

Unveiling the Forbidden: Exploration of the Uncanny ‘Other’ in Bollywood Films

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Abstract

The paper explores how multiple personality disorder and schizophrenia are represented in selected Hindi films (*Karthik Calling Karthik*, *Bhool Bhulaiyaa*, *Aparichit*, *Madhoshi*) and how they affect the attitudes of the common people. Psychoanalytic theory is employed to analyze the concept of mental illness as depicted in these films. The protagonist in the films is a sufferer of either multiple personality disorder, schizophrenia, or mental illness, and these psychological states are central themes. After analyzing the films, it could be stated that Bollywood has moved beyond presenting religious rituals as a cure to mental illness. Psychiatrists gained importance in Hindi films, successfully representing some of the symptoms of multiple personality disorder and schizophrenia. However, the films just mention the treatment procedures and presented them as an easy method. Hence projecting the treatment of mental disorders in Hindi films remains less serious and fictional. Filmmakers should research and investigate the real patients, their families, and doctors before making films on mental illness.

Keywords

Doppelgänger, Multiple Personality Disorder, Bollywood, Mental Illness, Films

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Humanity has always been in quest of identity: to explore who we are in reality or who we believe we are. This uncertainty of double personality is planted in the unconscious of the human mind. In the present era of selfies, it is hard to imagine a situation when people might have been afraid of their image. The German theory of doppelgänger asserts that seeing one's double is a fearful experience and sometimes it becomes the harbinger of death (Schneider 52). Rooted in this mythical concept, multiple personality disorder is the type of mental illness, where the patients originally suffer from the presence of two or more distinct and complex identities, each of which commands the behavior of the patient and often results in the disorder of the functioning of consciousness and identity (Kluft 258). The family of the mentally ill patient thinks that revealing the mental condition of the family member will badly affect their reputation in society.

In India, people still believe that mental illness is related to black magic and ghosts, which often leads to the ignorance of the medical condition. This perception gets strengthened through the unrealistic representation of mental disorder in Bollywood films. Although the digital era marked a gradual shift in Hindi films where the popular movies try to substantially portray different aspects of mental illness. Films are important mediums to confront the stigma of mental illness and breaking stereotypes. The term Doppelgänger was first coined by Jean-Paul Richter in 1796, and it became popular in the nineteenth century caused by social disruptions of the industrial revolution. Doppelgänger as well as split personalities became a common motif in the writings of the Victorian authors and after that many films have portrayed mental illness of split personalities and schizophrenia, inspired by such novels. As Freud has asserted that the double is a figure that is 'to be considered identical because of looking alike' (Freud, *The Uncanny* 386). Moreover, according to Freud, the double 'possesses the knowledge, feeling and experience in common with another person, so that his self becomes confounded, or the foreign self is substituted for his own – in other words, by doubling, dividing and interchanging the self' (Freud, *The Uncanny* 387). A person who has gone through this experience of self-dissolving often is a subject of self-alienation that mostly ends in madness and often gives rise to suicidal thoughts. Thus, the doppelgänger motif combines the 'uncanny horror with the psychological inquiry into the dark chambers of the human psyche' (Faurholt 220). This motif is classified as: firstly, the alter ego which is a replication of the main character who appears to be either the victim of an 'identity

theft' committed by a mimicking mysterious self or subject to obsessed hallucinations, often termed as 'schizophrenia'. Secondly, the split personality that appears as a dark double, the monstrous half of the protagonist, a cruel fiend that acts as a 'physical manifestation of the dissociated part of the primary self' (Faurholt 226). In both of the cases, the victim suffers an identity crisis. In the case of the identical alter ego, it belongs to the mirror stage which asserts the essentiality of identifying with an outer image for developing an ego, on the other hand, the split personality belongs to the Oedipal stage which declares the requisite of demonization of that side of the self which is socially unacceptable.

