identities were continually negotiated between various positions as men picked their way through competing demands and maintained precarious balances” (Osella and Osella 118). Any deviation from the expected masculine roles was seen as ‘fragmented’ masculinity. Here, I would like to link such fragmented masculinities and psychosocial disabilities.

Malayalam cinema started discussing the threats posed to masculinity from the 1960's onwards. The films *Yakshi* (1968) and *Punarjanmam* (1972) discussed this theme from a sexual perspective. The later Malayalam films dealt with similar themes in a more subtle manner. The influence of Victorian morality and the rising emphasis on family values, chastity, etc might have been the reasons for this change. All the films discussed have male protagonists who are devoid of masculine agency because of their positioning in the society as persons with psychosocial disabilities. In this section, I would like to discuss two films, *Thaniyavarthanam* (1987) and *Bhootakannadi* (1997), where the loss of masculine agency (at a particular point in their life) destabilizes the minds of the protagonists.

2.4.7.1 *Thaniyavarthanam* (Cyclic Repetition, 1987)

Thaniyavarthanam, directed by Sibi Malayail, was the first screen play of the director Lohithadas. It is set in the backdrop of a pre-modern feudal Nair family with an air of nostalgia. This family becomes an autonomous building block that preserves many traditional beliefs and customs. The veteran actor Mammoty plays the lead role of a tragic school master (Balan) in the film. Balan master's family has an ancestral history of madness. Ironically, "this trait of 'madness' is handed over through matrilineal line, like a piece of ancestral property" (Arunlal 121). Slowly, a rumour spreads in the village that Balan master is the next one in the family who has inherited his maternal uncle's 'madness'. Consequently, everyone including his family members, views him with suspicion. Finally, Balan also starts believing that he is 'mad' and ultimately succumbs to a depressed state of mind. The film has a tragic ending when his mother decides to put an end to his agony by poisoning him.

Thus, in this film the protagonist loses his 'normalcy' when his masculinity (as an earning head of the family) is questioned by the entire society and later by his own family members. Here "society behaves almost like a character in the film: one

could feel it closing in circles around Balan. It is presented as a structure that revels in myths, superstitions and rumors that counter trends of modernity” (Arunlal 121).

2.4.7.2 *Bhootakannadi (The Magnifying Glass, 1997)*

Bhootakannadi is a 1997 Malayalam film directed by Lohithadas. This film came out during the time (1995-1997), when rape cases (like Sooryanelli case, Vithura case, Kadavanthra case), were hot topics of media discussions. It tells the story of a clocksmith Vidhyadharan (played by Mammooty), who is not able to cope with the changing social scenario. Just like the clocks in his shop (that always run late), he is a man of the past. He struggles hard to find a living in the modern world where everyone moves on to quartz watches and no longer needs his services. Still, he doesn't find a new means of living and continues to live with a nostalgic remembrance of the past. He is a widower and a single parent who still has feelings for his first love, who happens to be his neighbour. His wife dies of snake bite and he believes that it is the result of a serpent curse. From then on, he is phobic of snakes and carries a torch with him even in daylight. He accidentally kills a man, accused of killing his lover's daughter. He is sent to jail and even there he is anxious about the safety of his own daughter³⁷, who has now reached the age of puberty. This increased anxiety leads him to a state of acute schizophrenia.

Thus, the film presents a “new image of manhood.” (Shanavas and Sajeesh 257). Vidhyadharan is afraid of the modern patriarchal world around him. In other words he becomes the epitome of the *pavam* image (Osella and Osella 2000), “the unsuccessful man who dissipates wealth by over scrupulous observance of social obligations and consequently lacks the means to support dependents and demonstrate personal masculine prestige” (ibid. 118).

³⁷ There are other films in Malayalam like *Pavithram* (1994) and *Veruthe Oru Bharya* (2008), where anxiety over the sister's/ daughter's safety leads to schizophrenia.

2.4.8 The Desiring Woman and Psychosocial Disabilities in Malayalam Cinema

As mentioned earlier in the chapter, the women's magazines of the early twentieth century re-fashioned the "modern Malayali woman". In other words, these magazines were the "key sites in reinforcing, legitimizing and even naturalizing particular kinds of feminine identity or image" (Vinayan and Simi Raj 1). These writings produced a particular kind of "culture" that normalized a certain set of women which in turn resulted in a judicious creation of the 'other'. Similarly, the increased focus on the 'ideal' nature or the 'womanliness' of Malayali women can be connected to the rise of reform movements like the Ramakrishna Mission, The Theosophical Society and the Arya Samaj during the early 20th century (Sreekumar 2009). All these movements aimed at the progress of the region with an emphatic acceptance of the norm of the small (nuclear) family (Devika 2006, Antony 2013 and Vinayan and Raj 2019)

Thus, by placing the burden of familial safety on the woman's body, there was a control over her sexuality. Malayalam cinema found infinite ways of organizing the female body as a pleasurable sight in the subtle play of concealment and exposure ³⁸(Devika 486). One can find sexually expressive strong female characters in the Malayalam films of the 1960s and 70s. But with the advent of soft porn films by the 1980's, there was a water-tight compartmentalising of the erotic vamp/prostitute on the one hand and the de-sexualised family woman heroine on the other. (Radhakrishnan 2010, Maruthur 2011 and Mini 2016). Thus, the Malayalam films of the 1980s and 90s made a clear demarcation between the 'ordinary' family

³⁸ The term abjection means "the state of being caste-off" and this concept was used by Julia Kristeva in her work *Powers of Horror* (1980).

woman and the promiscuous ‘abnormal’ woman³⁹. In accordance with this, when Ragini in the film *Yakshi* and Ganga in *Manichithrathazhu*, express their sexual desires, they become the ‘abject’ figures. *Lekshmana Rekha* (1984) is another film in which a woman’s sexual desire is discussed. Interestingly, this film uses Freudian concepts to visualize the inner thoughts of the female protagonist⁴⁰. This section will discuss two other films, *Aksharathettu* (1989) and *Ennu Swantham Janakikutty* (1998), where the female desire is questioned.

2.4.8.1 *Aksharathettu* (*The Spelling Mistake*, 1989)

Aksharathettu is a 1989 Malayalam film, directed by I.V. Sasi. This film is a remake of the American film *Fatal Attraction*. *Aksharathettu* is a family melodrama that warns the viewers about the potential threats of infidelity. The entire film is set in the backdrop of four nuclear families. The first one is portrayed as an ideal family, where the husband and wife love each other and are blessed with a smart son. The second family has a husband who is a womanizer and his wife who is fed up with his activities. In the third family, we find a husband trying his best to adjust with his North Indian wife, who neither does the household chores nor takes care of their child. The last is a lower class family with a drunkard husband who always suspects his wife.

Thus the entire film tries to set a model for the audience about how an ‘ideal’ Malayali family must be. Later a beautiful modern woman who is also a widow enters the screen. She gets attracted to the man in the ideal family and tries all means to get him. The film depicts this woman as a potential threat to the ideal family. Thus she becomes the ‘unfeminine’, ‘abject’ other. Her intense desire for the man is thus depicted as something ‘abnormal’, from the part of a woman.

³⁹ A detailed analysis of the connections between abnormal women in the selected texts and their sexual expressions are made in the third chapter on ‘Gendering Psychosocial Disabilities’

⁴⁰ A detailed discussion on this is there in the fourth chapter on Visualizing Psychosocial Disabilities.

2.4.8.2 Ennu Swantham Janakikutty (Yours Faithfully Janakikutty, 1998)

Ennu Swantham Janakikutty is a critically acclaimed 1998 Malayalam film directed by Hariharan and written by M T Vasudevan Nair. Set in a Nair *tharavudu*, this film tells the story of a wanton teenager, Janakikutty. The entire film appears like a testimony that Janakikutty presents to the audience. She presents life and people around her according to her perceptions. The camera mostly follows Janakikutty and the camera lens becomes her eyes. The first shot focus on Janakikutty's spectacles, the very medium through which we see the rest of the film and its characters. The title translated as *Yours Janakikutty*, hence bears her signature mark. The film opens with a title song that says all about nature and the creatures that grow without restrictions in nature. Lyrics like "*thane valarnoru mantharam*" and "*paari nadakuna pootumbi pennu*" symbolizes freedom. Janakikutty identifies with these beings and likes to be in their company than to be at home where no one cares for her and asks her to stay indoors. The title song also throws hints at the setting of the film, where we see a deserted temple pond and a dilapidated Nair *tharavadu*.

The film also marks the changes that happened during the period. The female heads of the family (Janakikutty's amma and Valiyama) have lost their ancestral properties and are completely dependent on their husbands. Janakikutty's mother anxiously waits for a money order from her husband every month. The educated youth like Bhaskaran and Janakikutty's brother are desperate to find a job even with their degress. On the other hand, the younger women (Sarojini and Devu) do not have much education (both of them are said to have failed their Xth board exam). They are shown as silly girls who read film magazines, dances to Hindi music and are behind dress and cosmetics. The only fate awaiting them is marriage, which is supposed to happen when they are eighteen. Unlike her sisters, Janakikutty is not 'womanly'. She is not interested in the so called 'girlish' things and the other girls never involve her

in their business. Janakikutty complains that she has no one to converse with in her family. She yearns for the care and pampering that valiamma showers on her daughter Sarojini. It is Janakikutty's longing for affection that draws her towards Bhaskaran (who showers her with chocolates and gifts), muthassi (who tells her stories and combs her hair) and finally Kunjathol (who turns out to be her soulmate).

The film talks about the lack of agency on the part of women. Muthassi who elopes with a Tamil contractor is considered an outcast. Kunjathol who raised voice against her flirtatious husband is punished with death. Young girls like Sarojini do not have any say in their marriage. Girls like Janakikutty who wanders through groves, climbs trees and talk back to adults are considered 'unwomanly' and are likely to be enchanted by yakshis. The film also discusses the theme of caste hierarchy. Lower caste women are portrayed as sexually submissive, who seduce upper caste men. There are numerous such relations discussed in the film like the low- caste Yechummi woman who is supposed to be keeping Janakkutty's father, the low- caste girl who signals the attention of Janakikutty's brother, the servant ladies who had sexual relation with Kunjathol's husband, etc. Interestingly all such women are referred to as yakshis who enchant these men at different instances. Such caste distinctions even exist in the world of yakshis. The lower caste karineeli, parakutti and karikutti act as sub-ordinates to upper caste kunjathol and she commands them. Its interesting to note that while Janakikutty who belongs to the upper caste becomes a play-mate of Kunjathol, Karineli can only watch them from a distance.

Female desire is an important component of the film. Janakikutty is surrounded by a world where women are denied agency and power.

(. . .) her mother is frustrated by the possibility that her absent husband might be having an affair with his new maid and is waiting anxiously

for the monthly money order from the father to arrive- the assurance that he hasn't forgotten them; the freedom for her brother to come and go as he pleases is in contrast to the demands made on her, to not roam around but stay indoors like a good girl (Philip 47).

Another character in the film who is punished for her desires is *muthassi*⁴¹. Muthassi is portrayed as an autonomous woman, who, despite being married, leaves the house for the man of her choice. Thus *muthassi* symbolises the sexual freedom that was enjoyed by Nair women of yesteryears and that which is denied to the women of Janakikutty's generation.

Interestingly the same director and script writer made another film *Aranyakam* (*The Forest*, 1988), with a similar background. Just like Janakikutty in *Ennu Swantham Janakikutty*, the protagonist Ammini always wanders in the forest and is considered crazy by her family members. But while *Aranyakam* shows a feudal lord who exploits his adivasi tenants, *Ennu Swantham Janakikutty* depicts a Nair *tharavadu* that has lost its feudal glory, the inmates of which have sold most of their property.

2.4.9 Psychosocial Disabilities in Malayalam Cinema: Major Trends

Apart from the films discussed so far, there are a number of films that deal with different aspects and types of psychosocial disabilities, as a minor or major theme. These films are innumerable in number and it is not possible to list each and every one of them⁴². Still, there are some thematic similarities between these films and some of them became major trend setters. For example, *Yakshi* was the first psycho thriller in Malayalam Cinema. Later, *Manichithrathazhu* became the landmark film of this genre, though the film included tints of slapstick comedy in it. The period after

⁴¹ Muthassi is a Malayalam term for grandmother.

⁴² A list of Malayalam films with the theme of psychosocial disabilities is given in the appendix.

2000 was a period of star value films (Edampadam 2013) and there was a flourishing of psycho thrillers with major stars like *Oruvan* (*A Man*, 2006), *Time* (2007), *Flash* (2007), *Seniors* (2011), *Geethanjali*⁴³ (2013), *Arikil Oral* (*Someone Nearby*, 2013), *Akam*⁴⁴ (*Inside*, 2013), *Athiran* (*The One on the Fringes*, 2019), etc.

Similarly, the film *Thalavattam* was the first Malayalam film that combined psychosocial disabilities with slapstick comedy. Owing to the huge commercial success of the film, this became a trend in Malayalam cinema from the late 80s onwards. Even very serious films like *Aham*, *Manichithratazhu* and *Ulladakam* had elements of slapstick comedy in them. Later we had full length comic films like *Mookila Rajyath* (1991), *Kilukkam* (*Jingle*, 1991), *Kadinjool Kalyanam* (*The First Marriage*, 1991), *Naranathu Thampuran* (*The Mad Man of Naranathu*, 2001), *Sundarapurushan* (*The Handsome Guy*, 2001), *One Man Show* (2001), *Thilakkam* (*Shine*, 2003), *Kilukkam Kilukilukkam*⁴⁵ (*Jingle and More Jingle*, 2006), *Dr. Patient* (2009), etc. Apart from this there are many films which portray minor characters with psychosocial disabilities, as sources of laughter.

2.5 Conclusion

An enquiry into the ‘psychological culture’ of Kerala, would reveal the fact that discussions on psychological issues started as early as in the nineteenth century. The asylums in India initially served the purpose of social control, especially for the soldiers of East India Company. It was only in the twentieth century that asylums in Kerala were opened for the treatment of the general public. Again, the magazines of the early twentieth century played a vital role in disseminating a ‘psychological language’ in the Kerala’s public sphere, although most of these writings did not directly deal with the psyche. Prominent psychological magazines like *Psycho* and

⁴³ The film *Geethanjali* (2013) is a spin-off of the 1993 film *Manichithrathazhu*.

⁴⁴ *Akam* is a retelling of the old film *Yakshi* (1968).

⁴⁵ This film is a sequel to the 1991 film *Kilukkam*

Manashasthram had advice columns, where people could solve their psychological problems. But an analysis of these magazines reveals the fact that most of these columns dealt with questions related to marital issues. Later, these magazines shifted their emphasis from psychology alone to incorporate general health issues. With the change in contents, there was a simultaneous change in these magazines' appearance and they began to mimic women's magazines. This indirectly meant that these magazines expected a bigger female readership and the burden of preserving the 'Malayali culture' was in fact, in its most pristine form, vested with women.

The circulation of these magazines decreased post 1990s, mainly due to the spread of visual media. Later, the new visual media (like television and later, the Internet) started to have constant discussions on psychosocial disabilities. In 1998, Asianet started a phone in programme titled "*Rathisukhasree*" (The Essence of Erotic Pleasure), which presented access to a psychologist. Later, general health awareness programmes like *Arogyakeralam* presented psychologists and psychiatrists who discussed various psychological issues. Facebook pages like 'Mind's Maladies in Movies' and 'Psychiatry and Cinema' serve as forums for the discussion of films and their influence on mental health and related issues.

The portrayal of psychosocial disabilities in Malayalam literature can be seen as an aftermath of the western spirit of Enlightenment reaching the shores of Kerala in the beginning of the twentieth century. 'Madness' became a theme in Malayalam literature from the seventeenth century and *Adhyathmaramayanam Kilipattu* is found to be one of the earliest works that examines the various dimensions of 'madness'. The spiritual side of 'madness' was exhibited through the character of *Bhranthan Channan* in the novel *Marthandavarma*. Other themes like sexuality and psychosocial disabilities and religious fanaticism and psychosocial disabilities, etc, were discussed in later novels. After the 1950's, there came a number of novels with migration and the psychological problems associated with it as a theme. Interestingly, Malayalam literature had a novelist Vaikom Mohammad Basheer, who came out

with the medical confession that he was ‘mad’. The twentieth century was a period of transition and witnessed the end of feudalism and matriliney, the rise of nuclear families, etc and the novels of M.T. Vasudevan Nair discussed how these changes affected the Malayali psyche.

Malayalam films began to discuss psychosocial disabilities from the late 1960’s onwards. *Irutinte Aatmavu* (1967) is identified as one of the pioneering Malayalam films that dealt with this theme. Though the film does not make a clear medical clarification of psychosocial disabilities, it throws light on the social ostracization faced by people with psychosocial disabilities. The later films *Yakshi* (1968) and *Punarjanmam* (1972) discussed the connections between repressed sexual desires and psychosocial disabilities. The avant-garde films of the late 70s and early 80s, like *Cheriyachante Kroorakrithyaghal* (1979), *Elipathayam* (1981) and *Pokkuveyil* (1982) dealt with the theme of the end of feudalism and the rise of the ‘modern’ Kerala. *Anantharam* (1987) stands as an exception in this category and deals with the theme of the fundamental unknowability and uncertainty of the human mind.

