

ISSN:0976-8165



The Criterion

AN INTERNATIONAL JOURNAL IN ENGLISH

Bi-Monthly Peer-Reviewed eJournal

VOL. 15 ISSUE-1 FEB. 2024

15 YEARS OF OPEN ACCESS

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ISSN 2278-9529

Galaxy: International Multidisciplinary Research Journal
www.galaxyimrj.com

Taming the ‘Shrew’: Representation of Women with Psychosocial Disabilities in Malayalam Cinema

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<https://doi.org/10.5281/zenodo.10795618>

Article History: Submitted-05/02/2024, Revised-22/02/2024, Accepted-25/02/2024, Published-29/02/2024.

Abstract:

Psychosocial disabilities encompass mental disorders impeding emotional and cognitive regulation, rendering individuals susceptible to failing societal expectations and conventions. This paper surveys the singular obsession of Malayalam cinema with madness—adulterated, vague and chaotic representations of psychosocial disabilities. Madness in women usually serves as distinct foibles that embellish their personalities, adding exotic flavours to formulaic narratives of desire. The absence of visible differences in the body renders psychosocial disabilities easily exploitable without compromising conventional aesthetics. Thus, the madwoman becomes an object of desire with an eventual promise of rehabilitation and redemption through the male protagonist. Focusing on *Ulladakkam* (1991) and *Manichitrathazhu* (1993), this study investigates representations of mental illness in Malayalam cinema, revealing how madness as a narrative tool debilitates women within patriarchal structures. Drawing on Sigmund Freud’s psychoanalytic insights, the paper scrutinises subconscious dynamics and coping mechanisms entwined with forceful confinements. The paper apprehends the appropriations through which mental illnesses in narratives contribute to nourishing women’s historical oppression in patriarchal structures.

Keywords: Malayalam cinema, women’s studies, representation, madness, psychosocial disability.

Introduction

Cinema has always been attempting to capture the essence of human life. As the medium developed technically and experientially, it tended to document every aspect of social

life in pursuit of novelty in narratives. However, with this came the responsibility to render the existing formulae and moulds flexible to accommodate the nuances of societal differences. Representations of superficial mainstream social life dwindled over time, paving the way for more complex, conflict-ridden realist narratives of rural and urban spaces. Nonetheless, a complete subversion of comfortably recycled and reused tropes seemed impossible and unacceptable to the larger society, rendering certain novel representations ineffective. The stories we see enacted on the silver screen have a decisive role in concretising the sentiments and perspectives of people across generations. Thus, representations of people from the margins mandate responsible attention when emerging from creators and writers belonging to the dominant groups. Therein lies responsibility and accountability in not allowing marginal groups to suffer from the treatment of tokenism and stereotyping. However, responsible representation in cinema usually reveals fissures at deeper scrutiny.

In the early twentieth century, we witnessed the birth of Malayalam cinema. From 1928 to the 1950s, there was a reasonable amount of experimentation in the choice of subject and form, which later solidified into the definitive characteristics of Malayalam cinema. The 1950s to 1970s movies predominantly were literary adaptations of influential Malayalam fiction centred on social realism. From the 1950s to the present, Malayalam cinema has periodically glimpsed influential movies where the male hero, representing Communist ideologies, questions the existing social evils and hierarchies (Radhakrishnan 34-35). The 1970s, seeping into the 1980s, heralded the New Wave of Malayalam Cinema with neorealist tendencies dealing with the politics of class, caste, and gender aiming at social revitalisation.

The 1980s saw the Golden Age of Malayalam cinema, depicting the everyday life of the commoner entrenched in humour and melancholy, bridging the chasm between art cinema and commercial cinema. These movies were also called the popular or 'middlebrow cinema', which "followed the realist aesthetic of the kala cinema while reproducing the market as a middle class space" (Radhakrishnan 28). The cinema of the 1990s removed the ordinary person from reality and placed them in exceptional situations. They revolved around "feudal family battles, valorising the upper castes, lampooning certain minority religious groups, and enshrining the swashbuckling male hero who often denigrates women. These films also tried to uphold and maintain the existing regressive gender, caste, and religious hierarchies" (Ray and Mochish 39). However, the rise of new filmmakers and the casting of fresh faces instead of the established superstars from the 2010s redeemed Malayalam cinema from this debacle of extreme regression. This wave of New Generation Cinema facilitated the resurrection of the

fragile male hero, representation of the margins in unique geographical settings, a celebration of variegated cultural flavours, inclusivity and an embrace of the essence of human nature (Ray and Mochish 41). Therefore, the advent of New-Generation cinema and the digital age has increased the market for content-driven cinema, which is debated and criticised in common social circles.