The doppelgänger narrative focuses on the duality of the protagonist who is either the twin of the identical second self or split into opposite selves. The identical alter ego represents the excessive sameness, whereas the split personality appears for the exact contrast, so the doppelgänger acts as a threat to the life of the protagonist, because his identity is endangered either by the inseparable sameness of the identical alter ego or by the contrariness of the split personality. The doppelgänger is a 'harbinger of death, because its presence threatens to annul the identity of its host' (Faurholt 227). In films that deal with an identical alter ego the protagonist tries to combat the process of identification with an extremely similar doppelgänger who seems to get blended with his own identity. Alternatively, in the case of cinemas that deal with a split personality, the protagonist makes the deadly mistake by othering the part of his self, that monstrous self which could only be finished after its deadly confrontation. In this way, the doppelgänger motif destroys identity formation by toppling the process of identification and othering. Films try to portray the people suffering from a mental disorder caused by delusional misidentification where the person experiences the delusion of having a double or a doppelgänger with a similar face but having different character features which are known as the syndrome of subjective doubles. Subjective double is commonly existed with other mental illnesses, like schizophrenia or bipolar disorder, and it is often diagnosed during the treatment of schizophrenia or other disorders involving psychotic delusions. Today we live in a society where we have somewhat moved beyond stereotyping people with mental illness and this becomes possible by educating people about mental health.

Making films about mental illness motivates the audience to be aware of using proper language and to remove the stigma associated with mental illness. This paper attempts to look into the anxiety of being the 'other' as it is represented in Bollywood films. This paper also explores how multiple personality disorder and schizophrenia is represented in selected Hindi films (*Karthik Calling Karthik*, *Bhool Bhulaiyaa*, *Aparichit*, *Madhoshi*) in the twenty-first century and how it affected the attitudes of the common people towards the people suffer from mental illness. Schizophrenia is a chronic, serious mental disorder that affects the thought process, behavior and emotions of a person. Schizophrenia involves delusions, hallucinations, hearing voices, disorganized behavior, losing communication with reality, etc. Schizophrenic patients lack the awareness of consulting a psychiatrist. It is the responsibility of the family members and well-wishers to help them. Suicidal thoughts are often associated with

schizophrenia, so consciousness among people about mental illness is very important to reduce the risk factors. On the other hand, multiple personality disorder, now known as dissociative identity disorder is related to childhood abuse and traumatic experiences.

Multiple personality disorder is defined as 'the presence of two or more distinct identities or personality states that recurrently take control of the individual's behavior, accompanied by an inability to recall important personal information that is too extensive to be explained by ordinary forgetfulness' (DSM-IV-TR 528). According to Comer, the 'switching from one identity to another is triggered by a negative or stressful event or experience although, at times, occurring without noticeable indication' (Comer 208). Bollywood has long had a fascination with mental health issues and has become an expert in featuring 'doubles' to create a new genre of cinemas that are made on multiple identities of the protagonist.

Portrayals of mental illness are prevalent in the media and studies show that they negatively influence public perception while sustaining the stigma (Pirkis et al 528). Psychiatry has transformed from the dark corners of asylum to the light of normal living within the community. Multiple personality disorder and schizophrenia both are regarded as controversial disorders, with almost no or very few treatments. As 'representations in the entertainment media interact to shape community attitudes by mimicking them' (Beauchum 5). While on the one hand, films can help increasing awareness among people about mental health and thus improve sympathetic behavior by a proper portrayal of certain psychiatric disorders in films. On the other hand, stereotypical portrayal of psychotic patients, relating the mental illness with paranormal elements, and depicting psychiatrists as villains make a difficult situation worse.

In films, psychiatric treatments are shown as ridiculously violent modes of punishment; drugs have also been portrayed with inaccuracy. At times, it seems that the only aim of some filmmakers is to make money by showing something violent—'A study (British Film Institute Audience Tracking Study of television and everyday life)ⁱ on reality television brought out the concept of people seeking entertainment out of dramatized contrast, such as people's indulgence in movies that create anxiety and fear rather than security and pleasure. Therefore, portraying a person with mental illness as naive and violent sustains the dramatic effort' (Hill200).