Films that belong to the Malayalam Middle films category, like *Nidhra* (1981), *Novemberinte Nashtam* (1982) and *Adaminte Variyellu* (1984), are located in the backdrop of nuclear families and discuss problems of the individual. By the late 1980s, Malayalam cinema started to include comic interludes in films that dealt with psychosocial disabilities like *Thalavattam* (1986), *Ulladakam* (1991), *Aham* (1992), *Manichithrathazhu* (1983), etc. While films like *Thaniyavarthanam* (1987) and *Bhoothakannadi* (1997) talked about wounded or fragmented masculinity, another set of films like *Aksharathettu* (1987) and *Ennu Swanthanam Janakikutty* (1998) focussed on the connections between wanton female sexuality and psychosocial disabilities. Full length comic films (dealing with psychosocial disabilities) like *Mookila Rajyath* (1991), *Kilukkam* (1991), *Kadinjool Kalyanam* (1991), *Naranathu Thampuran* (2001), *Sundarapurushan* (2001), *One Man Show* (2001), *Thilakkam*

(2003), *Kilukkam Kilukilukkam*⁴⁶ (2006), *Dr. Patient* (2009), etc. were released later. *Manichithrathazhu*, a psycho-thriller, was a huge commercial hit and following its footsteps several psychothrillers like *Moonamathoral* (2006), *Oruvan* (2006), *Time* (2007), *Flash* (2007), *Seniors* (2011), *Geethanjali* (2013), *Akam* (2013), *Athiran* (2019), etc. were after 2000

⁴⁶ This film is a sequel to the 1991 film *Kilukkam*

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3. A Gendered Analysis of Psychosocial Disabilities

3.1 Introduction

‘Psychosocial disabilities’ describe the experiences of people and their ‘participation restrictions’ related to mental health conditions.. This term has a wider scope than the related term ‘mental illness, that sticks to a set of medically defined conditions. As mentioned in the introductory chapter, the term psychosocial disabilities is preferred in this study. “Today mental disturbance is most commonly viewed through a medical lens, but societies have also sought to make sense of it through religion or the supernatural, or by constructing psychological or social explanations in an effort to tame the demons of unreason” (Scull 5). Sigmund Freud was one of the first to infer the possibilities that psychosocial disabilities could be a result of individual history, and not just a physical impairment. The changing discourse of ‘madness’ in the western world was well elucidated in the writings of Michel Foucault. From replacing the position of lepers during the Middle Ages to being confined in asylums in the seventeenth century, the mad man always remained a moral outcast (Foucault 1988). Foucault insisted that ‘madness’ was not a natural, unchanging thing, but rather it depended on society. Various cultural, intellectual and economic structures determined how psychosocial disabilities were known, experienced and lived within a given society/community.

Thus, the conventional biological paradigm of “mental illness” was challenged (and is still being challenged) across a range of institutional and cultural contexts by activists, psychiatric survivors, academicians, dissenting practitioners, etc. The contemporary Mad movement came into being during the 1960s and 70s, when a powerful new wave of therapeutic discourse and practice dominated the Western world (Menzies et al. 3). It was a time during which bio- medicine was gaining

momentum and became the dominant discourse. This hierarchic superiority of psychiatric practices was opposed and challenged by scholars, activists and psychiatric survivors. In the United States, Thomas Szasz (a well-known psychiatrist), launched his fight against what he called “the myth of mental illness” through his essay “The Myth of Mental Illness: Foundations of a Theory of Personal Conduct” (1960). Erving Goffman’s *Asylums* (1961) and Ken Kesey’s iconic novel *One Flew Over the Cuckoo’s Nest* (1962) discussed the traumatic conditions of mental hospitals during those times. Then there was Michel Foucault, whose *Madness and Civilization* (1965), an iconoclastic chronicle of “sanity’s war of madness as the triumph of reason in the Age of Enlightenment” (Menziés et al. 5), was being read in abridged version throughout Europe. Later, second wave feminism collaborated with the anti-psychiatry movement. Phyllis Chesler’s *Women and Madness* (1972) and an edited work by Dorothy Smith and Sara David titled *Women Look at Psychiatry* (1975) attempted a women- focussed interpretation of the psychiatric system.

3.2 Gender and Psychosocial Disabilities

“When feminism took over the anti- psychiatry movement, hitherto neglected issues like the connections between domestic violence and mental health, the reproductive health of both men and women and its connections with mental health, child sexual abuse and mental health, the intersections between gender, social power, vulnerability and mental health, the connections between gender, poverty and mental health, etc. came to limelight” (Prior 1999). Prior through his work *Gender and Mental Health* (1999), attempted a sociological analysis of the then prevalent cultural perceptions and medical practices in relation to psychosocial disabilities from a gendered perspective. This book also looked at gender and mental health from a policy perspective, at a time when there was little public debate on mental health policy in academic literature. Astbury (1999) observed the gender bias implicated in mental

health research and highlighted depression as a mental health condition characterized by very large gender index rates. Simon (1995 and 2002) studied the relationships between gender, marital status and mental health. Afifi (2007) through his work *Gender Differences in Mental Health*, explained the relationship between gender and health-seeking behavior. The WHO's (2012) report on gender and mental health was a "consolidated analysis of the intersections between gender and mental distress and discussed diverse topics like the interaction between biological and social vulnerability to mental distress, the connections between gender-based violence and mental health, gender differences in perceptions of distress and patterns of health-care seeking behaviour, etc." (source: WHO report).

From the Indian perspective, Bhargavi Davar's works (1995, 1999, 2008, 2012 and 2015) discussed the issues pertaining to psychosocial disabilities among Indian women, the connection between gendered violence and psychosocial disabilities, culturally specific distress behaviours, gender bias in mental health services and the female identity in the context of psychosocial disabilities. According to Bhargavi Davar, earlier writings in the field of gender and mental health did not sufficiently appreciate the fact that institutions, especially law, over-determined the mental health sector, its norms, and ground level care practices (Davar 2012). Here 'institutions' mean family, community, religion, science, state institutions, etc. that represent and reinforce hegemonic patriarchal concepts through the production of privileged knowledge systems. Renu Addlakha (2008 and 2013), discussed about the different perspectives of psychosocial disabilities in India by exploring the linkages between law, gender and individual experiences of mental health users and survivors. Lakshmi (2006 and 2012) studied the 'lived experiences' of psychosocial disabilities among the women of Kerala. Thus, studies on the intersections of gender and mental health in India were done mostly from sociological and anthropological perspectives. Although there were a handful of works on psychosocial disabilities and Indian

Cinema⁴⁷ like Bhugra (2005), Menon et al. (2009), Prasad et al. (2009), Andrade et al. (2010), Acharya et al. (2014), Kaur (2014), Maiya et al. (2014), Ratnakaran et al. (2015), Balasubhramanya (2015), Chathoth (2016), Soumitra et al. (2017), etc. Interestingly, none of them spoke about the gendered aspect of psychosocial disabilities in films. This work tries to fill in this lacuna by analysing the gendered aspect of mental distress in the selected films, *Nidra* (1981), *Novemberinte Nashtam* (1982), *Adaminte Variyellu* (1983), *Thalavattam* (1986), *Thaniyavarthanam* (1987), *Anantharam* (1987), *Aksharathettu* (1989), *Ulladakam* (1991), *Aham* (1992), *Manichitrathazhu* (1993), *Bhootakannadi* (1997) and *Ennu Swantham Janakikutty* (1998).

3.2.1 Gender, Psychosocial Disabilities and Malayalam Cinema

An interesting observation made in the course of this research was that, although there is some literature that discusses psychosocial disabilities in women; there are only a few Malayalam films that treat this theme. *Novemberinte Nashtam* (1982) was one of the first films that focused on the traumas of a woman. Directed by the veteran director Padmarajan, the film revolved around the life experiences and anxieties of a college girl. *Adaminte Variyellu* (1983) was another landmark film that explicitly talked about the anxieties and emotional pressures of women who belong to different classes of society and are torn between relations, work and family. This film was released during a time when women's choice between work and home, public and private was being negotiated. Meena T. Pillai in her essay "Becoming Women: Unwrapping Femininity in Malayalam Cinema" observes that "Even as a large number of women from the middle and working classes step out of their homes to make a livelihood, there is a visible hurry to get back and re-emphasize their own role as mothers, wives and daughters-in-law as though to gain sanction for their future forays into the outer world" (Pillai 5). It was only in the 1990s that an increased

⁴⁷ A detailed description of these works are given in the chapter on "Mental Distress and Malayalam Cinema".

attention was paid to the female psyche. A possible reason behind this shift might be the anxiety over the figure of the modern/working women, which in turn can be connected to the increase in the female literacy rate after the 1970s. The Kerala Education bill passed in 1959 was meant to improve the educational levels of backward classes and other vulnerable sections, including women. The subsequent decades (60s and 70s) saw the provision of seat reservations, fee concessions, lumpsum grants and reservation for the appointment of women in government services. “ While male literacy increased by more than 44 percent points (from 49.8 in 1951 to 94.2 in 2001), the corresponding increase in female literacy was by more than 56 points (from 31.4 to 87.9) during the same period” (Kerala Development Report 64). A study conducted by the National Survey Organization found that while the female labour force in 1981 constituted only 19.7% of the total, by 1991 it rose to 22.3 %; peaking at over 40% from the early to the mid 1990’s. This in turn “provoked the male insecurity at the upper- caste female assertiveness (. . .) and that was first seen in the films of 80’s which reflected in the problematization of the gendered relationships on screen” (Kumar 34). In most such films, strong and independent women were conceived as ‘bad’ and the traditional ‘good’ women were portrayed as silent sufferers. Consequently, at least in some of these films, the so called ‘bad’ woman became the ‘mad’ woman. Thus, “a fall from femininity is a fall into disease-pathology- madness” (Adlakka 39). Another possible reason for the increased focus on women’s sanity or rather abnormalcy in particular was the shift in the subject matter of Malayalam films during the late 80’s and 90’s, in connection with Malayalees migrating to the Gulf countries. This in turn resulted in the large influx of money into film industry and the subsequent creation of a trans-national audience (Radhakrishnan 2006). An interest in the elements of nostalgic depiction of Malayali culture was started for the greater marketing of films. “As a result ‘mainstream’ film makers often prioritize (. . .) plots that feature cultural nostalgia and idealization” (Osella and Osella 1998). Thus, *Manichitrathazhu* released in 1993 “depicts fears and anxieties about the abandonment of expected female identities” and being a horror film “it transmits this horror to the audience” (Menon 295). The family legend about

the character of Nagavalli in the film states that she drinks the blood of male victims. Thus, Nagavalli is equated with the conventional tyrannical figure of *Yakshi*⁴⁸. Interestingly, the next film selected for the study, *Ennu Swantham Janakikutty* (1998) also introduces a yakshi named Kunjathol through the hallucinations experienced by the protagonist (a young girl of fourteen years). Nagavalli in *Manichitrathazhu* was an extremely beautiful Tamil dancer, who loved the man of her choice and was punished with death. The other one Kunjathol (in *Ennu Swantham Janakikutty*) was a beautiful Namboothiri woman who returned as a Yakshi after her womanizing husband murdered her because she dared to object. Thus these two women, who later become *Yakshis* were female forces who tried to subvert patriarchal authority. They are shown as promiscuous figures who trap their 'male victims' with promises of sexual pleasure and ultimately devour them. "These legends therefore present a frightening image of womanhood that enforces a popular binary between 'good' wives and 'bad' women" (Natarajan 54).

3.2.2 Transgressive Feminine as Abnormal: The Underlying Body Politics

With these movies in the backdrop, I would like to argue that "the burden of familial safety is placed upon the woman's body, and though presented under the guise of stability, these moral requirements and supposed consequences are ultimately linked to control" (Rajan 4 and 5). In other words, by placing the woman's body as the repository of culture, Malayalam cinema often makes an invisible connection between the non-conformity to 'traditional' values (often projected through the 'tamed' body of the heroine) and the higher probability of occurrence of psychosocial disabilities in such women. Thus, the 'bad', 'non-traditional' woman becomes the 'mad' woman. Such classification of women according to the differences in their

⁴⁸ Yakshi is a popular figure in Kerala folklore and represents a blood thirsty, vengeful female spirit that has to be tamed through the agency of patriarchy.

gender performance has its precedence in earlier texts like *Natyashastra*⁴⁹ and also in *Kamasutra*. *Kamasutra* followed the science of physiognomy, where a person's external appearance was evaluated to judge his or her sexuality. *Natyashastra* classified women into three different categories based on their different life-styles, functions, sexual preferences and even gestures and movements. The categories were *Veshya* (the prostitute), *Kulina* (the family woman) and the *Bhryta* (the servant woman). Such distinctions between the 'traditional' family woman and the 'wanton' female was well elucidated in J. Devika's work *Kulasthreeyum Chandapennum Undayateghane* (2010). In that work Devika discussed the freedom enjoyed by Nair women in Kerala being confined to the family during the 19th and early 20th century. From then on, women who used to do all kinds of tough jobs on par with men were restricted to do only household chores. Those women who broke these conventions were never again considered *kulasthree*. Attempts to cross such familial boundaries were never tolerated. If they were made, it was considered 'unfeminine' or 'unnatural'. Such unfeminine non-conforming nature was always related to 'abnormalcy' or women prone to psychosocial disabilities in Malayalam cinema also. In other words, the idea of the modern outrageous (English speaking) woman was often equated with 'abnormalcy.' The female protagonists who are shown to have psychosocial disabilities are portrayed as women who transgress or cross boundaries laid down by the existing patriarchal order. This tendency to link licentious behavior and mental distress has a long cultural history in Kerala and is often supported by Ayurvedic literature and Kerala folklore. The female protagonists who are shown to have psychosocial disabilities in the selected films are portrayed as women who transgress or cross boundaries of existing patriarchal order. It is in this context that the underlying body politics⁵⁰ in these films plays its role. According to Foucault, the

⁴⁹ *Natyashastra* is a Sanskrit text attributed to the sage Bharatha Muni, which a collection of poetic verses describing performing arts.

⁵⁰ The term body politics refers to the practices and policies through which powers of the society regulate the human body, as well as the struggle over the degree of individual and social control of the body. The powers at play in body politics include institutional power expressed in government and laws, disciplinary power exacted in economic production, discretionary power exercised in consumption and personal power negotiated in intimate relations.

body became the focal point for struggles over the shape of power. Here women's bodies become the repository of culture and taming the body becomes a medium of social control. Women's bodies are often the site of oppositional struggles between the binary concepts of 'modernity' and 'tradition' (Menon 138). In agreement with this view, I would like to argue that Malayalam cinema of the selected time period (1980s and 1990s) often tried to visualize the dichotomy between the 'good' woman and the 'bad' woman through their external physique and attire. In other words, dressing was never a neutral practice in Malayalam films. It was mobilized with political concerns and infused with patriarchal norms. For instance in *Novemberinte Nashtam*, the protagonist Meera is portrayed as an outspoken modern college girl. She is reluctant to wake up in the morning, wears modern outfits (sleeveless tops and frocks), is strong enough to kick and start her brother's bullet and behaves like a tomboy in her college. It is in this phase of her life that she goes through the first stages of 'emotional distress.' The latter part of the film shows that she undergoes treatment and comes out of the hospital as the 'normal' conventional woman, draped in a sari and with braided hair. In *Adaminte Variyellu*, the three different women belonging to three different strata of society, can be distinguished by their mannerisms and external appearances. The upper class Christian woman is decked up in modern chiffon sarees and western hair style. As discussed before, she becomes the epitome of *Veshya* culture who becomes the provider of aesthetic, intellectual and bodily pleasure to men of a certain social standing for material profits. Though there are no explicit scenes in the film about this, her husband is referred to as a pimp who offered his wife to several men for his material benefits as a contractor. The other woman who is initially shown as the ideal *kuleena* sthree is depicted as a middle class traditional Nair woman. Interestingly, she is depicted as an "ideal woman"⁵¹ (Devika 26) who struggles to play her different roles, namely, a mother, a wife, an obedient daughter-in-law, a housekeeper and also the bread winner of the family (a new role

⁵¹ J.Devika in her article "Bodies Gone Awry: The Abjection of Sexuality in Development Discourse in Contemporary Kerala.", discusses the notion of ideal woman; woman who possesses a procreative body and mind that would be ruled by her naturally feminine inclination towards the domestic and sentimental spheres of life.

assigned to women after the 1980s). Still, she does not earn a word of respect or love from her family members. Instead, they try to criticize and control her body and mind. In this film also, it is her acts of non-conformity and rebellion that are identified as the initial signs of her ‘abnormalcy’. In other words, she is identified as ‘abnormal’ when she refuses to do her household chores, occupies the arm chair in the portico (a symbol of patriarchal authority) and talks back to her husband. These scenes reflect society’s anxiety over the figure of the working woman occupying male spaces. Later, she experiences schizophrenia and imagines that her dead father-in law is asking her to stop remaining passive and to take control of the household. Thus, the ‘ideal woman’ becomes ‘abnormal’ when she fails to perform her domestic duties and when she becomes dominant and authoritative. The third woman is portrayed as someone belonging to the lower class (and probably of a lower caste). She is an orphaned girl who serves as a servant in the upper class woman’s household and is finally raped by her husband and bears his child. Again, the sexual submissiveness of the low caste woman in this movie is very much evident through her complexion⁵² and her dressing that exposes the body. This non- conformity on the part of the ‘vulnerable’ female protagonists is evident in later films also. In *Manichitrathazhu*, we see that Ganga is a modern girl (brought up in Kolkata) who is interested in the past and its fantasies. She being an archeology graduate sees the haunted house as a place of exotic beauty and hidden treasures. Unlike a traditional family woman, Ganga opens the forbidden lock of the haunted room; without heeding to the words of the elders of the family. Ganga’s transformation into Nagavalli, becomes an exploration of Ganga’s hidden sexuality. Towards the end of the film, when Ganga is shown in possessed state (believed to be possessed by Nagavalli), she is portrayed in an animalistic manner and the camera focuses on her “darting eyes and dishevelled outfit” (Menon 293). Thus, from a ‘normal’ city-based woman, she is transformed into a blood-thirsty Yakshi and her body becomes the symbol of

⁵² Interestingly, this role was played by actress Soorya, known as “*karutha muthu*” (black pearl) of Malayalam industry (See Rajiv Gopalakrishnan’s (2014) article “*Karutha muthu*” in Manorama online). Being a dark-skinned actress, she always played the role of the lower caste, and incidently many of these films depicted her as a voluptuous figure, who was sexually exploited .