The representation of disability in Malayalam cinema often manipulates the gravity of the subject as a narrative device. David T. Mitchell and Sharon L. Snyder, in *Narrative Prosthetics: Disability and Dependencies of Discourse*, identify the two primary functions of disability representation in literary discourse: “disability pervades literary narrative, first as a stock feature of characterisation and secondly, as an opportunistic metaphorical device” (47). Initially, visible disabilities and mental illnesses served as self-explanatory villainous traits to antagonists. However, over the decades, writers employed disabilities as distinct plot devices that further narratives. In 1967, *Iruttinte Athmavu (The Soul of Darkness)*, an adaptation of M. T. Vasudevan Nair’s short story, became one of the first movies to showcase a mentally ill protagonist played by Prem Nazir. The movie received critical acclaim for its performances and treatment of the subject. However, disability in ensuing narratives received functional treatment as punishment, burden and comic relief. In *Kattu (Wind, 2017)*, the female protagonist’s father penalises her for loving a man outside her caste by arranging her marriage to her cousin, who uses a wheelchair. In movies like *Meerayude Dukhavum Muthuvinte Swapnavum (Meera’s Woe and Muthu’s Dream, 2003)* and *Karumadikuttan (2001)*, the protagonists’ disabilities deprive them of their agencies and relegate them to obligations and obstacles to be overcome by the protagonist without disabilities. In *Punjabi House (1998)* and *Kunjikoonan (The Little Hunchback, 2002)*, Dileep portrays characters with disabilities solely written for churlish humour. The movies also vindicate the actor’s stardom by allowing him to play non-disabled versions of himself. Consequently, Malayalam cinema had imprinted on the minds of generations that persons with disabilities (PwDs) lack agency and passions, existing merely as burdens for their caretakers.

Psychosocial Disabilities and Malayalam Cinema

In the 1990s, the discounting of the medical model, which focused on specific ‘impairments’, within the humanities and acceptance of a more redeeming social model, which perceived disability as a derivative of social negligence, ensured the advancement of Disability Studies as a discipline. In “Interrogating Disability in India”, Nandini Ghosh explains the

myopia of the medical model, which “become administrative tags for controlling disabled people’s access to financial and other assistance as well as attaching a stigma to the labelled person by suggesting a physical imperfection or deviance from the norm” (3). It strives to cure PwDs of impairments rather than enabling their independence in a normative world. While the medical model objectifies the body with disabilities, the social model grants them autonomy and subjectivity. Considering this bifurcation, ‘mental illness’ and ‘mental disorders’ are understood as the diagnoses of a person’s mind that follow the medical model of disability. However, the social model of disability underscored the consequent difficulties that they face from their interactions with an unaccommodating society. Therefore, psychosocial disabilities manifest as the impediments a community poses against the maximum social participation and functioning of individuals with mental illnesses or disorders without being inclusive.

Representation of psychosocial disabilities in Malayalam cinema has functioned chiefly as plot devices rather than an earnest attempt to ensure community visibility. Most movies in the late twentieth century employed mental disorders to evince the performance possibilities of the leading superstars. *Sadayam (Mercifully)* and *Aham (Self)*, released in 1992, starring Mohanlal as the lead protagonist who struggles with unclarified psychological disorders, focused more on the narrative aspects of the disorder than the relevance and implications of its representations. The tradition continued in movies like *Thaniyavarthanam (The Repeating Rhythm, 1987)*, *Bhoothakannadi (The Magnifying Glass, 1997)* and *Munnariyippu (Warning, 2014)*, starring Mammooty. The protagonists in *Sadayam* and *Munnariyippu* exhibited homicidal tendencies, and their mental disorders justified their tendencies and reduced the criminal value associated with the murders they committed. Consequently, there was a celebration of the protagonists for battling against social evils under the command of their disorders. The movies came to enjoy a cult status among the audience, ousting them of opportunities to discuss the intricacies of psychosocial disabilities.