Since the death of the famous Bollywood star, Sushant Singh Rajput, in June 2020, social media has played a prominent role in sparking public awareness about mental health. Like Hollywood, Hindi cinema also plays a crucial role in forming beliefs about mental illness. The description of mental illness in Bollywood has undergone several changes. In the mid-twentieth century, mental illness is erroneously portrayed in Hindi films. But from the beginning of the twenty-first century, Bollywood began to portray a much more realistic scenario of mental illness. In the earlier days, there were many inaccurate pre-existing beliefs among the people about the cause, treatment and outcome of mental illness.

Film-makers often tried to capture the popular beliefs which include religious rituals, electric shock as a treatment of mental illness in front of the audience. This led to

forming a common misunderstanding among the mass on mental illness. During that era, the protagonist seems to be the victim of psychosis who is often characterized as childish, forgetful, and immature. Several movies across the globe described similar symptoms of mental disorder. Bollywood was heavily relied on showing the religious ritualistic treatment procedures where the mental health professionals had been portrayed as weird and unprofessional. According to Abhijit Pathak, 'In movies, psychiatric treatments were shown as modes of punishment, electroconvulsive therapy (ECT) has been presented as electric shock and a tool of torture...Scientifically, ECT is one of the best measures of treatment and acts as a lender of the last resort for severe mental illness (112). ECT had been used in the movies by the villain doctors to erase memories or to implant the seed of insanity within the protagonist. Thus, the Indian Hindi films earned lots of money by 'solidifying the existing beliefs on mental illness'(Pathak 112).

Since the early twenty-first century, the portrayal of mental illness in Bollywood changes gradually. As the psychiatrists along with the patients gained the attention of the filmmakers. Bollywood begins to portray multiple personality disorder, schizophrenia, dyslexia, depression, anxiety disorder, Asperger's syndrome, etc. with acute descriptions. In this paper, the focus will be on those movies that portrayed multiple personality disorders and schizophrenia (*Karthik Calling Karthik*, *Bhool Bhulaiyaa*, *Aparichit*, *Madhoshi*) in the twenty-first century.

Karthik Calling Karthik is an Indian psychological thriller film that was released in 2010, written and directed by Farhan Akhtar and Ritesh Sidhwani. This film concentrates on the mental illness of the protagonist Karthik Narayan, the role played by Farhan Akhtar. Karthik is portrayed as a character that is an introvert, lacks confidence, and feels repressed by society. Karthik is the victim of multiple personality disorder - the cause of which is deeply rooted in his childhood where Kumar, his elder brother used to torture him and one day Kumar took Karthik to the well and tried to throw him in it but accidentally Kumar fell inside the well and died immediately. The personality disorder of Karthik is resulted from these traumatic experiences in childhood, as Karthik beliefs himself to be the murderer of his brother. As Vanheule and Verhaeghe pointed out that identity is constructed 'in an interactive process with important others and is strongly related to driving regulation' (401). Freud conceptualizes this process as structural trauma, the center of repression as it is impossible to represent the drive entirely psychically. For Freud, 'the inauguration of the Ego firstly involves primary identification with primary caregiversⁱⁱ and based on this, subsequent, secondary layers of identification. This implies that the Ego is divided between these layers despite being experienced as a coherent unity' (Freud, "The Ego and the Id" 22). This division at the base of the ego is the source of conflict and repression, 'comprising the inauguration of the unconscious and the fundamental division in human psychic functioning' (Meganck27). In this context, Freud states,

Although it is a digression from our aim, we cannot avoid giving our attention for a moment longer to the ego's object-identifications. If they obtain the upper hand and become too numerous, unduly powerful and

incompatible with one another, a pathological outcome will not be far off. It may come to a disruption of the ego in consequence of the different identifications becoming cut off from one another by resistances; perhaps the secret of cases of what is described as 'multiple personality' is that the different identifications seize hold of consciousness in turn. Even when things do not go so far as this, there remains the question of conflicts between various identifications into which the ego comes apart, conflicts which cannot after all be described as entirely pathological ("The Ego and the Id" 31).

