**SRISHTI MANIPAL**
INSTITUTE OF ART, DESIGN & TECHNOLOGY
BENGALURU
*(A Constituent Unit of MAHE, Manipal)*

**MANIPAL**
ACADEMY *of* HIGHER EDUCATION
*(Institution of Eminence Deemed to be University)*

THESIS PROJECT **2024**

**CRAFTING CONNECTIONS**
*Outreach for NIMHANS*

STUDENT:        **Sukriti Mukesh Chordiya (205310174)**

PROJECT:        KYASEKYA- A Movie Marathon

PROGRAM:        Undergraduate Professional Programme

AWARD:        Visual Communication and Strategic Branding

GUIDES:        Aastha Chauhan

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Examiner 1 (name, signature and date):

Examiner 2 (name, signature and date):

Examiner 3 (name, signature and date):

# ACKNOWLEDGMENT

# PROJECT BRIEF

Curating dynamic programming aimed at actively involving audiences with both the museum displays and the overarching theme of mental health and neuroscience education at the envisioned Museum at NIMHANS.

Located in Bangalore, India, the National Institute of Mental Health and Neuro-Sciences (NIMHANS) is a prominent medical institution. Serving as the leading center for mental health and neuroscience education in the nation, NIMHANS operates autonomously under the Ministry of Health and Family Welfare. Mental health and neurosciences play pivotal roles in understanding and addressing the complexities of the human mind and brain. The exploration of these fields not only advances scientific understanding but also fosters a profound impact on societal well-being.

Museums dedicated to mental health and neurosciences can serve as unique educational platforms, bridging the gap between scientific research and public awareness. By curating exhibits, interactive displays, and educational programs, these museums can contribute to destigmatizing mental health, promoting a deeper understanding of neurological disorders, and advocating for overall mental well- being. As vital resources for knowledge dissemination and community engagement, these museums can facilitate a broader societal conversation about mental health and neurosciences, fostering empathy, awareness, and support for individuals navigating the complexities of the mind.

NIMHANS has initiated a project to revitalize and redesign its museum, seeking assistance from SMI in this endeavor. While the conceptualization of the museum will be led by another team, **this project focuses on curating dynamic programming to engage audiences with the museum displays and the broader theme of mental health and neuroscience education.**

# CONTENT

# Digging

Where I'm testing the grounds and thinking of an idea for the project.

1. Brief
2. Objective
3. Methodology

# BRIEF

Ever since my high school years, I've been captivated by the underlying factors influencing human behaviors and cognitive processes. I chose this project as it presented an exciting opportunity to deepen my understanding, engage in research, and collaborate with esteemed doctors and mental health experts. The prospect of proposing an outreach solution added an extra layer of motivation to this journey. I wish to address challenges, craft innovative solutions, and gauge their real-world impacts.

Martin Scorsese expressed the profound impact of movies on our lives, stating that they touch our hearts, awaken our vision, and change the way we see things. Aligning with this sentiment, this project introduces an annual Film Festival in collaboration with Nation Institute of Mental Health and Neurosciences (NIMHANS) to harness the power of cinema for a critical cause – mental health awareness.

India has the largest youth population globally, with Karnataka comprising 25.3% of individuals aged 15 to 29. Despite this demographic significance, mental health awareness amongst the youth remains insufficient, incorrect and/or misconceived. By leveraging the admiration, popularity and accessibility of films, the aim is to educate and foster an understanding and initiate meaningful and inclusive dialogues around mental well-being.

## OBJECTIVE

NIMHANS aims to reach out to Indian citizens to educate them on mental health and spread awareness around the topic in order to destigmatize and develop an inclusive and understanding community. They require innovative, effective and lasting outreach programmes that could be implemented.

A proposal of a film festival arises from the observation that there has been a substantial rise in the number of festivals and events that take place in India throughout the years. Festivals are a place to cultivate social and cultural identities, learn and celebrate. Several studies have conveyed that films hold the power to influence one's cognitive and emotional characteristics.

Through my research, the focus is on understanding if the idea of a film festival for the youth would in reality cater to NIMHANS's aims and requirements.

## METHODOLOGY

This investigation delves into a process of research, drawing from a blend of primary and secondary sources. It is initiated by understanding mental health and neurodivergence. It then navigates the collaboration with NIMHANS, offering deeper insights into existing outreach mediums and programmes. Research further explores the idea and existing interventions that exist around it and synthesizes the research findings to propose an outreach program.

This proposal has been broken into 4 key stages of research;
Stage 1: Understanding Mental Health and Neurodivergence
Stage 2: NIMHANS and the Project Requirements
Stage 3: Personal Intervention- Project Idea
Stage 4: Project Proposal and Outcome

# Scooping Here & There

Where I'm trying to research a little bit of everything and understand better.

1. Stage 1:
   Understanding Mental Health and Neurodivergence
2. Stage 2:
   NIMHANS and the Project Requirements
3. Stage 3:
   Personal Intervention- Project Idea
4. Stage 4:
   Project Proposal and Outcome

## PRIMARY RESEARCH

### 1. MASTERCLASS WITH SAHITI GAVARIKAR

Sahiti Gavarikar, a practicing psychologist with a background in Journalism and Literature, works with adolescents and adults in an academic setting at Srishti Manipal Academy of Art, Design and Technology. Addressing mental health concerns like depression and anxiety, she described a counseling process where the Wellness Team at Srishti sets personalized goals for each student and tracks their growth.

Last year around 27.5% of students that seeked help in Srishti were diagnosed, yet the fear of institutional judgment and not being understood and blamed hinders therapy seeking. One of the biggest challenges faced by the Wellness team is the limited empathy from other stakeholders of the university. The team reaches out to students through emails and campus workshops, aiming to normalize mental health discussions.

Gavarikar suggests regularly sharing student stories and anecdotes to destigmatize mental illness, fostering an inclusive community unafraid of judgment who is willing to have conversations.

### 2. MASTERCLASS WITH SONU KHOSLA

Sonu Khosla, is an educator, focusing on neurodivergent students and is a part of the Wellness Team at Srishti Manipal Academy of Art, Design and Technology. The session began with a distinction between mental health and neurodivergence. She further moved on to emphasize that mental health is curable while neurodivergence is not and can only have interventions to understand and make things simpler and accessible for those diagnosed.

The session explored the various kinds of neurodivergence and its causes, symptoms, interventions, stigmas and myths. Khosla advocates to spread awareness about early intervention to alleviate later challenges and discusses the DABDA (Denial, Anger, Bargaining, Despair, Acceptance) process in the society. She mentioned that neurodivergence also leads to mental illness and thatIdentifying neurodivergent symptoms remains a challenge for most counselors.

Drawing from a vast experience, she shared anecdotes on interactions with family members and neurodivergent individuals and facilitated an empathy-building exercise for everyone. Khosla emphasizes the importance of building awareness and support and creating an inclusive environment for neurodivergence.

### 3. SURVEY ON MENTAL HEALTH

We conducted a small survey at Manipal to understand the general understanding of mental health awareness. 56 people from around the campus took part in this survey. The results we received were as it follows:

Most people know someone facing mental health problems yet awareness and discussions around it are quite low.
Lack of awareness and education, followed by stigmas around the topic and personal discomfort were identified as the main causes of limited discussions around mental health.
68% of the students remember movies or tv series as a source that communicated the topic of mental health.

## PRIMARY RESEARCH

### 1. NIMHANS EXISTING OUTREACH MATERIAL

Two departments under NIMHANS; Centre for Well Being and the Mental Health Education are majorly responsible for spreading awareness, conducting outreach programs and producing educational material while counseling and training individuals.

NIMHANS has a brain museum and a heritage museum where they have put up several posters and banners filled with information. We spent some time with these resources and spoke to a few doctors trying to understand the type of information that NIMHANS sends out to the public. Outside the brain museum content about the brain was visually presented; its parts, why it matters, how it works, chemicals and how they influence an individual. Along with that, there were infographics of research papers and guidance on how to donate the brain.

Within the heritage museum they spoke about the history of NIMHANS, and displayed tests, objects and games used by the doctors and patients. NIMHANS also has posters and brochures available all around the city and has dedicated several materials to each of its departments. They have a biannual magazine called 'Loud Speaker' that publishes brilliant articles around mental health and themes under it.

### 2. MENTAL HEALTH SANTHE

The Mental Health Santhe 2.0 took place at the NIMHANS Convention Centre where seventy five organizations/institutes/departements set up stalls from all around India. Organizations/institutes present were both private and public while several stalls had departments from NIMHANS itself explaining and educating the audience.

Crowd: Majority of the crowd were college students, from either NIMHANS itself or students that majored in psychology in Bangalore. Faculties from all college institutions have accompanied the students along with a few parents and family or friends of stall holders.

Outreach for the Santhe: Most organizations and institutes that had booked a stall received an email regarding this event or read about it on the NIMHANS website. These organizations already knew of NIMHANS and many had also collaborated at several occasions with them. Other newly started organizations found out about the Mental Health Santhe through word of mouth.

Interactions with the Audience: The santhe held interactive media at several points throughout the convention center. There were many chances for the public to express their feelings and share experiences through talking and writing. There were photographic spots arranged and activities that would peak the audience's interest. All stall holders were very knowledgeable and communicated in several languages attending, explaining and educating each visitor personally. Many organizations/institutes also placed games and sold a range of items made by their patients to spread empathy in the community.

# SECONDARY RESEARCH

## 1. NIMHANS AND YOUTH

This section aims to understand what NIMHANS has already implemented for the youth of Bangalore.

### a) Youth Pro

Youth Pro is a volunteering initiative that was launched in 2011 which engages youth themselves to promote youth mental health. They work with preselected themes such as; destigmatising mental health, encouraging mental health along with physical, mental well-being and supporting the act of seeking help.

Volunteers participate by designing creatives and expressing themselves with several artistic mediums, assisting in finding employment, raising funds, managing campaigns, obtaining welfare benefits for the differently abled and much more.

*Insights:*
Volunteering is one of the best ways to engage the youth and spread awareness amongst them. Instead of just feeding people with information and knowledge, they get to act upon it too which will further inspire them to have accepting discussions about mental well being and neurodivergence with people around them to.

### b) Y20 Consultation at NIMHANS- Empowered Youth for a Brighter Future

NIMHANS in association with the Ministry of Youth Affairs, Government of India hosted the Y20 Consultation in June 2023. Focusing on the crucial theme of "Health, Well-being, and Sports: Agenda for Youth"

The event seeked to generate actionable recommendations that could influence policies, programs, and initiatives related to youth health, well-being, and sports. There were discussions with renowned experts, policymakers, and youth delegates.

*Insights:*
Acknowledging the value of youth and bringing to the table discussions around health, well-being and sports showcases how important their intervention is. When we trust and hold the youth responsible, we also encourage them to take a stand, be inclusive, influence conversations around mental well being and inspire changemakers.

### c) Collaboration with Student Communities

NIMHANS collaborates with several foundations and communities for the students of India throughout the year on different events or programmes.

For example, NIMHANS hosted the YANTRA 2023 where they focused on integrating Yoga and Ayurveda into mental health and neuroscience clinical care, research and academic training. Jignasa, a pan-India platform powered by the AYUSH student community, aims to bridge the gap between students, policymakers, and administrators who contributed to the YANTRA 2023 by bridging healthcare professionals across all fields.

### d) NIMHANS Centre for Well Being:

NIMHANS Centre for Well Being (NCWB) conducts several workshops and therapy sessions. They have 16 clinics, including addiction clinics, abuse counseling, trauma counseling, child parent wellbeing counseling and many which are open to all, out of which nearly one third of the crowd is the youth.

They host workshops for the development of the youth as well as for the youth to train them. NCWB also dedicates one day of each week to go around their community and educate students on mental health, and encourage those who might need help to get check ups at the center. They conduct sessions in schools and colleges, have discussions with parents and teachers and distribute knowledgeable material.

*Insights:*
They have conducted many programmes throughout the years for both, rural and urban areas and have managed to track every programme's effectiveness and influence. The building itself does not look like a hospital and suggests a homely space which makes many patients comfortable to come and approach them.

## 1. OTHER INTERVENTIONS FOR THE YOUTH

This section aims to understand what other initiatives offer for the mental well being of the youth.

### a) The Live Love Laugh Foundation (TLLLF):

You Are Not Alone is a program by TLLLF which is conducted free of charge in schools around India to educate adolescents and teachers on stress, anxiety and depression while also reducing stigmas around mental health. Under the program they conduct separate sessions for the teachers and students focusing on building awareness around the signs and symptoms to then support or seek professional help.

### b) The MINDS Foundation:

The MINDS Foundation conducts School Mental Health Education programmes where they strive to educate students, teachers and parents by providing workshops and training programs. This program covers topics like OCD, depression, anxiety, self-image, suicide, cyber-bullying, substace and alcohol use, eating disorders and internet addiction.

### c) We R H.O.P.E:

We R H.O.P.E hosts an Upper Valley Youth Wellness Retreat for the youth annually Their coaches, counselors and staff are trained in youth emotional CPR and anxiety training. They integrate open conversations about emotions and mental health and coping mechanisms in all their activities. Post their retreat, most participants felt a decrease in their anxiety symptoms.

### d) We Are Beyond Organisation (UK):

Now and Beyond is an annual and virtual mental health wellbeing festival curated by a youth mental health charity called We Are Beyond. Students, parents and teachers have access to a wide range of workshops along with the sharing of personal narratives and first hand experiences. They cover topics like mental health first aid, eating disorders, anti-racism, stigmas and screen time.

### e) Create Paisley- Youth Mental Health Arts Festival Competition:

Youth Mental Health Arts Festival is a platform that accepts creative writing, photography and filmmaking entries on themes that change annually from the youth in Scotland. The top three entries are awarded a price for their work which is followed by an award ceremony.

### f) Young Minds:

Young Minds is a UK based platform that provides mental health resources like wellbeing activities, toolkits and webinars and advice to support the youth population. They have regular blogs on daily challenges the youth might face with solutions and guidance provided in various forms.

### g) Illustrated Books:

Several authors and illustrators have published illustrated books on mental wellbeing such as Ruby Finds a Worry, Dear student, A Bird Will Soar, How Big are Your Worries Little Bear?, Smaller Sister, A Blue Kind of Da, Dark Cloud, Pumpkin and Me and many more. These books tackle issues around anxiety, eating disorders, depression, loss and grief. Instead of just explaining or discussing, these books visualize the feelings and state of mind to then help identify symptoms better.

*Insights:*
All initiatives have first focused on 'why mental health is important' before catering to 'how mental health can be taken care of'. Beginning with the why and giving individuals a reason to worry about their mental health is a more impactful process which they can internalize before moving towards how one can work on it.

Many institutes/foundations/organizations have explored different mediums to bring forward mental health conversations. They have explored several possibilities with campaigns, workshops, retreats, festivals, discussions, training programmes, print media and presence on online platforms with each resulting in an in-depth understanding and a lasting experience.

# PRIMARY RESEARCH

### 1. BENGALURU INTERNATIONAL FILM FESTIVAL (BIFFES)

Bangalore International Film Festival is a festival that has taken place annually for the past 15 years now. BIFFES is funded by the government of Karnataka to share and appreciate Karnataka's heritage and its achievements in the fields of literature, fine arts and cinema. There are 8 sections under which many movies are screened throughout the festival and discussions with industry experts are organized. I got an opportunity to attend the festival this time which majorly took place at PVR, Orion Mall. The festival in 2024 lasted for 8 days, with over 400 screenings, 200 films from more than 60 countries.

**Crowd:**
Majority of the crowd belonged to the film industry. They were all practitioners or aspiring practitioners. On most days, people above 30 years of age were present and there were many retired individuals. Most of the attendees were regular visitors of film festivals and had either already known about BIFFES or heard about it through word of mouth. Almost everybody over there spoke Kannada and English both; however, most conversations took place in Kannada.

**Outreach for the Festival:**
Throughout the mall, there were several large banners and posters. BIFFES also has a social media presence where they regularly post updates however do not have a large following yet. A lot of the festival's outreach took place through instagram content posted by film directors, writers, producers and distribution houses to promote their own work.

They also have a website which is up to date with all events and informs the audience about the festival, screenings, panel discussions and awards. Several banners and posters around the city were installed weeks before the festival that marketed the event.

**Collaterals:**
They issued a kit in the form of a tote bag to every attendee who registered for the entire film festival. The kit consisted of a complete book with movie categories, each film's synopsis, information about the director along with the cast and the nominations or awards won by the film. Along with the book, every attendee got an id card with a tag and printouts of the daily schedules. During the day they distributed pamphlets on the panel discussions that would take place. Within the theater several kiosks were set up with movie posters, the day's schedule and trailer screenings.

**Conversations:**
Discussions that occurred throughout the film festival were around the art of filmmaking. Common topics were the means of storytelling, impact of acting, cinematographic decisions, sound production and editing. There were educational conversations about several kinds of filmmaking, film and production, film and the economy, film and ethics, film and Indian values and much more. The purpose of the festival, which was to appreciate the art form of filmmaking, was successfully achieved.

**Insights:**
I observed how meticulously things were planned and realized the need to cater to every possible problem that could occur. They had strong security with police members and bag checking counters, along with two volunteers for every role. Volunteers would scan the id cards, usher attendees to seats, introduce every film and the filmmaker before it began and regulate waiting lines.

All kinds of information that the audience would be concerned about was very easily accessible and available.

# SECONDARY RESEARCH

## 1. MENTAL HEALTH

### a) EPIDEMIOLOGY OF SUICIDES IN BANGALORE

Epidemiology of Suicides in Bangalore is a book published by the National Institute of Mental Health and Neurosciences in 2001 researched and authored by G Gururaj. Bangalore has the highest number of suicides in India with it being the 4th leading cause of mortality in 15-24 and 25-34 year olds. Educational status revealed that 35% of those who committed suicide were illiterate and 53% had less than 10 years of education. Suicide incidents have decreased significantly with increasing levels of education.

8.5% had noticeable and detectable mental disorders prior to suicide. 14.3% had epilepsy and 8.5% had depression from the other individuals who committed suicide. The duration of mental disorders varied from 1-40 years in 68% of the cases, 1-10 months in 22% and 1-22 days in 10%. Duration of socio psychological stress in parasuicides for more than a year in 17% of the people, 6-12 months in 28% and 1-6 months in 45%.

48% of those suffering from mental disorders were untreated. The highest number of suicides occurred between the age group of 15 to 29 year olds with 62% being males and 72.3% being females.

G. Gururaj, and Mohan K Isaac. 2001. Epidemiology of Suicides in Bangalore. National Institute of Mental Health and Neuro Sciences.

### b) PREVALENCE OF DEPRESSION, ANXIETY, AND STRESS AMONG YOUNG MALE ADULTS IN INDIA: A DIMENSIONAL AND CATEGORICAL DIAGNOSIS-BASED STUDY

The study investigates the prevalence of depression, anxiety, and stress among young male adults in India on a Dimensional and Categorical basis. The mean age of students all from Ranchi was 19.3 years. Depressive symptoms, ranging from mild to extremely severe were present in 18.5% of the population, anxiety in 24.4% and stress in 20%.

