

# STREAMING STIGMA AND ACCEPTANCE: THE INCONGRUENT REPRESENTATION OF MENTAL DISORDERS AND NEURODIVERSITY IN INDIAN TELEVISION AND OVER-THE-TOP (OTT) MEDIA SERIES

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## ABSTRACT

Traditionally (in)famous for their grandeur, melodrama, and archetypical portrayal of family units, Indian soap operas have rarely represented neurodiversity and mental disorders sensitively. Barring a few Over-The-Top (OTT) media series and emergent productions that expose the Indian audience to globalised sensibilities, neurodivergent characters and those living with mental disorders are (mis)represented either by stigmatisation or romanticisation. The on-screen portrayal of people living with psychiatric disorders oscillates between the reinstating and

demystification of stereotypes, reflecting the vacillations of contemporary Indian society, which inconsistently balances modern and traditional perspectives and, though increasingly aware, does not completely display a sincere effort towards sensitisation. Without undermining the practice of psychiatric diagnosis and cure, this paper studies the representations of mental disorders and neurodiversity in select Hindi series of the 21st century and locates them in the Indian context. It identifies predominant archetypes, such as the simpleton and the “psycho” criminal, which immensely influence the discourse surrounding atypical behaviour and thereby public perception. The paper concludes that psychological categorisation and diagnosis also factor into the representation and creation of archetypes, where certain conditions, like anxiety and depression, are more sensitively portrayed than madness or psychosis. Furthermore, while contemporary representation has increasingly leaned towards being informed and sensitive, the depictions of mental disorders remain predominantly incongruent.

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## 1. INTRODUCTION

Mental disorders are broad terms that connote not only debilitating conditions but also interactive differences, eccentricities, and, at times, diverse demeanours. Even in psychiatric classifications, behavioural irregularities are the first and, at times, the only marker of mental disorders. The demarcations are often based on “normalcy,” specific to society, and mandated by different cultural and political forces. Despite the discrepancies regarding definitions of mental disorders, there is a consistency with which it is stigmatised. The stigma that non-adherence to physical and mental “normalcy”—i.e., a deviation from socially sanctioned parameters—confers on individuals and communities and their implications are discussed by many critics, including Erwin Goffman (1961, 1963) and Lennard Davis (1995). In accordance, the scholars of critical psychiatry, neurodiversity, and mad pride also challenge this pathologization and aim to reclaim the labels. However, while making their claims, they consider the same psychiatric classifications to recognise the underlying differences between individuals<sup>1</sup> (Menzies et al. 2013).

Despite adhering to diagnostic manuals, uncertainty regarding whether a condition is perceived as a human variation or has crossed the threshold into genuine pathology persists (Armstrong 2015). These conditions, such as autism, dyslexia, etc., are “minority modes of neurocognitive functioning that are disabled by a hegemonic ‘neuro-typical’ (i.e., ‘normal’) society”<sup>2</sup> (Chapman 2019: 371). With evident uncertainty

in determining if a condition may be considered within the paradigms of neurodiversity or within those of a disorder, preference is owed to any model that commits more towards “avoiding undue suffering and cultivating flourishing” (377), since like “neurodiversity paradigm proponents, pathology paradigm proponents often are, despite initial appearances, opposed to pathologizing in cases when they take it to be unhelpful” (378). To understand psychiatric conditions, there is a need to use multiple perspectives in explaining the impact of society, culture, and politics on diagnosis (Jerotic et al. 2024).

In contemporary India, this interplay becomes particularly significant since, despite adhering to modern psychiatry, Indians have a compounded understanding of divergent behaviour due to their accommodating tradition<sup>3</sup> (Dhar 2019). Despite a plurality in society, culture, and class, Indians pose fewer challenges to psychiatry<sup>4</sup> (Sharma 2022: 342). In India, the Rights of Persons with Disabilities Act (RPWD 2016) and the Mental Healthcare Act (MHCA 2017) comply with WHO’s mental health (MH) policy (2005) and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD 2007) to protect the rights, interests, and integrity of people living with physical and mental disabilities (Gupta and Sagar 2022). However, India has had a complicated history of colonial interference, particularly with the introduction of asylums and lunacy laws<sup>5</sup> (Bhattacharyya 2013). The mental asylums in early colonial India were permeable spaces where local knowledge also influenced treatment, making them “neither a subsidiary of other institutions nor an archetype of colonial power” (17). However, after the Lunacy Act of 1912, asylums became homogenous and non-permeable (206). Consequently, in independent India, despite the adoption of newer policies, the coercive design of colonial healthcare impacts Indians extensively<sup>6</sup> (Davar 2022: 35). Arguably,

1 Here, the Mad Movement poses critical alternatives to mental illnesses and responds to emotional, spiritual, and neurological diversity (Menzies et al. 2013). It challenges the narrative by being critical of psychiatry and the biological reduction of conditions, aiming to deploy a holistic and sensitive perspective towards the welfare of users and survivors of psychiatry. For discussions on mad pride, neurodiversity, and its location in the Global South, see Beresford (2020), Beresford and Rose (2023), McWade et al. (2015), and Menzies et al. (2013).