‘improper’ womanhood that appears terrifying to the audience. In *Ennu Swantham Janakikutty*, the protagonist is a wanton teenage girl, who doesn’t like to sit at home. She is tomboyish in nature, talks back at her elders and is considered as a troublesome ugly duckling by the family. “The freedom of her brother to come and go as he pleases is in contrast to the demands made on her not to roam about but to stay indoors like a ‘good’ girl” (Philip 2017). Janaky’s physical self is portrayed as rough and without feminine beauty and embellishments, which stands in sharp contrast to Sarojini (Janakikutty’s cousin), who becomes the epitome of beauty. She is often criticised for leaving her hair loose and wandering in groves. Thus, the patriarchal authority of the Nair *tharavadu* restrains her physical movement and tries to tame her body.



Figure 3.1: The scene from *Manichitrathazhu* (1993), showing Ganga in possessed state with darting eyes and dishevelled outfit.

3.2.3 Women, Psychosocial Disabilities and Unbridled Sexuality

A critical examination of the public discourse on sexuality in Kerala during the 20th century reveals that there was a general fear about sexualization of female bodies. “Missionary discourses that flourished in Kerala during the middle of the twentieth century sought to modernise traditional caste groups in Kerala, and reshaped the ideas of marriage and conjugality in the image of patrilineal nuclear family” (Devika 25). Thus, free flowing sexual desire (especially on the part of the woman) was seen as a threat to the ideal domestic disciplined family. In the early years of Malayalam Cinema (during the 1940s and 1950s), we see that women were portrayed as epitomes of virtue and chastity. The titles of such films such as *Jnanambika /The Embodiment of Wisdom* (1940), *Nirmala/Virtuous* or *Pure* (1948), *Prasanna /Cheerful/Pleased*(1950), *Chandrika/Moonlight* (1950), etc, themselves showed that such films portrayed heroines as the romantic ideal (Pillai 2010). But there was a shift in this trend from the 1960’s onwards. The formation of the new state of Kerala in 1956 with the swearing in of the Communist Party, mobilised women from the lower castes/ classes and women moved to paid labour especially in the agricultural sector. In tune with the social changes, the cinema of the period started to “invest its heroines with both a public and private ideal” (ibid. 19). Strong characters played by ⁵³Sarada, Sheela and Jayabharathi in many films of this era bear testimony to this. Interestingly, “the visual depiction of these heroines was also sexually charged” (Venkiteswaran 47). For example, Sheela who played the role of Karuthamma in the legendary film ⁵⁴*Chemmen/The Shrimp* (1965), expressed her sexuality in an explicit manner throughout the film. When the heroine of this film is shown flirting with her lover,

⁵³ Sheela, Sharada and Jayabharathi were the leading heroines in Malayalam Cinemas of 1960’s and 1970’s.

⁵⁴ *Chemmen (The Shrimp)* was a 1965 Malayalam film, based on the novel of the same name by Thakazhi Sivashankara Pillai. It was the first South Indian film to win President’s Gold Medal for the Best Film and was also screened at various international film festivals.

she tilts her body downward to draw attention to her cleavage and then coyly tells him not to look (Menon 2009).



Figure 3.2: A screen shot from the film *Chemmen* (1965), where the heroine Sheela is seen in an erotic posture exposing her cleavage.

Similarly in the film *Punarjanmam/ Rebirth* (1972), Jayabharathi plays the role of a housewife who tries to seduce her husband through erotic gestures, on the advice of a psychiatrist. Though the film celebrates the ideal of the conjugal monogamous nuclear family, the housewife in the film never becomes the “ideal desexualized female subject” (Devika 26). She expresses her carnal desires, appears erotic and initiates sexual union with her husband. Here we find a heroine with an active sexual agency and expression, which was projected onto the bodies of vamps or prostitutes in later films. Thus, these strong women characters in Malayalam cinema of the 1960s and early 70s “cannot be neatly categorized in the polarised image of femininity that encourages the belief in ‘good’, chaste, obedient woman and ‘bad’ sexualized woman” (Menon 4).



Figure 3.3: A scene of physical intimacy from the film *Punarjanmam* (1972)

By the middle of the 1970s, actresses like Seema and Subha entered the screen. “They exuded a sexuality that was never displaced into moral or ideal issues; their bodies were frontally placed both in the composition of the frames and within the narrative (Venkiteswaran 48). This was also the period of the emergence of soft-porn in Malayalam films.

As mentioned before, female literacy rose steeply after the 1970’s and the increase in the female work force led to the development of the discourse of the labouring body, rich in maternal values but devoid of sexuality. Thus, sexuality was condemned to remain at the margins of Indian society and was projected into the bodies of marginalized groups like prostitutes, dalits, etc. (Devika 31). Again the ‘bad’ woman (prostitute) who was seen as an ‘abject’ and threat to the society became the ‘abnormal’, ‘monstrous’, mad woman. Mainstream cinema in Kerala demonstrates the potential to reinforce these notions and plays a tremendous role in defining public opinions concerning sexuality.

I would like to argue that the free expression of sexuality of these female protagonists is re-emphasized using hair as a semiotic device. Hair is used as a public symbol to communicate a variety of socially significant meanings. “In India symbolic manipulations of hair appear as variations of three central themes: the groomed control of hair, the shaving of hair and the neglect of hair resulting in dirty unkempt hair” (Oliveville 13). Many cultures associate loose hair (especially of women) with sexuality. In other words, “there seems to be an oppositional dialectic between hair that is tightly groomed or bound hair and loose hair” (Obeyesekere xiii). When a person (especially a woman) appears in public with loose hair, it conveys a variety of meanings.

Loose hair, especially of women, is a sign of domestic informality and even of sexual intimacy. In sculpture, for example, erotic couples are depicted with loose and falling hair. In iconography, disheveled and flying hair may indicate the demonic and the female outside of male control, as in representations of Kali (Oliveville 16).

Loose hair is also associated with the demonic figure of *Yakshi*, a popular figure in the folklore of Kerala. “Yakshis found in the folk tales of Kerala are malevolent sexual females who entice and trap their ‘male’ victims with the promise of sexual pleasure and ultimately devour them” (Philip 42). In other words, they are the ‘lethal women’ who represent monstrous female behaviour that defies acceptable cultural norms. Almost all the female characters who are shown to have psychosocial disabilities in the above discussed films (except Alice in *Adaminte Variyellu*) let their hair loose throughout these films. Like *Yakshi*, they become contrasts to the docile, tame and unthreatening femininity (often depicted on screen with braided hair) acceptable to patriarchy. In this manner, they are radically excluded and are often treated as ‘abject’ figures. Thus, the sexual symbolism of hair is effectively used in all these films to suggest the non-conforming ‘abnormal’ behavior of female characters.



Figure 3.4: The female protagonists of the selected films with untied hair.

3.2.4 Wounded Masculinities: The Control of Sexual Drives

While a woman's psychosocial disabilities are often connected to the free expression of her sexuality, a man's psychosocial disabilities often result in control of his sexuality. Ratheesh Radhakrishnan in his doctoral thesis *Masculinity and the Structuring of Public Domain in Kerala: A History of the Contemporary*, analyzes Malayalam films of the 1990s that portray the 'mental illness' of men. He observes that "the pathological male subject is narrativised in 1990s Kerala, not necessarily as a man with mental illness but as a man who is driven to madness by the modern emancipated woman" (Radhakrishnan 292). Radhakrishnan (2006) argues that it is the crisis in masculinity that produces 'mental illness'. But I would like to argue that, rather than the crisis in masculinity creating 'mental illness', it is the labelling of a person with 'mental illness' that takes away his masculine agency. Taking this argument forward, I would like to co-relate the expression of sexuality with the perception of masculinity of the protagonists in certain selected films. "(S)tudies of men and masculinity continue to deconstruct the gendering of men and masculinities and assumptions about them, other social divisions, such as age, class and disability, come to the fore and are seen as more important"(Connell et al. 3). Malayalam

cinema often showcases men with psychosocial disabilities as effeminate or child-like characters (who are to be pampered and brought back to normalcy by a woman). Their masculine agency seems to be controlled often by a repressive patriarchal figure (sometimes within the family). In *Aham*, the repressive figure is the dominant father. In *Nidra*, where there is an invalid father who sympathizes with his son's 'emotional distress', it is the elder brother who turns out to be the repressive figure. In *Thalavattam*, it is the dominant psychiatric figure who takes away the protagonist's agency. The protagonist in *Anantharam* is shown to have a very restrained childhood where he is cruelly punished (even for childhood pranks) by three male servants in the family. The protagonist in *Thaniyavarthanam*, loses his power over his family once he is (wrongly) tagged mad. In *Bhootakannadi*, the protagonist is shown as a timid person who fears everything and his efforts to be a protective father are often challenged by a violent vagabond character, a dominant male figure in the film. Thus, the masculine agency of these characters with psychosocial disabilities is often challenged and is often controlled by other hegemonic masculinities.

In this frame of 'wounded' or 'damaged' masculinities, I would like to read three scenes from three different films⁵⁵. The first one is a scene from the film *Nidra*, where a moment of sexual intimacy between the protagonist and his wife is wrongly interpreted as a scene of physical violence against the wife by the protagonist's family. The couple is embarrassed in front of the family when they are asked (by the dominant elder brother) to come out of the bathroom in wet clothes. Thus, the scene brings to the limelight the anxiety of the public about the sexual drives of the person with psychosocial disabilities.

⁵⁵ One of the films analyzed, *Veenapoovu* (1983) is not selected as the primary text. This film has a central character with psychosocial disabilities. It is due to the thematic similarity that it is analyzed with the other films.



Figure 3.5: The scene from the film *Nidra* (1981), where the couple is embarrassed in front of the family.

Similar instances occur in the film *Veenapoovu* where the protagonist fears his dominant father for the free expression of his sexuality. He remains child-like throughout the film and is never given a chance to think or act according to his choice. Any moment of intimacy between him and his wife is always interrupted by a loud sound coming out their bed room. This interruption can be symbolically interpreted as the intervention of the outside world (here through the agency of the dominant father) in their private life. An interesting sequence that substantiates this argument occurs in the film where the protagonist gazes at his wife's navel through the mirror and his attempt to touch her is hindered by the loud voice of his father saying "*thodaruthu*" (Do not touch). In both cases, we see the expansion of the medical control within the family, where any act expressing sexual desires is questioned. In other words, even though marriage and sex is considered as a therapy, there is a public surveillance and censure on the sexual life/ act of people with psychosocial disabilities.



Figure 3.6: A scene from *Veenapoovu* (1983), where the protagonist gazes at his wife's navel through the mirror.

While a majority of the Malayalam films depict people with psychosocial disabilities as asexual beings and safely brush aside the issue of their sexuality; certain films try to pathologize the expression of sexual desires of these people. This is often done by depicting such characters as being overtly sexual and all their experiences, activities and expressions are interpreted from the very lens of 'mental disorder'. For example, the psychiatrist in the film *Aham*, says that the protagonist Siddhartan has a tendency to consider any woman he gets intimate with, as his lover. Thus, even his feeling for the young researcher is pathologized and she considers his sexual advances to her as part of his 'illness.' This is evident from a sequence in the film where the protagonist gets sexually aroused by seeing the researcher and she sees it only as a natural outcome of his disturbed mental state.



Figure 3.7: A gazing scene from the film *Aham* (1992)

3.2.4.1 Psychosocial Disabilities and Male Anxieties: An analysis of Mohanlal films

Radhakrishnan (2006) sums up the male anxieties in Malayalam films of the 1990s. This anxiety is often connected to the failure of the dominant male, to control or protect the female subjects. Considering the fact that all these films came after matriliney's demise and the evolution of a 'new patriarchal order', the question of woman always remained a problem. Radhakrishnan (2006) writes about how the dominant woman leads a man to 'mental illness'. In this connection I would like to read the masculine anxiety in Mohanlal films of the selected time period. The actor Mohanlal was chosen because he has acted in many films dealing with psychosocial disabilities, either as the patient or as the psychiatrist⁵⁶. Among the selected films, *Thalavattam* and *Aham* have Mohanlal in the role of a patient with psychosocial disabilities. Mohanlal plays the role of a psychiatrist in *Ulladakam* and *Manichithrathazhu*. Interestingly, the psychiatrist in both these film has the name

⁵⁶ See Appendix III on the list of Mohanlal films.

Sunny. This name and character were repeated in a 2013 film, *Geethanjali*. Thus, the very name Dr. Sunny became part of the popular imagination of the Malayali public.

The film critic A. Chandrasekar in his book *Mohanlal: Oru Malayaliyude Jeevitham* (translated as *Mohanlal: The Life of a Malayali*) divides Mohanlal films into five different categories. They are Mohanlal as a jobless youth, Mohanlal as a leftist politician, Mohanlal as a Gulf migrant, Mohanlal as a confused youth in a feudal family and finally, Mohanlal as the ‘new’ feudal lord. In all these categories of films, Mohanlal plays the role of a protagonist who is confused by the changes of modernity and still clings to traditional value systems. During the 1980s when Gulf remittances were what sustained the economy of Kerala, Mohanlal in many films like *Visa* (1983), *Gandhinagar IInd Street* (1986), *Nadodikaatu* (1987), *Varavelppu* (1989), *Ayal Kadhaezhuthukayanu* (1998), *Kakakuyil* (2001), etc, played the role of an unemployed Nair youth planning to go to Gulf or just returned from Gulf. All these films represent ‘fragmented male identities’ trying hard to relate to the dominant essential notions of a successful ‘mature’ man (Osella and Osella 2000). In all these films “he is something between a hero and a fool, glamourized and ridiculed” (ibid. 128).

Mohanlal plays a naive character in the film *Thalavattam* (1986). After this film, we see gradations of masculinity in the characters played by Mohanlal. From the eccentric Vinu in *Thalavattam*, we see a drastic transformation to an introvert Siddhartan in *Aham*, dignified as a Swami. It is Siddhartan’s inferiority complex manifested as Othello Syndrome that spoils his relationship with his wife. In later films like *Sadayam* (1992), *Pavithram* (1994) and *Brahmaram* (2009), we see the anxieties of a ‘modern’ man, unable to protect or save the women around him.

3.3 Family and Psychosocial Disabilities

A gendered analysis of the impressions of psychosocial disabilities in the selected films reveals that, although it is predominantly a gender-biased representation, there are overlapping areas that show similarities in both the genders⁵⁷; regarding their experiences of psychosocial disabilities. For example, the trauma caused by the loss of a parent figure or any other intimate one, is shown to affect the psyche of both men and women, leading to psychosocial disabilities. They are also considered as ‘deviant identities’ that do not fit inside the family structure. Interestingly, most of the Malayalam films that depict psychosocial disabilities try to showcase the idea that the family is the nodal point of a child’s sanity. The link between sanity and family has been a topic of interest for experts in this field and various theories in psychoanalysis prove that there is a direct connection between the two. For example,

Attachment theory posits that failure to form a secure attachment to a central parent figure, usually the mother in infancy, impairs the individual’s later capacity to make affectional bonds, leaving them vulnerable to stressful life events, even though the expression of distress and the particular kinds of disorder may vary (Haw 77)

A majority of the selected films have a nuclear family setting (except *Thaniyavarthanam*, *Manichitrathazhu* and *Ennu Swantham Janakikutty*). Interestingly these films were released during the time when

Malayalam Cinema negotiated the crisis and anxieties of the nuclear family. How a nuclear family weathers emotional storm became a major obsession of the films of the 1980s. The linkages between the home and the world are negotiated only to anchor the deviant identities within the cocoon of the heterosexual families (Sreedharan 79).

⁵⁷ This study is limited to the analysis of only male and female genders as the films on third genders with mental distress is more or less absent in Malayalam Cinema. Although there is this general tendency to tag the third gender’s sexual and gender expression as abnormal; that does not come under the scope of this study.

Out of the twelve selected films, seven among them (*Nidra*, *Novemberinte Nashtam*, *Thalavattam*, *Anantharam*, *Ulladakam*, *Aham* and *Manichitrathazhu*) have protagonists who lose either both or one of their parents in early childhood. Moreover, they do not seem to be at ease with the rest of their family members. The protagonist Raju in *Nidra* is paranoid and believes that everyone in his family is plotting against him. His only solace is his loving wife and he likes to spend most of his time outside home in an estate, where he builds a world of his own. He often tells his wife, “It’s the people here (at home) who drive me mad.” The film *Veenapoovu* has a similar backdrop where the protagonist’s repressive father worsens his mental condition. Similarly, *Thalavattam* tells the story of Vinu who is born to an affluent family but has no emotional support from his family. The psychiatrist in this film says, “He is the youngest of five brothers. But they are all busy with business and have no time for him.” *Thaniyavarthanam* narrates the pathetic story of a school teacher who is wrongly tagged “mad” by society and his family members, only because of his family history of ‘madness.’ The protagonists in *Novemberinte Nashtam*, *Anantharam* and *Ulladakam* lack their parents, although their siblings try to support them; while the protagonists in *Aham* and *Manichitrathazhu* are neglected by their parents during childhood. The character Janakikutty in *Ennu Swantham Janakikutty* is considered as an eccentric by all her family members and she repeatedly says “no one here talks to me.” Another interesting observation made is that the ‘sanatorium’ in the films *Thalavattam*, *Ulladakam* and *Aham* improves the condition of the protagonists, only when it replaces the lost family support and care through some other characters (like a doctor, caretaker or any other inmate). Thus the family and its support systems are shown to affect the mind of both men and women.