The Dimensional approach assessed the severity of mental illness symptoms, whereas the categorical approach classified students as either being diagnosed or not with specific disorders using a predefined criteria. Other studies have showcased that around 25% of all young adults will experience a depressive episode at least once by the age of 24, yet less than 20% will ever receive clinical intervention.

The study observed a higher comorbidity of both clinical depression and anxiety among these students. The researchers believe that signs of depression and anxiety should be paid attention to in first year students to be able to take preventive action against future challenges. To avoid learning and development damage in the future, attention should be paid to students with helpful referral and appropriate diagnosis Health policies by the government should also integrate mental health disorders to improve the society's well being.

Sahoo, Saddichha, and Christoday R. J. Khess. 2010. "Prevalence of Depression, Anxiety, and Stress among Young Male Adults in India." The Journal of Nervous and Mental Disease 198 (12): 901–4.

### c) MYTHS, BELIEFS AND PERCEPTIONS ABOUT MENTAL DISORDERS AND HEALTH-SEEKING BEHAVIOR IN DELHI, INDIA

This study's purpose was to evaluate the myths, beliefs, and perceptions regarding mental disorders and health-seeking behavior among both the general population and medical professionals in India.

A cross-sectional study was conducted including individuals from urban and rural communities in Delhi, as well as medical professionals. A questionnaire was distributed to gather data on myths, beliefs, and perceptions about the causes, treatment, and health-seeking behavior for mental disorders.

The results showcased misconceptions such as assigning mental disorders to factors like loss of semen/vaginal secretion, decreased sexual desire, excessive masturbation, religious punishment, and polluted air. Additionally, there were several misconceptions about the treatments of mental illnesses, perceptions of psychiatrists as weird or ineffective. There was also a general lack of awareness about psychiatry as a medical specialty among many people.

Rural areas displayed more evident myths compared to urban areas, and a large percentage of respondents preferred seeking help from non-medical sources rather than medical specialists. The study demonstrated the need for communication efforts to debunk myths and promote accepting, factual and positive attitudes towards mental health, particularly in rural areas, to improve one's health-seeking behavior.

Kishore, Jugal, Avni Gupta, Ram Chander Jiloha, and Patrick Bantman. 2011. "Myths, Beliefs and Perceptions about Mental Disorders and Health-Seeking Behavior in Delhi, India." Indian Journal of Psychiatry 53 (04): 324–29.

## 2. CINEMA AND EDUCATION

### a) PSYCHIATRY AND CINEMA: WHAT CAN WE LEARN FROM THE MAGICAL SCREEN?

This article examines cinema's impact on psychiatry, analyzing themes like violence, melodrama, drugs, and mood disorders in movies.

Despite psychiatry transforming rapidly, societal and cultural stigmas persist, and leaving ignorant or skewed understandings of mental illness. Cinema is a powerful medium in today's world, which can sensitively raise awareness but also project stereotypes and trivialize medical treatments.

Incorrect portrayals misguide the society's perceptions, looking at suicides as sensational themes to attract audience and neglecting treatment's importance. While this may be the case, there are however some accurate depictions of mental health disorders with underlying messages of resilience.

Girish Banwari's research on Hindi cinema reveals very limited positive projections of psychiatrists and a very low positive treatment outcome. Despite its two sides, cinema holds potential to educate and spread awareness around mental health, offering room for improvement amid ongoing stigmas and misconceptions.

Das, Soumitra, Nimisha Doval, S. Mohammed , Neha Dua, and Seshadri Sekhar Chatterjee. 2017. "Psychiatry and Cinema: What Can We Learn from the Magical Screen?" Shanghai Archives of Psychiatry 25 (05): 310–13. https://shanghaiarchivesofpsychiatry.org.

### b) TEACHING PSYCHIATRY THROUGH CINEMA

Cinema's influence and impact on society is beyond just entertainment, as it also modifies perceptions of mental illness and acts as a valuable educational tool. Films can offer insights into mental state examination, diagnostic processes, and doctor-patient interactions.

While the narratives, production quality and accessibility make films effective teaching sources, there is also prevalent potential distortions and stigmatization. Projecting short film clips for observation can enable trainees to analyze characters' appearances, behaviors, and psychological experiences.

Moreover, films can provide a far more clear perspective on substance misuse, personality disorders, and therapeutic dynamics than interviews sometimes which enhances trainees' understanding of complex psychiatric concepts and professional relations.

Bhugra, Dinesh. 2003. "Teaching Psychiatry through Cinema." Psychiatric Bulletin. 2003.

### c) IMAGES OF MADNESS: FEATURE FILMS IN TEACHING PSYCHOLOGY

Since 1979, Boston University has offered "Images of Madness: Feature Films in Teaching Psychology," a course taught together by a psychologist and a film historian. Projecting modern and classic films, the interdisciplinary approach brings students to the intersection of psychiatric and cinematic realms to learn and understand better.

The course had been offered 12 times after which they concluded that incorporating films into psychology courses has had positive impacts. It offers students nuanced perspectives on mental disorders with the juxtaposition of sound and image, a good feature film showcases an almost 'firsthand' experience that lectures or textbooks do not easily provide.

It had been noticed that student engagement was very high, with discussions often extending beyond class time due to their enthusiasm. The course explores shifting perceptions of mental illness by comparing films that are at least twenty years apart. A questionnaire handed out post the course revealed that students claimed the chosen films precisely depicted mental illness and believed they significantly influenced public perception.

Overall, the course successfully builds engaging discussions and enhances students' understanding of psychopathology, displaying the impact of feature films on shaping s ocietal perceptions toward mental health.

Fleming, Michael Z., Ralph L. Piedmont, and C. Michael Hiam. 1990. "Images of Madness: Feature Films in Teaching Psychology." Teaching of Psychology 17 (3): 185–87.

### d) UNDERSTANDING ILLNESS THROUGH A FILM FESTIVAL: AN OBSERVATIONAL STUDY

Audio-visual materials seem to have a high impact on public awareness. This study aims to describe what messages were perceived by the community at a film festival (FICAE) dedicated to help understand difficult topics about diseases.

After observations and discussions with the attendees, messages perceived by them were in the categories; creative and positive education is possible, awareness of preconception and political duties, meaning of life changes, the experience of illness and family and c aregivers also experience suffering. These film screenings were beneficial for the general audience, those suffering from a disease as well as family, friends and caregivers of the diagnosed.

The rate of deaths due to suicide has increased largely throughout the years where the two critical causes are; society is living longer with disabling disease and there is a rise in undiagnosed mental illness. There is a severe need of providing correct and sufficient information and preparing people to care for those with illness. The aim with audio-visual content is to evoke feelings and encourage critical senses by promoting collective reflection. The experience of seeing, feeling, hearing and interacting all together at festival space allows one to gain knowledge, strengthen values and relationships. Film festivals are entertaining and create a space of creative and open reflections.

It is important to include emotional education to develop lifelong learnings. After each screening session, researchers camouflaged as participants asked the audience about the kind of messages they thought were being shown by the films. These answers and observations were noted down and analyzed.

**Creative and Positive education is Possible:**
Successful education was possible through creative symbolism with the help of humor, music and dance. Humour was seen as a way to cope with the intense situations and information.

**Awareness of Preconception and Political Duties:**
The audience recognised the need for professional training to improve support for the patients. Healthcare professionals are well trained in medicine but lack social skills to deal with these issues. The public recognised the need for government promotion of

healthcare and educating the society.

**The Meaning of Life Changes the Illness Experience:**
The pain suffered by patients and families was evident and identified in all film sessions. Some films showed people with disabilities continuing to carry out regular activities which evoked a sense of hope for acceptance and treatment.

**Family and Caregivers also Experience Suffering:**
The public realized the extent of the illness inflicting suffering on the caregivers and sympathizing with their exhaustion. In most films, comparisons, understanding, patience, harmony and tenderness was identified.

Transferring knowledge through intelligent and sensitive mediums makes it possible to learn about difficult topics and reduce stigma in the community. The study showed that despite variations in the participants' professional status and age, the perception of the films in an emotional or positive state corresponded.

The short film screenings evoked deep feelings and improved the understanding and acceptance of illness, pain and suffering along with the possibility of treatments. Through the study they validated that stimuli such as color, image, sound, brightness can also influence an environment of well being. They concluded that fiction, audio-visual content and the festival event are highly influential and powerful means of communicating complex messages and such festivals should be promoted.

Reigada, Carla, Salvador Martín-Utrilla, Pilar Pérez-Ros, Carlos Centeno, Anna Sandgren, and Beatriz Gómez-Baceiredo. 2019. "Understanding Illnesses through a Film Festival: An Observational Study." Heliyon 5 (8).

## 3. EXISTING FILM FESTIVALS AND THEIR MODULES

### a) INTERNATIONAL DOCUMENTARY FILM FESTIVAL AMSTERDAM (IDFA)

(IDFA) is an annual festival for the high quality, artistically informative and reflective documentaries.
It is an imaginative and inspiration driven institute, encouraging diversity and inclusion with new narrative forms and original visual language.

*Inspiring Interventions:*
IDFA has a thoughtful education program for schools and colleges. They conduct several workshops and screenings around schools along with having a Docschool Online. Docschool Online is a platform that offers free and unlimited access to over 100 documentary films to students across the country. The platform also consists of teaching materials for the educators while being organized by themes and age groups making it very accessible.

IDFA conducted a survey to understand the benefits of their education program and the feedback received was that it was very good. Most teachers believed that this program offered the students new perspectives and food for thought along with an appreciation for documentary films.

## b) BUSAN FILM FESTIVAL

The Busan International Film Festival (BIFF) is an annual festival which is one of the most significant film festivals in Asia and the largest in South Korea which highly encourages Asian cinema.
BIFF's focus is divided into our categories; Support and Education, Festival, Film Industry and Networking. It engages with the audience through Q&A sessions and discussions with filmmakers and actors.

## c) BERLINALE

The Berlinale is an annual public film festival hosted in Berlin for unique artistic exploration and entertainment. The festival commenced at the start of the Cold War for the Berlin public as a "showcase of the free world." It is considered one of the most political film festivals with a platform for critics' cinematic exploration of social issues.

The festival holds a global competition, feature and documentary film screenings, panel discussions, reflective forums, youth cinema programmes and much more.

*Inspiring Interventions:*
Berlinale is very keen on motivating and inviting new and young talent to portray their works. They also have frequently updated articles and blog posts from renowned professionals working in the film industry. Along with that, under subscriptions, they permit the audience to revisit and see panel discussions or talk from the event.

## d) THE INTERNATIONAL FILM FESTIVAL OF INDIA (IFFI)

IFFI is an annual film festival held in Goa, India which began in 1952. IFFI curates films from all over the world with the intention of providing a platform for ambitious filmmakers, industry professionals and cineastes to have access to spectacular cinema.

It showcases international films that have been shortlisted by renowned and influential members associated with the film industry.

*Inspiring Interventions:*
IFFI organizes a programme called '75 Creative Minds of Tomorrow' with the intent to identify and encourage young creative talents in filmmaking. 75 creative individuals are shortlisted and divided into groups of 5 for a film challenge where each group will be required to make a short film within 48 hours. These 75 individuals also get to attend workshops and sessions especially curated for them.

## e) BRING YOUR OWN FILM FESTIVAL (BYOFF)

BYOFF is an annual event held in Odisha without any hierarchy, competition, juries or awards. Artists from various fields, filmmaking, music, theater dance, sculpting and many more are encouraged to participate and display their works. In comparison to other festivals, BYOFF is an informal gathering where screenings of films go on for the whole day at the beach inside make-shift tents. The aim is to invite everyone, with or without films to participate where there is no bureaucratic control of larger cities.

Inspiring Intervention:
The removal of hierarchy or competition makes the festival far less intimidating and more accepting towards explorative outcomes from everyone. They have also collaborated with institutes who would fund individual projects on the moving image.

## f) NATIONAL FILM FESTIVAL FOR TALENTED YOUTH (NFFTY)

NFFTY is the world's largest film festival for the filmmaking youth. Annually the festival showcases films by directors who are aged 24 years and younger.
It also supports the young filmmakers by offering workshops and discussions throughout the year along with providing them with resources, tips, news and information.

*Inspiring Intervention:*
Apart from the film festival itself, NFFTY regularly interacts with the public. It announces the best film of the week, has its own podcast channel and curates movie lists available on online platforms. It cultivates an encouraging community for upcoming directors as well as those who had once collaborated with them.

## g) THE INTERNATIONAL FESTIVAL OF SHORT FILMS AND ART ON DISEASES (FICAE)

FICAE is an annual short film festival held in Valencia that promotes social awareness about diseases through cinema. The purpose is to show illness as a process of life and destigmatize beliefs around it.

It accepts films from around the world for its competition and selects three winning short films each year.

## h) OTHER FILM FESTIVALS I LOOKED AT:

Sundance Film Festival
Toronto International Film Festival
BFI London Film Festival
Boulder International Film Festival
Burbank International Film Festival

## 1. OUTREACH PROGRAMME OUTCOME

I would like to introduce a groundbreaking film festival hosted by NIMHANS focusing on mental health awareness.

Through carefully curated vernacular, national and international films, discussions and interactive sessions with doctors, mental health professionals and filmmakers, the festival seeks to educate and raise awareness about mental health which is open to all but primarily focused on the youth demographic aged 15 to 29. While mental health remains the core exploration for this Film Festival, each year the theme will evolve around it. Every year, the selection of films will differ based on the specific theme that has been decided.

Based on the primary and secondary research, I imagine the Film Festival will be successful in educating, spreading awareness, destigmatising and starting meaningful conversations around Mental Health.

**TOUCHPOINTS:**
• Featuring vernacular and national impactful films on mental health.
• Engaging discussions with acclaimed filmmakers.
• Dialogues led by doctors and influential mental health professionals.
• Informative and engaging collaterals to take back

**WHAT I AIM TO DELIVER:**
• A brand identity for the festival which represents the importance of mental health, is identifiable and influential.
• Planned brand strategies which could popularise the festival among the youth of Bangalore and evoke curiosity, interest and excitement.
• Marketing deliverables that would keep the audience informed and motivate footfall.
• A well analyzed programmed and curated list of films dedicated to 3 festival themes.
• A list of possible expert speakers from the medical background and film industry for discussions.

• A detailed plan for the execution model that could be implemented for at least 3 years ahead.
• Approximate budgeting and possible collaborations and partnership options.

## 2. EXPLORATION OF THEMES FOR THE FILM FESTIVAL

Film screenings, expert discussions and collateral would all be based on the theme of the film festival for that year. A few ideas around the themes arose from the research conducted with an assumption that these might interest the audience, evoke curiosity and encourage questions around mental health. The possible themes for the film festival are as follows:

**a) The National History and its Ignored Repercussions**
This theme explores the intersection of the geopolitical influences on the nation's mental health. It will demonstrate how certain events in our history, the Partition, Sino-Indian war, Demolition of the Babri Masjid, the Emergency Demonetisation, Covid 19 and much more have directly or indirectly affected the mental health of the citizens.

**b) I Would Like to Thank**
This theme delves into our psychological well-being dependent on interpersonal connections and relationships. It would venture out into how different kinds of relationships around us can severely affect one's mental health. Films and discussion would centre the idea of how people can influence others and their emotions. Topics s uch as romantic relationships, friendships, parent and child, workspace environments can affect the mental health of people.

**c) Seeing the Feelings**
The film festival for this theme would comprise of movies around the most burdening and prevalent disorders in India. Commonly heard disorders with false information, stigmas and judgements lingering around such as, depression, anxiety, schizophrenia, bipolar and many more will be factually presented through the curation of films and expert discussions.

**d) Deconstructing Criminalisation**
This theme aims to portray criminals such as serial killers, arsonists, thieves as individuals who have or are going through mental disorders. Without the intention of glorifying or justifying their actions, it focuses on identifying how certain events and experiences and their negative impact on mental health can shape one's decisions in life.

## 3. FILM FESTIVAL MODULES

After researching film festivals, the next step is the possible ways it could be executed for the youth. Film screenings and discussions can take place at several spaces around the city with different purposes.

**PVR Cinemas:**
We could collaborate with PVR cinemas for a weekend, where we book several screens at one specific location and screen the curated films followed by panel discussions. Weekends are the most suitable time for the youth considering that many would have to attend work or educational institutes on the weekdays.

**NIMHANS Convention Centre:**
NIMHANS has built several convention centers around Bangalore consisting of auditorium spaces with large screens. One such convention center could be booked for a weekend with continuous screenings.

**School/College Screenings:**
We could invest in two projectors that would travel around Bangalore's schools and colleges. This festival could be an annual program with different film makers and mental health specialists traveling along with the screens to later have discussions and presentations with the students. This would however, unlike the previous two possibilities be a compulsory program rather than an optional one. After attaining permissions from schools, two days every year could be dedicated to movie days for students.

**Corporate Organizations:**
We could tie up with several corporate organizations and organize screenings for two days within the office where all employees could interact, take a break from work and watch these films followed by discussions. This could benefit them to build a healthier atmosphere and take a break from a hectic work life.

# UNDERSTANDINGS

**MAIN FINDINGS**

Through my research, I gained a comprehensive understanding of mental health and neurodivergence, comprehending their distinct characteristics. I explored the various interventions implemented by NIMHANS to promote mental health awareness. By examining NIMHANS, initiatives from diverse organizations and institutions, I gleaned valuable insights to inform my own project.

Delving into NIMHANS's audience demographics and their participation in a dedicated festival they hosted, I understood their means of curation and execution. Thorough research illuminated the significance of addressing mental health issues among young people which was confirmed by assumptions. Furthermore, I investigated the impact of cinema on public perception, recognizing its potential to stimulate dialogue on complex and sensitive topics.

Analyzing both national and international film festivals provided a framework for understanding effective program execution and inspired some ideas for my own output. Drawing from this treasure of information, I was able to support my initial thoughts and ideas by evidence of its potential success. The research also helped me outline the necessary problems I might face, certain key elements to keep in mind, accessibility and marketing design and the deliverables that should exist.

The research corroborates my initial hypotheses regarding the necessity for intervention among the youth demographic, affirming that films represent a potent medium for delivering impactful and enduring messages and starting conversations.

# Digging As It Goes

Where I have a direction and path to
follow and I begin to follow it.

1. Film Marathon Structure
2. Jury Feedback & SWOT Analysis
3. Films and Notes

# FILM MARATHON STRUCTURE

KYASEKYA is a three day film marathon that will take place at the NIMHANS convention centre. 3 films, from different decades and a mixture of Indian languages will be screened each day in one screening room. From being a film festival, it changed to being a marathon.

After the screening of the first two films, a guest speaker, different each day, will have a conversation with a mediator and the audience. The conversation is hoped to flow naturally, but based on the speaker we can have an idea as to the context of dialogue.