Lacan elaborates this theory of Freud, by relating the other as the center of the identity formation. Lacan shows that the basis of our identity concerns 'mirroring processes and identifications with what is offered by the others' ("The Mirror Stage as Formative of the Function of the I as revealed in Psychoanalytic Experience" 76, *Papers on Technique* 62). He asserts about the identification with the body image as the first layer of the Ego. Moreover, as 'identity is based on the primary and secondary identification with the images and words coming from outside, our sense of self must be considered as fundamentally alienated, coming from or incorporated from the Other' (Lacan, "The Freudian Thing" 340). From this theoretical framework, it could be seen how human identity is fundamentally unstable – 'The split or inevitable conflict between different identificatory layers implies that the subject is essentially divided: there is no true self to be found, only a division at the core of our being' (Lacan, "The Subversion of the Subject and the Dialectic of Desire in the Freudian Unconscious" 678).

For Lacan, when the subject comes within the periphery of language, on the one hand, something is gained, while on the other hand something is lost also. A coherent sense of the self and mastery over the chaotic nature of the drive and the enigmatic relation to others is gained. But a loss is also there, as some leftover remains that could not be translated into language. Here, Lacan describes the Real, that is by definition traumatic as it consists of something which could not be represented psychically (Freud's structural trauma) (The Ego in Freud's Theory 339, *Response to Jean Hyppolite's Commentary on Freud's Verneinung* 325, *The Four Fundamental Concepts of Psychoanalysis* 318). This reminds us about Freud's traumatic experience that consists of an experience of excessive tension that overwhelms the Ego to such an extent that it fails to process the excitation psychically (Freud, "Introductory Lectures on psychoanalysis" 278). There is a parallel between the traumatic nature of the drive and the traumatic experiences to a certain extent. The former is an internal threat, that is structural and the latter is an external danger. Lacan states about an unbridgeable gap at the center of our being, following Freud. The formation of identity that is based on the identification with images and words comprises endless processes of managing that gap, as language is not sufficient to represent the drive fully. Thus, if the primary social bond with caregivers is characterized by accidental trauma, the internal (structural trauma) will be interwoven with it and will have detrimental effects on the symbolic-imaginary structure that makes up our identity (Meganck 34). Meganck also states, 'In a stable

system, the conflict between identificatory layers leads to repression and symptom formation, in a less stable system it set the ground for potentially more radical dissolution of the self-experience (34). A study on patients suffer from multiple personality disorder shows that, in case of these patients 'the trauma is mostly situated in interpersonal relationships, the resulting loose self-experience or precarious symbolic-imaginary envelope of the Real gives rise to a more raw and unprocessed appearance of the subject' (Schimmenti and Caretti 115).

In this film, the character of the psychiatrist Dr. Kapadia also gained importance who solved the mystery that the unknown caller is none other than Karthik himself. Karthik himself recognized instantly the voice of a person calling over the telephone. It is possible to recognize each different personality or alter from just a few words. The process by which a human brain can create and hold multiple personalities is complex. Interactions between the alternate personalities can vary, three primary relationships can develop commonly: One, 'mutually amnesic relationships' that are described as 'personalities that do not know of the existence of others. Two, the 'mutually cognizant pattern', defined as alternate personalities who are well aware of the and in tune with other personalities, often discussing with one another. And three, 'one-way amnesic relationships' in which various sub-personalities are of the others, yet some personalities maintain no connection or awareness of the others' (Comer 209). Karthik's disease falls under the first category as he has no knowledge of the existence of his other personality. His phone has the capacity to record messages and act as a playback feature at a certain time. He wakes up at the middle of the night and records messages as his alter ego and returned to sleep. While his other personality wakes up at the morning to take his own phone calls without his awareness,

Another film *Bhool Bhulaiyaa*, released in 2007, also explored the problem of multiple personality disorder, under the veil of horror movie atmosphere. The female protagonist Avni, a character played by Vidya Balan, has a traumatic childhood because of her separation from her grandmother forcefully by her abusive parents. The new paradigm of multiple personality disorder states:

it is a complex, chronic form of developmental posttraumatic dissociative disorder, primarily related to severe, repetitive childhood abuse or trauma, usually beginning before the age of five. In multiple personality disorder, it is thought that dissociative defenses are used to protect the child from the full psychological impact of severe trauma, usually extreme child abuse. Under the pressure of a variety of developmental factors, secondary structuring and personification by the child of the traumatically induced dissociated states of consciousness lead to the development of multiple personalities(Loewenstein and Ross 7).