2 The neurodiversity debate stems from activism and is carried out more in blogs and creator spaces than in the academic space, causing the reduced involvement of philosophy and binding theories, making narratives more heterogeneous. These debaters adapt to a language-first approach. There is a dominance of the autism spectrum and Asperger’s in the neurodivergence narrative paradigm, and conditions, including schizophrenia and mood disorders, are at times disqualified and not considered neurominorities because of their late onset and associated experiences. However, there are many debates for and against such exclusions (Chapman 2019). Since this paper follows the terminology and diagnosis used on Indian TV, where the categories are unfortunately rarely specific or accurate, the terms neurodiversity and mental disorders may occasionally overlap. However, that is not an attempt to undermine their differences. Furthermore, the terms mental disorders and mental illness, despite nuances, are all used interchangeably in the paper. However, the intention is not to simplify the complexities that these terms connote, but rather to broaden the scope and inclusivity of the conditions considered and increase readability.

3 While studying the cultural phenomena of voice-hearing in rural North India, Ayurddhi Dhar (2019) illustrates that “the subjective experience of such phenomena was vastly heterogeneous—from fear and concern to celebration and boredom” (2). The methods of cure in India are also pluralistic, ranging from western psychiatry to spiritual healing in temples and through “*dangaria*” (dancer-curer) for supernatural possession (124–125).

4 Since associating with the term “Mad” is difficult, as Mad as a “response to an oppression has only a symbolic presence” in Indian society” (Sharma 2022: 342).

5 To understand the impact of the Lunacy Acts of 1858 and 1912, see Bhattacharyya (2013).

6 Bhargavi Davar (2022) further argues that countries without a history of colonisation, like Thailand, did not have healthcare acts or asylums prior to the “modernization process” (39). Depending on the context, mental disorders in Indian society are subject to both diagnosis due to the heavy influence of Western psychiatry and tolerance due to its traditional practice of accommodating diverse behaviours.

this complexity is also reflected in Indian TV series where people with mental disorders are sometimes depicted as merely different, innocent, perhaps scarred by circumstances. At other times, they are portrayed as psychotic and evil.

TV is a crucial mode for reinstating or dismantling the stigma associated with neurodivergence and mental disorders in India. It familiarises viewers with “diverse spheres of activity,” like medical, legal, etc., by presenting a concoction of “accuracy and distortion” (Gerbner and Gross 1976: 179). Being one of the most common modes of social regulation and enculturation, “TV appears to cultivate assumptions that fit its socially functional myths” (194). Television can impact aggressive conduct and desensitise people to violence<sup>7</sup> (Bandura 1978). This also holds true for the Indian setting, where historically, governments have strongly relied on the use of television to inform public opinion (Chakrabarty and Sengupta 2004).

Contemporary Indian television networks comprise government-owned Doordarshan, private cable channels, and the newly emergent OTT productions. With the 1991 economic liberalisation, the influence of globalisation began to be reflected in Indian television programmes. Western content aired with subtitles, and “Hinglish” (a mixture of Hindi and English) became a popular language (Thussu 1999: 127). Despite rampant westernisation, the channels also had to alter their content to cater to an Indian audience (Cullity 2002). Indian television draws from “both on its own rich cultural soil and on the North and South American models to invent its own type of television serial, appealing to a mass Indian audience—both innovative and remaining faithful to a local identity” (Deprez 2009: 429).

Indian TV series have found ground in different households because the narratives are primarily based on family dynamics and interpersonal relationships<sup>8</sup>. Shoma Munshi (2014), while discussing the Indianness of primetime family melodramas, argues that despite their grandeur and many unique characteristics, the popularity of Indian soap operas continues to rise, baffling critics. However, the contemporary Indian television landscape is heterogeneous, as it simultaneously reflects the dynamisms of media globalisation, contextually rooted local components and realities, and the

developing alliances between the two (Chadha and Kavoori 2012: 591-593).

Indian TV played an instrumental role in providing social welfare. Satellite broadcasting started in India in 1975 to disseminate information for the development of farmers (Munshi 2014). Although the government-controlled Doordarshan now caters to a new developing India centred on profit-making, it has a legacy of promoting societal welfare (Chakrabarty and Sengupta 2004). Studies confirm that cable TV is associated with lower tolerance by women towards spousal abuse, lower son preference, and higher school enrolment, thereby empowering them (Jensen and Oster 2009). Emerging research has shown that societies are now ready to embrace the realistic depiction of present-day independent women on TV (Sandhu 2018). Indian TV series enjoy a large viewership not only in India but also in Vietnam, Indonesia, Turkey, Sri Lanka, and Afghanistan<sup>9</sup> (Bhatia 2016). With emerging OTT streaming platforms, many Indians have been further exposed to global sensibilities as they enjoy bold content celebrating creative freedom (Nandy 2018; Jha 2023).