## DAY 1

| TIME | FILM | FILMMAKER | DURATION | YEAR |
|------|------|-----------|----------|------|
| 10:00 AM | Anjali (Tamil) | Mani Ratnam | 150 mins | 1990 |
| 01:00 PM | BREAK | | | |
| 02:00 PM | 15 Park Avenue (Hindi) | Aparna Sen | 116 mins | 2006 |
| 04:30 PM | Conversation with Priya Sen | | | |
| 06:00 PM | Bhale Bhale Magadivoy (Telegu) | Maruthi Dasari, | 137 mins | 2016 |
| 09:00 PM | CLOSING | | | |

## DAY 2

| TIME | FILM | FILMMAKER | DURATION | YEAR |
|------|------|-----------|----------|------|
| 10:00 AM | XXXXXX | XXXXXX | XXX | XXX |
| 01:00 PM | BREAK | | | |
| 02:00 PM | XXXXXX | XXXXXX | XXX | XXX |
| 04:30 PM | INTERACTIVE SESSION WITH AN INDUSTRY EXPERT | | | |
| 06:00 PM | XXXXXX | XXXXXX | XXX | XXX |
| 09:30 PM | CLOSING | | | |

## DAY 3

| TIME | FILM | FILMMAKER | DURATION | YEAR |
|------|------|-----------|----------|------|
| 10:00 AM | XXXXXX | XXXXXX | XXX | XXX |
| 01:00 PM | BREAK | | | |
| 02:00 PM | XXXXXX | XXXXXX | XXX | XXX |
| 04:30 PM | INTERACTIVE SESSION WITH AN INDUSTRY EXPERT | | | |
| 06:00 PM | XXXXXX | XXXXXX | XXX | XXX |
| 09:30 PM | CLOSING | | | |

**Why these 3 Films?**

The three films belong to three different cinema cultures, all belonging to the national. These three films have been curated together based on a similar element; the portrayal of family members and caregivers of the diagnosed.

Different societies, even within India have different cultures which represent how they react and behave with the disorders. It would be interesting to note how cultures, religion and beliefs affect the way one perceives mental health along with the shifts in the narrative throughout the years.

The jury panel shared, "The student, while recognizing NIMHANS' existing efforts in fostering conversations about mental health and neurodivergence, has embarked on a unique endeavor. Their proposal introduces a film festival designed to unite psychologists and storytellers on a shared platform. This innovative approach not only builds on existing initiatives but also creates a novel space for collaboration and dialogue between professionals in psychology and creative storytellers.

The project is well-considered, demonstrating a thorough examination of various details, however there are obvious challenges of programming a film festival that one needs to pay attention to."

Keeping that feedback in mind, the first thing I believed was the right thing to do was construct a swot analysis diagram and identify the challenges that I might be forgetting.

**1. Diverse Selection:**
Showcasing films from different decades helps in envisioning the cultural contexts and its shifts.

**2. Spreading Awareness:**
Film around mental health express issues amidst the society and can help raise awareness.

**3. Educational Scope:**
Screening of films followed by guest speakers generates a space for learning and gaining deeper insights through conversations.

**4. Engaging Medium:**
In a media dominant society, films are a great way to engage people using impactful visual and audio combinations.

**1. Sensitivity and Empathy:**
Some people might get disturbed or uncomfortable watching films around a sensitive topic.

**2. Copyrights:**
Most films cannot be screened without recieving permission and rights for it. Securing rights can be very difficult.

**3. Language Barrier:**
All films must have english subtitles so that most of the audience can understand even if the dialect if not their mother tongue.

**4. Logistical Challenges:**
On the screening days, there are chances of technical errors, time mismanagement or lack of coordination.

| STRENGHTS | S | W | WEAKNESSES |
|---|---|---|---|
| OPPORTUNITIES | O | T | THREATS |

**1. Fostering Relationships:**
The festival creates a space for people from different backgrounds to come together, interact and learn.

**2. Collaborations:**
Several collaborations can take place during the event with health organisation, film institutions, industry practitioners and much more to enhance the experience.

**3. Lingering Impacts:**
The festival can initiate larger conversations around mental health stigmas, challenge stereotypes and build a sense of empathy.

**1. External Critique:**
The festival could be criticized for several things, in turn resulting in a bad impact on NIMHANS.

**2. Public Perception:**
If what is being showcased is not accurately conveyed, the audience could misunderstand and disengage with the screenings.

**3. Budgeting:**
Organising the festival, designing collaterals, inviting guest speakers could be quite expensive resulting in several constraints while executing as envisioned.

# FILMS AND NOTES

## 15 PARK AVENUE
HINDI/ENGLISH | 2006

**BRIEF**

A schizophrenic Meethi lives with her sister Anjali. While Anjali battles her own problems, Meethi is desperately on a quest to find her imaginary family living at 15 Park Avenue in Kolkata.

**NOTES**

- Showing the difficulties faced by caretakers.
- A doctor explaining the disorder accurately without overdramatising its causes, symptoms or effects.
- Exploring the idea of the diagnosed being a burden.
- Showcasing that those diagnosed are not clean or well kept.
- If one is disabled, everyone around will always try to 'fix' them through whatever means possible.
- Pity towards the diagnosed rather than sympathy.
- Shown family presumptions and judgements around the illness.
- Individual perceptions/beliefs/reality vs the majority's. Behaving differently automatically puts one in a separate bar away from the regular.
- Konkana's character was in a world that she didn't feel she belonged to, yet was not able to shift to her world which she felt was right around the corner. How restless and helpless must she have felt?

**PARAMETERS**

| SCREENPLAY | unconventional narrative, challenging norms, poetic, keeps developing |
| DEPICTION OF MENTAL HEALTH | few seconds shown in a mental asylum, lonely, unaccepted, struggling, misunderstood |
| ENGAGEMENT | narrative through beautiful songs, builds empathy, remarkable |

## DEATH IN THE GUNJ
ENGLISH/BENGALI | 2016

**BRIEF**

A schizophrenic Meethi lives with her sister Anjali. While Anjali battles her own problems, Meethi is desperately on a quest to find her imaginary family living at 15 Park Avenue in Kolkata.

**NOTES**

- Seeking for affection, understanding and comfort, even if it is just from one person.
- Constantly being treated as a child. Playing with his sensitivity and emotions under the act of fun.
- Lack of empathy from his surroundings made him feel insignificant and worthless.
- Being mocked and condemned for not matching up to everyone's expectations.
- Generation gap and the convenient comparison done by everyone. Difficulties of adulthood.
- Film projects the ideal man image everyone has created and expects Shutu to live up to that.
- Reflection of the society's patriarchal system within the household. Bold, demanding, pompous and dominating men who are infidels, constantly drink and boast.
- Shutu required a small ounce of validation, be it from anyone but just one moment of acceptance where he felt accepted being himself.

**PARAMETERS**

| SCREENPLAY | slow, predictable, clever characterisation for us to build empathy with Shutu the most |
| DEPICTION OF MENTAL HEALTH | accurate, relatable, very raw and honest |
| ENGAGEMENT | time period might not be relatable so not very effective |

## PYAASA
HINDI | 1957

**BRIEF**

A struggling poet, Vijay, tries to get his work published but faces constant rejection. However, he gets unexpected assistance from Gulabo, a prostitute who falls in love with him and his work.

**NOTES**

- Insulted for not earning and taking care of the family while the society is not supportive of his passion or beliefs.
- Does not align with the mood of post-independent India which is focused on industrialization.
- Projects the effect of mass culture and its influences.
- In a celebratory and growing India, the film showcases the opposite reality of struggles.
- Presenting prostitutes as respectable and honorable women who face their own challenges and are also excluded from the society.
- Symbolism throughout, eg. the staircase, print and publication, Vijay's white attire, the poetry
- Representing a materialistic, selfish and greedy world.

**PARAMETERS**

| SCREENPLAY | unconventional narrative, challenging norms, poetic, keeps developing |
| DEPICTION OF MENTAL HEALTH | few seconds shown in a mental asylum, lonely, unaccepted, struggling, misunderstood |
| ENGAGEMENT | narrative through beautiful songs, builds empathy, remarkable |

## PLACEBO
HINDI/ENGLISH | 2015

**BRIEF**

A filmmaker infiltrates one of the toughest undergrad schools in the world to witness the ambition and mindscapes of the youth.

**NOTES**

- Very genuine, raw and unplanned.
- Exciting process of shooting the film- being undercover for two years.
- Mental health is shown as academic stress, failure, grief, anxiety and depression in college.
- 2 suicides occur during the filming years which were very unexpected which builds onto the focus on mental health again.
- Characters emerged on their own based on their personalities and conversations, nothing was curated or designed.
- Editing was done very thoughtfully to construct a narrative out of just recordings.
- Great analogies and symbols used throughout the film to express feelings, incidents and thoughts.
- Poetic representation.

**PARAMETERS**

| SCREENPLAY | very honest and raw, unplanned which connects the audience, capturing the essence of the place and people |
| DEPICTION OF MENTAL HEALTH | no diagnosed depiction but a very real mental health condition that most people trivalize and not take seriously, very relatable and |
| ENGAGEMENT | the film makes you think at every stage, the ending is gripping and you feel like you have graduated as well |

## DUM LAGA KE HAISHA
HINDI | 2015

**BRIEF**

Prem, a school dropout, hesitantly marries an educated but overweight girl, Sandhya. However, the two come closer when they take part in a race, which involves Prem carrying Sandhya on his back.

**NOTES**

- Shows how one's perception of himself affects the way he sees the world and the people around him.
- Blaming others and situations for his challenges and failures to console himself.
- Expecting and depending on others to make him feel emotionally stable and validated.
- Attempting to fit into the society and how it regularly works, being unable to match that makes him restless and anxious.
- The human nature of considering one's own emotions rather than empathising or acknowledging challenges others might be facing.

**PARAMETERS**

| SCREENPLAY | unexpected storyline, simple yet entertaining, might not sound relatable but themes that many are still concerned about in our society |
| DEPICTION OF MENTAL HEALTH | indirect depiction of failure, stress and judgment. |
| ENGAGEMENT | very humorous, each character is unique, simple and memorable |

## SADMA
HINDI | 1983

**BRIEF**

Somu meets Nehalata in a brothel and senses her amnesiac problems, which regresses her to a childlike state. He decides to take her to his hometown and nurse her back to good health.

**NOTES**

- Representing how accidental injuries can cause the brain to damage and in result affect one's mental health. External damage affecting internal functioning.
- Showing how one can be treated outside a mental asylum too.
- Treatment was shown vaguely and inaccurately.
- Showcasing how being mentally unwell is completely separate from the person's actual identity. Living before the mental disorder and after being diagnosed are like living two completely different lives with no memory from the other.
- Struggles of a caretaker and instances where he loses control and patience only to feel guilty about it later.
- Mental health is represented as a challenge. It is an element brought in to develop the plot for entertainment rather than portray accurate information or educate.

**PARAMETERS**

| SCREENPLAY | slow but builds curiosity, fluctuating emotions |
| DEPICTION OF MENTAL HEALTH | highly incorrect depiction of mental health and treatments/cures, more fiction than facts, but shows how it was perceived at the time |
| ENGAGEMENT | great movie for the time it came, not so sure if the youth now will engage or find it entertaining, could be nostalgic for others |

# DEAR ZINDAGI — HINDI/ENGLISH — 2016

**BRIEF**

After a series of career and relationship downturns, Kaira begins suffering from insomnia. She contacts Dr Jehangir Khan, a psychologist, who uses unconventional methods to treat her.

**NOTES**

- The impact and influence a psychologist can have on the patient's life.
- Portrayal of childhood trauma affecting one's present adulthood.
- The idea of not blaming specific people for the cause of mental disorders and how realizing situations can affect.
- Presenting Indian culture through current stereotypes and expectations.
- Justifying every action with a reason or cause behind it- showing a need to understand everything.
- The journey of acceptance and normalizing therapy.
- Mental health is not overly dramatized with severe repercussions. Discussed as something that can be dealt and normalized.

**PARAMETERS**

| | |
|---|---|
| SCREENPLAY | simple yet impactful, predictable |
| DEPICTION OF MENTAL HEALTH | as it is, no exaggeration, have not shown severity but the general emotions many face |
| ENGAGEMENT | humor and fun dialogues, repetitive analogies and symbols |

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# WRITING WITH FIRE — HINDI — 2021

**BRIEF**

In a cluttered news landscape dominated by men emerges India's only newspaper run by Dalit women. Chief reporter Meera and her journalists break traditions, redefining what it means to be powerful.

**NOTES**

- How a governmental party in power eventually influences the news that is being posted.
- Shifting principles and values of institutions with shifting times of the country.
- The biggest challenges; dalits, having no electricity at home, being financially unstable, living in patriarchal households, lacking education etc. yet this did not stop one's passion to collect stories.
- Sometimes the filmmaker does not go with a story in mind, they find a story.Looking at things with a lens of narratives.
- We find out about things only after it has gotten popular on mass media. Hence we start gradually doing things for our audience more than our poetic callings.
- How does one write characters and how do they become interesting? Characters are born with authenticity and individuality. Characters are born when they go against the norm.

**PARAMETERS**

| | |
|---|---|
| SCREENPLAY | naturally flowing, characters developing on their own, a plot that finds worth and importance |
| DEPICTION OF MENTAL HEALTH | very indirect, left for viewer's assumption of possible mental health challenges |
| ENGAGEMENT | we feel what the characters are feeling, going on a ride with them, exciting and challenging |

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# USKI ROTI — HINDI — 1969

**BRIEF**

Sucha Singh, a truck driver, spends most of his days on the road while his wife manages the family. She later finds out that her husband is cheating on her.

**NOTES**

- The wife is isolated and lonely, waiting for her husband. She is disconnected from the world around her.
- Slow pace and minimalistic dialogue highlights monotony and the lack of expression or communication.
- Helpless and frustrated but accepted the reality and started considering it normal.
- More important struggles in their lives to worry about their own emotions or the relationship between each other.
- Mundane aspects or rural lives, regular challenges they face and their priorities.
- No full body shot of the wife, giving no importance to her body. It is her face and hands that perform.
- Minimalist storytelling- able to achieve the frustration and mundanity through the shots

**PARAMETERS**

| | |
|---|---|
| SCREENPLAY | very slow, poetic, not entertaining personally |
| DEPICTION OF MENTAL HEALTH | no direct depiction at all, indirect depiction but it is also general struggles not specific to mental health |
| ENGAGEMENT | very thoughtful shots, symbolic lens, might be a great film for art study |

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# DR. BABASAHEB AMBEDKAR — HINDI — 2000

**BRIEF**

This film depicts the life and times of a great social reformer, Dr. Babasaheb Ambedkar. It documents his journey as a student in New York to the battles he fought for his community.

**NOTES**

- Caste discrimination which will undoubtedly affect one's psychological state.
- Prejudice and oppression, discrimination in the name of religion.
- Dr. Ambedkar is seen feeling hopeless, powerless and vulnerable several times.
- Grieving the death of his children, feeling helpless
- Determination to fight oppression and gain equal rights and respect
- No one openly discusses their emotions or struggles, at the time there was stigma associated with a certain way men and women should behave
- Advocating for the rights of marginalized communities, he wished to build a more inclusive and equitable society.
- Portrays the importance of education and how that can change one's life.

**PARAMETERS**

| | |
|---|---|
| SCREENPLAY | attempt at recreating history precisely as it was, realistic and relatable, research heavy |
| DEPICTION OF MENTAL HEALTH | no direct mention, indirect connection with possible factors that could affect one's mental health |
| ENGAGEMENT | a replay of the historical events were very exciting and built respect for our nation and its people |

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# CALCUTTA 71 — BENGALI — 1971

**BRIEF**

Pervasive throughout the world regardless of the era, the poverty and exploitation plaguing Bengal prompt a young man to take up arms against the suffering that permeates the land.

**NOTES**

- Urban landscape of Calcutta, challenges and struggles of the man, inhabitants feeling anxious, helpless and unsupported
- A term which is very popular today as a slang but can be seen as a genuine struggle; existential crisis. These issues can have an impact on everyone's mental wellbeing.
- Characterisation has been done in a manner to depict internal desires, turmoils and challenges they face along with the economy's problems.
- Societal pressure, family struggles, financial challenges, cultural dilemmas
- Poverty, unemployment, political unrest all impact one's mental wellbeing directly or indirectly
- Characters have been shown bare sensitive and vulnerable as they are without masking a type of persona.
- Economic events, urban landscapes and political decisions affect the society's mood of despair, hopelessness, worry and stress.

**PARAMETERS**

| | |
|---|---|
| SCREENPLAY | poetically shot with symbolism, four short stories together to build one narrative |
| DEPICTION OF MENTAL HEALTH | not directly talking about mental health but showcasing factors that could severely affect one's mental wellbeing but are not considered |
| ENGAGEMENT | sense of absurdism, humor, mockery and unconventional characters are all very strongly projected |

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# ANJALI — TAMIL — 1990

**BRIEF**

After a few years, Chitra learns that her child, who is believed to be dead, is alive but is suffering from a cognitive disorder. However, her family faces many challenges while raising the child.

**NOTES**

- After a few years chitra learns that her child who is believed to be dead, is alive but is suffering from mental illness.
- At first show that she is mad and uncomfortable ; pitying them.
- Fathers empathetic, hence, defends says mad are harmless. Says they won't do anything wrong.
- Shows that mental should be on the mental asylum.
- Asylums will come and get you even if you and your family don't want.
- There need not be a traumatic incident to make you mad it can happen naturally.
- Families support and belief can make them better.
- Called it mentally retarted not mad/mental/insane
- Faith in the diagnosed - they can learn and manage.
- Others mock the diagnose and bully them.
- Being mad is equal to suffering that's a belief
- Caretakers struggle a lot, loose patience.
- Society isolates them and their family.
- Comparing diagnosed to those who actually have done wrong consciously and claiming that mad are much better.
- Mentally retarted have a short life.

**PARAMETERS**

| | |
|---|---|
| SCREENPLAY | quite new for the times it was released in, very realistic and empathetic, slightly slow |
| DEPICTION OF MENTAL HEALTH | mental health has been represented in a new light- no particular cause apart from natural reasons, very well represented and highly |
| ENGAGEMENT | the film leaves one in tears and so stays with them for quite some time, audience is likely to get attached to characters |

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# KHILONA — HINDI — 1970

**BRIEF**

A courtesan agrees to help a mentally disturbed man by pretending to be his wife at his father's request. However, her good intentions are not met agreeably with the family members who abuse her.

**NOTES**

- A courtesan agrees to help a mentally disturbed man by pretending to be his wife at his fathers request.
- However her good intentions are not met agreeably with the family members who abuse her.
- One cannot live with a mad/insane.
- Door locked from outside - like a caged animal/wild animal.
- Doctors say a young/beautiful girl can cure him.
- Treating like an animal and scare him with the light.
- Rich household but Vijay has torned clothes, unshaped, unbathed
- Talking to the air ( schizophrenic characteristics)
- Showing him as someone with low IQ
- Trauma from unrequited love - lover marries someone else.
- She then burns herself from hierarchies and sucide.
- Unfair treatment with chand as she is a courtesan.
- Greedy society, selfish, judgemental, ungrateful
- Vijay is cured after witnessing similar events that made him mad.
- Extreme emotions - feeling too much of something is considered to result insanity by society

**PARAMETERS**

| | |
|---|---|
| SCREENPLAY | A storyline that challenges the norms, overdramatised, too lengthy and slow |
| DEPICTION OF MENTAL HEALTH | mental health has been depicted incorrectly, way over the top, made to fear those with disorders and treat them like animals |
| ENGAGEMENT | the plot feels like its going on unnecessarily, discussions about the absurd representation occur |

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# 777 CHARLIE — KANNADA — 2022

**BRIEF**

Dharma, a hopeless man, leads his life in ruins until an abused pup named Charlie walks in and changes it completely for good.