The psychiatrist Dr. Aditya Shrivastav, the role played by Akshay Kumar tries to figure out the problem. After her marriage, Avni was shifted to an old palace with her husband. The dark and mysterious ambiance of the palace brings the split personality of

Manjulika within Avni, Avni learned about the tortures that are done to Manjulika and recognizes that tortures with her own childhood traumatic experiences and builds a desire of revenge by adapting the personality of Manjulika – ‘Some multiple personality disorder patients may develop a relatively large number of alters over developmental time and may preferentially use the creation of new entities to handle many life issues, including additional trauma, object loss...’(Loewenstein and Ross 9).

Bollywood represented multiple personality disorders in another film, namely *Aparichit*, released in 2006, The plot of the film is centered on Ramanujam Iyengar alias Ambi, a role played by Vikram, who is an orthodox Brahmin. His inner desire is to reform society. So whenever he sees public negligence and chaos, his other two personalities, a fashion model Remo and a serial killer Anniyan, begin to develop. This film shows some of the primary symptoms of multiple personality disorder correctly. When Anniyan is about to kill Nandini, at that time Nandini calls out for Ambi. Anniyan then reverts back to the personality of Ambi. But at that time he collapses and loses his consciousness. Dr. Gary Peterson outlines five symptoms that indicates multiple identity disorder.

First, inconsistent consciousness may be reflected in symptoms of fluctuating attention, such as trance states or black outs. Second, autobiographical forgetfulness and fluctuation in access to knowledge. Third, fluctuating moods and behaviour...may reflect difficulties in self-regulation. Fourth, a belief in alternate selves or imaginary friends. Fifth, depersonalization and derealization may reflect a subjective dissociation from normal body of sensation and perception (132).

Ambi also has the first symptom of multiple personality disorder. It is discovered that while Anniyan and Remo are aware of the existence of Ambi as a separate person, but Ambi is not aware of the other two personalities. This characteristic of Ambi falls under the category of ‘one-way amnesic relationships, in that case ‘various sub-personalities are aware of the others, yet, some personalities maintain no connection or awareness of the others’(Comer 209). Furthermore, this film also portrays traumatic childhood experiences as one of the causes of multiple personality disorder. But the film just mentions that Ambi is in a mental hospital for two years without showing any of the treatment procedures for multiple personality disorder.

Multiple personality disorder is represented in the character of Anupama Kaul, played by Bipasha Basu in the 2004 film *Madhoshi*. Anupama, hallucinates the existence of Aman, whom she loves, who does not exist. This symptom is similar to that of Peterson’s one of the five symptoms-‘belief in imaginary friends’(Peterson 132). The treatment process which is shown in this film is described most exaggeratedly. Anupama’s real-life fiancé Arpit, look like Aman goes through the process of plastic surgery. Arpit got the sketches of Anupama where she has drawn the picture of Aman. Although there is a touch of fantasy as Bollywood shows that plastic surgery changes the whole face of a person to such extent that he becomes a different person while in reality,

plastic surgery helps in the restoration of the skin. But, treatment through artistic expression is one method for both therapy and assessment of multiple personality disorder. Anupama draws Aman, an imaginary person whom she believes is real: Lev-Wiesel has conducted a study on the technique known as the Draw-A-Person (DAP) test ‘to examine to what extent multiple identity disorder is reflected in human figure drawings’(375). In the study, Lev-Wiesel found, ‘The individuals who are diagnosed with multiple identity disorder reveal their emotional states by creating drawings that reflect the individuals’ sub-personalities(378). This technique is important for the therapist because ‘it identifies the various sub-personalities (that emerge in the drawing) which may be the first step towards establishing a greater integration between all personalities’ (378). Moreover, the DAP is a form that helps in the self-expression of the patient suffering from multiple identity disorder as it ‘creates an emotional and expressionistic outlet that may otherwise emerge, and switch to replace the dominant personality’(379).