3.4 Conclusion

We can see that Malayalam Cinema takes a gender-biased approach in certain aspects like the visualization of the sexuality of the characters with psychosocial disabilities. Conventionally, sex and sexuality have been subjects of shame and discrimination. There is a common thread that connects sexuality and psychosocial disabilities. When these already tabooed issues intersect with each other, there is severe opposition and resistance. Both these issues are highly stigmatized and there is a complete silence around them, to the extent of ignoring their very existence. Society, through its set binaries looks at sexuality from a very narrow perspective. “For example, individuals who want sex that is more than that is designated limit set by society, individuals who are not interested in sex, individuals who do not follow the hetero-normative beliefs, individuals who do not identify with the gender assigned to them at birth- are all labeled by the society, law, culture and science as mad” (Report on Pleasure, Politics and Pagalpan 9).

Although there is a visible repression of the sexuality of the characters with psychosocial disabilities on the peripheral level; the depiction of such themes in Malayalam cinema is inextricably entwined with social and cultural beliefs about gender and sexual behavior. Society has certain concerns and dilemmas in dealing with the sexual expressions of people with psychosocial disabilities. The expression of erotic desire by these people is always accompanied by certain anxiety. In other words, there is a general discomfort with many manifestations of their sexual desires. “Just the thought that, a person with psychosocial disability can have sexual desires and they can act on it, is nothing less than blasphemous” (Report on Pleasure, Politics and Pagalpan 6). Thus, these people are often disqualified from discourses of pleasure associated with sexuality. In such a context, the sexual relation itself, and the operation of desire is always a locus of anxiety; a potential point of disturbance to the normalites of the society. Thus, our society has always been curious about the

sexuality of people with mental distress and cinema often exploited this tendency by triggering these curiosities to a greater extent.

As mentioned before, most Malayalam films have been silent on the aspect of sexuality of these characters. If a man's psychosocial disabilities often result in the control of his sexuality, a woman's psychosocial disabilities are often connected to the free expression of her sexuality. "Historically, sexuality has been marginalized in Kerala and projected onto prostitute bodies; in the 1990s, the fear of 'unbounded' sexuality has been a prominent fear of public discourse" (Devika 21). This tendency to tag a woman who expresses her sexual freedom as a 'prostitute' is very evident in the film *Akhsharathettu* (1989). When the woman in this film expresses her sexual fantasy for the man of her choice, he says, "I do not need a mistress or prostitute. I cannot stand this 'madness' of yours." This kind of 'abjection' of sexuality (especially of woman) can be seen in later films also. The song "*Varuvanilarum ee vijanamam veedhiyil*" (There is no one to come along this lonely path) in the film *Manichitrathazhu* is a song of lament with undertones of the dissatisfied sexuality of the protagonist. In *Ennu Swantham Janakikutty*, the protagonist attains pubertal maturity in her schizophrenic stage, and it is at this stage that she gains knowledge about her sexuality.

Quite contrary to this idea of female (mostly modern and outspoken) as hysteric, Malayalam Cinema simultaneously showcases caring female figures as the healers of chronic mental distress. In such cases, the person with psychosocial disabilities happens to be mostly male and the healers turn out to be the objects of their love. Unlike the unconventional women discussed before, these women are portrayed as conventional caring figures who perform the dual roles of mother and seductress. They are shown to have a magical influence on the person with mental distress. This idea is closely linked to the concept of marriage as a solution and sex as a therapy for psychosocial disabilities. Among the selected movies, *Nidra*, *Veenapoovu*, *Thalavattam* and *Aham* have women characters who improve the mental state of the

male protagonist. Interestingly, when sex becomes a taboo in relation to psychosocial disabilities, it also becomes a therapy in certain other contexts. But using sex as a therapy in itself seems to be gender biased in the context of the selected movies. For example, when the male protagonist in the film *Thalavattam* develops romantic feelings for the female psychiatrist, it is shown as a sign of his return to 'normalcy', whereas when the female protagonist in the film *Ulladakam* shows a similar attraction to the male psychiatrist, she becomes an 'abject' posing a serious threat to the peaceful life of the psychiatrist.

4. Visualization of Psychosocial Disabilities

4.1 Introduction

There have been constant debates over the different approaches towards psychosocial disabilities and many attempts at defining them. The bio-psychiatric medical model that currently dominates mental health treatment views schizophrenia, depression or any other mental or emotional distress as biologically based brain illnesses, which are caused due to chemical imbalances in the brain. Psychoanalysis sees psychosocial disabilities as the result of human experience rather than as biological errors of the brain and central nervous systems. The medical model faces constant criticism especially from the part of the survivors for its emphasis on individual flaws and their correction. The Activist groups around the globe, comprising mostly of survivors and advocates of mental health are “devoted to resisting and critiquing clinician-centered psychiatric systems, finding alternative and peer-run approaches to mental health recovery, and helping those who wish to do so, minimize their involvement with current psychiatric institutions” (Lewis 339). Thus, psychosocial disabilities and their allied terms still remain abstract concepts prone to diverse interpretations. Because of this ambiguity, the visualization of psychosocial disabilities becomes a challenge at this point as it tries to make comprehensible that which appears to be inherently unknowable.

As we have already discussed, studies related to media and psychosocial disabilities gained prominence during the 1990s with the publication of Otto Wahl’s *Media Madness: Public Images of Mental Illness* and the Glasgow Media Group’s *Media and Mental Distress*. “Both these books point out a number of problems with media and film representations of distress including the tendency to focus on outlandish

symptoms, and to depict mental disorder as easily overcome” (Harper 171). Stephen Harper’s book *Madness, Power and the Media: Class, Gender and Race in Popular Representations of Mental Distress*, argues strongly for the social construction of psychosocial disabilities and shows how the media’s treatment of psychosocial disabilities is mediated by discourses of class, gender, race, etc. In India, Dinesh Bhugra’s book *Mad Tales From Bollywood* tries to find an association between the quality and type of ‘mental illness’ and the prevalent socio-political and economic factors at the time when the film was released. Other works that discuss psychosocial disabilities in South Indian cinema include “Malayalam Cinema and Mental Health”, “Mental Health in Tamil Cinema”, “Chitrachanchala (Pictures of Unstable Mind): Mental Health Themes in Kannada Cinema”, etc. All these works theorized negative imagery and interrogated common stereotypes of portraying psychosocial disabilities that pervaded the literary and filmic archives of the period. As most of these works were written by psychiatrists, they followed the method of social realism and tried to judge the accuracy of these cinematic representations .

My aim in this chapter is not just to find a series of visual stereotypes used in the selected films nor is it an enquiry that analyzes the accuracy of these visual depictions according to their conformity to psychiatric conditions of ‘mental illness’. Rather this chapter looks at how psychosocial disabilities are visually constituted in these films. It also “explores the politically subversive potential of narratives of madness, their capacity to articulate counter-hegemonic discourses and to illuminate and interrogate what Erich Fromm (1963) called the pathology of normalcy” (Harper 6). It also looks at how the visualization of psychosocial disabilities in the selected period structured the conventional frameworks for imagining psychosocial disabilities and how these images underline or reinforce unequal relations of class, caste and gender within the discourse of psychosocial disabilities. Interestingly, certain cinematic codes which are used in the visualization process are repeated in many films and become part of a regional imagination. The different sections analyzed in this chapter are the mind/ body divide in portraying psychosocial disabilities, the spectacular tropes used

in the visualization process, the visualization of the psychiatrist and the mental hospital and the conflict involved in the visualization of realities in the selected films. The first section will discuss the bodily manifestations of psychosocial disabilities and their connection with the regional terms in Malayalam that are used in the selected texts. The next section on the spectacular tropes discusses the use of certain cinematic techniques and the stereotypical visual images used in these films to create a spectacular effect. The section on the visualization of the psychiatrist and the mental hospital traces the epistemic change within the discourse of mental health and its treatment methods as perceived in the selected films. The final section on the reality elements in the selected texts looks at how the reality is conflicted within the frames of these films.

4.2 The Mind Speaks Through the Body: Blurring the Boundaries of Mind/Body dualism

The mind-body dualism is a paradigm issue in the philosophy of mind which states that the mind and the body are two distinct and separable entities. Rene Descartes⁵⁸ was the first to formulate the mind-body problem as it exists today. Cartesian dualism states that there are two kinds of foundations- mind and body. This philosophy states that the mind can exist outside of the body and that the body cannot think. “Mind/body dualism is based on a deeper and perhaps universal phenomenological distinction between body as corruptible and mortal and the mind as a set of consciousness capable of imagining its own immortality” (Kirmayer 1988). The Cartesian legacy to clinical medicine was later criticized as a mechanistic conception of the body and its functions.

Mind/body dualism is related to other conceptual oppositions in Western epistemology such as those between nature and culture,

⁵⁸ Rene Descartes was a French philosopher, mathematician and scientist. He is considered as one of the most notable intellectual representative of the Dutch Golden Age.

passion and reason, individual and society- dichotomies that social thinkers as different as Durkheim, Mauss, Marx and Freud understood as inevitable and often unresolvable contradictions (Scheper and Locks 10).

Similar distinctions between the visible and the invisible or intangible aspects of the body can be found in classical Hindu philosophy texts⁵⁹. Anthropologists have often created a picture of the world wherein non-Western people are understood as more grounded in their bodies than the Western subjects who are depicted as being unaware of the embodied nature of their experiences (Halliburton 2002). Studies conducted by the veteran anthropologist Murphy Halliburton in Kerala prove that Kerala does not replicate the Western mind/body dualism but included the body and several increasingly non-physical states culminating in the formless higher self/atman (Halliburton 2002). Further, he studied that “the popular expressions of illness in Kerala are informed by exegeses found in Indian philosophy of *sariram* (body), *manas* (mind), *bodham* (consciousness) and *atman* (self/soul)” (Halliburton 1123). Thus, Kerala’s regional concept of psychosocial disabilities transcends the western mind-body dualism and has its own unique cultural concepts about the relationship between the mind and the body. We can also see this complexity transferred to the linguistic discourse of psychosocial disabilities in Kerala. In the vernacular parlance, psychosocial disabilities have different linguistic variations. The different regional terms for psychosocial disabilities in Kerala include *Bhranthu*⁶⁰, *Vattu*⁶¹, *Unmadam*⁶², *Chithabhramam*⁶³, *Ilakam*⁶⁴, etc (Gopal 2008). Apart from these general

⁵⁹ See Medical and mythical constructions of the body in Hindu texts." *Religion and the Body* by Doniger.

⁶⁰ The word *Bhranthu* originated from the Sanskrit verb root ‘*Bhram*’ which means to wander or roam about. It connotes to the wandering nature of the mad man.

⁶¹ A colloquial word in Malayalam used to refer a person with mental distress. The word may have originated from the root word *vattam* (which means round); that can again be connected to the wandering nature of the mad man. See Gopal(2008)

⁶² This word means a state of ecstasy and has its origin from the root word un- matta which means disordered in intellect, frantic, etc. See Gopal(2008)

terms there are certain colloquial terms, which are also used in the selected texts. The various terms used in these films are *asukham* (disease), *badha kayaruka* (to be possessed by a spirit), *manasikarogam* (a disease of the mind), *manasinte samanila thettuka* (to lose harmony of the mind), *sobodham ilatavuka* (to lose self consciousness), *thalyku sukhamilayima* (a disease of the head), *vibhranthi* (increased ecstasy), *sughakedu* (disease), *manorogam* (a disease of the mind), *kirukku* (eccentricity), *thalyku sthiratayilayima* (to lose balance of the head), etc. A close examination of these regional terms exemplifies the fact that although most of the terms pertain to the mind and its functioning, there are some neutral terms like *asukham* and *sukhakedu*, which are used generally for any disease (either of the mind or body). Interestingly, some of the terms like *badha kayaruka* (where the spirit possess the entire body), *thalyku sukhamilayima* and *thalyku sthirathayilayima* are overtly body centered. The significance of the body as a site for the construction and interpretation of psychosocial disabilities is discussed by Dr. Bindulekshmi in her article, “The ‘Diagnosed’ Body: Embodied Experiences of Mental Illness.” She writes,

The understanding of certain bodily behaviours as 'abnormal' becomes significant in this context, since in most cases, that is the initial phase of assigning a diagnosed identity to an individual. It can be said that there is a 'normal' image of the body, which contributes to the construction of an 'abnormal' image (Bindulakshmi 41).

In this context, the body plays a significant role in distinguishing the ‘normal’ from the ‘abnormal’.

In contrast to other somatic illnesses, psychosocial disabilities do not have a specific body part that has to be treated. But as mentioned before, they are often diagnosed through 'manifestations of abnormal embodied experiences' (Bindulekshmi 2016).

⁶³ The word *Chittabhramam* comes from the Sanskrit words *Chitta* which means ‘thinking’ or ‘reflecting’ and *bhrama* which means ‘dearangement’. See Gopal(2008)

⁶⁴ The word *Ilakkam* must have originated from the root word *ilakuka* which means to ‘shake/ move’. The colloquial usage *Ilakakran* refers to one who is unsteady in his thoughts/mind. See Gopal(2008)

So how do these 'abnormal' embodied experiences get treated? People often approach various avenues of treatment available. These include psychiatric treatment, *mantravadam* (magico-religious practice), Ayurveda and so on. Sometimes, the individual is also taken to various religious healing centers and temples. It is interesting that despite significant differences in their modes of treatment, all these forms of treatment uniformly view the diagnosed individual's body as 'deviating' from the norms.' But "the irony here is that bio-medical psychiatry often works with strong biological reductionism and still it is unable to/refuses to understand somatic problems associated with mental illness" (ibid. 46). The blurring of boundaries between mind and body is also evident in Kerala's indigenous treatment methods for psychosocial disabilities. While Allopathic medicine prescribes specific drugs for treatment of 'mental illness'; certain Ayurvedic treatment methods like ⁶⁵*thalapothicil* and *snehapanam* ⁶⁶are used both for psychosocial disabilities and bodily ailments. Such Ayurvedic procedures are either depicted or mentioned in selected films like *Nidhra*, *Thaniyavarthanam*, etc. Again, the body becomes the primary focus in case of possession syndrome ⁶⁷, a crowd pleasing theme in Malayalam cinema. The film, *Manichithrathazhu*, "dramatizes the relationship between biomedical psychiatry and the idiom of spirit possession" (Halliburton 112). This film was a clear signifier, an image in forefront of people's minds that depicted the interpretive tension between the idiom of possession and mental illness" (Halliburton 111-112).

Body is used for the visualization of psychosocial disabilities in films like *Nidhra*, *Adaminte Variyellu*, *Aksharathettu*, etc. where the characters are shown to undergo immense physical pain while going through different stages of distress. Thus, these

⁶⁵ Thalapothichil is an ayurvedic procedure where the head is covered with Amla paste prepared in butter milk. This treatment is used for stress, anxiety disorders, chronic head ache, sleep disorders and hair loss.

⁶⁶ Snehapanam involves intake of medicated ghee in daily increasing doses and strict restrictions on diet and activities. It is used for many cases like allergic asthma, psoriasis, low immunity, hyper acidity, digestive disorders and all kinds of mental distress.

visual images conceive psychosocial disabilities in a way that involves both the mind and the body. In *Nidhra*, the protagonist Raju is shown to undergo immense physical pain and screams, at the onset of a psychiatric problem. In *Adaminte Variyellu*, Vasanthi's headache is shown to be the first sign of her schizophrenia. An unbearable headache forces her to take leave from her office and it is only after this time that she hallucinates that her dead father-in-law visits. Again when she behaves abnormally and talks like her father-in-law, the family believes that she is possessed by the dead man's spirit. They start punishing her body, to ward off the evil spirit. Such scenes of beating the body (usually by the exorcist) to 'cure' the possessed person also occur in other selected films like *Manichitrathazhu* and *Ennu Swantham Janakikutty* and also in many horror films of Malayalam.

Interestingly, the language of possession in Malayalam movies tends to be gender specific. The demons, gods and goddesses only get attached to female bodies. The possessed female bodies become the space that is to be conquered and brought back to normalcy through the agent of patriarchy (the exorcist). (G.R and Babitha Justin 147)

In the film *Aksharathettu*, Renu Menon is shown as an 'abnormal' woman who 'madly' chases a married man. When the man of her choice ignores her and denies her sexual pleasure, she is shown to undergo intense physical pain and she howls and screams in her house.



Figure 4.1: Screen shot from the film *Aksharathettu*, where the character under emotional stress is shown to undergo body pain.



Figure 5.2: Screen shot from the film *Nidhra* where the protagonist undergoes bodily pain at the moment of onset of distress.

Further, behaviour on the part of the women which contradicts the norms of appropriate feminine conduct is also marked as ‘abnormal’ (Addlakha 2008; Ahlbeck-Rehn 2005; Davar 1999; Mehrotra 2006; Smith 1978). Here, the body plays a major role not only in the manifestation of abnormality but also in the management of a constructed normality that fits into the everyday environment. The third chapter of this dissertation discusses how Ganga in her animalistic appearance as Nagavalli in *Manichithrathazhu*, becomes the symbol of improper womanhood. Similarly, the introduction scene of Reshma in the film *Ulladakkam*, shows her with messy hair and an expression of violence in her face, with a broken glass piece in her hands. Her very appearance conveys the idea to the audience that Reshma is a deadly person who can attack anyone with the glass piece in her hand.