Therefore, Indian television series have historically proven to be instrumental in conveying knowledge, propagating agendas, and being the source of entertainment simultaneously. The portrayal of mental disorders in Indian television media tends to receive limited critical attention. Notably, existing studies indicate that while Indian films often present inaccurate and exaggerated representations of mental disorders, they remain affected by social sensibilities and norms, simultaneously entertaining and informing the audience’s perceptions regarding people with mental disorders (Bhugra 2006; Malik et al. 2011). The depiction of mental disorders in films has been a reflection of general economic and social stability (Malik et al. 2011). However, despite having a greater and more regular viewership than films, the analysis of portrayals on television and their impact remains absent from the discourse. Adding to the discourse surrounding mental disorders and neurodiversity in different media and tracing the nuances of their representation, this paper analyses select Hindi TV series of the 21st century.

The impact of a sensitised portrayal on public perception should not be undermined. This paper examines representations of mental disorders and argues that the showrunners frequently sensationalise psychotic breakdowns and conditions like dissociative identity disorder, schizophrenia,

7 The impact of repetitive exposure to content that forms preconceptions and shapes behaviours, as discussed in the contributions by George Gerbner and Albert Bandura in cultivation theory and social cognitive theory, respectively, remains prominent (as cited in Johnson and Walker 2021: 3).

8 Hereafter, both cable and OTT series are interchangeably referred to as series or serials unless specified.

9 *Kyunki Saas Bhi Kabhi Bahu Thi* (2000-2008, Star Plus) was once the most popular TV show in Afghanistan (Mojumdar 2008).

psychosis, and other sensationalised conditions rather unsympathetically. It also showcases a contrasting trend that non-psychotic disorders, such as depression, anxiety, etc., are more likely to be portrayed sensitively. The nuances are also subject to streaming platforms, where OTT content leans more towards sensitised depiction. This trend also coincides with the enactment of progressive mental health legislation in India, specifically the Rights of Persons with Disabilities Act (RPWD 2016) and the Mental Healthcare Act (MHCA 2017). Arguably, both the adaption of social realities on television and the intricacy of the effects of representation on society are influenced by each other. Without encouraging pathologization or projecting conjectures, this paper only discusses instances where mental disorders are diagnosed or clearly implied by labelling. Although the concepts of mental disorders and supernatural possession remain interrelated and often inseparable in the Indian context, this paper only considers serials with diagnoses and social labelling and excludes the TV serials that play on this obfuscation due to their overlap. Despite concentrating on the external aspect of the stigma that is spread socially by negative labelling, this paper abstains from discussing the effect of such representation on the self-identity of people living with mental disorders.

## 2. METHODOLOGY

This paper focuses on a diverse set of psychiatric conditions through a selection of 16 popular Hindi series that aired in the 21st century across major television channels and different OTT platforms. The genres considered are drama and thriller which often contain elements of comedy, suspense, and romance. The shows considered are those in which these disorders are crucial for plot and character development. Instead of analysing the entire TV series, this paper zones in on character arcs across a few episodes. The series selection criteria are not based only on the diagnosis of non-normativity but also on exhibited behavioural differences. The select series are first analysed through the lens of stigma and subjectivity<sup>10</sup> (Goffman 1963; Davis 1995). Then through narrative analysis, the representation is placed in the Indian sociocultural setting.

Culture and representation are intertwined. "Representation connects meaning and language to culture"

10 Furthermore, the selected TV series are also explored from the perspective of mad theory and neurodiversity, as discussed in the introduction.

(Hall 1997: 15). Representation involves creating and conveying meaning amongst members of a culture using symbols and language<sup>11</sup> (Hall 1997: 15). In fictional stories, where very real media topics between fiction and the real world become the material of discussion, determining their relevance in everyday life, becomes rather complicated (Gledhill 1997: 341-42)<sup>12</sup>. Gledhill (1997) argues that to understand how representation in fiction becomes central to our real lives, one needs to "pay attention to properties of aesthetic form and emotional affect" (343). For instance, the meanings an audience deduces from fictional representation may vary from the plot outcome of themes (343). Therefore, representation is further concerned with "different kinds of story type or genre, questions of narrative organisation (the way the story unfolds), and modes of expression such as realism and melodrama, all factors which bear on the pleasure-producing, representational and signifying work of fictional forms and the subject-positions they create" (344).

The representation of mental disorders on TV can directly impact its perception (Stuart 2006; Wahl and Roth 1982). Media images in turn impact how society treats people with mental disorders (McMahon-Coleman and Weaver 2020: 6). While there has been increased awareness of this among media makers, and therefore, improvement in representation in series' aesthetic and narrative domains, such representation is a very complex dance between creative freedom and social responsibility. Broader representation of neurodiversity in fictional media, and negotiations of archetypes and roles, by challenging stigmatised portrayal, provides a chance at normalisation of societal perception of neurodivergence (Lopera-Mármol and Iranzo 2022).