Over the years, mental illness has supplied Bollywood with interesting content. Bollywood advances with time in breaking stereotypical thoughts prevalent in society about mental illness. The films show the important role of the psychiatrists and the therapists – ‘ A therapist, as a facilitator of the therapeutic process, comforts the client in a nondirective way than by giving advice or instructions’(Pathak116). The Bollywood movies, for the last two decades, focus on symptoms of mental illness and the actors executed those symptoms through their acts.

Bollywood’s depiction of mental illness needs modernization and modification. The films used to depict multiple personality disorder as a result of an earlier traumatic experience, or sometimes a product of an unhappy marriage. As the film *Madhoshi* depicts, when Anupama is already an adult, the murder of her elder sister is the cause of her multiple personality disorder. But in reality, the cause of multiple personality disorder is rooted in early childhood – ‘it is caused by the child’s exposure to an environment in which severe abuse was meted out unpredictably by parents and other caregivers’ (Braun and Sach 55). Another misconception is that schizophrenia and multiple personality disorder is similar. The film *Bhool Bhulaiyaa* shows the two personality states of Avni, which is a symptom of multiple personality disorder but termed it as schizophrenia – ‘ There is a popular misconception that people with schizophrenia switch from personality to personality – each with it’s own name, thoughts, and voices. But that is not the case...schizophrenia and multiple personality disorders are both serious mental health disorders that involve different symptoms and different treatments (Morin 1).

Hindi cinemas (*Karthik Calling Karthik*, *Bhool Bhulaiyaa* and *Madhoshi*) often show a speedy and dramatic recovery, while in reality, treatment of mental illness is a life long process (Only the film *Aparichit* shows the treatment procedure continues for two years and even after that the patient was not recovered completely). It often discourages patients who desire to have a rapid recovery as Bollywood shows. Stereotypical representations of mental illness in Hindi movies influence public attitudes,

opinions, and behaviors. Bollywood heavily portrays:

Aggressive and dangerous homicidal maniac (Anniyan in the film *Aparichit*), the eccentric and rebellious free spirit, the enlightened members of society capable of creating a utopia...irrational and confused simpleton character often used in comic ways, and the failure or victim (Karthik in *Karthik Calling Karthik*) who is unresponsive to treatment, unskilled and unable to contribute to society (Pirkis et al 535).

Most adults and children believe that mentally ill people are violent, a misconception constructed due to the tendency of Hindi films to portray people with mental illness as violent. Negative public attitudes towards schizophrenia, multiple identity disorders, and other mental illnesses create discrimination among people and increase people's unwillingness to seek help. Films have the potentiality to spread prejudicial attitudes towards mentally ill people in real life. Most films just mention the treatment of mental illness but never show any process of treatment. Moreover, in all the films (*Karthik Calling Karthik*, *Bhool Bhulaiyaa*, *Aparichit*), childhood traumatic experience is pointed out as a cause behind multiple personality disorder, but in reality, there are also other factors which have never been shown by the filmmakers – 'other factors such as hereditary factors, disorganized or disoriented attachment style, certain drugs and a lack of social or familial support best predict that an individual will develop multiple personality disorder' (Slogar 212).

The primary motive of the Hindi film industry is to provide entertaining movies to attract crowds, not to change society's thoughts. However, it is the responsibility of the mental health department to work collaboratively with the filmmakers to inspire positive portrayals of mental illness while eradicating the negative ones. Both the filmmakers as well as mental health professionals should cooperate to make this collaborative attempt fruitful. Bollywood should focus more on reflecting the struggles of the people belonging from the lower-middle-class background, to take up the issue of rural people's knowledge on mental illness. Films should aim at informing people about mental disorder and developing empathy. As the Scottish Mental Health Arts and Film Festival, which began in 2007, organized a competition for films that describes mental illness realistically, Bollywood should also arrange these kinds of programs to help the smooth working of psychiatry and film together.