Figure 5.3: The introductory scene of Reshma in *Ulladakkam* (1991)

Thus the violent body also becomes the perpetrator of violent deeds. If in the introductory sequence Reshma poses a threat with her blood stained clothes and broken glass piece, in a following sequence she actually attacks a female caretaker of the mental hospital. Similarly Ganga in the possessed state of Nagavalli (in *Manichithrathazhu*) fiercely cuts a dummy figure into pieces and literally drinks blood. Similar acts of violence are also done by the female protagonists of *Aksharathettu* and *Ennu Swantham Janakikutty*. In *Aksharathettu*, Renuka Menon is extremely angry with the man she desires for ignoring her and leading a peaceful life with his family. Though she does not kill him or anyone else in his family, she does a symbolic murder by killing their pet dog and burning the cage of love birds in their house. Janakikutty in *Ennu Swantham Janakikutty* is full of hatred and envy towards her cousin and in a moment of rage she enters her cousin's room, destroys her personal belongings and cuts her clothes into pieces. These scenes in *Aksharathettu* and *Ennu Swantham Janakikutty* also symbolize the female sexual jealousy associated with 'madness.' Raju in the film *Nidhra* imagines that his younger brother is going to harm him and beats the young boy for no reasons. In another sequence of the film showing Raju's first night, he is shown to show signs of 'abnormalcy' all of

a sudden and hits his wife's head with a cricket ball. Thus, in all these sequences, the violent body is also shown as the perpetrator of violence.

Thalavattam is another film that connects psychosocial disabilities with body and body movements. The variations in degrees of 'madness' are visualized through the body. The protagonist Vinod in the film is shown to be a hyperactive character and is always contrasted with another inmate of the hospital, who is in a coma with no body movements. The 'villanous' psychiatrist in the film who comes to know that his daughter (the lady psychiatrist) is in love with Vinu, puts him into coma through surgical methods. Thus, the controlling of the person is through the controlling body movements. Again the repetitive actions of the inmates of the mental hospitals in the films *Thalavattam*, *Ulladakam* and *Aham* become sources of laughter. The visualization of psychosocial disabilities through repetitive actions of the inmates of mental hospital later became a comic trope in Malayalam films and got repeated in later films like *Mookila Rajyath*, *Thilakkam*, *Sundarapurushan*, *Dr. Patient*, etc.

While Malayalam cinema uses the body movements to visualize psychosocial disabilities in men, it is the appearance of the body that is used to visualize psychosocial disabilities in women. The third chapter has already discussed the body politics involved in the films dealing with psychosocial disabilities, where the woman's body becomes the repository of culture and how any deviation from the expected norm is conceived as 'abnormality'. The previous chapter also discussed the use of untied hair as a symbolic device to visualize unbridled sexuality of 'non-traditional', 'dominant', 'abnormal' women and how this is in fact connected to the *Yakshi* myth in Kerala. In this chapter I would like to take this argument a little forward by analyzing how untied messy hair of female patients in films emphasize the lack of control of women over their own bodies. Dr. Bindulekshmi (2006) writes about her experience of visiting some of the mental hospitals in Kerala, where she noticed that several women in the family therapy ward of mental hospitals had their heads shaven. The authorities of these hospitals claimed that it was done to ensure the

cleanliness of the patients. Thus, in the name of cleanliness, there is a 'disfigurement' of the body, as proposed by Goffman (1961). The concept of the normative feminine body is either alien to them or, as is mostly the case, denied to them. "In the name of care-giving and treatment, many of their bodily rights are taken away and the feminine notion of the body is challenged through the notion of the 'diagnosed body'. In other words, 'diagnosis' has imprinted itself on the body, marking it as unfit to bear the familiar symbols of femininity" (Bindulekshmi 2006). There are lots of studies on how the body has been treated in colonial asylums. James H. Mills writes about the psychiatric regime and the controlling of Indian inmates in colonial India, 'The body was to be ordered and made efficient through the regulation of its functioning, so cleanliness and eating were emphasized and the working of the body was closely observed' (Mills 82). Even in the post- colonial setting, not much has changed in the way the diagnosed body is viewed in the mental health setting. Even today, the diagnosed body is considered as something that needs to be treated forcefully for better cleanliness and functioning. But in most of the selected films, most of the female characters with psychosocial disabilities have long untied hair. Though loose hair in this context acts a semiotic device suggesting unbridled ⁶⁸sexuality, the unkempt and untidy hair of female patients in mental hospitals becomes a recurrent motif which in turn reinforces the notion that such people cannot control their own body.

The next two figures, fig 4.4 and 4.5 are taken from the film *Thalavattam*. Interestingly, *Thalavattam* is the only Malayalam film of the selected decades which portrays a female psychiatrist. Again the precariousness of the feminine gender becomes evident, when the psychiatrist herself crosses her boundaries through a process of counter-transference⁶⁹, falls in love with her patient and finally turns 'mad'. The figure 4.4 shows the psychiatrist with a lady patient with untied, messy hair. In the second figure (4.5), the psychiatrist herself becomes mad and now appears with

⁶⁸ The interconnections between the semiotic significance of hair and sexuality is discussed in detail in chapter 3.

⁶⁹ Counter-transference a term used in psychoanalysis, which refers to analysand's emotional response to the client

untied hair. We can also find female patients with untied hair in the film *Ulladakam*. Untied hair has become so closely associated with psychosocial disabilities that there is even a usage in Malayalam, *bhranthiye pole mudi azhichiduka*; which literally means to leave your hair loose like a mad woman.



Figure 4. 4: The only female patient in the film *Thalavattam*



Figure 4.5: Screen shot from the film *Thalavattam*, where the psychiatrist finally becomes a mental patient.

4.3 Female Gaze and Psychosocial Disabilities

Laura Mulvey (1975) suggested that there was always a power hierarchy involved in the process of gazing and the men who got the visual pleasure by viewing the women (the objects of gaze) were in dominant positions. As discussed before, all the female protagonists of the selected films are depicted as ‘non-conforming’, ‘non-traditional’ women. Women in their traditional positions are objects to be gazed at. This non-conformity of the female protagonists is visualized through the scenes of feminine gaze. The selected films *Aksharathettu*, *Manichitrathazhu* and *Ennu Swantham Janakikutty* have scenes where these women gaze at the men of their choice, without those men knowing it. The gazing scene in *Aksharathettu* is loaded with sexual connotations. Here, Renuka Menon is gazing at a man who is playing with his children. The children are playing by running in between his legs and the camera focuses on his opening and closing of the passage between his legs, for the children to pass. Here, I would like to argue that the movement of the man’s legs has sexual connotations and symbolizes the sexual attraction that the lady feels towards him. Similar gazing scenes are there in *Manichithrathazhu* and some readings of the film suggest that Ganga chose *thekkini* as a place to keep her books because it was only from this room, that she could get a view of Ramanathan’s house (the man she desires). Similarly, there are scenes in the film *Ennu Swantham Janakikutty*, where Janakikutty on her way back from school gazes at Bhaskaran from a distance. All these scenes, suggest the unbridled sexual expression of these women, which is considered ‘abnormal.’



Figure 4.6: A gazing scene from the film *Manichithrathazhu* (1993).

4.4 Filmic Techniques and the Spectacle of Psychosocial Disabilities

As the depiction of psychosocial disabilities is a challenge in itself, cinema often combines its visualization with specific camera techniques, sound effects, contrast lighting, voice over technique, etc. The visualization of psychosocial disabilities changes according to the time period in which these films are produced. For example, the use of dissolve or fade is very common in the films of the 1960s and 70s. A dissolve is a gradual transition from one image to another. We can see the use of dissolve in *Irutinte Aatmavu* (1967) and *Yakshi* (1968). In the film *Irutinte Aatmavu*, we see the dissolve sequence, when the protagonist dreams of his dead uncle. Combined with non-diegetic sound effects, the dissolve sequence helps to visualise the fear in the mind of the protagonist Velayudhan, and transmits it to the audience.



Figure 4.7 A dissolve sequence from the film *Irutinte Atmavu*

Both *Irutinte Aatmavu* and *Yakshi* use dramatic sound effects for visualizing psychosocial disabilities. But when the same film *Yakshi* is remade as *Akam* (2013), the theme is visualized in a more subtle manner. For example, when *Yakshi* uses dramatic sound effects, extreme close-up shots and bottom lighting⁷⁰ techniques, *Akam* has only minimal diegetic sounds and sparsely used close-up shots. Instead it draws symbolism from Greek mythology and psychoanalysis. The protagonist Sreeni in the film *Akam* is a software engineer and the project he works for is called Medusa project. Medusa in Greek mythology is a female monster with snakes in her head. Thus, the local myth of Yakshis in the film *Yakshi* is replaced by Greek mythology in *Akam*. Again, the protagonist Sreeni in *Akam* constantly sees a lighthouse dream and the film explicitly states that it is symbolic of sexual virility and arousal. *Akam* also

⁷⁰ It is a lighting technique, where direct lighting comes from below. This technique is used to show the dangerous nature of a character.

uses a number of dolly shots⁷¹ that adds to the horror element of the film. Dolly shots are also used in the film *Manichitrathazhu*.



Figure 4.8: Low key lighting in *Yakshi* (1968)



Figure 4.9: A close- up shot from *Yakshi* (1968)

⁷¹ It is a shot where the camera moves along with the subject that is recorded. It is also called following shot because it gives the impression that someone is following the character. It is used widely in horror films and psychothrillers.



Figure 4.10: A close-up shot from *Akam* (2013)

Besides these techniques, some of the selected films like *Nidhra* (1981), *Aham* (1992) and *Manichitrathazhu* (1993), use multiple frame grabs and psychedelic lighting, along with sound effects that add to the fear around the person with psychosocial disabilities. The following figure (fig 4.10) is a sequence from the film *Nidhra*, where Raju while playing with his brother, imagines that the boy comes to hit him with the cricket bat. The internal thoughts of Raju are dramatized through the use of such a shot, where Raju sees his brother as six people with the same face and body.



Figure 4.11: A multiple frame grab from *Nidhra* (1981)

The next figure (Fig 4.11) is a sequence from the film *Aham*. Interestingly, this shot is the first sequence in the film, where the audience get to know that Siddhartan, the protagonist has some psychic problem. The scene just before this sequence shows Siddhartan returning from his office with the feeling that someone is chasing him. The film uses dolly shots in the scene. This scene is set in a hospital, where Siddhartan's wife is admitted in a coma. Siddhartan, who is already disturbed because of the feeling that someone is chasing him, lies on the floor and suddenly hears loud laughter and sees psychedelic lights on the roof top. But instead of being scared, Siddhartan smiles and his smile at this inappropriate moment suggest that he is 'abnormal.'



Figure 4.12: Psychedelic lighting in *Aham* (1992)

Manichithrathazhu (1993) also uses dolly shots to create an element of mystery and horror. I would also like to argue that *Manichithrathazhu* is the first film in Malayalam that presents the religious healing techniques of psychosocial disabilities as a spectacle for the visual pleasure of the audience. Even though the elements of religious healing are present in Malayalam cinema from *Irutinte Aatmavu* onwards, there was nothing dramatic or spectacular about them. But *Manichithrathazhu* becomes a trend setter in this respect and from then on, the Malayali audience become accustomed to the mystifying atmosphere created by the film makers through the use of different props like the presence of a powerful tantric (exorcist), a colourful *mandrakala*⁷², lit, lamps and candles, dark paintings, The Bible, crucifix, joss sticks, coloured flowers etc. (G.R and Babitha Justin 2018). Such scenes of religious healing can also be seen in the selected films, *Thaniyavarthanam* (1987) and *Ennu Swantham Janakikutty* (1998). In *Thaniyavarthanam*, there is also a reference to Chotanikara temple, a famous religious healing centre in Kerala.

⁷² *Mandrakala* is a circle of space marked by practitioners of many branches of ritual magic, which they believe will contain energy and form a sacred place.



Figure 4.13: A *mandrakala* from the film *Manichithrathazhu* (1993)

4.5 The Image of Theyyam and Hidden Caste Politics

Interestingly, the image of *theyyam* is also often connected to the expression of psychosocial disabilities, connoting violence and fear. In this connection, I would like to argue that, this recurrent representation of the image of theyyam in films like *Thaniyavarthanam* (1987), *Pranayavarnaghal* (1998), *Naranathu Thampuran* (2001), etc, has undertones of caste politics. All the protagonists in the selected films (except *Novemberinte Nashtam* and *Ulladakam*) belong to high castes, either Namboodiri or Nair. The use of the image of theyyam (performed by lower castes) as a visual symbol in these films, exemplifies the portrayal of lower castes as the abject other. It also suggests an upper caste anxiety on the presence of an ‘empowered other’. Such upper caste anxieties are very visible in the film *Bhoothakannadi*, where society constantly questions the out-of-wedlock relationship between the Nair protagonist and the lower caste woman. In contrast to ‘traditional’, high caste women in

Malayalam cinema, this woman is depicted as a promiscuous woman who is loud about her sexual desires. The Nair lady in the film (the protagonist's sister) calls her a *nagayakshi*, who devours her brother. Interestingly, the snake symbolizes sexuality in this film. The protagonist Vidhyadharan as a boy is said to have killed a snake, that was in sexual union with another snake. He believes that he cannot lead a sexual life because of the curse of the female snake. Snake as a symbol of sexuality is also used in the film *Lekshmana Rekha*, where the heroine who is sexually dissatisfied always dreams of a snake crawling through her body. Interestingly, this dream sequence is loaded with Freudian symbolism. According to Freud, seeing a snake in a dream connotes sexual dissatisfaction.



Figure 4.14: Dream sequence of the snake from the film *Lekshmana Rekha* (1984)

The film *Manichitrathazhu* also has caste dynamics embedded in it. The film depicts that the ghost of Nagavalli who finally succumbs in front of the Brahmin exorcist Brahmadattan Nambooditiripaadu. This exorcist is referred to as *tirumeni* (a term used to refer to temple priests), signifying his high caste. He is depicted as an expert in his field and as a well informed person who visits Chicago to present a paper on parapsychology. Meanwhile the film also portrays a low caste exorcist,

Kaatuparamban. Unlike the Brahmin exorcist, Kaatuparamban is not able to handle Nagavalli and is in fact terrified by her. Kaatuparamban gets terrified to such an extent that he goes 'mad'. But unlike the 'madness' of Ganga that becomes the core theme of the film, Kaatuparamban's 'madness' only becomes a source of laughter.

In the films *Thalavattam* and *Aham*, we find that the inmates of the mental hospital and rehabilitation centre are very much aware of their caste hierarchies. For example in *Thalavattam*, in the very introduction scene, the inmates of the mental sanatorium discuss their caste and family. One of them, claims that he is a descendent of an affluent Nair *tharavadu*, with fifty acres of land and twelve elephants. Another one, a Brahmin claims that he is from a *mana* (a Brahmin household) with a treasure of height hundred pounds of gold. Then they ask the protagonist, whether he is a Nair. This scene reveals that the fact that it was the high caste who were mostly affected by the change of matriliney, end of feudalism, etc. Similarly in *Aham*, there is a character in the film who always highlights his Nair identity in a Christian rehabilitation centre. He even complains that the Christian cook serves more food to Christian inmates and avoids Hindus. He also warns the protagonist (who is a high caste Hindu) not to involve in church practices, especially when he is clad in saffron attire (a symbol of Hinduism).

4.6 Voice-over Technique

Another recurring filmic technique used in the selected films is the voice-over technique. It is a cinematic technique where a voice of a character in the film, is heard while the audience see an image of a space and time in which the character is not actually speaking. This technique is used to give a sense of the character's subjectivity or to narrate an event told in flashback. The aural properties of a sound—its timbre, volume, reverb, sustain, etc. have a major effect on a film's aesthetic (often manipulated for dramatic purposes). In this context I would like to argue that

through the use of voice-over technique, Malayalam films give more space to the perspective of characters with psychosocial disabilities, when compared to most other regional films that narrate the past of a person with psychosocial disabilities, through such a person's relative or friend. Voice over technique is used in the films *Thalavattam*, *Anantharam*, *Aham*, *Manichithrathazhu* and *Ennu Swantham Janakikutty*. In *Thalavattam*, the protagonist's voice over is heard when the female psychiatrist reads his diary to understand his past. *Anantharam* is a story that uses voice over technique in abundance. The plot of this film proceeds through the voice-over rather than through events. In *Aham*, the voice-over of the protagonist is heard in two situations. The first sequence is where Mariana, a researcher hears a tape containing the hypnotic information of Siddhartan. The second voice over is heard when Siddhartan narrates his story to Marianna. In *Manichithrathazhu*, we hear the voice over of the psychiatrist while he tries to unravel the past of Ganga. Thus, we see Ganga's past through the lens of the psychiatrist. This indirectly symbolizes the dominant positioning of the psychiatrist, within the narrative of the film. The voice over of Nagavalli in the film adds to the horror element. The film *Ennu Swantham Janakikutty* begins with the voice over of Janakikutty, where she talks about herself and her family. Unlike in the other films, the voice over in *Ennu Swantham Janakikutty* appears like a direct address to the viewers and there are many sequences where Janakikutty faces the camera and speaks, acknowledging the presence of the audience. In other words, Janakikutty relates more with the viewers outside the frame of the narrative, than with those inside it. This suggests Janakikutty's precarious positioning in her own family.