With this understanding of the crucial link between representation and culture, this paper considers the following popular Indian TV series. Their assortment is non-chronological, based on the archetypes of characters with mental disorders and sensitive and non-sensitive representations. First, this paper discusses sensitive portrayals, mainly com-

11 For a discussion on various approaches to representation and meaning-making, see Hall (1997). Particularly, with respect to Foucault's contribution to the development of the constructionist view of representation, based on discursive formulations, the issue of madness did not have the same meaning across history and cultures (as cited in Hall, 1997: 45-46).

12 Within the creation of cultural representations, Gledhill (1997) looks at the importance of mass production of fiction—soap operas on television—in the production of cultural meaning. Popular fictional TV programmes and soap operas become important "sites of cultural struggles over representation" and negotiation of meanings and identities (350). The focus in Gledhill's argument is gender, but the same can be applied to the representation of mental health (339).

prising non-psychotic disorders. The shows in this category include *Aapki Antara* (*Your Antara*) (2007, Zee TV), *Hip Hip Hurray* (1998-2001, Zee TV), *Kota Factory* (2019, Netflix), *Kar Le Tu Bhi Mohabbat* (*You Too Fall in Love*) (2017, ZEE5), *Mismatched 2* (2022, Netflix), and *Kaala Pani* (*Black Water*) (2023, Netflix). The second category includes soap operas with the simpleton archetype: *Baa Bahoo Aur Baby* (*Baa Bahoo And Baby*) (2005-2010, Star Plus), *Banni Chow Home Delivery* (2022, StarPlus), *Banu Mai Teri Dulhan* (*I will Become Your Bride*, English title: *The Vow*) (2006-2009, Zee TV), *Gud Se Meetha Ishq* (*Love is Sweeter Than Jaggery*) (2022, Star Bharat), *Koshish - Ek Aashaa* (*Effort - A Hope*) (2000-2002, Zee TV), and *Ayushman* (2004-2005, Sony). The third category comprises the “psycho” archetype which remains highly problematic and sensationalised: *Akhri Sach* (*The Last Truth*) (2023, Hotstar), *Breathe: Into the Shadows* Season 2 (2022, Prime Video), *Dil Se Di Dua... Saubhagyavati Bhava?* (*Heartfelt Prayers... May You Be Fortunate?*) (2016-2017, Life OK), *House of Secrets: The Burari Deaths* (2021, Netflix)<sup>13</sup>.

### 3. CONTEXTUALISING THE NUANCES OF REPRESENTING MENTAL DISORDERS

Many studies have proposed the hypothesis that media stereotypes, such as the portrayal of people with certain mental disorders as violent or criminal, predominantly affect public attitudes towards mental health (Diefenbach 1997; Diefenbach and West 2007). The findings of these same studies also consistently show that mental illness is, in fact, widely misrepresented on TV and in the media through exaggerations and misinformation (Fruth and Padderud 1985; Stout et al. 2004; Wahl 1992; Wilson et al. 1999). This negatively affects people living with mental illness by propagating stereotypes and hampering their self-esteem and recovery (Stuart 2006; Wahl and Roth 1982).

The portrayal of aggressive and violent characters with mental illnesses spans across genders (Wahl and Roth 1982). Conventionally, more women are shown to be dealing with

mental illness (Fruth and Padderud 1985). In terms of portrayal, the behaviours of men and women tend to be more violent and obsessive, respectively. Unfortunately, even contemporary depictions of people with mental disorders remain unchanged, where they are portrayed mostly as isolated villains to justify their negative outcomes (Donohue and Swords 2022). This overemphasis on negative prototypes barely attempts to remedy their image due to the “dramatic storytelling requirements” (Signorielli 1989: 329-330). Such representations shape the opinion of the public about people living with mental illness before even encountering them in their real lives, building a predisposition towards not only people living with mental illnesses but also psychiatric professionals (Stuart 2006: 103).

Progressive representation positively impacts public perception. Unfortunately, the negative portrayal in frames dominates, adversely impacting the perception (Sieff 2003). A collaboration between the mental health sector and the television and film industries may remedy this predicament (Pirkis et al. 2006). However, such collaborations during the process of making a series, which are now rather common on world television, are rare in Indian scenarios.

However, in recent times, Indian screens also have cases of informed representations of persons with mental disorders and their caregivers. For example, in *Aapki Antara* (2009, Zee TV), Antara (Anjum Farooki), an intelligent neurodivergent child, is forced to navigate a world that is unaccepting of her differences. Every episode follows a brief testimonial by a person living with autism spectrum disorder or a family member. The serial also gives helpline numbers that received an unexpectedly large number of calls when it was being aired, with 65 per cent of callers admitting to being unaware of the autism spectrum prior to the show (Singhal et al. 2010). However, not all portrayals have such sensitive depictions.

The following sections discuss the assorted representations of mental disorders in Hindi TV serials and trace their trajectory. There is first a brief discussion of the portrayal of anxiety and depression, followed by a deep dive into the archetypes of the simpleton and the “psycho” criminal.