Public education campaigns should be organized to help people with mental illness. Pirkis has mentioned the method of cinematherapy which could be an excellent means of 'introducing patients to specific disorders, creating a therapeutic alliance between therapist and patient, and helping patients work through problems of reforming issues, providing role models, offering hope and encouragement, improving communications and prioritizing values' (535). The professionals must decide which patients are applicable for the cinematherapy method and which films should be used. Films should be used as supplements to therapy. Therapists should decide how to prepare the client and how to discuss the film with the client afterwards. This procedure would be

helpful for the family members of the patients to educate them to have a better understanding of mental illness.

Despite the abundance of misconception concerning mental illness in it, the Hindi films provide a hidden message that a patient with mental illness needs treatment properly and they could be cured with the help of the family members. Bollywood should concentrate on making cinema to educate people by providing proper awareness. Nowadays, the producers try their hands on more realistic representations of different forms of mental illnesses with less focus on mentally ill criminals and more on their normal lives with the additional struggle to survive the mental disorder. Recent films are found to be more sympathy-inducing with the acute factual information regarding different mental illnesses. Many characters have been portrayed as coming from a middle-class background and a lack of traumatic incidents as the only factor in the development of schizophrenia have been some of the features of characters with a mental disorder in the film have proven authentic in comparison to that of recent psychological data. Certain films that challenge stereotypes – ‘By authentically depicting the nuanced and complex way that mental health conditions intersect individuals’ lives, the film can introduce audiences to new ways of thinking, ways to ask for help, and ultimately create necessary shifts in our cultural beliefs about mental health (Smith et al.320).

Repeated exposures of Bollywood movies depicting mental illness with negative stereotypes may influence the actual behavior of society as well. The effect of inaccurate Bollywood representation of mental illness harms the actual world. It is needed to identify whether schizophrenia, multiple personality disorders, and other disorders are misrepresented or not, if yes, then the focus should be on notifying which sector is getting stigmatized – the symptoms of the disease, the treatment, or the social attitudes towards the patient. For example, future research should further focus on the clarifications of how genetic and environmental factors contribute to multiple personality disorder. Films should not depict the different personalities as something ghostly(*Bhool Bhulaiyaa*) or something comedic(*Aparichit*), but should portray the seriousness of the disorder. Accurate information should be collected from individuals with multiple personality disorder and their families, but also the doctors and clinical psychology community as a whole. The media has a profound impact on forming public opinion, especially in Bollywood, where millions of people idolize their favorite actors or actresses. Instead of focusing only on reversing inaccurate behavior towards mental illness, people should be educated about the influence and impact of films on creating a human perception in reality. Audiences should be educated to critically think rather than blindly following the media so that the deep influence of the media on the public could be prevented.

Works Cited

- Beachum, Lauren. *The Psychology of Cinema: How Mental Illness and Psychotherapy are Portrayed in Film*. 2010. Honors Project. Grand Valley State University. Scholar Works. Scholarworks.gvsu.edu/honorsprojects/56
- Braun, B.G., and R.S. Sach. "The Development of Multiple Personality Disorder: Predisposing, Precipitating and Perpetuating Factors". *Childhood Antecedents of Multiple Personality*, Washington, D.C.: American Psychiatric Press, pp. 38-64.
- Comer, R. *Abnormal Psychology*. New York: Worth Publishers, 2007.
- Diagnostic and Statistical Manual of Mental Disorders: DSM-IV. Washington, D.C.: American Psychiatric Association, 1994.
- Fourholt, Gry. "Self as Other: The Doppelgänger". *Double Dialogues*, vol. 1, no. 10, 2009, pp. 220-230. www.doubledialogues.com/article/self-as-other-the-doppelganger
- Freud, Sigmund. *The Uncanny*. Penguin Classics, 2003.
- Freud, S. "The Ego and the Id", *The Standard Edition of the Complete Psychological Works of Sigmund Freud Vol XIX*, London: Hogarth Press, pp. 1-66.
- Freud, S. "Introductory Lectures on Psychoanalysis PART III". *The Standard Edition of the Complete Psychological Works of Sigmund Freud Vol XVI*, London: Hogarth Press, pp. 273-285.
- Hill, A. "Fearful and Safe: Audience Response to British Reality Programming". *Telev NewMedia*, vol. 1, no. 2, 2000, pp. 193-215.
- Kluft, Richard P. "The psychoanalytic psychotherapy of dissociative identity disorder in the context of trauma therapy." *Psychoanalytic Inquiry* 20.2 (2000): 259-286.
- Lacan, Jacques. *The Seminar of Jacques Lacan: The Four Fundamental Concepts of Psychoanalysis*. 1978. Ed. Jacques-Alain Miller, W.W. Norton & Company, 1988.
- Lacan, J. *The Seminar XI, The Four Fundamental Concepts of Psychoanalysis*, London: W.W. Norton, 1998.
- Lacan, J. "The Subversion of the Subject and the Dialectic of Desire in the Freudian Unconscious". *Écrits: The First Complete Edition in English*, New York: W.W. Norton & Company, 2006, pp. 671-702.
- Lacan, J. "The Freudian Thing". *Écrits: The First Complete Edition in English*, New York: W.W. Norton & Company, 2006, pp. 334-363.
- Lacan, J. "Response to Jean Hyppolite's Commentary on Freud's Verneinung". *Écrits: The First Complete Edition in English*, New York: W.W. Norton & Company, 2006, pp. 318-333.
- Lacan, J. "The Mirror Stage as Formative of the Function of the I as revealed in Psychoanalytic Experience". *Écrits: The First Complete Edition in English*, New York: W.W. Norton & Company, pp. 75-81.
- Lev-Wiesel, R. "Dissociative Identity Disorder as Reflected in Drawings of Sexually