4.7 Interplay of Different Healing Systems

There is no linear medical discourse of psychosocial disabilities in Kerala. As Halliburton rightly points out, modernity in Kerala does not correspond to an erosion of context. He noticed that Kerala is a place where "religious ideologies are

sometimes invoked to mediate and thus enable the discourse of ‘modern’ psychiatry and psychology” (Halliburton 134). Such a co-existence is reflected in the films as well. For example, in *Nidhra*, we see that the patient undergoing Allopathic treatment uses *nelikka thalam*, on the advice of the Allopathic doctor. *Veenapoovu*, is another film that showcases the co-existence of Allopathy and Ayurveda. This film was shot at Poonkudil Mana, a famous Ayurvedic mental health centre in Kerala. In this film we see a space where we see patients being treated with both Ayurveda and Allopathy. The young (Allopathic) doctor in the film says, “I treat patients who are less dangerous and my father (practitioner of Ayurveda) treats patients who are more dangerous.” The film *Thaniyavartham* narrates a space of conflict and co-existence of Ayurvedic, Allopathic and religious discourse on psychosocial disabilities. The films *Manichitrathazhu* and *Ennu Swantham Janakikutty* have scenes of exorcism, existing along with psychiatry.

Therefore, as stated before, we cannot find a linear shift in the medical discourse of psychosocial disabilities in the selected films. However, the study tries to make some other interesting observations on the same. The film *Punarjanmam* (1973) was produced by a psychiatrist and the first part of the film explicitly states that the film was made to educate the public not to believe in superstitions regarding psychosocial disabilities. Seeking psychiatric treatment was shown as a rational option in films of the early 80’s like *Nidhra*, *Veenapoovu* and *Adaminte Variyellu*. It was during the middle of the 1980s that Malayalam cinema started questioning psychiatry. Schneider, in the context of Hollywood movies, classified the portrayal of psychiatrists in films as Dr. Dippy, Dr. Evil and Dr. Wonderful⁷³. Malayalam Cinema questioned the evil outcomes of didactic psychiatric practices through its portrayal of evil and devil psychiatrists in films like *Thalavattam* and *Aham*. Again, the psychiatrists of the films of the 70s and 80s were portrayed as the so called ‘modern’ English speaking elites. But the scene introducing the English speaking U.S educated psychiatrist Sunny (played by the veteran actor Mohanlal) in

⁷³ See Schneider 1987.

Manichithrathazhu, portrays him as a comic, eccentric person. Interestingly, Dr. Sunny, though a Christian, enters the Nair *tharavadu* in saffron clothes. The eccentricity of the psychiatrist became part of the public imagination in Kerala and it was celebrated in films of the later decades also. In this aspect Malayalam cinema generates a counter discourse. Interestingly, Mohanlal, played the role of a psychiatrist with the same name Sunny in three different Malayalam films. Thus, the very name Dr. Sunny became synonymous with the figure of a psychiatrist in the popular imagination of the Malayali audience.

Arunlal (2010) observes,

In the early doctor-patient discourse, it was the doctor who walked to the patient when called. No one was 'taken to hospital'; the hospital as a repository of medicinal knowledge and power did not exist. The doctor will come and offer his services within the family. Institutionalization of medicine first cut this system and located the hospital as the point of contact for the sick with the state, the final word of sickness and its statistics (134).

Such scenes of the doctor coming home to see the patient can be seen in the films of the early 80s, *Novemberinte Nashtam* and *Nidhra*. Thus, we can argue that hospitalization of a person with psychosocial disabilities came as a necessary and immediate procedure much later.



Figure 4.15: The eccentric psychiatrist in *Manichithrathazhu* (1993)

Another observation made in the study is that *Thalavattam* (1986), was the first Malayalam film that was entirely set in a mental hospital. This hospital known as St.Richards Mental sanatorium, is located in Ooty. Interestingly, the setting of mental hospitals in exotic locations like Ooty⁷⁴ became a trend in Malayalam cinema and it was followed in later films like *Ulladakkam* (1992), *Sundarapurushan* (2001), *Kilukkam Kilukilukkam* (2006), etc.

⁷⁴ The 80s and 90s also saw the Ooty twist in Malayalam cinema and a large number of Malayalam films had Ooty as its setting. A deeper analysis is not made, because it goes outside the scope of this work.



Figure 4.16: The mental sanatorium in *Thalavattam* (1986)

4.8 The Conflict of Reality

Most of the selected films create a conflict of realities, which sustains the suspense element and sometimes misleads the audience. Dreams become an important trope in these films and they are used in the Freudian sense, to show the repressed fears and anxieties of these characters. The dream sequences are intertwined in the narrative sequences, and the audience are often mislead to believe that they are the reality. The protagonist Raju in *Nidhra* dreams that his brother is trying to kill him. Meera in *Novemberinte Nashtam* dreams of her lover's infidelity, which becomes a reality later. Vasanthi in *Adaminte Variyellu*, lives in her world of hallucinations, which becomes 'the reality' to her. *Anantharam* is a story of multiple narratives and the entire film becomes a play of realities. In the first narratives Ajayan, the protagonist says that he feels sorry for his wrong feelings towards his foster brother's wife. In the second narrative, he says that the same lady was his lover before becoming his brother's wife. Thus the story proceeds through two conflicting realities, both narrated by the same person. *Manichithrathazhu* creates a pseudo reality, by making the audience believe that another woman is the possessed person, until it is finally

revealed that it is Ganga who is having Multiple Personality Disorder. In *Bhoothakannadi*, Vidhyadharan the protagonist sees a world outside the premises of the jail and seems to be much pre-occupied with the happenings outside it. The viewers see the world outside the jail through the protagonist's eyes and are made to believe that what he sees is the reality. It is only towards the end of the film that the audience comes to know that Vidhyadharan is a mental patient, and whatever he was seeing was his mere hallucination. *Ennu Swantham Janakikutty* tells the story of a strange bonding between a young girl (Janakikutty) and a *yakshi* (Kunjathol). As mentioned before, the audience sees everything through the eyes of Janakikutty and initially believes that Kunjathol has come to help Janakikutty. But towards the end of the film, we are left with the question whether there was such a ghost called Kunjathol or if everything was a figment of Janakikutty's imagination. Thus a conflict of reality pervades all these films.

4.9 Conclusion

Psychosocial disabilities become a 'complex phenomena' because different approaches define them in different ways. The bio-psychiatric model, sees psychosocial disabilities as biologically-based brain illnesses. Psychoanalysis views psychosocial disabilities as outcomes of repressed feelings and emotions. The Ayurveda system considers psychosocial disabilities as results of imbalance in the body humours. Thus, psychosocial disabilities become abstract topics and their visualization often poses a challenge to the film makers.

There are constant debates over the concept of Western mind/body dualism. But significant studies done in the area prove that Kerala does not replicate the Western mind/body dualism and that there is a complex existence of tangible and non-tangible concepts like *sariram* (body), *manas* (mind), *bodham* (consciousness) and *atman* (self/soul) in the regional discourse. We can also see that this complexity is transferred to the linguistic discourse and different terms in Malayalam like

sukhakedu (a disease), *badha kayaruaka* (to be possessed by a spirit), etc, involve the body. The blurring of boundaries between the mind and the body is also visible in Ayurvedic procedures like *snehapanam* and *thalapothichil*, depicted or referred to in films like *Nidhra* and *Veenapoovu*.

Malayalam cinema also blurs the boundaries between the mind and body by using the body as the locus for the expression of ‘distress.’ For example, in the films *Nidhra*, *Adaminte Variyellu* and *Aksharathettu*, the protagonists are shown to undergo immense physical pain at the onset of ‘illness.’ The body also becomes important in films that depict the possession syndrome. In films like *Adaminte Variyellu*, *Manichitrathazhu* and *Ennu Swantham Janakikutty*, we find that the protagonist’s body is beaten up for exorcism.

Again, the body of the protagonists symbolizes their violent behaviour in films like *Manichitrathazhu* and *Ulladakam*. Interestingly, the violent body also becomes the perpetrator of violence in the selected films, *Ulladakam*, *Manichitrathazhu*, *Aksharathettu*, *Ennu Swantham Janakikutty* and *Nidhra*. In the film *Thalavattam*, the degree of variations in ‘madness’ are visualized using the body movements. The repetitive actions of the inmates of the mental hospital in *Thalavattam*, *Ulladakam* and *Aham*, become sources of laughter. While untied hair stands as a symbol of the promiscuous nature of the female protagonists, in films like *Thalavattam*, *Ulladakam*, etc, where there is depiction of female patients with untied messy hair, untied hair symbolizes lack of power over their own bodies. The ‘non-conformity’ of the female protagonists is also visualized through the sequences of female gaze in films like *Aksharathettu*, *Manichitrathazhu* and *Ennu Swantham Janakikutty*.

Malayalam films, especially psychothrillers use film techniques like dissolves, low key lighting, close-up shots, dolly shots, etc for sustaining the suspense elements, but this also creates an aura of public fear around people with psychosocial disabilities.

The portrayal of *theyyam* is identified as a recurring motif in films with psychosocial disabilities and has undertones of caste dynamics. The depiction of *theyyam* represents the fear of the upper caste of an empowered lower caste 'other.' Embedded caste dynamics can also be seen in the films *Thalavattam*, *Aham*, *Manichitrathazhu* and *Aham*. It is also observed that when the selected films dramatize the visualization process, the films after 2000 deal with the films in a more subtle manner. Malayalam films also become a site of co-existence of the different healing systems of psychosocial disabilities and there is a conflict of reality in the films through the intervention of flashbacks and dream sequences.

6. Conclusion

‘Psychosocial disabilities’ is an internationally recognized term under the U N Convention on the Rights of Persons with Disabilities (2007), used to describe the experiences of people and their ‘participation restrictions’ related to mental health conditions. The term post- traumatic psychosocial disabilities used in the study, understands ‘trauma’ from a psychoanalytic approach and the word ‘trauma’ in this context refers to an unsolvable problem in the mind of a person, which recurs through dreams, unpleasant thoughts, etc. The western theoretical understandings on psychosocial disabilities were mainly based on the studies by Freud and Foucault. Mad pride movement of the 1960, challenged the ‘medical gaze’ and the biological paradigm of ‘mental illness.’ But during the 1980s and 90s, with the revised versions of the Diagnostic and Statistic Manual, the rights of those tagged as ‘mad’ were curtailed.

Interestingly, there was a celebration of ‘madness’ in the Hindu religion. The Hindu Gods like Lord Shiva and Goddess Kali are sometimes portrayed as wild, chaotic, frenzied, uncontrolled and unpredictable. Thus, there is a complex existence of religious, spiritual, moralistic and supernatural dimensions of psychological being, experience and behaviour in India. Kerala too has such a history of holy/divine madness as exemplified through the folk character Naranathu Bhurantham, (The mad man of Naranam). Kerala’s indigenous notion of the mind transcends western Mind/ Body Dualism. Indian philosophy discusses the multiple layers of the self, where the body, the mind, consciousness and the soul become “a continuum of states” (Halliburton 1123) and most of these assumptions exist in the popular discourse of Kerala. Gopal (2008) identifies the different colloquial terms for ‘madness’ to be *bhuranthu*, *unmadham*, *ilakkam*, *PE*, *kirukku*, *chithabhramam*, *ulan*, and *vattu*. Halliburton (2005) observes that these terms are now being replaced by western terms like ‘depression’ and ‘tension’.

The indigenous healing methods in Kerala become a public spectacle, involving the family or sometimes the entire community. Poonkudil Mana and Kattumadom are two families in Malabar region, where Ayurvedic practices are combined with religious healing techniques. Besides these families the Chottanikara Temple in central Kerala and Beemapalli and Vettucaud church in southern Kerala are famous religious healing centres in Kerala. Interestingly, these therapeutic regions become spaces that cross religious boundaries and people of one religion visit healing centres of other religions, to 'get cured'. Besides these religious healing centres, certain ritualistic practices like *Theyyam* also become important within the discourse of healing practices in Kerala.

The Ayurvedic system in Kerala is mainly based on the *tridosa* principle, where 'mental illness' is believed to be caused due to the imbalance of the three *dosas*, *vatha*, *pitta* and *kabha*. The Ayurvedic treatment procedures like *snehapana*, *talapodichil*, etc, are found to be 'aesthetically more pleasant than the Allopathic procedures and this is identified to be the reason why people in Kerala still prefer Ayurveda, even at a time of dominance of psychiatry (Halliburton 2003). The first mental asylum was established in Trivandrum in 1866 and later in Calicut (Gopal 2008). Ever since, psychosocial disabilities became a 'medico- legal' issue. Organizations of people with psychosocial disabilities critique the oppressive strategies of mental health systems and become a socializing space for the psychiatric survivors, advocates of mental health rights and academicians working in the field of mental health studies. These organizations often conduct social activities, conferences and workshops on different issues of psychosocial disabilities and some of the well known organizations like The Banyan, The Bapu Trust and Anjali, have been able to make considerable positive changes within the discourse on psychosocial disabilities

. Most of the literature that deal with the representation of psychosocial disabilities in cinema are written from a medical perspective and these works often critique the

‘unrealistic’ representation of this theme in cinema. Although Kerala had a rich Ayurvedic and religious scholarship on psychosocial disabilities, a ‘psychological culture’ was absent from the public sphere in Kerala until the late 1960s. There were a number of socio economic changes that happened in the 20th century, that altered the psychological culture of Kerala and brought the theme of psychosocial disabilities. These changes are identified as the abolition of sambam system and the enactment of Hindu Marriage Act 1896, decline of the matrilineal system of inheritance, the rise of nuclear families, the decline of feudalism, the Land Reform Act, the advent of print culture, increased Gulf migration, etc.

The end of matriliney and sambandam systems resulted in the creation of a sexual restraint in the Kerala society. The rise of nuclear families and the Family Planning Programmes in Kerala further increased this restraint by imposing the norm of ‘responsible parenting’ (Devika 2002). This increased stress on ‘responsible parenting’, led parents to have high hopes on their children and the pressures showered on children like convent school education had a negative impact on their mental health conditions. Thus by intervening into the structure of the nuclear family, the state was trying to tame its citizens and create a ‘political docility’ (Devika 2002). The increased pressure over meeting the financial and moral of the nuclear family, often posed a threat to the masculinity of Malayali men, which in turn resulted in psychological problems. The ‘feminine’ qualities of Malayali women were being manipulated by the women’s magazines by advocating a kind of Victorian morality. Thus any woman who deviated from these expected female roles were seen as ‘abnormal’. The health magazines like *Psycho* and *Manashasthram* did not only target the person who is ‘ill’ but rather the entire community. Thus, with the coming of these magazines, entire Kerala was put under medical gaze and health became a consumer product (Nair 2009). The Gulf migrants often left their families at home and the sexuality of the wife of the *Gulfan* became a matter of public concern.

These social changes had its impact on films also. Psychosocial disabilities in Malayalam cinema seems to be directly linked to these changes. Most of the selected films have the dilapidated Nair tharavadu and all the protagonists are desperate Nair men or women. Earlier psychothrillers like *Punarjanmam* (1972) and *Yakshi* (1968) were more open about sexuality. The moral policing over sexuality came much later (by the late 70s) due to several reasons such as the male anxiety over female sexuality, the control of female sexuality through the rise of the nuclear family and women's magazines, etc.

The magazines of early twentieth century played a vital role in disseminating a 'psychological language' in the Kerala's public sphere, although most of these writings did not directly deal with the psyche. Prominent psychological magazines like *Psycho* and *Manashasthram* had advice columns, where people could solve their psychological problems. Most of these columns dealt with questions related to marital issues. The change of appearance of these magazines, in an effort to mimic the women's magazines shows that these magazines expected more female readership and the burden of preserving the 'Malayali culture' was vested on women.

The circulation of these magazines decreased post 1990s, mainly due to the spread of visual media. Later, the new visual media (like television and later, the Internet) started to have constant discussions on psychosocial disabilities. In 1998, Asianet started a phone in programme titled "*Rathisukhasree*" (The Essence of Erotic Pleasure), which presented access to a psychologist. Later, general health awareness programmes like Arogyakeralam presented psychologists and psychiatrists who discussed various psychological issues. Facebook pages like 'Mind's Maladies in Movies' and 'Psychiatry and Cinema' serves as forums for discussion of films and their influence on mental health and related issues.

The portrayal of psychosocial disabilities in Malayalam literature can be seen as an aftermath of the western spirit of enlightenment reaching the shores of Kerala in the

beginning of the twentieth century. The spiritual side of ‘madness’ was exhibited through the character of *Bhranthan Channan* in the novel *Marthandavarma*. Other themes like sexuality and psychosocial disabilities and religious fanaticism and psychosocial disabilities, etc, were discussed in later novels. After 1950’s, there came a number of novels with migration as a theme and the psychological problems associated with it. Interestingly, Malayalam literature had a novelist Vaikom Mohammad Basheer, who came out with the medical confession that he was ‘mad’. Twentieth century was a period of transition and witnessed the end of feudalism and matriliney, the rise of nuclear families, etc and the novels of M.T. Vasudevan Nair discussed how these changes affected the Malayali psyche.