### 4. CHANNELISING RESPONSE THROUGH DISCOURSE

In many series (such as *Koshish - Ek Aashaa* (2000-2002, Zee TV), *Banu Mai Teri Dulhan* (2006-2009, Zee TV), *Banni Chow Home Delivery* (2022, StarPlus) etc.), information about

13 Here, Netflix, Hotstar, Prime Video and Zee5 are a few of the many popular platforms. Despite the emergence of multiple globalized OTT platforms, like HBO, Netflix, Prime Video, and Discovery+, many OTT platforms like Zee5, SonyLIV, etc., cater to audiences preferring local cable and vernacular content. Interestingly, cable shows can now be streamed through OTT platforms, often corresponding to the OTT platforms of their original airing network. The inconsistency in the spellings of these cable networks, StarPlus and Star Plus or Sony and SONY TV, is because of the changing of the channel name.



mental disorders is rarely disclosed to characters other than those who are living with it, and it comes as a shocking revelation to the partner. This concealment is an indication of the underlying stigma related to mental disorders. Also, psychotic disorders (as shown in series such as *Akhri Sach* (2023, Hotstar), *Breathe: Into the Shadows* Season 2 (2022, Prime Video), *Dil Se Di Dua... Saubhagyavati Bhava?* (2016-2017, Life OK), *House of Secrets: The Burari Deaths* (2021, Netflix), etc.) are deployed as being more lucrative for creating suspenseful storylines than depression and anxiety disorders (as shown in series such as *Hip Hip Hurray* (1998-2001, Zee TV), *Kota Factory* (2019, Netflix), *Kar Le Tu Bhi Mohabbat* (2017, ZEE5), *Mismatched 2* (2022, Netflix), *Kaala Pani* (Black Water, Netflix, 2023), etc.).

There are also many series that are commendably illustrating issues concerning mental health sympathetically. This is especially refreshing for substance use disorder which *Kar Le Tu Bhi Mohabbat* (2017-2019, Zee5) acknowledges as a mental disorder. Substance use disorder comprises “a cluster of cognitive, behavioural, and physiological symptoms” where the diagnosis relies on “pathological” consumption by a user despite recognising the harm<sup>14</sup> (American Psychiatric Association 2013: 483). Reiterating the importance of therapy and counselling, the lead character’s journey to sobriety is depicted realistically. Departing from the portrayal of addicts as mere troublemakers, insights into their inner turmoil, troubled personal lives, and careers humanise them. In more such examples, some series convey the impact of unmanageable personal and professional hurdles on mental health and vice versa. Focusing on the pressure of career building, *Kota Factory* (2019, Netflix), a monochrome series, presents the mental health struggles that Indian teens undergo during their attempts to crack the joint entrance exam to enter the most prestigious STEM institutes in India<sup>15</sup>. Similarly, in *Mismatched 2* (2022, Netflix), the overachieving Dimple (Prajakta Koli) struggles with anxiety disorder, while another acclaimed series, *Kaala Pani* (2023, Netflix), shows a nurse, Jyotsana (Arushi Sharma), struggling with PTSD. Although the number of series considered are limited, it is noteworthy that these sensitised portrayals are found in recent TV series, all of which are broadcast on contemporary OTT platforms, suggesting a trend wherein series broadcast on OTT

platforms, rather than on traditional cable television, tend to offer more sensitive representations. However, this trend is not without exceptions.

While there is an emergent trend in the 21<sup>st</sup> century towards portraying people living with the abovementioned disorders perceptively, examples from Indian TV serials from the late 1990s and early 2000s are few and far between. Among those, *Hip Hip Hurray* (1998-2001, Zee TV) deserves a special mention for sensitively addressing depression and addiction and informing viewers of the efficacy of slow-paced therapy (Gupta 2020). The anomaly in the trends suggests that sensitivity is not only subject to time and platform but also to awareness, perception, and intention. However, despite the abovementioned attempts, unsettling archetypes exist, particularly those associated with developmental disorders.

## 5. TO PATHOLOGIZE OR NOT TO PATHOLOGIZE: THE SIMPLETON ARCHETYPE

While some TV serials have portrayed people with intellectual disabilities as childlike, others have refrained from excessive infantilization or from seeking a cure compulsively. This simpleton trope constitutes many contradictions, mirroring the apprehensions of modern Indians. Located within family structures with the members being stuck between having to choose between either pathologizing or accommodating such conditions, the explanations, diagnoses, and cures of such disorders remain far from realistic.

In *Koshish - Ek Aashaa* (2000-2002, Zee TV), Kajal (Sandhya Mridul) is married to Neeraj (Varun Badola), who lives with the mind of a child, a consequence of trauma and abuse caused by his stepmother. Similarly, in *Banu Mai Teri Dulhan* (2006-2009, Zee TV), Divya’s (Divyanka Tripathi) happiness due to her Cinderella wedding to Sagar Pratap Singh (Sharad Malhotra) is interrupted, as Sagar is revealed to be a childlike man with a mental disability caused by a car accident planned by his stepsister to claim the family property. Adding to this, another TV drama, *Banni Chow Home Delivery* (2022, StarPlus), shows Yuvan Singh Rathod (Pravisht Mishra), a singer living with a development disorder due to childhood mistreatment and drugging by his stepmother. Scandalising the union between childlike men and beautiful women, the dramatic unfolding of the secret is used to propagate the storyline. Interestingly, to facilitate the cures for these disorders which appear to come rather quickly yet seemingly miracu-

14 The main references for classification in psychiatry are the DSM and the ICD which stand for the Diagnostic and Statistical Manual of Mental Disorders and the International Classification of Diseases, respectively.