The filmmakers portrayed the heroes with psychosocial disabilities in the 1990s as accepting their mental conditions. They possessed the narrative freedom to either submit themselves to death or succumb at the hands of society. In Meena T Pillai’s edited volume, *Women in Malayalam Cinema*, a dialogue on establishing gender hierarchies reveals, “while the male stardom is born out of violent revenge and action, any sign of initiative for vengeance in a woman is censured, cancelled and disciplined” (Sreedharan). Despite the feminist consciousness that had percolated in the 1990s demanding the portrayal of strong, proactive women, the dichotomy in representing psychosocial disabilities prevailed. The

madman exterminated social evils, while doctors cured and redeemed the madwoman to preserve the existing familial structure. Accordingly, it is critical to dissect the trends associated with the representation of women with psychosocial disabilities in Malayalam cinema and demand accountability in commercial representations of PwDs. The paper scrutinises *Ulladakkam* (*The Content*, 1991) and *Manichitrathazhu* (*The Ornate Lock*, 1993). *Ulladakkam* follows a psychiatrist, Dr Sunny (played by Mohanlal), and one of his patients, Reshma (played by Amala Akkineni), who becomes obsessed with him. The movie pivots around her multiple psychotic episodes, triggered explicitly by her insecurities, childhood trauma and emotional dependency, culminating in Reshma murdering Annie (played by Sobhana), Dr Sunny's fiancée, during one of her episodes. In *Manichitrathazhu*, Dr Sunny (played by Mohanlal) saves his best friend Nakulan's (played by Suresh Gopi) marriage by curing his wife, Ganga's (played by Sobhana) dissociative identity disorder. The chosen movies have received wide critical acclaim for their choice of subject and women-centricity, discerning them from other mainstream cinematic representations. The lead actresses have won accolades for portraying the innocent woman tortured by her all-encompassing, dubious mind.

Constructing the 'Madwoman' in Malayalam Cinema

Customarily, female protagonists of Malayalam cinema are accessories in the character arc of the male protagonist. They either become the object of desire that the hero fights for possession or undergo relegation as an ever-loving, sacrificial figurine easily malleable to the demands of the patriarchal structure that she occupies. Gradually, owing to the demand for outspoken, independent female protagonists with desires and passions, films began churning out 'modern women' who were eventually tamed to satisfy the inherent traditional sensibilities of the audience. By the 1990s, the persona of the PwDs or madwoman became a recipe that legitimised the subtle oppression exerted on female protagonists who deviated from conventional patterns and exhibited temperament and agency irrespective of being bound to their male counterparts. Such narratives often resolve with the mentally unsound woman submitting herself to the medical prowess of the merciful hero. They adhere to the dominant patriarchal order, and their madness abides within limits without threatening the male authorities.

The image of the woman refers not to the referent woman, existing in the real world outside of representation, but to a meaning produced by and for men. Patriarchy controls the image of woman, assigning it a function and value determined by and for

men, and in the service of the construction of definitions of the male and more especially of masculine desire. (Cowie 19)

Movies showcasing women with psychosocial disabilities managed to appeal to masculine desire through the conventional appearances of the heroine, simultaneously serving as a social and psychological commentary on human life.

Moreover, the diagnosed woman immediately loses all her modernisation and becomes a damsel in distress. Her anguished cries and helplessness redeem the masculinity of her doctor, who becomes her healer despite being unable to acquire custody of her. "As the spectator identifies with the main male protagonist, he projects his look on to...his screen surrogate, so that the power of the male protagonist as he controls events coincides with the active power of the erotic look" (Mulvey 12). According to film theorist Laura Mulvey's idea of 'the male gaze', here, the heterosexual male audience derives pleasure from controlling the unruly, assertive woman, citing scientific reasons, and suppressing her non-patriarchal instincts, consequently securing the patriarchal hierarchy.

In *The Monstrous-Feminine: Film, Feminism, Psychoanalysis*, Barbara Creed enunciates the conflicting responses of the male audience towards the rejected madwoman. "The rebellion is presented as monstrous yet immensely appealing; in this way the film presents the ambiguous aspect of abjection. Abjection 'fascinates desire' but must in the interests of self-preservation be repelled" (Creed 37). Barbara Creed thus analyses the scenes of exorcism from *The Exorcist* (1973) through the concept of the 'monstrous-feminine' wherein she ties the monstrous performances in horror movies to gender-based reproductive roles. She challenges the positioning of women as the victims and situates them in the subject position of the castrating agents. Therefore, in *The Exorcist*, it becomes necessary to maintain the allure of the possessed girl through her continuous exhibition of her possessed body as a spectacle to the priests attempting to save her.

Malayalam cinema frequently treated female protagonists with psychosocial disabilities as the possessed monstrous feminine. The female protagonists considered for the study are all primarily creations of men. Reshma (Amala) and Annie (Sobhana) in *Ulladakkam* were written by P. Balachandran and directed by Kamal. Ganga (Sobhana) in *Manichitrathazhu* was written by Madhu Muttam and directed by Fazil. Both movies released in the early 1990s treated their leading women according to the oppressive patriarchal customs. However, they were also the products of an era when women embraced education and modernity. Both women are

unyielding, educated, dogmatic and rational. However, they become easily susceptible to 'madness', eventually healed by their psychiatrist, Dr Sunny (Mohanlal). These women appeal to masculine sensibilities even in their most agitated states. The psychotic episodes of Reshma and Ganga retain their sensuousness. Moreover, the writers accentuate their innocence and impuissance once their episodes wear off, boosting the ego of the male audience and reassuring them by reinforcing the significance of the male protagonists within the narratives.