**NOTES**

- Grief can convert to depressive behaviors and influence one's life for years.
- Having one companion in your life can make things better. Having someone to love and someone who loves you can improve your mental health.
- Expressing that one should not be overly dependent on one thing or person to make him feel better or stabilized.
- People accept those who smile, engage and interact more.
- Depicting a character who is not concerned with society's judgements and expectations and would do what makes him happy.
- Living life to the fullest till you can.

**PARAMETERS**

| | |
|---|---|
| SCREENPLAY | great plot but very long and boring, quite predictable |
| DEPICTION OF MENTAL HEALTH | loneliness, wanting acceptance and companionship, is an addict till he finds that sense of comfort, honest depiction but is also a |
| ENGAGEMENT | the dog builds a lot of empathy, to process the sad ending one will keep thinking about the good parts of the film |

## RATSASAN

| | TAMIL | 2018 |
|---|---|---|

| BRIEF | NOTES |
|---|---|
| Arun gives up on his dream of becoming a filmmaker and takes up the job of a police officer after his father's death. He then attempts to track down a psychotic killer who targets schoolgirls. | • PTSD led to the birth of serial killer<br>• Appearance matters in the society<br>• Young/students/adults are very vulnerable, moldable<br>• Young are very insecure, sensitive<br>• Parental influence is a lot, matters a lot<br>• Childhood trauma can affect anytime<br>• Children are very gullible<br>• Society sometimes take heavy topics casually<br>• Difficult to get justice |

| PARAMETERS | | |
|---|---|---|
| SCREENPLAY | interesting storyline, unexpected events, thrilling, gets slow and elongated sometimes | |
| DEPICTION OF MENTAL HEALTH | Shown the serial killer to have a mental health condition, explained his trauma and why he's killing, not entirely true always, stereotypes | |
| ENGAGEMENT | Thrilling and exciting at several occasions, jumpscares and speed of events make it a good experience | |

## BHALE BHALE MAGADIVOY

| | TELEGU | 2015 |
|---|---|---|

| BRIEF | NOTES |
|---|---|
| A schizophrenic Meethi lives with her sister Anjali. While Anjali battles her own problems, Meethi is desperately on a quest to find her imaginary family living at 15 Park Avenue in Kolkata. | • - Not showing mental illness as an issue or something to pity<br>• - Using words like not being defective<br>• - Other problematic issues but that's okay not focusing on that<br>• - Not mocking it but making it humorous<br>• - Not trying to cure it- learning to live with it<br>• - Comparing the heart and brain again and again<br>• - Not blaming this on something or some event or trying to identify the cause of it.<br>• - Fear of society<br>• - Society mocking<br>• - Leading a normal life with friends and managing to do things alone<br>• - Showcasing how it can affect serious situations too along with the funny time |

| PARAMETERS | | |
|---|---|---|
| SCREENPLAY | humorous, random yet a fun plot, well written | |
| DEPICTION OF MENTAL HEALTH | mental health has been expressed seriously yet in a fun way, no mocking and accurate representation | |
| ENGAGEMENT | one of the few film that has managed to make a sensitive topic fun yet inoffensive, quite engaging | |

## BHOOL BHULAIYAA

| | HINDI | 2007 |
|---|---|---|

| BRIEF | NOTES |
|---|---|
| An NRI and his wife decide to stay in his ancestral home, paying no heed to the warnings about ghosts. Soon, inexplicable occurrences cause him to call a psychiatrist to help solve the mystery. | • Represents Dissociative Identity Disorder- Was not over glamorized or dramatized.<br>• Stigma and superstitions that a identity disorder is usually believed as the possession of spirits.<br>• Evident lack of education and awareness around the topic. Apart from the psychiatrist no one had ever heard about the disorder.<br>• Clash between tradition and science. The society believes that Arvi is mad and needs to undergo rituals to exorcize evil spirits. Whereas the psychiatrist chooses to explain behavioral treatment and would like to cure her through that.<br>• Based on how accepting communities are, progressions can be made.<br>• Presentation of the treatment provided might not necessarily be accurate, but mental health can be cured with the right attitudes and support.<br>• There was no involvement of medication or hospitals and instead a therapy method that is not usually accepted was displayed. |

| PARAMETERS | | |
|---|---|---|
| SCREENPLAY | interesting narrative, comparatively new for the time, challenging norms | |
| DEPICTION OF MENTAL HEALTH | quite an accurate depiction of the disorder, slightly exaggerated but puts forth a point, treatment can be questioned but the idea behind it is good | |
| ENGAGEMENT | was thrilling and humorous, kept me on my toes | |

# Getting Lost While Digging

Where I get confused with my idea and purpose and try to search for answers everywhere in all directions without clarity.

1. Film Marathon Modules
2. Researching on Guest Speakers
3. 1 Film, Different Perspectives
4. Resources for Inspiration
5. Questions I was Asked

# FILM MARATHON MODULES

Before finalizing the film festival structure, I spent some time exploring the three modules below. All these modules were not working well for various reasons and hence were not chosen. The module explained in the project brief has been finalized.

**1. Festival Screening Film Directed and Produced by Srishti**

Considering the five year partnership between Srishti Manipal and NIMHANS, this film festival would screen films written and directed by Srishti students as an annual recurring festival. Each year students would be encouraged to make films keeping the theme of mental health in mind which would then be screened at a space provided by NIMHANS.

This will be a collaborative practice with one Srishti faculty who could guide and mentor all students working on this project each year. Eventually after several years of focusing only on Srishti films and examining the quality of outcome and discussions, this platform could be opened up to other universities in India where students from different colleges can submit their film entries yearly.

**WHY NOT?:**
While students would provide great insights, I personally wished to see the trajectory relating to mental health through a historic understanding and observe the trajectory of shifts. I wish for conversations around what might have influenced these shifts to take place. The purpose is not just to acknowledge the stigma associated with mental health, but reflect and realize where they stem from and how they can be changed.

Moreover I believe that for this module, a system would have to be designed and put in place, however I was not confident that after I leave the picture, this system would continue. I also believed that one could not be forced to make a film on these topics and hence if there is no fixed number of films as outcome by the students, there will be uncertainty about several other things.

| DAY 1 | | | | |
|---|---|---|---|---|
| **TIME** | **FILM** | **FILMMAKER** | **DURATION** | **YEAR** |
| 10:00 AM | Never Say Die | Diya Gambhir | 10 mins | 2023 |
| 10:30 AM | Q&A with the Filmmaker | | | |
| 12:00 PM | xxxxxx | xxxxxx | xxxx | xxxx |
| 12:30 PM | Break | | | |
| 01:30 PM | xxxxxx | xxxxxx | xxxx | xxxx |
| 01:45 PM | xxxxxx | xxxxxx | xxxx | xxxx |
| 02:00 PM | xxxxxx | xxxxxx | xxxx | xxxx |
| 02:15 PM | xxxxxx | xxxxxx | xxxx | xxxx |
| 02:30 PM | Q&A with the Filmmaker | | | |
| 02:15 PM | xxxxxx | xxxxxx | xxxx | xxxx |
| 02:30 PM | xxxxxx | xxxxxx | xxxx | xxxx |
| 03:00 PM | xxxxxx | xxxxxx | xxxx | xxxx |

## 2. The Creation of Outsiders through Indian Cinema

Films have long been a space for exploring the intricate aspects of mental health, looking at diagnostic disorders along with delving into the interplay of human experiences. The narratives, weaving around struggles, challenges, past events, aspirations, relationships and the character's own identity, have skillfully illustrated the numerous influences shaping our mental well-being.

One compelling theme that reverberates through cinematic screenplay is the portrayal of feeling like an outsider. As social beings, our connections and sense of engagement are crucial to our lifestyle and the feeling of displacement can flicker a part of our sense of purpose. This film festival seeks to showcase the representation of outsiders in Indian Cinema over the years as a singular event.

But who embodies the archetype of an outsider? Is it the minority amidst the majority, the one challenging societal norms, or the individual grappling with failure and nonconformity? By exploring these questions, the films aim to understand the societal constructs that define insiders and outsiders, highlighting the origins of these distinctions and behaviors.

Ultimately, this festival aims to foster a deeper understanding of how geopolitical events, religious practices, economic influences, societal beliefs shape our perceptions of belonging and otherness.

FILMS:
Calcutta 71
Dr Babasaheb Ambedkar
Death in the Gunj
Ratsasan

**WHY NOT?:**
Determining who an outsider is can be highly subjective. The idea of an outsider is prevalent in almost all situations and events. Understanding the gravitas of emotions of people based on their individual feeling of being left out for different reasons cannot be compared or expressed.

### DAY 1

| TIME | FILM | FILMMAKER | DURATION | YEAR |
|---|---|---|---|---|
| 10:00 AM | XXXXXX | XXXXXX | XXX | XXX |
| 01:00 PM | BREAK | | | |
| 02:00 PM | XXXXXX | XXXXXX | XXX | XXX |
| 04:30 PM | INTERACTIVE SESSION WITH AN INDUSTRY EXPERT | | | |
| 06:00 PM | XXXXXX | XXXXXX | XXX | XXX |
| 09:30 PM | CLOSING | | | |

## 3. How the Indian Cinema Perceives Failure

In our society, there exists a tendency to glorify and normalize success and achievement, while failure is often stigmatized and difficult to accept. The fear stemming from failure is frequently trivialized, contributing to a culture that places perfection on a pedestal. This film festival seeks to highlight how the Indian Cinema perceives and presents Failure over the years as a singular event.

Our perceptions and beliefs are shaped by a variety of experiences, teachings, and observations accumulated over time within our communities. This collection of information, often reinforced by regular conversations and engagements, shapes our understanding of what is considered acceptable and reasonable. The majority's beliefs hold the power to influence and establish societal norms, which are deemed rational, leading to the contempt of those who deviate from them.

Consequently, anything that does not fall under these expectations is often equated with failure, constructing a cycle of judgment and unacceptance. Whether it's experiencing unemployment, divorce, academic underachievement, or exploring sexuality and identity, society frequently labels such circumstances as failures. This has been creating immense pressure on individuals to conform to rigid standards which leads to distress associated with falling short of these achievements. This pressure can then evoke characteristics of mood and anxiety disorders.

Recognizing and challenging these cycles of beliefs is crucial in creating a more compassionate, accepting and inclusive society.

FILMS:
Pyaasa
Aag
Placebo

**WHY NOT?:**
The festival would become a portrayal of failure being a cause of mental health deterioration. The intent was not to highlight the causes of disorder, and even if that was the aim, then there are several other causes that need to be considered. Failure, out of the several causes might not seem like the biggest cause of disorders, and might even be one of the smaller reasons.

I was unable to stand confidently by this as a concept and realized that I might be adding unnecessary layers to a simple idea.

### DAY 1

| TIME | FILM | FILMMAKER | DURATION | YEAR |
|---|---|---|---|---|
| 10:00 AM | XXXXXX | XXXXXX | XXX | XXX |
| 01:00 PM | BREAK | | | |
| 02:00 PM | XXXXXX | XXXXXX | XXX | XXX |
| 04:30 PM | INTERACTIVE SESSION WITH AN INDUSTRY EXPERT | | | |
| 06:00 PM | XXXXXX | XXXXXX | XXX | XXX |
| 09:30 PM | CLOSING | | | |

### DAY 2

| TIME | FILM | FILMMAKER | DURATION | YEAR |
|---|---|---|---|---|
| 10:00 AM | XXXXXX | XXXXXX | XXX | XXX |
| 01:00 PM | BREAK | | | |
| 02:00 PM | XXXXXX | XXXXXX | XXX | XXX |
| 04:30 PM | INTERACTIVE SESSION WITH AN INDUSTRY EXPERT | | | |
| 06:00 PM | XXXXXX | XXXXXX | XXX | XXX |
| 09:30 PM | CLOSING | | | |

# RESEARCHING ON GUEST SPEAKERS

## 1. ASHISH RAJADHYAKSHA
Film Scholar

Ashish Rajadhyaksha is a film scholar renowned for his expertise in the study of Indian cinema. With a focus on historical, sociopolitical and cultural perspectives, he has authored several books, research papers and articles on Indian films. His works have a profound impact on the understanding and appreciation of Indian cinema and its ecosystem.

**Renowned Works:**
Encyclopedia of Indian Cinema
John-Ghatak-Tarkovsky: Citizens, Filmmakers, Hackers
Overload-Creep-Excess: An Internet from India
Indian Cinema: A Very Short Introduction
Indian Cinema in the Time of Celluloid: From Bollywood to the Emergency
Ritwik Ghatak: A Return To The Epic

**Possible Dialogue:**
In a conversation about historical representation of mental health in Indian cinema, Ashish Rajadhyaksha's insights would be comprehensive and deeply informed by his knowledge and experience in film analysis. He might explore the cultural impact of these films, how they mold societal attitudes and how society in turn influences what cinema displays. This could venture into connections between geopolitical events, their impact on the mood, beliefs and attitudes of the nation being reflected through cinema.

Rajadhyaksha's dialogue could extend to the symbolism of characters, examining how they reflect concepts, values or systems associated with mental health and wellbeing. He acknowledges the difficulty of categorizing India under one specific idea of nationality and thus could compare between cinematic traditions and societal norms of different states.

## 2. AMAR KANWAR
Filmmaker

Amar Kanwar is an Indian filmmaker and visual artist known for politically charging and socially engaging narratives who creates by responding rather than commenting. His films weave around complex issues such as human rights, social justice and political abuse of power. His films are often screened at renowned festivals and exhibitions encouraging socially pressing and political discussions.

**Renowned Works:**
A Season Outside
The Lightning Testimonies
The Torn First Pages
Such a Morning
Night of Prophecy

**Possible Dialogue:**
Kanwar constantly expresses by creating films that portray pressing issues which could influence a conversation about the art of storytelling as a tool to instigate particular beliefs and opinions. He could possibly share how cinematic language, by incorporating literary devices visually, can evoke contemplation and reflection and the importance of honest presentation.

He often compares situations, times and cultures and identifies commonalities and distinctions that build the nature of the experience. He could trace and respond to the trajectory of intersectional experiences within Indian society and stereotypes relating to the marginalized idea of mental health.

## 3. PRIYA SEN
Filmmaker

Priya Sen is a filmmaker who likes to see and understand the world through video and sound. Her works delve into the realms of ambiguity within realistic documentaries while also exploring with sensorial storytelling techniques. Her films have traveled to several festivals and she has worked on several residency projects in collaboration with diverse artists.

**Renowned Works:**
No Stranger At All
Faasla
Yeh Freedom Life
About Elsewhere
To Receding

**Possible Dialogue:**
With her experience, she holds the engaging ability to discern and delve into the underlying themes, motifs and symbols weaved within these films and mapping their evolution influenced by the interplay of politics, economics and landscapes. Drawing from her background of cultural studies and international relations, she could explore the numerous factors shaping the manner of how Indian Cinema represents concepts and ideas.

Furthermore there is a possibility of her discussing the art of sensorial storytelling and the ethics of honest representation with her experience from several collaborative projects with diverse artists across various disciplines.

## 4. REJI VAHEED
Filmmaker, Scriptwriter

Reji Vaheed wears multiple hats - a filmmaker, scriptwriter, and film educator. Together with his wife, Anitha Reji, they care and support their daughter Riza Reji, who has Down syndrome. Inspired by their journey, they embarked on a mission to unite communities in support of children with special needs. Their initiative, Beautiful Together, stands as an innovative e-commerce platform, that provides financial aid to children with special needs and their caregivers.

## 5. RIZA REJI
Model

Riza Reji is a young model, dancer, film enthusiast with Down syndrome. She was the first Indian to participate in the event – Be Beautiful, Be Yourself which aims to raise funds for research into cognitive disorders such as Down Syndrome. She is on a journey to make the world to see her authentic self.

## 5. DR. EESHA SHARMA
Child and Adolescent Psychiatry Assistant Faculty

Dr Eesha Sharma did her MD in Psychiatry at NIMHANS, Bangalore. Thereafter she worked as a Senior Resident, and did a Post Doctoral Fellowship in Obsessive-Compulsive and Related Disorders at NIMHANS. She has been a faculty member, as Lecturer/Assistant Professor at Department of Psychiatry, King George's Medical University, Lucknow, since August 2013. Eesha has published her research work in prestigious journals like The Lancet, Psychiatric Clinics of North America, and The Journal of Clinical Psychiatry.

## 6. DR. SEEMA MEHROTRA

Administrative responsibilities as the Head of the Department, Consultant for an adult mental health unit, coordinator for Positive Psychology unit at the Department and Psychological Care Clinic and Flourish at NIMHANS Center for wellbeing, Research supervisor for MPhil trainees and doctoral scholars. Youth mental health, digital mental health, mental health promotion, application of positive psychology using a public health framework, adaptation to major life events, intentional self-development and emotional regulation.

Currently, Dr .Seema is leading a research study which has resulted in development of an internet-based , professionally- assisted, self care program for mild levels of depression.This program called PUSH-D ( Practice and Use Self-Help for Depression) is currently being pilot- tested.

**Others I wish to research on:**

Anushka Meenakshi (Filmmaker)
Bose Krishnamachari (Art curator and Artist)

# 1 FILM, DIFFERENT PERSPECTIVES

As a small prototype to understand the kind of conversations that were being brought up, I asked several people with different backgrounds to watch the documentary film, Placebo and share a thought.

### 1. Riddhi Agarwal (23)
**Masters in Psychology**

You can evaluate it from a grief lens, first where you see people feeling the loss of so many things (control, power, dreams, emotions, friends) and every one has some sort of void which is being covered with the help of alcohol and substance. With every character there is a stark discrepancy between how they are and how they are portraying themselves; the real self vs ideal self.

Pressure is not the problem, you can give it if the environment is safe enough to handle it. The part where they were blaming the director for the suicides is like finding a scapegoat, none of the students actually knew who the boy was which is equally worse.

### 2. Nikunj Choradiya (42)
**Architect and Sculptor**

This captivating documentary aptly captures the profound emotional evolution of medical students over nearly 2 years. It skillfully delves into their inner turmoil, offering viewers a raw and authentic portrayal of their journey. Through insightful interviews and poignant moments, the filmmaker skillfully navigates the complexities of human emotions, shedding light on the unique challenges faced by medical students.
The transformation depicted on screen is both poignant and relatable, resonating deeply with audiences. Kudos to the director for their ability to encapsulate this universal experience through their distinct cinematic lens, creating a compelling and thought-provoking narrative.

### 3. Ruchita Chopra (38)
**Theater Artist**

This movie shows the insight of Students and how they often encounter the bitter irony of relentless competition throughout their academic journey. Initially brimming with hope as they step into institutes, envisioning a world of endless possibilities, they are soon met with the harsh truth.

The promised opportunities often resemble fragile bubbles, bursting upon touch. Yet, societal pressures weigh heavily, trapping them in this facade of optimism. Behind forced smiles lies a deep-seated suffocation, as they navigate the expectations, competition, and the crushing reality of a system that often prioritizes appearances over genuine well-being.