15 Kota, a city in India famous for its coaching institutes with cutthroat competition among high school students. It is also infamous for its high suicide rate.

lously, at times diminishing the intensity of developmental disorders, demands immense sacrifices from wives, reducing the men to burdensome beings. However, women who show themselves as worthy caregivers may eventually be rewarded with a “cured” partner<sup>16</sup>.

Behaviours of characters having developmental disabilities range between being a nuisance and being gullible. This affects the portrayal of the reception of such behaviours as well. There are a few TV series, however, which present such characters as multidimensional. For example, Gopal “Gattu” Thakkar (Deven Bhojani) of *Baa Bahoo Aur Baby* (2005-2010, StarPlus), is portrayed as kind and considerate, yet very gullible. Another such portrayal is in *Gud Se Meetha Ishq* (2022, Star Bharat), where the sister of the male lead, Paridhi or Pari (Meera Deosthale), is a free-spirited and compassionate woman who acts like a child. She plays an instrumental role in facilitating familial acceptance of the relationship between the male and female leads<sup>17</sup>. Although the series later exaggerates Pari’s condition, the portrayal remains overall sympathetic. These two serials neither underplay the struggles of persons living with developmental disorders and their caregivers nor portray the condition as a curse, as Paridhi and Gattu remain doted on by family members, with a few exceptions.

What makes Gattu’s character remarkable is his progressive trajectory as he eventually starts looking after children in his playhouse and empowers himself. This is a classic example of Indian culture accommodating diverse behaviours by involving them in various tasks. However, Gattu’s job remains in line with Nikita Mehrotra’s (2004) observation regarding people’s apprehensions about mental disorders as disabilities in rural India. They are labelled as bhola/bawla (innocent) and are assigned jobs that are traditionally allocated to women. Gattu’s case illustrates this; however, it is noteworthy that his employment remains possible primarily due to his accommodating and protective big Indian joint family. Nonetheless, requiring care from others, Gattu remains deprived of a relationship he immensely desires: fatherhood. Therefore, the seemingly unwavering familial support becomes convoluted when the family refuses to support his decision to adopt a child, as it would mean added responsibility for the family.

16 This trope is adopted across competing networks Zee and Star. Both of the major networks favoured sensationalism through mental disorders, where innocence is juxtaposed with unpredictable behaviour that often entails occasional psychotic outbursts.

17 The Hindi adaptation of the Bengali drama series *Jol Nupur* (2013-2015, Star Jalsha). It is also readapted in Hindi as *Jhanak* (2023, StarPlus).

Without other support systems to understand and provide for Gattu’s needs, the family is shown to sufficiently take care of him. This excessive reliance on family exempts society and the state from their collective responsibility in most cases in the Indian context.

## 6. INNOCENT OR VIOLENT: CONTEXTUALISING THE “PSYCHO” CRIMINAL ARCHETYPE

Many serials have been instrumental in spreading awareness, thereby moving society closer to normalising neurodivergence and mental disorders, while others further stigmatise such conditions. In *Ayushman* (2004-2005, Sony One), the archetype of the simpleton shifts rather distastefully. Raised by his grandmother in their ancestral home due to his father’s rejection, the male lead’s brother, Bodhi Jaisawal (Hemant Thatte), is initially portrayed as a kind, childlike man with many innocent quirks. Bodhi’s rejection and later acceptance into the family are framed melodramatically yet sensitively. It echoes the many responses of Indian families towards behavioural diversity, whereby Bodhi’s father and grandmother represent the dilemmas of familial acceptance and rejection, respectively. However, Bodhi impulsively commits murder, moving away from the simpleton archetype. Bodhi then inexplicably turns into a cold and calculating villain, with the serial ending in his death.

Over the years, diagnostically linking unreasonable behaviours by characters to underlying psychiatric conditions has become prevalent in TV series. Rather than merely hinting at vague psychiatric conditions, their unresolved trauma is often blamed. In *Dil Se Di Dua... Saubhagyavati Bhava?* (2011-2013, Life OK), Viraj Dobriyal (Karanvir Bohra), a successful and charming man in the public eye, is revealed to be possessive, violent, and sexually abusive towards his wife Jhanvi/Sia (Srishti Jha). Diagnosed with obsessive-compulsive disorder, shown to be a consequence of his childhood abuse, Viraj disregards psychiatric help and fakes taking medicines. In line with DSM-5, the series plays on repetitive behaviour and depicts obsessional jealousy as a possible indicator (American Psychiatric Association 2013). The presentation of obsessive-compulsive disorder in TV often relies on the character being fastidious about cleanliness (Fennella and Boyd 2014). Initially, for Viraj, the observation partially holds true. His other traits remain obsession, violence, uncontrolled jealousy, and antisocial behaviour. The series also dabbles with the