- Abused Survivors". *Journal of the Arts in Psychotherapy*, vol.32, no.2, pp.372-381.
- Loewenstein, R., and D. Ross. "Multiple Personality and Psychoanalysis: An Introduction". *Psychoanalytic Inquiry*, vol.12, no.1, 3-42.
- Meganck, Reitske. "Beyond the Impasse – Reflections on Dissociative Identity Disorder from a Freudian – Lacanian Perspective". *Frontiers in Psychology*, vol.2, no.4, pp.25-45.
- Morin, Amy. *The Difference Between Dissociative Disorder and Schizophrenia*. Dec 2020, www.verywellmind.com
- Pathak, Abhijit, and Ramakrishna Biswal. "Mental Illness in Indian Hindi Cinema : Production, Representation and Reception Before and After Media Convergence". *Indian Journal of Psychological Medicine*, vol.10, no.5, 2020, pp.112-122, SAGE Journal, journals.sagepub.com/doi/full/10.1177/0253717620927869
- Peterson, Gary. "Guidelines for the Evaluation and Treatment of Dissociative Symptoms in Children and Adolescents". *Journal of Trauma and Dissociation*, vol.5, no.3, pp.119-150.
- Pirkis, Blood, et al. "On-Screen Portrayals of Mental Illness : Extent, Nature and Impacts". *Journal of Health Communication*, vol.11, no.5, 2006, pp. 523-541.
- Schimmenti, A., and V. Caretti. "Linking the Overwhelming with the Unbearable: Developmental Trauma, Dissociation, and the Disconnected Self". *Psychoanal, Psychol*, vol.33, pp.106-128.
- Schneider, Steven. "Manifestations of the literary double in modern horror cinema." *Film and Philosophy* 4. On Horror (2001): 51-62.
- Slogar, Sue-Mei. "Dissociative Identity Disorder: Overview and Current Research". *Inquiries Journal: Social Sciences, Arts & Humanities*. vol.3, no.5, pp.210-225.
- Smith, Choueiti, et al. "Mental Health Conditions in Film & TV : Portrayal that Dehumanize and Trivialize Characters". 2019, assets.uscannenberg.org/docs/aii-study-mental-health-media_052019.pdf.
- Snyder, B.L. "Views of Women with Dissociative Identity Disorder on Intimate Partner Violence : A Grounded Theory Approach ". 2017. University of Missouri-Columbia, *Doctoral Dissertation*, ProQuest Dissertation Publishing.
- Vanheule and Verhaeghe. "Identity through a Psychoanalytic Looking Glass". *Theory Psychol*, vol.19, no.2, 2009, pp.391-411.

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