### 4. Mukesh Chauradiya (48)
**Businessman**

Every student heading to college should watch this movie because it teaches about college life. It shows how new students can get along with seniors through activities like ragging and stage performances.

One important lesson is not to fall into depression, especially when living away from home in a hostel. It's important to make friends wisely and share feelings with both friends and family. College life may introduce students to negative influences, but it's crucial to communicate with family and friends. Getting angry can have serious consequences, and it's essential to learn how to control anger and avoid making regrettable decisions.

### 5. Ansh Chordiya (24)
**BFA in Economics**

I felt it was a very intense movie. Maybe a little too graphic for a lot of people. If they wanted to speak about the pressures and the education system, while what they showed might be true, they automatically limited their audience with the cinematography.

# RESOURCES FOR INSPIRATION

### 1. Encyclopedia of Indian Cinema by Ashish Rajadhyaksha

I have understood Indian Cinema as a personality through this book. It has taken me through its growth and development and through its influencing factors. I have learnt about the categories of cinema and its themes while understanding how certain narratives impacted the culture. I have used this book heavily to source a list of films and to shortlist what from the previous decades should be watched.

Encyclopedia of Indian Cinema is a thorough and comprehensive book that highlights important events in Indian history, followed by an overview of the Indian cinema, covering the nation's historic events, the industry's history, key figures, films, and genres.

Historical Overview:
The book begins by noting the historical events of the nation followed by the exploration of the cultural context of infant cinema. It expresses the sociopolitical factors that impacted the development of Indian Cinema. Events such as colonization, regional cinema, the India's emergency, the impact of industrialisation and much more have influenced what cinema became and what it has shown.

Indian Cinema and its Members:
A profile of prominent filmmakers, producers, writers, actors and technicians who have participated and contributed to Indian Cinema has been mentioned in the encyclopedia. This provides information and insights into the lives of influential figures such as Satyajit Ray, Ritwik Ghatak, Raj Kapoor, Amitabh Bachan and many more.

Filmography:
The book features an extensive list of every film India had produced across several languages, genres and periods. It highlights the team and crew behind the making along with the lasting impact some have left on Indian Cinema and the culture of our society.

Genre and Themes:
It examines several genres and themes prominent in Indian Cinema, including parallel cinema, regional cinema, art-house cinema and Bollywood masalas. It explores how these discussions and representations have evolved over time and reflects the diversity of India. I have not read beyond this yet and am still in the process of finishing the book while taking down notes.

### 2. Mad Tales from Bollywood by Dinesh Bhugra

This book has specifically helped me relate and build a connection between mental health and the Indian Cinema. I have referred to this book for several films and to understand how the country's events have influenced these films and how these films have impacted society.

The book begins by expressing Bollywood's impact on Indian society and how these films have played an important role in shaping perceptions and beliefs. He then ventures into the analysis of several Bollywood films spanning over decades analyzing how they understood and represented mental illness. He comments on the accuracy of such depictions along with the manner in which they were perceived by the audience.

Followed by that, Bhugra delves into the analysis of cinematic techniques, symbolism and storytelling employed by filmmakers to portray mental health issues. Gradually, the book shifts into contextualizing the films through Indian culture and how religion, tradition, socioeconomic and political status influence cinematic representations.

I continue to read this book as well and have not managed to finish the entire text yet.

### 3. Madness and Civilisation by Michel Foucault

I have referred to Madness and Civilisation to understand the general behavior of society towards the idea of insanity. It has helped me frame some of my own thoughts and understandings.

Foucault begins by writing about the history of madness and how it was perceived during the medieval period followed by the Renaissance. He explains how asylums were started after the end of leprosy and how social control was reinforced through these practices. He talks about how madness is considered unreasonable and the perceived threats resulted in the isolation of them. While madness was believed religiously, with times, science took the liberty to rationalize the behavior. Medications were brought in which further stigmatized the mad as they were now spectacles for studies and treatments.

I feel like I have missed most elements and points made by Foucault and hence continue re-reading the text. This for me is a slow read that I wish to continue to soak in gradually.

**4. Politics and Aesthetics by Jacques Rancière**

I started reading this book to improve my vocabulary and how I narrate my ideas and express where they arrive from. I was finding it very difficult to frame, resulting in uncertainty at several stages of this project.

I understood that Ranciere wished to explore and share the relationship between politics and art, challenging the idea that the two are separate practices. Ranciere suggests that art cannot exist only for the purpose of aesthetics but it goes beyond and accepts the interplay of politics within as well.

This is the only general understanding I grasped from the book. I have been unable to make sense of most of what is written and the purpose behind it. It is a reading that I attempted but was not able to comprehend and hence would like to get back to it again at a slower pace without any goal to receive something from it.

# QUESTIONS I WAS ASKED

"Why do you want to curate a film festival? Your answer cannot just be 'because I like films'? Where do you come in the picture and what are you bringing to the table?"

**- Swati Dandekar**

"Why are you being specific to Indian Cinema? Apart from the fact that it is relatable, what is a better and stronger reason?"

**- Sanjay Barnela**

"Okay, you want to call Ashish Rajadhyaksha for a talk, but why him? There are many people who are film critics, who study history, sociology and the different cinematic traditions of India. I'm not saying don't call him, you definitely should, but do you know why? Do you know what makes him different and how he is related to your project?" What is your framework?"

**- Amshu Chuki**

"Why a film festival specifically? Have you considered the possible structures in which you can play with film as a medium?"

**- Ramesh Kulkarni**

"Everyone who you are studying did not become famous and then have an idea to share with the world. They all have a particular idea which they share, and hence are famous after their idea is resonated with others. What you are sharing is a collective all these ideas. What is your idea, what do you want to say?"

**- Jayasimha Chandrashekar**

# Digging Down, Digging Deep

Where I find clarity, answer my own
questions and show not just talk.

1. Questions I Asked Myself Quite Late
2. Film Screening- Prototype 1
3. Branding Process

**1. Why Films?**

Films transport you to another world, realistic, fictional, temporary, it could be anything but they have the ability to do so. There are two key elements in a film, what we see in the frame and what we don't. What we see in a frame is someone else's lens, their perspectives which we interpret in our own way and what we don't see in a frame is left to an infinite possible imaginations. Films make us imagine.

I do not necessarily have an intellectual answer or my own understanding of the medium yet, but for me it is as simple as the power to show stories along with telling. I've always heard that we believe what we see. For a topic like mental health, imagine being able to visualize what goes unseen? That is the power films hold.

**2. What is Curation and what are Curators??**

Curation according to me is gathering and presenting a narrative using different means and mediums that support the story. It is a platform, tangible and/or intangible that instigates a conversation stemming from a theme/context providing initial insights and comments which then gives direction to further investigations and the sharing of ideas around the topic.

If looked at it like that, then paintings, poetry, installations, performances, theater, film, museums, architecture, music, writing, cooking, systems, policies, and all other forms of making are curated. We can look at these works of art and designs individually to understand their individual incident, event, emotion, thought, expression, depiction etc. Although, if we wish to explore away from the immediate work of art as it is, and understand it from various contexts that might have directly or indirectly influenced its making, we will have to study what came because of, before, after, simultaneously, in continuation, as an effect of that piece of art.

My understanding of curation, curators and making is again being derived from books and news I've read, teachers that have taught me, artists and designers that I find inspiring, and exhibitions I've attended- all of which was a form of curation. However, how I interpret this curation or what I've understood and learned from is a slightly different conversation.

Curators are those who create and make which is then consumed by someone else whether by choice or not. Curators usually have a purpose, thought, idea which they believe should be delivered or discussed further. Keeping that in mind, they go ahead and make.

**3. Why do we need Curation or Curators?**

Curation now closing specifically to art and design is a requirement to guide conversations, learnings and in some cases the act of creation too.

Everyone has some amount of knowledge, something to say, the ability to instigate conversations but, what differs them from curators and their curation? This distinguishing factor for me is Research. Curators don't just tell or say, they narrate. Their ability to form these narrations come from their extensive research that flares in all directions and angles.

We have conversations, but curation allows us to have informed conversations. Having informed conversations make the dialogue meaningful and far more impactful with an opportunity for learning.

**4. Why popular culture/mainstream cinema?**

Popular culture is a "set of beliefs, values, actions, objects, or goods and practices that are popular at any given time and space in society." Mainstream cinema is mostly commercial films that are produced by large production houses with their box office defining their value.

The reason I chose popular culture and mainstream films was because those were the movies most of the population watched and were connected to. If I wanted to map the trajectory of where people's stigmas and understandings of and around mental health were originating and developing from, I realized the most commonly consumed medium is where I must look. Niche, documentaries or artistic films are definitely fabulous modes to explore expressive narratives and factual learnings, however not many people have been watching those for them to have an active influence on the larger society in comparison to mainstream cinema.

Another reason why I chose popular films, was because this design idea originated from the realization that most people do not wish to engage in mental health conversations on a daily basis. The reason is because mental health as a topic to most sounds serious, problematic, quite boring, unengaging and irrelevant. Hence, the idea was to talk about something sensitive and serious through entertainment with the inclusion of different genres for people to be more accepting towards having these dialogues. I believed that even though many people would have already seen these films, they would like to see it again for nostalgia. Those who might have not seen these films would definitely wish to see them on a larger screen with a theater like experience.

### 5. Why Indian Cinema?

The primary purpose of curating a movie marathon was not educate or teach the right and wrong through films, but understand how representation of mental health and neurodivergence has changed throughout the years and realize how these representations have influenced our own beliefs. Hence when trying to understand the Indian society, sticking specifically to Indian cinema seemed like a must as our society is being reflected in cinema and cinema is reflected in our society.

Another reason why I was restricted to solely Indian cinema was because I wished for the experience to be relatable and let the platform evoke a sense of sensitivity from the audience through empathetic or recognisable narratives.

To understand the flow of a screening and the possible discussions that took place, I wished to conduct a prototype. Since everyone had their submissions nearing, we could not screen more than one film due to time constraints. Assuming this will not be an issue during the marathon as those interested will knowingly take out the time to come and will be prepared to watch at least two films in a day.

The film we decided to screen was Ankhon Dekhi. I chose this film because while mental health or neurodivergence was not directly depicted, it was still a prominent topic of discussion. The first thought I had after watching the film was; what is considered mad?
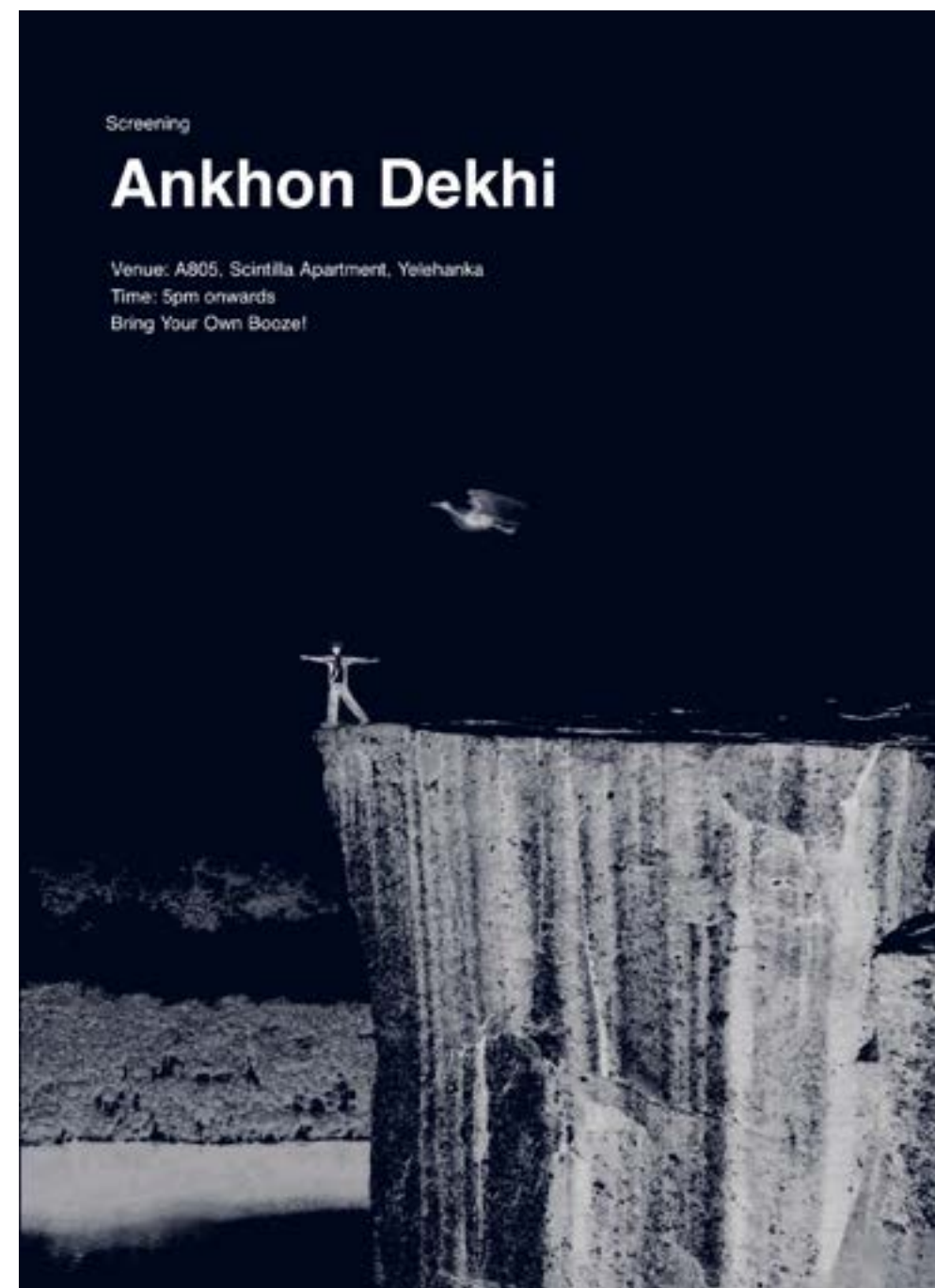
Conversations we had:

I realized there was definitely a need to prompt a discussion and it was not something that would automatically evolve.
Hence, I asked a question to brew the conversation:
**Do you think, the main character had a mental illness and could be diagnosed? If yes, why and if not why?**
This initiated a wonderful and engaging debate with two teams with different opinions defending their positions.

**Other discussions:**

- Liked the philosophy
- Minimalistic- all the problems sorted themselves out when he sees minimal
- Finding yourself- finding what is in yourself- Everyone else follows template
- Strong personality kept coming in the way of natural functioning - what we define natural is a very society driven thing
- Death is an experience - he lost the fear
- Foreshadowing- every time someone asks then he goes and tries it out- or he won't comment
- Deconstructing reality through exaggeration
- Believes only after seeing vs he also contradicts by learning from other people's experiences
- Questioning society to survive and sustain
- Very scared of everything hence questioning everything
- How do you know you're moral if you have none to compare with
- Small experiences- one relates to their experiences and then you build morals accordingly
- He strives to be idealistic- go beyond the realm of physical possibility of reasoning
- He's chasing this one thought he has- he's very principled but not moral
- Someone called him selfish- no consideration of the family
- The part of being ethical is that sometimes you're not selfish and sometimes you are

| Team A: believed he should be diagnosed | Team B: believed he was not diagnosed |
|---|---|
| • He jumps so that shows suicidal tendency which is masked with whatever he is going through<br>• Lost rationality at some point- his instinct wasn't there<br>• Mid life crisis is so part of everyday life but the ending is unusual<br>• A level of personality disorder- when behavior becomes that is harmful then its mental illness<br>• Something came in the way of his everyday functioning<br>• Mental illness shapes when he stops talking- when there's a commitment<br>• Throughout the movie you see he feels depressed- lost purpose<br>• Leaving job is a symbol of giving up slowly<br>• Not bothered or knows not what fear is- that could be unsaid diagnosed<br>• Two characters got 'mad' together- one keeps talking and the other doesn't | • Since we think he has lost rationality- does that mean there has to be a diagnosis? No.<br>• Strong personality kept coming in the way of natural functioning - what we define natural is a very society driven thing<br>• He wanted to feel liberation- but he doesn't term it as self harm<br>• Death is an experience - he lost the fear<br>• He jumped because throughout the movie he goes and sees it- not necessarily self harm<br>• Moanvrat is not mental illness<br>• Throughout the movie he is burdened with responsibility- the moment he realizes that he is free, his next instinct is mukti. More than self harm it is a journey of self actualisation<br>• Surprised that the talking guy wasn't or the main guy wasn't taking to a mental asylum |

Screening

**Ankhon Dekhi**

Venue: A805, Scintilla Apartment, Yelehanka
Time: 5pm onwards
Bring Your Own Booze!

## BRANDING PROCESS

When we speak about understanding the brain and the interplays within, how does one know what's happening? At the brain museum, we were shown preserved brains with repercussions of illness or neurodivergence visible on the organ- but how do we see without having to remove the brain from the body? That's when I went back to my psychology textbook from the 11th grade and saw some pictures of MRI scans that reminded me of being able to actually see what goes on in the brain through these scans.

These scans for me then act as a window to peek into something that we could never see with the naked eye unless removed and dissected. This was a window I found very interesting, considering films too were acting as windows into seeing mental health and neurodivergence.