cruelty of asylums and the trauma of electroconvulsive therapy: it temporarily reduces Viraj's mental ability to that of a seven-year-old child. Interestingly, concerns regarding the serial's glorification of domestic violence and the problematic portrayal of people living with mental disorders are absent from the discourse. However, the viewers loved the character Viraj<sup>18</sup> (Siddiqui 2020). Through the romanticization of Viraj's actions, viewers unaware of the nuances of obsessive-compulsive disorder risk receiving inaccurate information which may result in an untoward fascination with such behaviour.

These two series, *Ayushman* (2004-2005) and *Dil Se Di Dua... Saubhagyavati Bhava?* (2011-2013), aired on cable networks and predate the Rights of Persons with Disabilities Act (RPWD 2016) and the Mental Healthcare Act (MHCA 2017). The theme of family is a recurrent theme of cable series, and hence domestic cruelty emerges as a major motif. Apart from domestic cruelty, the impropriety of violent criminals is also sourced from their psychological conditions. Interestingly, the sensitivity shown in portrayals of anxiety and depression in the OTT series, as previously noted, is not extended to actions that may be attributed to psychotic outbursts. The violence is incidentally exploited more, if not equally, on recent OTT platforms, as suggested by the series discussed below.

In the thriller *Breathe: Into the Shadows* (2022, Prime Video), Dr Avinash Sabharwal (Abhishek Bachchan) lives with dissociative identity disorder. The "split" personality J kidnaps his daughter, playing mythological murder games with Avinash. Showrunners often benefit from this trick of playing on these archetypes—to pose behavioural extremities as normal and to sensationalise a condition. While viewers expressed concerns regarding the murderous portrayal, the showrunners and the actors maintained that the uproar by the vocal "sensationalists" is baseless, arguing that many doctors were consulted for preparing the script of *Breathe: Into the Shadows*, ensuring an accurate depiction (Rao 2022). It is also stated in DSM-5 that males with dissociative identity disorders are more likely to show violent behaviour (American Psychiatric Association 2013). However, the resolution is not so simple, as such interpretation entails a very restricted, uni-dimensional visualisation of the disorder and obscures the chance of a positive representation. Reflecting on the tussle between artistic freedom and social responsibility, to determine whether an accurate portrayal needs to necessarily be

violent and chaotic, only a multifaceted interpretation of the disorders can paint a clear picture since the capacity for portrayal may or may not be destigmatising.

In the debate of sensitive vs. accurate, a few social incidents stand out. The two major adaptations of the Burari case, a docuseries titled *House of Secrets: The Burari Deaths* (2021, Netflix) and its fictionalised rendition, *Akhri Sach* (2023, Hotstar), warrant special mention<sup>19</sup>. The latter delves into many sequential events that led to this unimaginable tragedy. The dreams of Bhuvan (Abhishek Banerjee) are haunted as he holds himself accountable for the accidental death of his father. Having suffered brain damage and temporary aphasia due to an attack, Bhuvan soon starts to believe that the father's spirit visits him<sup>20</sup>. In this series, a psychiatrist discusses many dimensions of Bhuvan's behaviour. After a psychological autopsy of the case, where a person's mental state is analysed, Bhuvan's psychosis is understood to be "complete," revealing that he was not only able to talk in their father's voice but also write in his handwriting. This convinced the family that Bhuvan had become a sacred medium between them and the dead family patriarch, who advised them and instructed rituals to be completed. However, the development of Bhuvan's psychosis into Folie à Deux, or the shared psychosis that his family forges, remains undiscussed in the series. Lacking classification as a separate disorder, the psychiatrists classify shared psychosis as delusional disorder in the ICD-10 or in the category of schizophrenia spectrum and other psychotic disorders in the DSM-5 (McCarthy et al. 2024).

This retelling of one of the most mysterious cases in India also opens a discussion regarding the nuances of voice-hearing which has multiple implications in India. Here, seeking psychiatric help is considered unusual, even unnecessary (Dhar 2019). That said, interpreting Bhuvan's behaviour as a divine intervention rather than a psychiatric condition likely prevented them from seeking medical help. Also, Bhuvan's wife did not entertain any speculations regarding his behaviour. Even after consulting a psychiatrist due to a friend's insistence, Bhuvan refrains from medication, fearing both the

18 The actor who plays Viraj, Karanvir Bohra, admits that playing the role was taxing on him. He also mentions that the admiration he received was because of his portrayal of psychosis and not domestic violence (Siddiqui 2020).

19 Burari deaths are a case of mass murder/suicide, where eleven members of the Chundawat (Rajawat in *Akhri Sach*) family were found hanging from their house ceiling on July 1, 2018, in Delhi. Subject to speculations by journalists and psychiatrists, many explanations emerged to demystify the demise of what seemed like a happy family. The diaries found revealed that one of the members, Lalit (Bhuvan in *Akhri Sach*), was believed to be communicating with his father's spirit. This incident was labelled a case of shared psychosis and became a topic of national discussion (PTI 2018, 2019).