Malayalam films began to discuss psychosocial disabilities from the late 1960’s onwards. *Irutinte Aatmavu* (1967) is identified as one of the pioneering Malayalam films that dealt with this theme. The later films *Yakshi* (1968) and *Punarjanmam* (1972) discussed the connections between repressed sexual desires and psychosocial disabilities. The avant-garde films of late 70s and early 80s, like *Cheriyachante Kroorakrithyaghal* (1979), *Elipathayam* (1981) and *Pokkuveyil* (1982) dealt with the theme of the end of feudalism and the rise of the ‘modern’ Kerala. *Anantharam* (1987) stands as an exception in this category and deals with the theme of fundamental unknowability and uncertainty of the human mind.

The films that belong to Malayalam Middle films category, like *Nidhra* (1981), *Novemberinte Nashtam* (1982) and *Adaminte Variyellu* (1984), are located in the backdrop of nuclear families and discuss problems of the individual. By the late 1980s, Malayalam cinema started to include comic interludes in films that dealt with psychosocial disabilities like *Thalavattam* (1986), *Ulladakam* (1991), *Aham* (1992), *Manichithrathazhu* (1983), etc. While films like *Thaniyavarthanam* (1987) and *Bhoothakannadi* (1997) talked about the wounded or fragmented masculinity, another set of films like *Aksharathettu* (1987) and *Ennu Swanthanam Janakikutty* (1998) focussed on the connections between wanton female sexuality and psychosocial

disabilities. Full length comic films (dealing with psychosocial disabilities) like *Mookila Rajyath* (1991), *Kilukkam* (1991), *Kadinjool Kalyanam* (1991), *Naranathu Thampuran* (2001), *Sundarapurushan* (2001), *One Man Show* (2001), *Thilakkam* (2003), *Kilukkam Kilukilukkam* (2006), *Dr. Patient* (2009), etc. were released later. *Manichithrathazhu*, a psycho-thriller, was a huge commercial hit and following its footsteps several psychothrillers like *Moonamathoral* (2006), *Oruvan* (2006), *Time* (2007), *Flash* (2007), *Seniors* (2011), *Geethanjali* (2013), *Akam* (2013), *Athiran* (2019), etc. were released post 2000s.

Malayalam Cinema takes a gender-biased approach in certain aspects like the visualization of sexuality of the characters with psychosocial disabilities. Society has certain concerns and dilemmas in dealing with sexual expressions of people with mental distress. The expression of erotic desire by these people is always accompanied by certain anxiety. Thus, these people are often disqualified from discourses of pleasure associated with sexuality. In such a context, the sexual relation itself, and the operation of desire is always a locus of anxiety; a potential point of disturbance to the normalites of the society. Thus, our society has always been curious about the sexuality of people with psychosocial disabilities and cinema often exploited this tendency by triggering these curiosities to a greater extend.

Most of the Malayalam films have been silent on the aspect of sexuality of these characters. If a man's psychosocial disabilities often results in control of his sexuality, a woman's psychosocial disabilities is often connected to the free expression of her sexuality. This tendency to tag a woman who expresses her sexual freedom as a 'prostitute' is very much evident in the film *Akhsharathettu* (1989). This kind of 'abjection' of sexuality (especially of woman) can be seen in later films also. The song "*Varuvanilarum ee vijanamam veedhiyil*" (There is no one to come in this lonely path) in the film *Manichitrathazhu* is a song of lament with undertones of dissatisfied sexuality of the protagonist. In *Ennu Swantham Janakikutty*, the

protagonist attains pubertal maturity in her schizophrenic stage, and it is at this stage that she gains knowledge about her sexuality.

Quite contrary to this idea of female (mostly modern and outspoken) as hysteric, Malayalam Cinema simultaneously showcases caring female figures as the healers of chronic mental distress. In such cases, the person with psychosocial disabilities happens to be mostly male and the healers turn out to be the objects of their love. Unlike the unconventional women discussed before, these women are portrayed as the conventional caring figures who perform the dual roles of a mother and seductress. They are shown to have a magical influence on the person with mental distress. This idea is closely linked to the concept of marriage as a solution and sex as a therapy for mental distress. Among the selected movies, *Nidra*, *Thalavattam* and *Aham* have women characters who act as therapeutic devices to improve the mental state of the male protagonist. Interestingly, when sex becomes a taboo in relation to psychosocial disabilities, it also becomes a therapy in certain other contexts. It becomes a therapy with social sanction, especially within the institution of marriage. But using sex as a therapy in itself seems to be gender biased in the context of the selected movies. For example, when the male protagonist in the film *Thalavattam* develops romantic feelings for the female psychiatrist, it is shown as a sign of his return to 'normalcy'; whereas when the female protagonist in the film *Ulladakam* shows similar attraction to the male psychiatrist, she becomes an 'object' posing serious threat to the peaceful life of the psychiatrist.

Visualization of psychosocial disabilities becomes a challenge to film makers as they try to visualize something abstract like the mind. Studies by anthropologists like Murphy Halliburton (2002) have proved that western mind/body dualism does not exist in Kerala. Malayalam cinema, through its visualization of psychosocial disabilities, blurs the boundaries between the mind and the body and the body often becomes the site of expression of problems of the mind. Malayalam films, especially psychothrillers use film techniques like dissolves, low key lighting, close-up shots,

dolly shots, etc for sustaining the suspense elements, but this also creates an aura of public fear around people with psychosocial disabilities. Malayalam films also becomes a site of co-existence of the different healing systems of psychosocial disabilities and there is a conflict of reality in the films through the intervention of flashbacks and dream sequences.

6.1 Major Findings of the Study

- **There was a proliferation of films that dealt with psychosocial disabilities during the 1980s and 90s due to the changing socio- political contexts in Kerala like the collapse of the matrilineal system, the rise of the nuclear family, the spread of women's magazines, the advent of psychological magazines, the land reform acts, increased Gulf migration,etc.**

Matriliny was a system that ensured much freedom to the women folk. The colonizers through their writings, spread a kind of Victorian morality in Kerala by criticizing matriliney and the *sambandam* systems as uncivilized and barbaric, where the Nair women folk were compared to prostitutes. The English educated Nair youth gradually began to imbibe these thoughts of Victorian morality and there arose a masculine anxiety over the sexuality of the Malayali (especially high caste) women.

Such depiction of male anxiety was very evident in many films of the selected period. It was during this time that a good woman/bad woman dichotomy emerged in Malayalam cinema and sexuality was confined to the body of the prostitute. *Novemberinte Nashtam* can be seen as the visualization of the society's anxiety about the sexuality of a woman with psychosocial disabilities. In *Adaminte Variyellu*, we see women belonging to three different categories of society who can be classified as the *veshya*, *kulina* and *bhryta*. Interestingly, the depiction of sexuality is only conferred on the women who belong to the *veshya* and *bhrytya* class. The *kulina* or

the family woman is more or less depicted as asexual. In *Aksharathetu*, we find the society's curiousness about the sexuality of a widow. It is her precarious positioning as a widow that questions her sexuality. Interestingly, our society sanctions sexuality within the institution of marriage. Therefore, when the sexual expressions of Renuka Nair is viewed as a threat to the existing social order, the establishment of a vibrant sexual relation between Prakash and his wife suggests the success of their relationship. In *Aham*, we see that the protagonist is always anxious about his wife's sexuality. As discussed before, the song *Varuvanilaram ee vijanamam veedhiyil* in *Manichitrathazhu*, has undertones of dissatisfied sexuality. As Ganga is the high caste *kulina* woman, she can express her sexuality only in the possessed state. Vidhyadaran in *Bhootakannadi* goes 'mad' due to his increased anxiety about the sexuality of his teenage daughter in an unsafe world. The songs in *Ennu Swantham Janakikutty* are about the blooming of the sexuality of a teenage girl. In fact, the film depicts that it is sexual fantasies that brings in all the trouble.

The rise of the nuclear family and Family Planning programmes, emphasized 'responsible parenting'. Thus parents had high hopes about their children and tried all means to give the best to their children. The system of convent schools was introduced at this time. Children were under tremendous work pressure, resulting in psychological problems. The nuclear families also demanded that both the parents should be working for the welfare of the children. But ironically, when parents were busy at work, children felt neglected. We find such neglected children in the films, *Aham* and *Manichitrathazhu*.

The establishment of the patriarchal family also brought about male anxieties regarding their masculinity. Raju in the film *Nidhra*, always raises his voice against the restrictions imposed upon him by his elder brother. He considers these restraints as a threat to his masculinity. Therefore he always insists on riding a bike and spending money on his own. Similarly the protagonist in *Veenapoovu* is always controlled by his authoritative father and is not even allowed to touch his wife. In

Thalavattam, the masculine agency of Vinod is put under check by the hospital authorities. Balagopalan in *Thaniyavarthanam* loses his masculine agency in the family, when he is tagged 'mad'. In *Bhoothakannadi*, the inability of the protagonist to save his lover's daughter and later his own daughter, is seen as a failure of his masculine agency.

- **A woman's psychosocial disabilities were often connected to her free expression of sexuality using her body as a semiotic device. Her body often became the repertoire of culture, where the 'good' woman was demarcated from the 'bad' woman.**

All the 'abnormal' women characters in the selected films are shown as non-traditional and dominant women. This 'abnormality' is shown using their body and body performances. For example, in *Novemberinte Nashtam* the protagonist wears western dresses, starts her brother's bullet and whistles in public. After coming from the mental hospital, her return to normalcy is visualized through her dressing style, where she wears sarees with braided hair. In *Adaminte Variyellu*, Alice (representing the veshya culture) is loud about her sexuality. She wears modern dresses. Vasanthi, the kulina sthree is always clad in sarees. The vulnerable position of the Bhriya class is very much evident through the dressing of Ammini. She is always clad in mundu and blouse, that exposes her body. Ganga in *Manichitrathazhu*, is the only woman who wears churidar. Her dominant nature is very much evident when she does not pay heed to the words of elders in her family and opens the forbidden lock. Similarly Janakikutty in *Ennu Swantham Janakikutty* is a wanton teenage girl who always roams about. Her appearance is always contrasted with her 'feminine' sisters. The untied hair of these women is used as a semiotic device in two ways. Firstly it connotes the free sexuality of these women and has connections with the yakshi myth. Secondly,

the untied messy hair of female patients in the films *Thalavattam* and *Ulladakam*, suggest that they have no control over their bodies.

- **A man's psychosocial disabilities meant a control over his sexuality and loss of masculine agency.**

While a woman's free expression of sexuality becomes a sign of 'abnormalcy', a man's psychosocial disabilities represent a loss of his masculine agency and restraint over his sexuality. In *Nidhra*, there is a sequence where the whole family questions a moment of intimacy between the protagonist and his wife. Similar sequences occur in the film *Veenapoovu* and *Aham* also. In *Thalavattam*, the protagonist's position as a psychiatric survivor questions his expression of sexuality. In *Anantharam*, it is Ajayan's sexual feelings for his brother's wife that create conflict in his life.

- **The visualization of psychosocial disabilities in the selected period reveals the blurring of mind/body dualism and the epistemic changes in mental health healing systems.**

Most of the selected films blur the boundary between the body and the mind by using the body as a site for the expression of distress. For example the characters in *Nidhra*, *Adaminte Variyellu* and *Lekshmana Rekha* undergo immense body pain at the onset of 'distress.' The films *Adaminte Variyellu*, *Manichithrathazhu* and *Ennu Swantham Janakikutty* use body as the site to be treated, when one is possessed by spirits. The body also becomes the perpetrator of violence in *Ulladakam*, *Manichitrathazhu* and *Ennu Swantham Janakikutty*. The body movements are used to show the gradations of 'madness' in *Thalavattam*. The repeated body movements of the 'mad' characters become a source of slapstick humour.

The epistemic changes in mental health healing systems are also visualized in these films. The films *Punarnjanmam*, *Nidhra* and *Adaminte Variyellu* show psychiatry as a rational treatment. The films *Nidhra* and *Novemberinte Nashtam* have scenes where the psychiatrist visits the patient at home. Interestingly, the psychiatrists in these films are clad in western clothes, with glasses and a beard. Malayalam cinema started questioning the didactic practices of psychiatry towards the end of the late 80s and this trend began with the film *Thalavattam*. The films released after the 90s show that there was a revived interest in religious healing practices and in *Manichitrathazhu* and *Ennu Swantham Janakikutty*, we see the co-existence of psychiatry and exorcism.

- **The depiction of psychosocial disabilities has caste dynamics embedded in it. On the other hand most of these films remain silent over the legal issues surrounding psychosocial disabilities.**

Interestingly, majority of the selected films (except *Novemberinte Nashtam*, where the caste of the protagonist Meera, is not specified and *Ulladakam*, where the protagonist Reshma is a Christian), deal with the psychosocial disabilities of the Nair folks. The socio- economic and political changes in Kerala like the end of matrilineal systems, the land reform acts, etc, had an impact on the psychological state of the upper castes and that might be the reason why there was an increase in the representation of Nairs with psychosocial disabilities.

Theyyam, a ritualistic art form in Kerala, performed by the lower caste is considered as a means of religious healing of psychosocial disabilities, especially in the Malabar regions of Kerala. But, when it comes to Malayalam cinema, the depiction of *theyyam* is often shown to trigger the ‘distress.’ Thus by depicting something that is regarded as a remedy for ‘curing’ psychosocial disabilities, as something that creates it, Malayalam cinema creates a counter discourse. Again, the depiction of *teyyam* in Malayalam films often connotes violence. This can also be read as the upper-caste anxiety about the presence of an ‘empowered other.’ Such scenes can be seen in one

of the selected films *Thaniyavarthanam* and also in later films like *Pranayavarnaghal*, *Naranathu Thampuram*, etc. *Bhootakannadi* depicts a lower caste Pulaya woman posing a threat to the Nair man. Similar caste politics can be seen in the film *Manichitrathazhu*, where the Brahmin exorcist is contrasted with an exorcist from a lower caste. When the ‘madness’ of Ganga, the Nair woman, becomes the main theme of the film, the ‘madness’ of the lower caste exorcist Katuparamban, becomes a source of laughter. Similar caste distinctions are also made in the films *Thalavattam* and *Aham*.

There are a lot of legal issues surrounding psychosocial disabilities like land ownership, transfer of ownership, marital issues, forced sterilization, right of a person with psychosocial disabilities to have custodian of his/her children, etc. But Malayalam cinema mostly remains silent on these issues. *Novemberinte Nashtam*, is the only selected film that discusses the parental rights of a woman with psychosocial disabilities. The family assumes that she is not aware of the pregnancy, and aborts the child without asking her permission. The entire legal and medical discourse is questioned, when the woman finally reveals that she was aware of her pregnancy and wanted to keep the child. *Makalkku* (2005) is another Malayalam film that discusses the issue of custodial rights over the child of a woman with psychosocial disabilities.

- **The depiction of psychosocial disabilities was dramatized during the selected period initiated the use of cinematic techniques, depiction of mental hospitals in exotic locations, the portrayal of the eccentric psychiatrist and the conflict of reality using dream sequences as a trope.**

The depiction of psychosocial disabilities in Malayalam cinema during the 1980s and 90s was dramatized using many film techniques. Most of these films used sound effects, combined with contrast lighting, psychedelic lights and close up shots, that in fact portrayed the person with psychosocial disabilities as the ‘dreadful other’. Such

cinematic techniques are used in the films *Nidhra*, *Thalavattam*, *Ulladakam*, *Aham*, *Manichithrathazhu* and *Ennu Swantham Janakikutty*. Again, Malayalam cinema creates a counter discourse to the dominant psychiatric discourse, by portraying the psychiatrist as an eccentric. This trend started with the film *Manichitrathazhu*, and later continued in other films. Malayalam cinema also marked the epistemic changes within the mental health healing systems. The earlier films like *Yakshi*, *Punarjanmam*, *Nidhra*, *Adaminte Variyellu*, etc, depicts psychiatry as the rational option for ‘curing’ psychosocial disabilities. But by the end of the 1980s, with the release of the film *Thalavattam*, Malayalam film started questioning the domain of psychiatry. The film *Thaniyavarthanam* depicts the complex co-existence of the Ayurvedic, Allopathic and religious healing systems. The films *Manichitrathazhu* and *Ennu Swantham Janakikutty* portrays the pseudo scientific reality brought with the mingling of psychiatry with religious healing. *Thalavattam*, also started the trend of placing the mental hospitals in exotic locations like Ooty. The film *Ulladakam* also replicates such a mental hospital, set in Ooty. The setting of psychiatric institutions in locations like Ooty, is part of the age-old agenda of segregating the people with psychosocial disabilities from the general public. Malayalam cinema dealing with psychosocial disabilities also created a world where reality is conflicted. Quite often, the audience are lead to believe alternate realities, and this helped to maintain the suspense element in these films. This became a trend in psychothrillers and it began with the film *Yakshi*, where the audience are made to believe that Ragini is a *Yakshi*. In the film *Punarjanmam*, we are made to believe that the protagonist has some sexual dysfunction, until it is finally revealed that he has psychological problems. The film *Anantharam* is an inter-play of realities, where the audience cannot distinguish the facts and hallucinations of the protagonist. *Manichithratazhu*, the most popular psycho-thriller in Malayalam reveals the reality that Ganga is the one who is possessed by Nagavalli, only towards the end of the film. *Bhootakannadi*, creates an alternate world through the hallucinations of the protagonist and the audience perceive that it is a reality. The film *Ennu Swantham Janakikutty* does not reveal whether *Kunjathol* is a real *Yakshi* or a character imagined by Janakikutty.

6.3 Limitations and Further Scope of the Study

- Though there were innumerable films that deal with psychosocial disabilities in the selected period, the study could select only twelve texts for greater clarity. Thus, further studies can be conducted using other films as primary texts.
- The study does not look at the reception of the selected film texts (as this would exceed the scope of the present study) and further studies can be done in this area.