Hence I thought attempting to mimic the visual language of medical scans as the brand identity of this event was apt. From afar one might wonder why a scan is visible outside a hospital, on windows or banners but upon closer intervention after building curiosity they will engage with media related to the event.
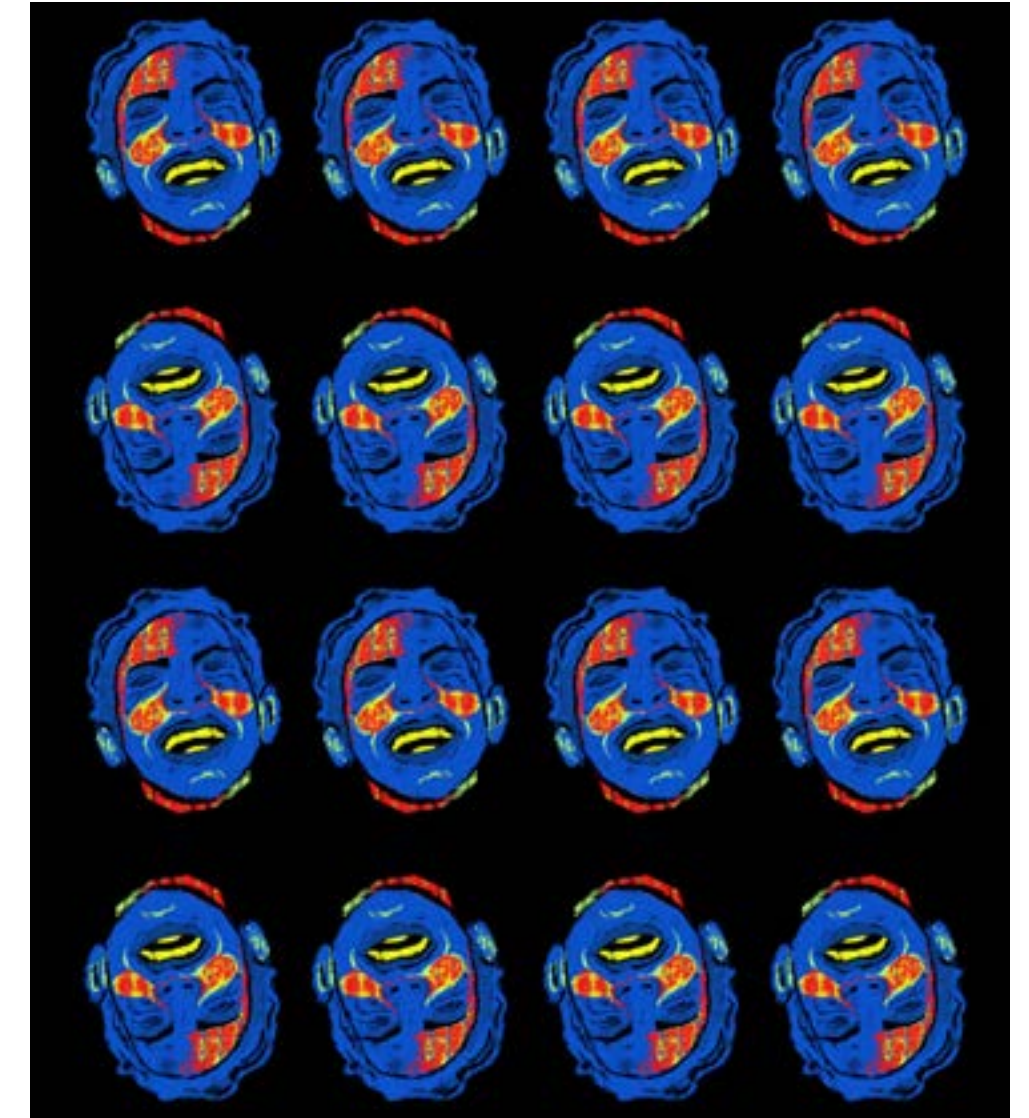
**ATTEMPT 1-**
Initially I wished to use colors from MRI brain scans that depicted brain activation that occurred after interacting with stimuli. These colors were bright yellow, orange, red and green along with a deep blue.
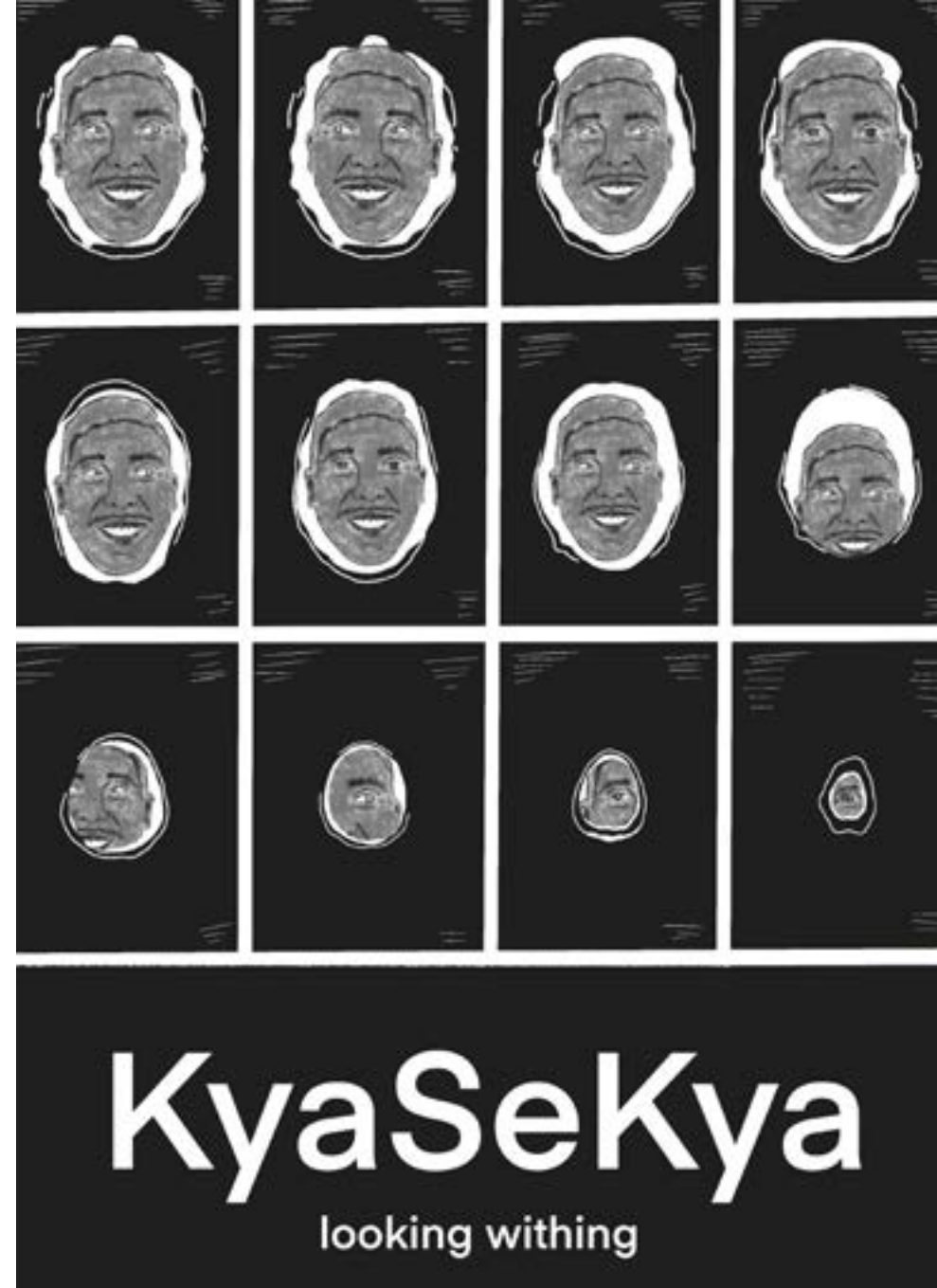
**WHY NOT?**
This did not work well as while I was slightly close to mimicking the visual language of medical scans, overall the collaterals were not aligning with a film event. It gave a psychedelic aesthetic and seemed to be something one would interact with for a rave party at first.

**ATTEMPT 2-**
Since I wished to continue with the inspiration from medical scans, I experimented with MRI and CT scans without focusing on activation. Those scans were a deep blue with negative space. That seemed to have worked well as a visual identity for a film event and depicted medical scans accurately.

KyaSeKya

looking withing

PLACEBO

A RAT RACE

AN UNDERCOVER
FILMMAKER AT ONE
OF THE TOUGHEST
UNDERGRADUATION
SCHOOLS IN INDIA.

DIRECTOR ABHAY KUMAR
PRODUCERS ABHAY KUMAR
& ARCHANA PHADKE

06-04-2024
SCREENING AT
RAQS 506

**Brand Guidelines**

KYASEKYA

A Movie Marathon

# Logo

The name KYASEKYA roughly translates to "from what to what" in English. The name reflects the concept of observing transitions over time and the desire to recognize and understand these changes. As the event emphasizes representation, it acknowledges how facts, beliefs, and perceptions shift and evolve, during the process of percieving and then representing. Considering that NIMHANS has centers across India, Hindi, being the most commonly spoken language in the country, seemed like a fitting choice if this event were to expand to all their centers in the future.

The logo symbolizes individuals seated in front of a screen, drawing inspiration from the familiar visual of choosing seats when booking movie tickets for the cinema hall. The aim was to capture the essence of a cinema hall with a single motif that could serve as a versatile symbol across various contexts. The trio of individuals also represents the three films spanning different eras, screened each day.
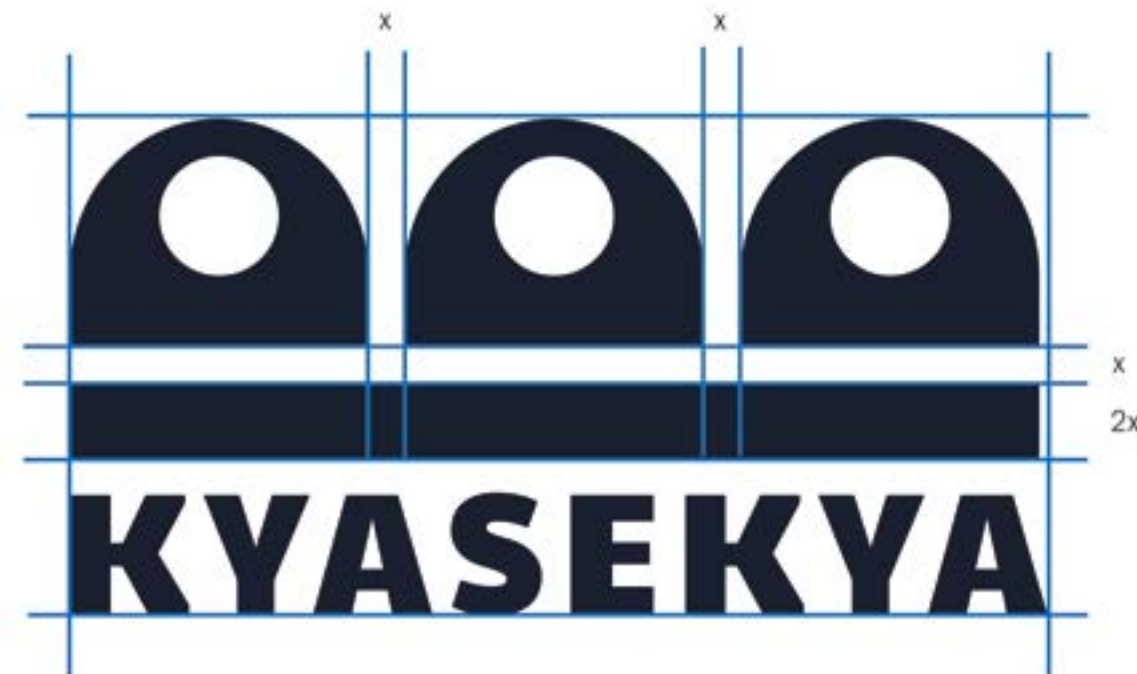
# Typography

The logo utilizes the Paytone One Regular font, appreciated for its simplicity and clarity, yet it features a subtly dramatic and playful letter "K" compared to its other characters. This font choice enhances the brand's bold, throught provoking and entertaining persona.

In the body text, two complementary fonts have been selected: Arial and Brown Pro. Arial commands attention with its spacious design and simplicity, while Brown Pro offers a rhythmic reading experience, particularly suited for longer passages.

# KYASEKYA

## Arial - Visual Heavy Collaterals

**Eg. Posters, Standees, Banners**

## Brown Pro - Text Heavy Collaterals

**Eg. Publications, Branding Kit**

# Motif

The motif of three individuals seated to watch a film recurs across various contexts. While maintaining the consistent form and shape, additional elements such as patterns, textures, and details are incorporated to weave several different narratives and convey messages through symbolism. This motif serves as a memorable and playful identifier for the brand, fostering connections with the associated event.

# Visual Identity

In many instances, the visual identity mirrors the appearance of a CT or MRI scan, initially giving the impression of viewing a series of medical scans. However, upon closer inspection, one discovers that the content differs. This choice to mimic scans stems from the realization that while mental health is intangible, these scans serve as our sole means of visualizing what may be transpiring internally, beyond the surface level. The key aspect of this mimicry lies in visual repetition and images are depicted using high-contrast lighting and shadows to emulate the visual style of MRI scans.

Furthermore, considering that mental health and neurodivergence are often assessed in terms of rationality, along with mimicking medical scans, the Absurdism in the visual identity is ironically fitting. It serves to suggest that one's rationality can also be irrational and encourages individuals to derive their own meaning based on perception, awareness and knowledge rather than solely relying on what is being presented.
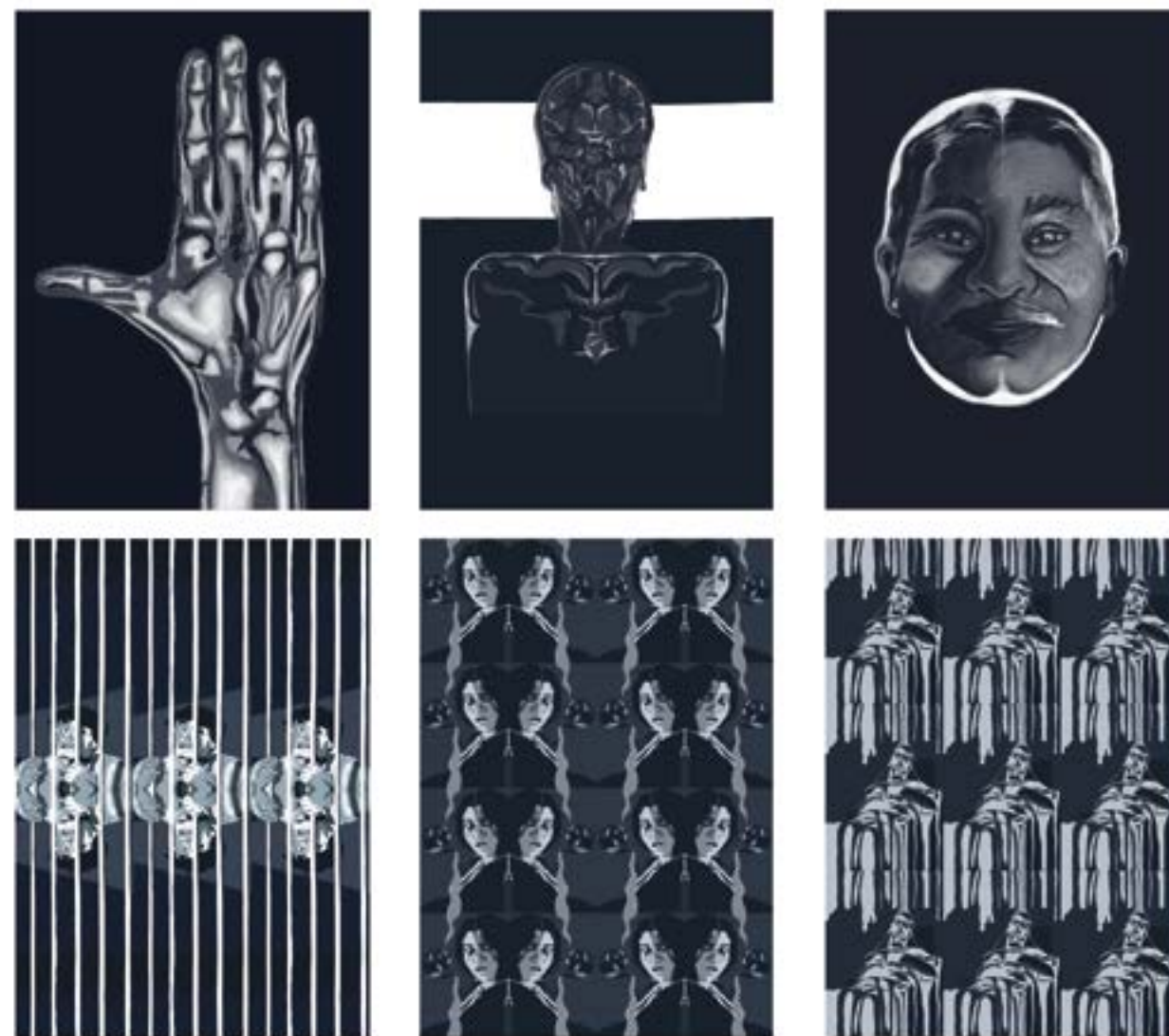
# Colour Palette

The color palette complements the visual theme of medical scans. Consisting of five main colors, including deep blues, grey blues, and white, they harmoniously combine to evoke the aesthetic of medical imaging.

Additionally, these colors facilitate the creation of designs with striking contrast, captivating viewers and sparking their curiosity.

Marketing posters, as they are printed on gateway or OHP sheets use only one colour, which is the darkest deep blue and the image is made using erasor strokes instead of white.

| Deep Blue | Charcoal Blue | Grey-Blue | Light Grey | White |
|-----------|---------------|-----------|------------|-------|
| #19202F | #272C38 | #747985 | #E4E9EE | #FFFFFF |

# Attitude

KYASEKYA aims to initiate discussions about mental health and neurodiversity, prompting individuals to reflect on and deepen their understanding of these subjects. It encourages openness to learning and seeking information about disorders and conditions within the spectrum, challenging preconceived notions.

This initiative endeavors to accomplish these goals through entertaining experiences, engaging conversations, and immersive encounters. So let us explore and experiment, let the brand play, learn and grow with us.

## FILM SCREENING- PROTOTYPE 2

The next film I chose was Chaukat Raja which is a Marathi film released in 1991.

**Reasons I chose to screen this film:**
Chaukat Raja is a great film focusing a lot on the depiction of someone who is mad with an interesting and unusual story line. It has elements of humor which hooks the audience and moments of pity too. Dialogues were well written with engaging foreshadowing, irony, metaphors and comparisons.
To understand how the audience was interacting and experiencing a film in a language they were unfamiliar with.
To see what the newer generation thought of while watching an old movie- their inputs, their experience and their engagement.
To see how the viewers responded to a film that in comparison was very good but much longer and slightly slower.