20 The character Bhuvan is based on Lalit, the prime initiator of the misinterpreted ritual that caused the deaths.



stigma associated with psychiatric help and losing the comfort of contact with their beloved father.

Despite using the psychiatric disorder to evoke horror, the series also raises awareness regarding the importance of mental health and therapy, as the only folly of the characters remains their hesitancy to seek help. The investigating police officer for the case, Anya Swaroop (Tamannaah Bhatia), whose dreams are haunted by the death of her childhood friend, realises that her experiences resemble those of Bhuvan's. Fearing the tragedy that engulfed the Rajawat family, Ananya schedules an appointment with a therapist immediately after solving the case, seeing Bhuvan's condition as a cautionary tale, implying that the viewers perceive it similarly. The show ends with a clear message that opening discourse around the stigma associated with seeking psychiatric help is a crucial step towards a better outcome for people living with mental disorders.

## 7. CONCLUSION

One must ask why discourse surrounding mental disorders on Indian TV is not subject to more scrutiny when a sensitised portrayal has the potential to inform public perception. The depiction of mental disorders mostly adheres to the current sociocultural sensibilities of contemporary India, in line with both stigma and acceptance—acceptance is not devoid of stigma. In contrast to the sensitised portrayal of anxiety disorders and depression, personality disorders or those involving psychosis remain heavily sensationalised, and people with developmental disorders are infantilized.

The origin of the disorders—often pinned down to childhood abuse that explains or rationalises the psychotic or sadistic behaviour—usually gets disproportionate attention. The routes to recovery are shown as improbable, if not impossible, and credited to the devoted caregiving of the female companion, leaving their fate ambiguous in the absence of such devotion. Alternatively, there are also sudden quick fixes, a miracle or a surgery, or another accident that suddenly reverses the condition for the progression of the plot. The TV series also depict that most mental disorders don't exist in isolation, thereby holding economic and personal circumstances responsible for such plights. Furthermore, many shows convey the message that not every disorder can be cured or even viewed sympathetically.

Interestingly, in the aftermath of the Rights of Persons with Disabilities Act (RPWD 2016) and the Mental Healthcare

Act (MHCA 2017), TV series appear to have become more informed and sensitised in their portrayal of mental disorders and neurodiversity. There has been an emergence of policies and social movements feeding into the debate on the accountability of showrunners and their tussle between accurate and sensitised portrayal across the globe. Yet, subject to anomalies, the progress towards achieving sensitivity in portrayal and reception seems rather slow. The representation therefore remains highly nuanced, where it is becoming increasingly complicated to make demarcations between sensitive and insensitive representations.

Therefore, this paper concludes that Indian TV serials can heavily impact public perception due to their influence on many social movements. TV has been instrumental in gender sensitisation and education. Unfortunately, the scarcity of progressive representations seems a missed opportunity to not only sensitise public perception but also dissect the sociocultural nuances that impact and are impacted by such representations.

There are limitations to the scope of this paper. It only examines select 21st-century TV shows. The selection parameters are based on the fundamental criterion that any character's conditions should be diagnosed by a doctor or clearly implicated by labelling. This paper excludes series that blur the distinction between mental disorder and ghost possession, among other things. It also excludes crime TV series and other true crime anthologies that create dramatic presentations of actual crimes that often attribute the drive of criminal minds to mental disorders. Furthermore, the study of caste, class, gender, etc. in the portrayal of mental disorder and neurodiversity is beyond the scope of this paper because it is one of the earliest studies on mental disorders and neurodiversity in Indian TV and OTT series. Finally, this paper does not claim to do justice to regional complexities since it focuses on Hindi TV series, which is one of many Indian languages. However, it paves the way for delving into an intersectional exploration of the portrayal of mental disorders in Indian TV.

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- Aapki Antara (Your Antara, English title: Antara)* (2007)
- Ayushman* (2004–2005)
- Baa Bahoo Aur Baby (Baa Bahoo and Baby)* (2005–2010)
- Banni Chow Home Delivery* (2022)
- Banu Mai Teri Dulhan (I Will Become Your Bride, English title: The Vow)* (2006–2009)
- Breathe: Into the Shadows Season 2* (2022)
- Dil Se Di Dua... Saubhagyavati Bhava? (Heartfelt Prayers. May You Be Fortunate?)* (2016–2017)
- Gud Se Meetha Ishq (Love is Sweeter Than Jaggery)* (2022)
- Hip Hip Hurray* (1998–2001)
- House of Secrets: The Burari Deaths* (2021)
- Kaala Pani (Black Water)* (2023)
- Koshish – Ek Aashaa (Effort – A Hope)* (2000–2002)
- Kota Factory* (2019)
- Kar Le Tu Bhi Mohabbat (You Too, Fall in Love)* (2017)
- Mismatched 2* (2022)