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Mookila Rajyathu. Created by Thaha, Ashokan, Rohini Arts, 1991.

Naranathu Thampuran. Created by Viji Thampy, performance by Jayaram, 2001.

Nidhra. Created by Bharathan, performance by Vijay Menon, Cherupushpam Films, 1981.

Novemberinte Nashtam. Created by Padmarajan, performance by Madhavi, Charasma Movies, 1982.

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Time. Created by Shaji Kailas, performance by Suresh Gopi, 2007.

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APPENDIX I

SELECTED FILMS

Title	Year of Release	Name of the character/s analyzed
<i>Nidra (Sleep)</i>	1981	Raju
<i>Novemberinte Nashtam (November's Loss)</i>	1982	Meera
<i>Adaminte Variyellu (Adam's Backbone)</i>	1983	Alice, Vasanthi and Ammini
<i>Thalavattam (The Harmony)</i>	1986	Vinod and Dr. Savithri
<i>Thaniyavarthanam (The Exact Repetition)</i>	1987	Balagopalan
<i>Anantharam (Thereafter)</i>	1987	Ajayan
<i>Aksharathettu (The Spelling Mistake)</i>	1989	Renuka Menon
<i>Ulladakam (The Content)</i>	1991	Reshma
<i>Aham (The Self)</i>	1992	Sidharthan
<i>Manichitrathazhu (The</i>	1993	Ganga

<i>Ornate Lock)</i>		
<i>Bhootakannadi</i> (The <i>Magnifying Glass)</i>	1997	Vidhyadharan
<i>Ennu Swantham Janakikutty</i> (<i>Yours faithfully Janakikutty</i>)	1998	Janakikutty

APPENDIX II

Chronological List of Malayalam Films with Psychosocial Disabilities as a Major Theme

Title of the Film	Director	Year of Release
<i>Irutinte Aatmavu</i>	P. Bhaskaran	1967
<i>Yakshi</i>	K.S. Sethumadhavan	1968
<i>Punarjananam</i>	K.S. Sethumadhavan	1972
<i>Swapnadanam</i>	K.G. George	1976
<i>Cheriyachante</i> <i>Kroorakrithyaghal</i>	John Abraham	1979
<i>Elipathayam</i>	Adoor Gopalakrishnan	1981
<i>Nidhra</i>	Bharathan	1981
<i>Novemberinte Nashtam</i>	Padmarajan	1982
<i>Pokkuveyil</i>	G. Aravindan	1982
<i>Adaminte Variyellu</i>	K.G. George	1984
<i>Irakal</i>	K.G. George	1985
<i>Thalavattam</i>	Priyadarshan	1986

<i>Anantharam</i>	Adoor Gopalakrishnan	1987
<i>Thaniyavarthanam</i>	Sibi Malayil	1987
<i>Vadakunokkiyanthram</i>	Sreenivasan	1989
<i>Ulladakkam</i>	Kamal	1991
<i>Mookila Rajyathu</i>	Ashokan- Thaha	1991
<i>Kadinjool Kalyanam</i>	Rajaseenan	1991
<i>Kilukkam</i>	Priyadarshan	1991
<i>Sadayam</i>	Sibi Malayil	1992
<i>Aham</i>	Rajeevnath	1992
<i>Manichithrathazhu</i>	Fazil	1993
<i>Bhoothakannadi</i>	Lohithadas	1997
<i>Ennu Swantham</i> <i>Janakikutty</i>	Hariharan	1998
<i>Swayamvarapanthal</i>	Harikumar	2000
<i>Varnakazhakkal</i>	Sundar Das	2000
<i>Naranathu Thampuran</i>	Viji Thampy	2001
<i>One Man Show</i>	Shafi	2001
<i>Sundarapurushan</i>	Jose Thomas	2001
<i>Shesham</i>	T.K. Rajeev Kumar	2002

<i>Thilakkam</i>	Jayaraj	2003
<i>Kathavasheshan</i>	T.V. Chandran	2004
<i>Ullam</i>	M.D. Sukumaran	2005
<i>Makalkku</i>	Jayaraj	2005
<i>Alice in Wonderland</i>	Sibi Malayil	2005
<i>Kilukkam Kilukilukkam</i>	Sandhya Mohan	2006
<i>Moonamathoral</i>	V. K Prakash	2006
<i>Oruvan</i>	Vinu Anand	2006
<i>Vadakkumnadhan</i>	Shajoon Kariyal	2006
<i>Time</i>	Shaji Kailas	2007
<i>Flash</i>	Sibi Malayil	2007
<i>Dr. Patient</i>	Vishwanathan	2009
<i>Sadgamaya</i>	Hari Kumar	2010
<i>Paattinte Palazhi</i>	Rajiv Anchal	2010
<i>Punyam Aham</i>	Raj Nair	2010
<i>Seniors</i>	Vyshakh	2011
<i>Nidhra</i>	Sidharth Bharathan	2012
<i>Arikil Oral</i>	Sunil Ibrahim	2013
<i>Geethanjali</i>	Priyadarshan	2013

<i>Akam</i>	Shalini Usha Nair	2013
<i>Nghalude</i> <i>Adhitikal</i>	<i>Veetile</i> Sibi Malayil	2014
<i>Athiran</i>	Vivek	2019

APPENDIX III

List of Mohanlal's Films with the Theme of Psychosocial Disabilities

Mohanlal as the character with psychosocial disabilities	Mohanlal as the psychiatrist or as person who intervenes in the 'curing' process
<i>Thalavattam</i> (1986)	<i>Lekshmana Rekha</i> (1984)
<i>Aham</i> (1992)	<i>Ulladakam</i> (1991)
<i>Sadayam</i> (1992)	<i>Manichitrathazhu</i> (1993)
<i>Pavithram</i> (1994)	<i>Ayal Kadha Ezhutukayanu</i> (1998)
<i>Vadakkumnadhan</i> (2006)	<i>Flash</i> (2007)
<i>Bhramaram</i> (2009)	<i>Geethanjali</i> (2013)

PUBLICATIONS BASED ON THE THESIS

- ❖ Gayathri G. R and Babitha Justin. “Framing the Marginalized: A Critique on the Portrayal of Physically Challenged Female Characters in Selected Malayalam Movies.” *Indian Scholar: An International Multidisciplinary e-Journal*, vol. 5, no.1, 2018, pp. 21-28.
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End Notes

An Outline of the Primary and Secondary Texts

Primary Texts

***Nidhra* (1981):** This film is directed by Bharathan, with Vijay Menon and Shanthi Krishna in the main roles as Raju and Ashwathy respectively. Raju is born to an affluent family but the loss of his mother becomes a shock to Raju and he develops 'emotional distress.' Raju and Ashwathy are in love since school days and later they get married. They are a happy couple but Raju seems to have chords of discontent with the other members of the family, especially his elder brother. He behaves violently at times and the psychiatrist advises Ashwathy to divert his mind to sexual thoughts. Raju's condition worsens day by day and is admitted in a mental hospital for a few days. On returning home, Raju gets violent again and the family (along with the psychiatrist) decides to put Raju into a state of comma through surgical methods. Ashwathy is not ready to see Raju as an invalid and decides to take away his life, rather him seeing him in such a state. Finally she kills him and commits suicide after that.

***Novemberinte Nashtam* (1982):** The film is directed by Padmarajan. Madavi plays the lead role as Meera, in the film. Meera is a psychology student who lives with her brother. Her mother is dead, father is re-married and leaves with another family. She has an affair with her senior in college. Her lover leaves all of a sudden, for his higher studies and this becomes a shock for Meera. She has fear-evoking nightmares and becomes disturbed. Later, she is admitted in a mental hospital, where she meets her lover and re-starts the relationship. They enter into a sexual relation in the mental hospital and Meera gets impregnated. On being discharged by the hospital, her family aborts the child without her knowledge. Meera's brother approaches her lover with a marriage proposal, which he denies. When she comes to know about this, she understands that he has cheated her the second time. In an utter state of despair, Meera finally kills her lover.

***Adaminte Variyellu* (1983):** Directed by K.G. George, this film tells the story of three women, Alice, Vasanthi and Ammini played by Sreevidhya, Suhasini and Soorya

respectively. They are from different social and economic backgrounds but a sense of insecurity pervades in the life of all these women. Alice is an upper class 'modern' Christian woman, who is surrounded by material comforts but with no happiness. She does not have a good relationship, either with her husband or with her children. She is morally tarnished because her husband has been using her sexually, for satisfying those men, from he received favours as a contractor. Vasanthi is the typical 'traditional' Nair woman, who succumbs in front of her wayward husband and a dominant mother-in-law. She toils day and night at the office and at home. But she receives no respect, love or support from her family. Besides that her husband's sexual intolerance towards Ammini is the domestic help at Alice's house. She is sexually exploited by Alice's husband. The three women are thus sexually and emotionally exploited in three different ways. Alice finally commits suicide. Vasanthi loses her sense of mind and is admitted in a mental hospital. Ammini gets impregnated and ends up in a rescue home.

***Thalavattam* (1986):** *Thalavattam* is a film directed by Priyadarshan. Set in a mental hospital, this film tells the story of Vinod, a feudal lord's son who goes 'mad' after the death of his lover. The film depicts three psychiatrists; the first one is a cruel psychiatrist who follows colonial regimes, the second one is a humanistic psychiatrist who understands the emotional needs of the patients and the third one is a lady psychiatrist (the first psychiatrist's daughter named Savithri), who is depicted as a very emotional person. The humanistic psychiatrist advises Savithri to consider Vinod as a special case and devote her attention entirely on him. The treatment involves tracing his past and during the course of the treatment, Vinod identifies Savithri with his dead lover. They fall in love and this infuriates Savithri's father. Out of rage, he puts Vinod into a stage of coma, through some surgical procedures. The humanistic psychiatrist sympathises with Vinod's present state and kills him, out of his love towards Vinod. On coming to know about the tragedy that happened to Vinod, Savithri, the lady psychiatrist, herself goes 'mad.'

***Thaniyavarthanam* (1987):** Directed by Lohithadas, *Thaniyavarthanam* tells the story of a school master, Balagopalan and his family. This Nair family has a history of hereditary 'madness' and Balagopalan is the next one on the list. The entire society along with Balagopalan's family members begins to view his actions with suspicion. Depressed at the

state of things, Balagopalan internalizes that he is 'mad.' His mother, who is not able to see her son's tragic situation, poisons him and kills herself.

Anantharam (1987): This film tells the story of Ajayan, who as a kid is abandoned in a hospital by his mother. The doctor of the hospital adopts him and on his retirement, takes Ajayan home. Ajayan grows up as a brilliant child, but a sense of insecurity and the recurrent thought that he is an orphan follows him. When his foster brother (the doctor's legal son) gets married, Ajayan develops an attraction for the bride. A sense of guilt, for having such feelings for his brother's wife, forces Ajayan to leave the house. On a later stage Ajayan starts hallucinating that the lady was his former lover and this creates problems in the house. Directed by Adoor Gopalakrishnan, the film proceeds in a metaphysical line and does not have a linear narrative structure.

Aksharathettu (1989): *Aksharathettu*, directed by I.V. Sasi, is a story of family relationships. Four families are compared with each other and one among them becomes the epitome of a perfect family. But problems start arising in this family when a woman named Renuka Menon (a widow), starts developing feelings towards the man of that family. Though he initially avoids her, they end up having a sexual relationship. Later, he develops guilt and starts avoiding her again. The final sequence of the film is a physical tussle between the family and the woman, where the woman accidentally kills herself.

Ulladakkam (1991): This film is also set in a mental hospital and Mohanlal plays the role of the psychiatrist, Dr. Sunny in the film. Dr. Sunny has a humane approach and treats his patients with love and care. Later, a girl named Reshma (sister of Dr. Sunny's friend) gets admitted in that hospital. In his attempts to 'cure' her, Dr. Sunny identifies that Reshma has developed sea phobia because of the tragic death of her lover at the seashore. Dr. Sunny along with his fiancée (a student of psychiatry) tries to bring back Reshma to 'normalcy.' Reshma's condition improves, but on the day of Dr. Sunny's wedding, she gets back the triggers of 'abnormalcy' and in a moment of frenzy, kills Dr. Sunny's fiancée.

Aham (1992): *Aham* is a film released in 1992, directed by Rajeevath. When the film begins we see the protagonist Siddhartan (called as Swami) in a rehabilitation centre, run by the church. He is clad in saffron attire and seems to be a reserved person. He is a multi-talented

person and excels in painting, poetry and chess. Siddhartan's past is revealed when a young researcher, Marianna comes to rehabilitation centre to do research on 'Fine Aesthetics in the Mentally Ill.' A part of Siddhartan's early life is revealed through a tape that contains Siddhartan's hypnotic information. The other half is narrated by Siddhartan to Marianna. He was the only child of professional parents and lack of parental care, traumatised his childhood. After marriage, he suspects that his wife has an illegal relationship and in an ensuing physical tussle between the couple, his wife falls from the staircase and dies. Swami sees his dead wife in Marianna and expresses his desire for her. But when he realises that she only considered him as a raw material for her research, he commits suicide.

Manichitrathazhu (1993): This film was the largest commercial hit among the selected films and was a trend-setter in Malayalam. Directed by Fazil, *Manichitrathazhu* tells the story of a young couple (Nakulan and Ganga) from Kolkata, who comes to stay in their ancestral house in Kerala. The house is believed to be haunted by the ghost of Nagavalli, a Tamil dancer. A number of unnatural happenings occur in the house and Nakulan suspects that his cousin Sreedevi is the cause of all mishappenings. He invites his friend Dr. Sunny (played by Mohanlal), a psychiatrist to solve the problems. Dr. Sunny through his investigation finds out that it's not Sreedevi but Ganga, who is creating problems in the house. He finds out that Ganga suffers from Multiple Personality Disorder and identifies herself as Nagavalli. The film ends with a dramatic cure of Ganga.

Bhootakannadi (1997): Directed by Lohithadas, this film tells the story of a clocksmith Vidhyadharan and the people around him. He is a widower and lives with his only daughter. Vidhyadharan is a person who fears everything around him, especially snakes. Sarojini, Vidhyadharan's teenage love, lives nearby. She is a widow and has a daughter. Both of them still have feelings for each other. The tragedy begins when Sarojini's daughter is raped and killed. Vidhyadharan suspects a drunkard of the village to be the perpetrator of this violence and in a tussle between the two, Vidhyadharan accidentally kills the other person and ends up in jail. During his period of imprisonment, Sarojini visits him often and tells about his daughter. The growing anxiety about the safety of his daughter, ends up in Vidhyadharan having hallucinations. Finally, he is admitted in a mental hospital.

Ennu Swantham Janakikutty (1998): Directed by Hariharan, this film is about a teenager named Janakikutty. Though she is a member of joint Nair family, no one in the house has time for her. *Mutassi* is the only one in the house who talks to her. Janakikutty is enamoured by the ghost stories told by her. Janakikutty secretly loves a guy named Bhaskaran. But one day she comes to know that Bhaskaran is in a relationship with Janakikutty's cousin. This upsets Janakikutty to such an extent that she faints. On waking, she finds that she is being accompanied by Kunjathol, a ghost in *mutassi's* stories. They become best friends and Kunjathol does anything and everything for Janakikutty. Towards the end of the film it is relieved that Janakikutty has psychic problems and the character of Kunjathol is just a hallucination.

Secondary Texts

Irutinte Aatmavu (1967): Directed by P.Bhaskaran, the film tells the story of Velayudhankutty. It is not clear whether he is mentally challenged or is 'mad'. He is a constant source of sorrow for his mother. Ammukutty, his cousin is his only solace. Things turn out to be the worst, when Velayudhan's uncle and family from Singapore arrives. They cannot tolerate Velayudhankutty and chains him. Amminikutty is the only one who sympathises with him. But finally when Ammukutty denies him, he exclaims, "Chain me. I am mad."

Yakshi (1968): *Yakshi* is a film based on a novel of the same name. Regarded as the first psycho-thriller in Malayalam, this film tells the story of a Chemistry Professor Sreeni, who is interested in the study of *yakshis* (ghosts). He meets with an accident amidst an experiment in the lab and his face gets disfigured. He develops inferiority complex and avoids everyone. A beautiful woman of unknown identity comes into Sreeni's life and he marries her. Later he begins to suspect that she is a *yakshi* and finally kills her.

Punarjanmam (1972): *Punarjanmam* tells the story of a Malayalam Professor, Aravindan. He falls in love with one of his students (Radha) and marries her. But their sexual life seems to be a failure. Radha consults a psychiatrist, who hypnotises Aravindan to find out that Radha's physique reminds Aravindan of his dead mother and that is the reason why he

cannot have sex with her. Finally through the psychiatrist's intervention Aravindan is cured and the couple is blessed with a child.

Veenapoovu (1981): This film is about a person called Vasudevan who suffers from psychosocial disabilities. He is forced to get married, for improving his condition. But he remains child-like and fears his dominant father. The wife takes him for treatment and his condition improves slightly. Meanwhile his father tries to molest his wife. Realising that he is helpless to protect her, Vasudevan asks her to leave the house.

Lekshmana Rekha (1984): The film tells the story of a woman who is married to an invalid man. The flashback scenes in the film show that he became so because of an accident that happens soon after their marriage. The woman gets frequent headaches and upon examination, a neurologist finds out that she does not have any physical illness and it is her distress arising out of sexual dissatisfaction that causes headaches. Her husband's brother forces her to have sex with him, in order to cure her. She gets impregnated and when her family comes to know about this, her father-in-law feels pity for his son (the woman's invalid husband) and poisons him.