**Conversations we had:**

• They have to prove themselves according to the norms of the society
• Very easy to give them creative skills, if not intellectual then creative
• This point above is coming from our educational system beliefs- smart ones take science, next business and the one that doesn't know anything takes humanities and arts
• Education system has also changed throughout the years
• Economic perspective, social perspective- a lot of people during 2008 lost a lot of things. Overall the economy faced a lot of loss which increased the general anxiety. All this starts making people more anxious, there is less surety of the future
• Psychiatrists never existed in the film per say
• Every psychotic disorder that is there no one actually says the symptoms, characteristics- its very brief and general
• After 1991, India started getting a lot of money- Indian middle class aspirations changed- suddenly we want to go to Switzerland because now that's available to us. Suddenly colleges become attractive spaces. in 50 and 60 films you can sense that Nehru's presence is there. Mother India. 60s to 70s became more industrial, unions are formed. 90s we have proper Bollywood
• If they want a film to be financially successful they need to dramatic the plot/narration which then leads for us to compromise on the authentic and actuality of the disorders and situations
• Not a lot of psychological disorders are researched, which becomes problematic

• Venn diagram- villain, side characters, friends, love interest of hero, and hero- the closer the character is to these roles, that much it will affect the storyline
• Very condescending approach on depicting mental health- sarcastic representation of mental health at occasions was very accurate. One person liked the ending because of the husband's character development. Husband is truly going through the transition
• More self serving rather than accepting
• Everyone is going through difficult mental health issues, not just the main character
• Most big production and distribution houses have an algorithm- most films have to follow this algorithm to be selected, produced
• If something is too heavy, nobody binge watches, because films have become a medium of relaxation. You're always making money for someone else even when you are chilling
• A lot of films have the problem of not being able to explain things- what they can do is give a superficial understanding of the topic
• Everything comes from a very resolution based ending and plot line.
• Humans need closure, we as an audience is a resolution based audience
• Bollywood sets the standards only because they make the most money
• When an actor is depicting someone else, they themselves carry an element of their own morality. When an actor carries their own morality, then authenticity is questioned. Eg when Amitabh gets alzheimer's in Black, alzheimer's gets glorified. Its stardom that then affects how these disorders are seen and perceived
• Kitcha/Hucha- same thing- its stardom, the disorder is glorified and slightly now wished to be talked about after famous actors play it
• Movies show that diabitly is fine, you can have a a disability but you have to be good at something, you need to have a gift- there is where we hear the term 'mentally gifted' or 'special needs'
• Caregivers need education
Minal's main motivation to help his friend is when Nandu was not disabled. All her memories are of normal Nandu. It's very very selfish.
• Parents understanding that the child has problems is a privilege
• The films that we watch- everyone comes from a form of privilege. Film is the biggest capitalist form of art.
• The fact that you come from a privileged place is always going to play against us
• It's very easy to talk about mental health in a privileged place.
• Our discussion itself is happening under the fan, someone who has time- we are talking with privilege
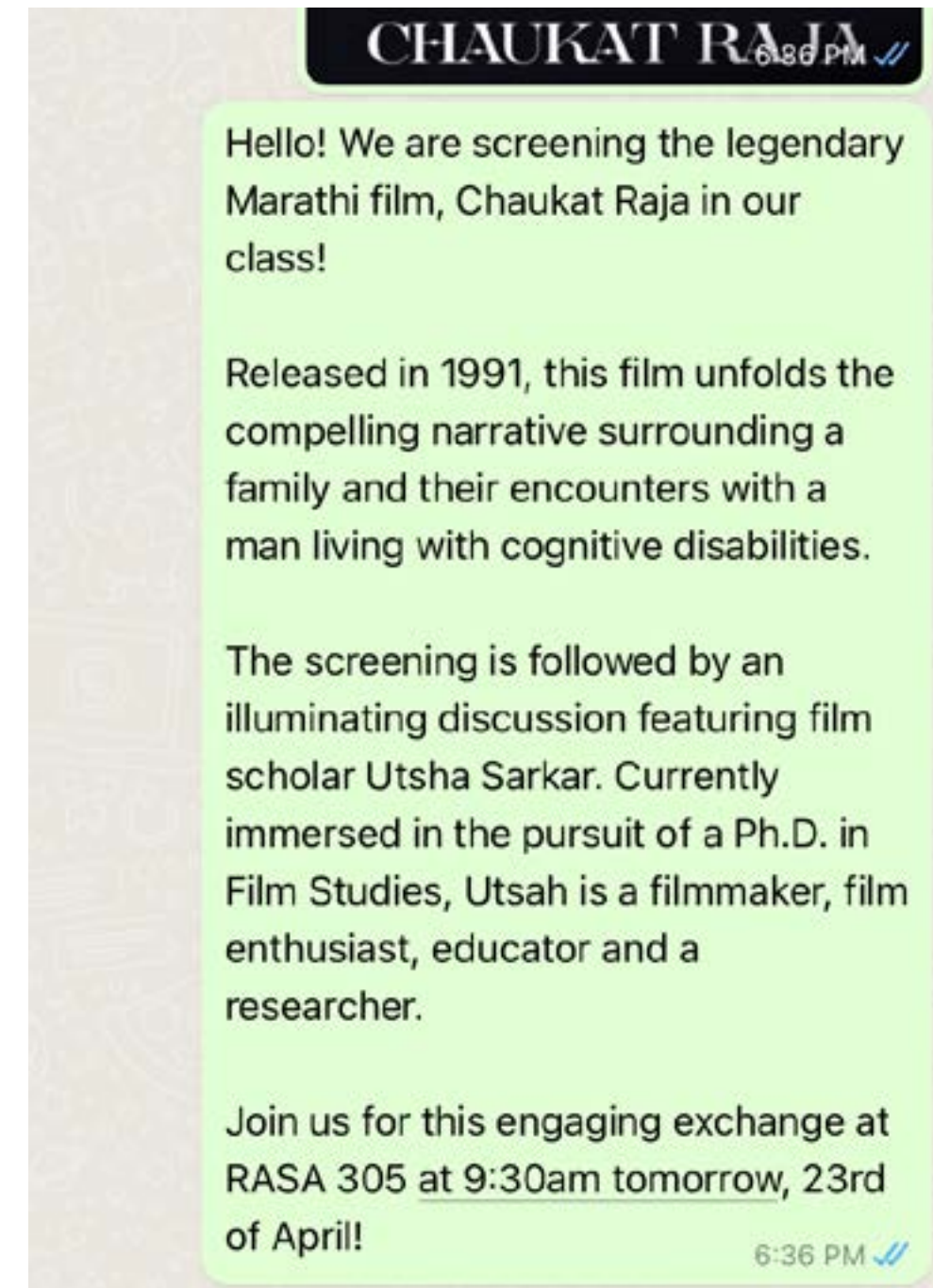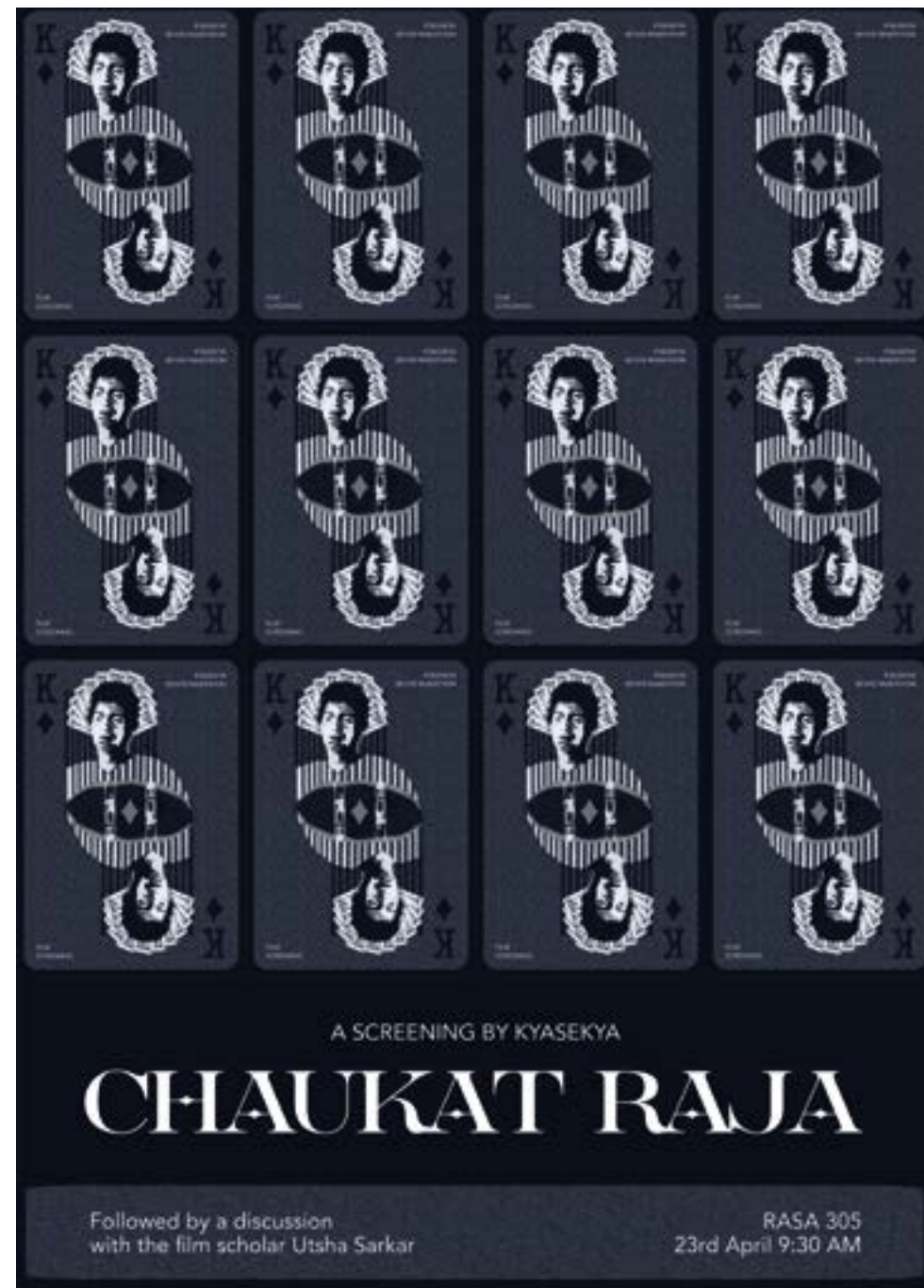
• Now think about someone in the slums, they don't have toilets, lights you think they'll care about mental health?

• These people who we say are 'possessed' have usually been bullied or condemned by husbands, society, parents and that come out through these. Where they believe they are possessed and then suddenly people fear them or respect them

• Film is a text. We use it to start convos

• Mental health usually either goes into horror or tragedy.

• These films work because of the actors importance

• Access to filmmaking is very privilege, representation comes from a place of I have all the things- I have and need so now its convenient for them to recognise and write a character

• Research has to play a role. Biggest thing

• Representation also comes with Tokenism. We'll write a gay character because I want the gay community to think I'm accepting. We'll write depression because we want people to think we understand. We're talking these topics just during the popular phase, otherwise no body actually thinks about all this on a regular basis

• Cause effect is very evident because we as an audience are very rationalist. We need to know causes, reasons

**What did I understand after inviting a guest speaker?**

Having a speaker really influenced the direction of conversation we were going in. The speaker was able to bring in new insights and was quite an interesting discussion. However, I did realize that we were talking a little about everything and did not focus on one thing. I would have rather had one topic of discussion and go in depth rather than go wide. Hence I realized, the topic of discussion needs to be established before the talk either by NIMHANS or the speakers.

Having daily themes where we focus on the caregivers, doctors and the perception of mental health individually creates a space for specific focus on these topics and lets us elaborate more under those. Furthermore, based on the speaker's specialty and interest, the talks after the screenings could be briefly understood.

There were two people who attended the screening and both felt like there was nothing new they were hearing or learning after the talk and would have liked the speaker to bring in more insights. Whereas on the other hand, the speaker was expecting a larger crowd but enjoyed the informal discussions that came with only four of us being there. He thought it was fun and engaging and such screenings should have more often.

A SCREENING BY KYASEKYA

CHAUKAT RAJA

1991

Followed by a discussion
with the film scholar Utsha Sarkar

RASA 305
23rd April 9:30 AM

CHAUKAT RAJA

Hello! We are screening the legendary Marathi film, Chaukat Raja in our class!

Released in 1991, this film unfolds the compelling narrative surrounding a family and their encounters with a man living with cognitive disabilities.

The screening is followed by an illuminating discussion featuring film scholar Utsha Sarkar. Currently immersed in the pursuit of a Ph.D. in Film Studies, Utsah is a filmmaker, film enthusiast, educator and a researcher.

Join us for this engaging exchange at RASA 305 at 9:30am tomorrow, 23rd of April!

6:36 PM

# NIMHANS CONVENTION CENTRE REIKI

I went to the NIMHANS Convention Centre to see their auditorium rooms and the entire space. Based on that I was able to suggest book stalls and food vans as other points of intervention for the audience.

# Going with the Flow

Where I am not all talk, but I also show and learn to go with the flow.

1. Selection of Films for the Event
2. Artefacts

# SELECTION OF FILMS FOR THE EVENT

I realized the need to have themes dedicated for each day, but after the second screening I was even more sure. I had a tough time understanding underlying themes present in the films and was very unsure of my own analysis and notes. I kept reminding myself of the three parameters and metric through which I was looking at the film; Depiction and representation of mental health and/or neurodivergence, the screenplay and how engaging it was for myself as a viewer.

The themes I was categorizing films under:

• Representation of the cause of mental health and neurodivergence: How have movies shown the cause of mental illness or neurodivergence of the characters. What are factors that have led to it and how have these factors changed over time in cinema?

• Representation of the cure of mental health and neurodivergence: How have these films shown mental illness and neurodivergence getting cured and why are they showing characters getting cured through the years?

• Through the years, what kind of characters are shown as being diagnosed?: For instance, initially side characters would be shown as mad, then that shifted to the main character's immediate friends or family from which the main character was gradually the one being shown as the diagnosed.

• Representation of caregivers and family members of those diagnosed: the life of caregivers, their struggles, challenges and their emotions.

• Representation of psychologists and psychiatrists throughout the years: How professional and learned are they being shown, how accurate are their parts, what personality have they been given.

• Representation of societal attitudes towards mental health and neurodivergence throughout the years: How have societies and communities been shown while interacting with someone diagnosed and what are their thoughts.

• The representation of how mental health and neurodivergence has been perceived throughout the years in Indian cinema and the characteristics assigned to it: initially it was deemed scary or funny, then it was considered sad and pitiful which then became accepting and embracing.

After a lot of thought, I decided on these three themes- one for each day of the marathon:

1. **The representation of caregivers of those with a mental illness or neurodivergent throughout the years in Indian cinema.**
2. **The representation of doctors (psychiatrists, psychologists, neurologists throughout the years in Indian cinema.**
3. **The representation of how mental health and neurodivergence has been perceived throughout the years in Indian cinema and the characteristics assigned to it.**

**Why these themes?**

Since it had been decided to focus on movies that directly depicted mental health, choosing themes that were closely associated with the topic seemed like a promising thing to do. Focusing on people and things that are directly related or correlated to mental health and neurodivergence would keep conversations specifically around the topic rather than digressing to other discussions. These themes might seem very obvious and direct, but are often neglected or missed.

**1. The representation of caregivers of those with a mental illness or neurodivergent throughout the years in Indian cinema.**

Chaukat Raja (Marathi | 1991)
15 Park Avenue (Hindi | 2005)
Peranbu (Tamil | 2018)

Chaukat Raja:
Rajan and Meenal Ketkar, along with their young daughter, shift to Mumbai, where they encounter Durgamaushi, an elderly woman who earns a living by delivering milk. Durgamaushi resides with her son Nandu, who faces cognitive disabilities. Through repeated interactions, Meenal experiences a moment of recognition as she realizes that Nandu is none other than her childhood friend from their hometown. Despite facing her internal family dilemmas and struggles, Meenal feels compelled to extend friendship and a helping hand to Nandu. Rajan and Meenal soon adopt Nandu, determined to nurture his growth and inspire him to develop essential life skills.

15 Park Avenue:
Meethi, a woman in her middle years, grapples with the complexities of schizophrenia, finding comfort and safety in the presence of her elder sister, Anu, a physics professor. Despite the demands and challenges of her career, Anu devotes herself to caring for their mother and Meethi, wishing to keep her close and refrain from institutional care. As Anu navigates the challenges of her own life, Meethi is on a constant desperate quest to reunite with her imagined family—a husband and five children, whom she believes reside on a street known as 15 Park Avenue.

Peranbu:
Amudhavan, a single father, had been physically separated from his family due to his work abroad. He then receives a letter from his wife, confessing to her extramarital affair and decision to leave, leaving their teenage daughter, Pappa who lives with cerebral palsy under his care. The two experience isolation and judgment from their own family and community due to Pappa's health condition. Navigating their newfound reality, Amudhavan and Pappa gradually connect and learn to coexist harmoniously. As Pappa enters adolescence, Amudhavan confronts the complexities of her curiosity towards sexuality.

**Reasons these Films are Together:**

• All three are from different cinematic traditions, Chaukat Raja is a Marathi film, 15 Park Avenue is made in Hindi and Peranbu is made in Tamil. Finding similarities between the three and comparing between cultures would be an interesting way of understanding different causes and effects of events and behaviors.
• In all three films, while there is focus on the one diagnosed, there is equal amount of focus given to those who are taking care of them. The caregivers' challenges and emotions are very well depicted. In one film, the caregiver is a friend, in the other the caregiver is the sister and in the final one the caregiver is a father.
• It is also very interesting to see the different responses and difficulties faced by caregivers of the opposite gender vs caregivers of the same gender, which we can compare see in the three films.
• Another conversation that these three films could bring is how throughout the years, understanding, empathy, awareness and acceptance in caregivers have changed if at all they have.

**2. The representation of doctors (psychiatrists, psychologists, neurologists) throughout the years in Indian cinema.**

Anjali (Tamil | 1990)
Kyon Ki (Hindi | 2005)
Shabdo (Bengali | 2012)

Anjali:
Shekar, a civil engineer and Chitra a homemaker are a loving couple, raising their two young children, Arjun and Anu, with hopeful anticipation of welcoming a third child into their family. However, tragedy strikes when their newborn is declared stillborn. Despite their profound grief, they find solace in each other and shift to a different apartment complex after two years. Shekar circumstantially unveils a long-hidden truth: their third child, Anjali, was not stillborn but was born mentally retard. This revelation puts the family into uncharted territory as they grapple with acceptance and understanding. As a family, they navigate the complexities of raising Anjali in a community that struggles to accept her differences.

Kyon Ki:
Dr. Jogichand Khurana oversees the operations of Sir Richard's Mental Sanatorium, a private institution where his daughter, Tanvi, also practices psychiatry. Anand Rai Singhania, a troubled young man, deemed mentally unstable is brought to the hospital by his brother under court orders. Within the confines of the sanatorium, Anand forms unexpected bonds with fellow patients, leading to notorious antics. Despite the chaos, Dr. Sunil Pradhan and Dr. Tanvi extend special attention to Anand, attempting to cure him. As Tanvi delves deeper into Anand's case, she is drawn to him, sparking a romance that incurs her father's disapproval based on Anand's disturbed past.

Shabdo:
Tarak, a fervent and committed foley artist, resides with his wife and father. Concerned about his increasing detachment from conversations, proneness to forget while not hearing and tendency to immerse himself in his thoughts, his wife seeks the guidance of psychiatrist Dr. Swati. Despite Tarak's intact hearing, Dr. Swati observes an increasing fixation on ambient sounds, causing him to prioritize them over verbal words. Without intervention, this fixation could escalate into a diagnosable condition, yet Tarak remains adamant that there is no problem.

**Reasons these Films are Together:**

• Similar to the previous three films, these three films are too from different cinematic traditions which help us understand mental health through different cultures in India.
• While all three films have different plot lines and focus on several elements, they highly give importance to doctors and their engagement with the patients.
• In Anjali, the girl is under the doctor's care who plays a big role in explaining and eductaig the parents. In Kyon Ki, the patient is surrounded by three key doctors and several nurses- the film focuses a lot on a patient-doctor relationship and how the two see each other. In the final film.
• Shabdo, we see a dedicated doctor attempting to help cure the patient who is in denial of his problems.
• Throughout the years, we see the screen time of doctors changing, their attitudes towards mental illness and neurodivergence shifting and the representation of their professional practice differing.
• Through these films we can also notice the different therapies that come into practice and the acceptance towards them.

**3. The representation of how mental health and neurodivergence has been perceived throughout the years in Indian cinema and the characteristics assigned to it.**

Khilona (Hindi | 1970)
Inthi Ninna Preethiya (Kanada | 2008)
Bhale Bhale Magadivoy  (Telegu | 2015)

Khilona:
Khilona is a Hindi remake of the Gujarati film Mare Jaun Pele Par. The story revolves around Mohan Singh, a wealthy businessman requesting Chand, a compassionate courtesan to marry his mentally disabled son Vijay as a pretense. He propose this arrangement while offering Chand wages in return to help cure him. Vijay, once a talented poet, became mentally impaired following a traumatic incident. Despite Chad's since efforts, the family members are against the alliance and condemn Chand's background and regularly doubt her intentions. They adamantly believe Vijay's condition cannot be cured and Mohan Singh's investment is futile.

Inthi Ninna Preethiya:
Rajeev, a young college student aspiring to become a painter, is involved in a bittersweet romance with Namana, his friend's sister. The two break up after his friend disapproves of their marriage. In his despair, Rajeev turns to alcoholism unraveling his once-promising life. Rajeev's brother intervenes, concerned for his well-being, arranging a marriage with Parimala. Despite her love and commitment, Parimala faces numerous challenges in her marriage, grappling with the consequences of his addiction.

Bhale Bhale Magadivoy:
Lucky, a young botanist, is diagnosed with anterograde amnesia, a condition he has grappled with since childhood. With a tendency to get distracted easily, he coincidently crosses paths with Nandana, a Kuchipudi dance teacher and the two fall in love. Lucky's condition poses eventful challenges to their relationship, as he attempts to conceal his illness from Nandana. Meanwhile, he tries to persuade Nandana's father, who holds high expectations from his daughter's future spouse to agree to their marriage.

**Reasons these Films are Together:**

• After focusing on the representation of patients and doctors, it was deemed right to zoom out and focus on the general perception and attitudes towards mental illness and neurodivergence.
• A general trend of projecting those with a mental illness or neurodivergence as either scary or funny years ago, which then changed to learning how to pity them and then converted to empowering them and accepting the differences. After noticing this, these three films were good examples to convey this idea.
• In Khilona, we are made to fear the patient, in Inthi Ninna Preethiya we pity him and in Bhale Bhale Magadivoy we embrace and empathize with him.
• In the three movies we can also see societal attitudes and family behaviors with the patients and how that changes over time.
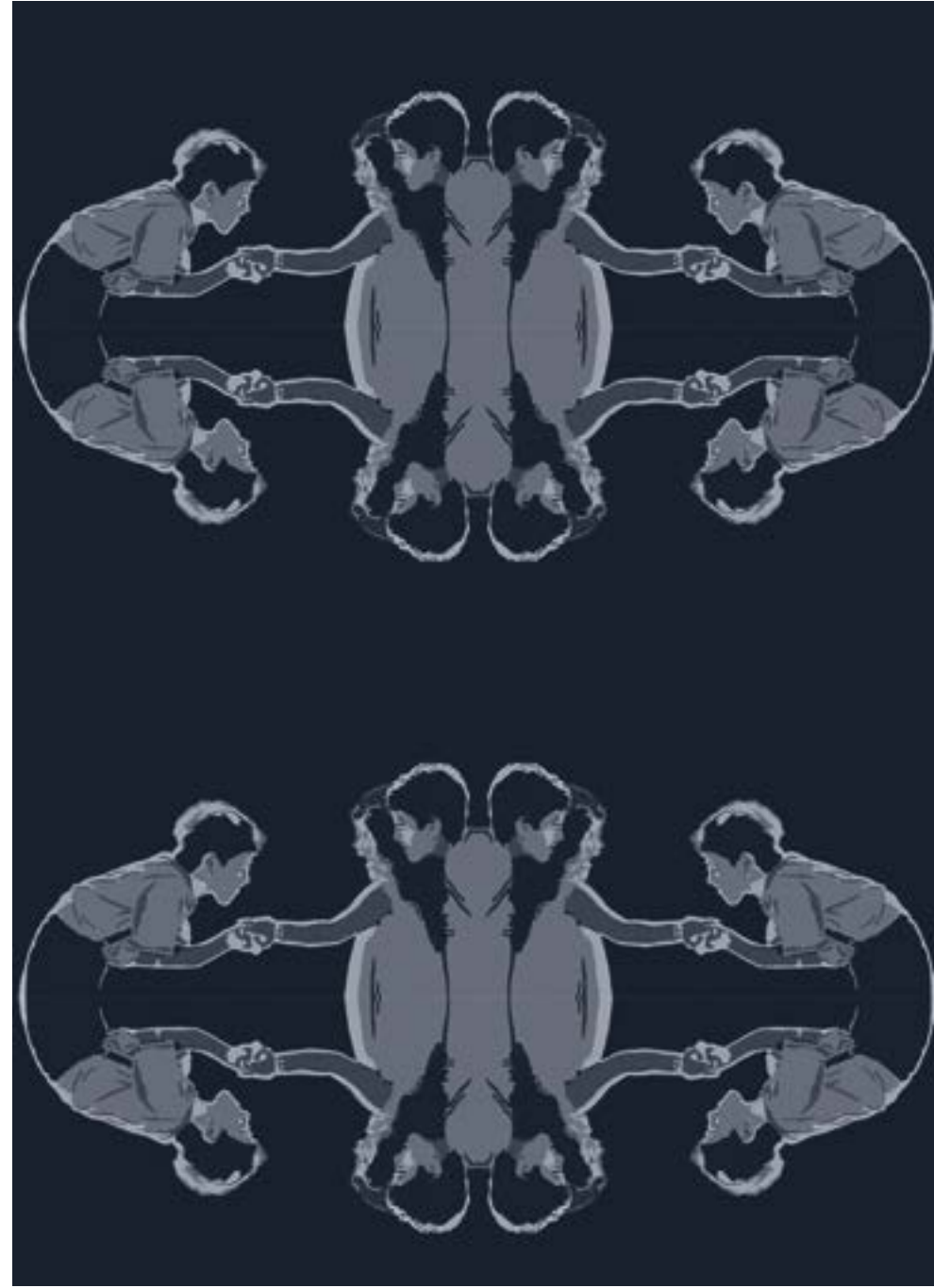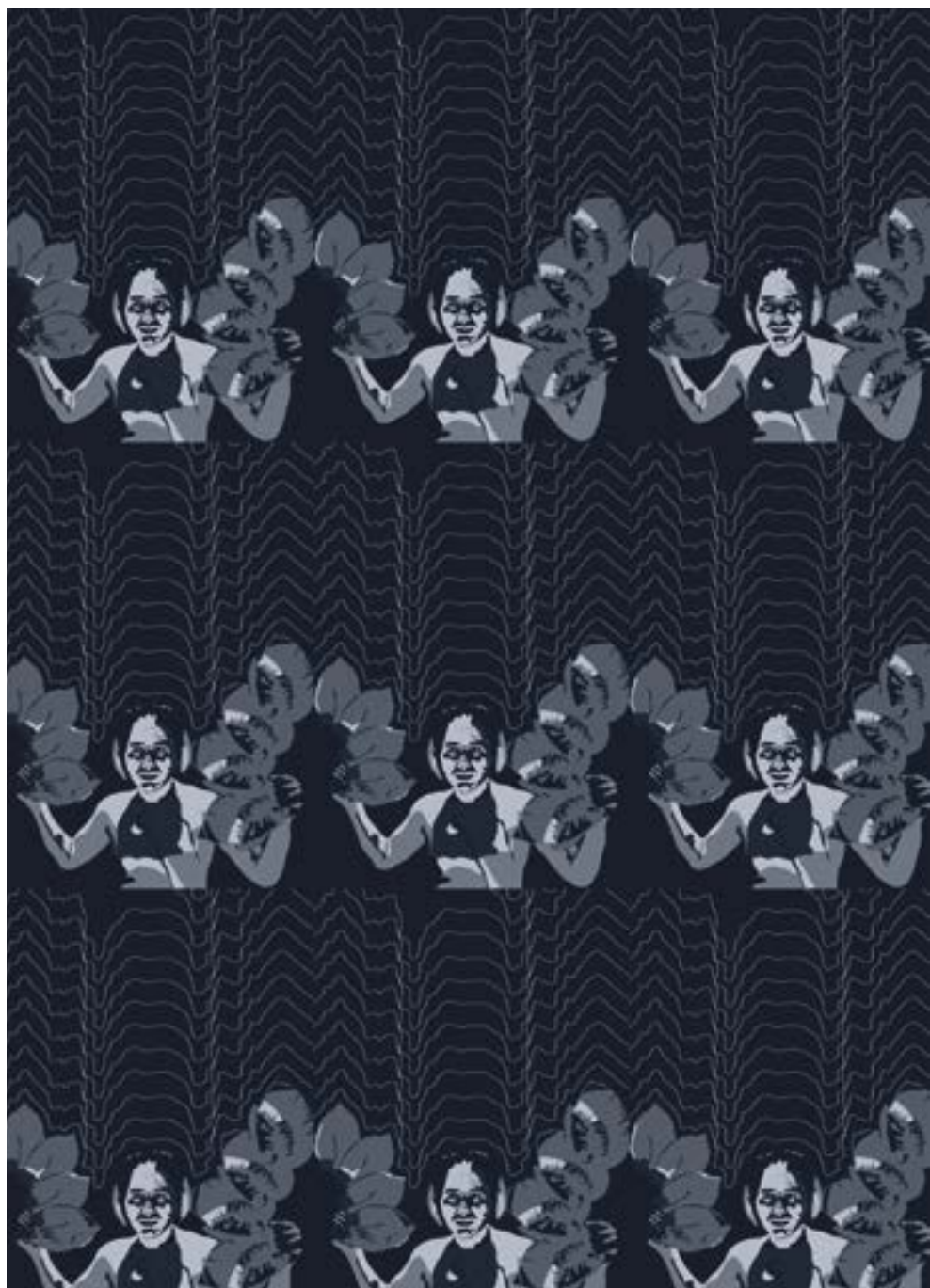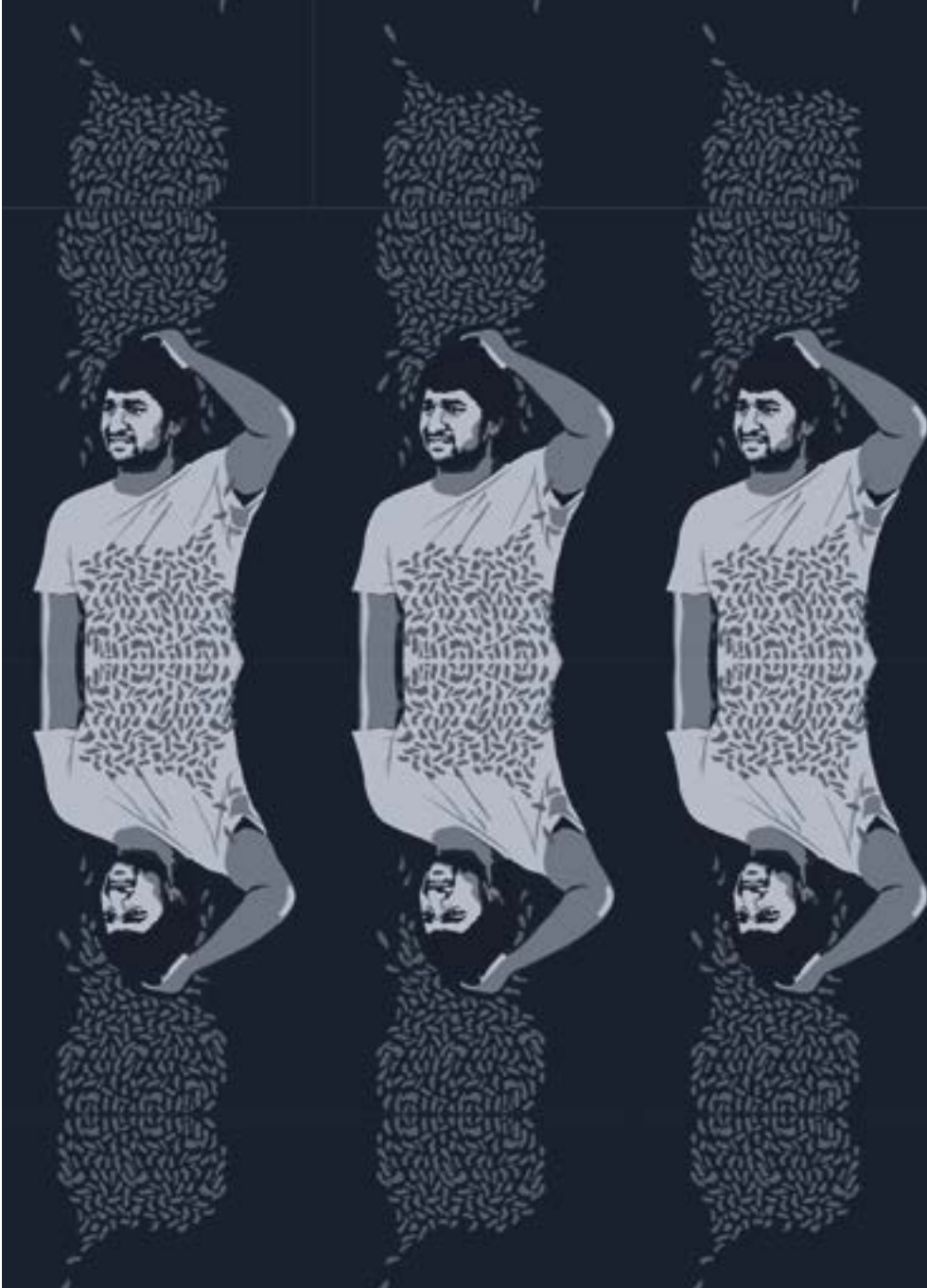
## ARTEFACTS

I have attempted at providing NIMHANS with a full package of the selected films, screening schedules, brand guidelines and collaterals. The intent was to create templates that could be followed easily and contruct the marathon flow as seemingly as possible for the client.



All eyes this way please!

All eyes this way please!

All eyes this way please!

## KYASEKYA MOVIE MARATHON DAY 1

| TIME | FILM | YEAR | FILMMAKER | DURATION |
|------|------|------|-----------|----------|
| 10 AM | Chaukat Raja (Marathi) | 1991 | Sanjay Surkar | 141 MINS |
| 12:45 PM | BREAK | | | |
| 1:30 PM | 15 Park Avenue (Hindi) | 2005 | Aparna Sen | 116 MINS |
| 3:30 PM | BREAK | | | |
| 4 PM | Peranbu (Tamil) | 2018 | Ram | 147 MINS |
| 6:30 PM | BREAK | | | |
| 7:00 PM | INTERACTIVE SESSION Guest Speaker: Reji Vaheed | | | |
| 9:00 PM | CLOSING | | | |

## KYASEKYA MOVIE MARATHON DAY 2

| TIME | FILM | YEAR | FILMMAKER | DURATION |
|------|------|------|-----------|----------|
| 10 AM | Anjali (Tamil) | 1990 | Mani Ratnam | 150 MINS |
| 12:45 PM | BREAK | | | |
| 1:30 PM | Kyon Ki (Hindi) | 2005 | Priyadarshan | 160 MINS |
| 3:45 PM | BREAK | | | |
| 4 PM | Shabdo (Bengali) | 2012 | Kaushik Ganguly | 104 MINS |
| 6:00 PM | BREAK | | | |
| 7:00 PM | INTERACTIVE SESSION Guest Speakers: Dr. Anisha Shah | | | |
| 9:00 PM | CLOSING | | | |

## KYASEKYA MOVIE MARATHON DAY 2

| TIME | FILM | YEAR | FILMMAKER | DURATION |
|------|------|------|-----------|----------|
| 10 AM | Khilona (Hindi) | 1970 | Chander Vohra | 160 MINS |
| 12:45 PM | BREAK | | | |
| 1:30 PM | Inthi Ninna Preethiya (Kanada) | 2008 | Duniya Suri | 131 MINS |
| 3:45 PM | BREAK | | | |
| 4 PM | Bhale Bhale Magadivoy (Telegu) | 2015 | Maruthi Dasari | 137 MINS |
| 6:00 PM | BREAK | | | |
| 7:00 PM | INTERACTIVE SESSION Guest Speakers: Ashish Rajadhyaksha | | | |
| 9:00 PM | CLOSING | | | |

## GUEST SPEAKER



### Ashish Rajadhyaksha

Ashish Rajadhyaksha is a distinguished figure in the realm of film scholarship and cultural theory, renowned for his multifaceted approach that intertwines historical and geopolitical perspectives. He has authored seminal works like the Encyclopedia of Indian Cinema and John–Ghatak–Tarkovsky. He explores the difficulties of the idea of a national cinema in India, considering the several cinematic traditions, and explores their diversities.

**Panel 1 — GUEST SPEAKER**

GUEST SPEAKER

**Reji Vaheed**

Reji Vaheed wears multiple hats - a filmmaker, scriptwriter, and film educator. Together with his wife, Anitha Reji, they care and support their daughter Riza Reji, who has Down syndrome. Inspired by their journey, they embarked on a mission to unite communities in support of children with special needs. Their initiative, Beautiful Together, stands as an innovative e-commerce platform, that provides financial aid to children with special needs and their caregivers.

**Panel 2**

1 Festival
3 Days
9 Films

looking within,
looking beyond.

NIMHANS Presents

**KYASEKYA**

1 Event
3 Days
9 Films

A Movie Marathon

10-10-24
11-10-24
13-10-24

**Panel 3**

What are we looking at?

NIMHANS Presents

**KYASEKYA**

A Movie Marathon

1 Event
3 Days
9 Films

10-10-24
11-10-24
13-10-24

**Panel 4**

What are we looking at?

NIMHANS Presents

**KYASEKYA**

A Movie Marathon

1 Event
3 Days
9 Films

10-10-24
11-10-24
13-10-24

You Float and Flow
 with the Water, Not Dig

# REFLECTION

This project was one of the best decisions I would have taken in college. It was by far, the most difficult project I have ever been a part of.

The process made me feel insignificant, irrelevant and so small on so many occasions but it also taught me to make myself feel significant, relevant and important. I would like to begin by being proud of myself for sticking to my own decisions and believing in myself to have a thought and convert that into an output on my own.

I am very grateful for the guidance I received throughout and am mostly humbled by the reality checks I received through events and conversations with people.

I realised that it is very difficult to get people to speak to you with respect without having achieved much in the industry. People with experience and knowledge tend to become gatekeepers to their learnings and would cautiously show support or enthusiasm in guiding aspiring practitioners.

I also realised with my practice, if I hope to seek mentorship or guidance, I need to be persistent with my mentor and continue to keep them in the loop. Choosing guidance cannot come at my convenience. Through this project, I reflected and noticed that while I may be genuinely dedicated, curious and excited, I tend to strongly come off as stubborn, egoistic and unrealistic during my interactions. I have learnt to focus on how I communicate, my tone and linguistics while trying to learn.

Better late than never, I also recognise that not everything I make needs to be grand, groundbreaking or exemplary. My work can be small yet impactful, repetitive yet reiterative, and simple yet meaningful. I think more practice will eventually teach me this :)

I do have many more things to express and share, but I will be honest and admit that I am quite exhausted and tired. I would like to give myself some time off before re looking at the entire project and my learnings. Thank you!

Flow, Float, Dig Big
A comic by Sukriti Chordiya