Reading the Psyche of the Troubled Heroine

At this juncture of the research, it becomes imperative to understand the events and incidents that contributed to distressing the female protagonists' psyche, psychosocially disabling them. A psychodynamic approach towards childhood experiences reveals their more significant implications in adulthood, explicating the unconscious and justifying many socially 'unacceptable' behaviours exhibited later. In *The Interpretation of Dreams (IoDs)*, Sigmund Freud discusses the 'unconscious', a state of mind hidden away from conscious realities, harbouring an individual's unadmitted desires and unresolved conflicts (*IoDs*). Repression often becomes the root cause for the many spontaneous, inexplicable and uncharacteristic patterns individuals exhibit.

the suppression of the *Ucs.* [unconscious] becomes necessary is that if the movement of ideas in the *Ucs.* were allowed to run its course, it would develop an affect which originally had the character of pleasure, but which, since the process of *repression*, bears the character of pain. (S. Freud *IoDs*)

The socially unwarranted appetites and desires suppressed into the unconscious, if resurfaced, might disrupt the intrinsically patriarchal, social and familial order to which she belongs.

In *Ulladakkam*, Reshma loses her mother when she is ten. Her sense of abandonment results in her first hysteric psychotic episode, which prevails for some days, wherein she dissociates herself from reality. However, growing up, Reshma represses her mother's death deep into her psyche. She continues to pen poetic, loving letters to her mother throughout the years, expecting a miraculous response. Later, in college, she enters into a relationship, developing an unhealthy dependency on her partner. Unfortunately, he is murdered and cast into the sea before her eyes. The incident triggers her fear of abandonment, bringing her repressed memories to the foreground and pushing her into a violent cycle of psychotic episodes, following which she undergoes Dr Sunny's treatment. Soon, she begins associating

her feelings of abandonment and isolation with the sea, which she conceptualises as her perpetrator. After a few sessions of hypnosis and electroconvulsive therapy, Reshma recovers and revisits the sea in Dr Sunny's comforting and caring company, who supports her in conquering her irrational fears. However, her repressed fixation on love and reunion with her partner causes the transference of her emotional bondages onto Dr Sunny. In *The Unconscious*, Sigmund Freud says, "We can also specify now what it is in the transference neuroses that repression actually withholds from the rejected idea, namely translation into words that are supposed to remain attached to the object". When Reshma's subconscious substitutes her dead partner with Dr Sunny, she imparts him a new life. Thereby rejuvenating the secure and joyous feelings she had bound to her previous object of dependency, capacitating an unexpected recovery.

When the repressed ideas resurface, Reshma's actions cross the contours of socially acceptable behaviour from a young woman her age, especially in the early 1990s. Annie, Dr Sunny's fiancée and his family begin to resent Reshma's burgeoning obsession with his presence. Here, Reshma's transient psychotic disorder pinnacles into psychosocial disability as she is demarcated within her support unit for actions and instincts beyond her immediate control. With the completion of Reshma's transference, the narrative undoes all the character evolution she received by reducing her to a lovelorn, agitated woman yearning for a resolute, unattainable hero—the psychiatrist, Dr Sunny.

Ganga in *Manichitrathazhu* has dissociative identity disorder. The movie portrays her as the sole daughter of absent, affluent professionals who have decided to migrate her to Kolkata, away from the care of her grandmother. A young Ganga inherits a tapestry of mythical stories and local legends abounding in ghosts and witches from her grandmother. The possibility of separation from her grandmother—the primary caregiver—drowns Ganga into a hysterical psychotic episode. Her concerned parents immediately relocated her to Kolkata. When faced with fresh stimuli, Ganga represses her memories of her grandmother and her stories, starting anew. Years later, when a married Ganga returns to her husband Nakulan's ancestral home, she is greeted by the many beliefs and horrific stories surrounding the death of Nagavalli, a dancer from Thanjavur, in the mansion. Sankaran Thambi, an ancestor of Nakulan, murders Nagavalli after discovering her affair with Ramanathan, their neighbour. The family believes to have shackled her troubled ghost in the inner rungs of the mansion. However, with a past fascination for such legends, Ganga strongly empathises with Nagavalli, a woman dislodged from her homeland for the whims of Sankaran Thambi.

Anna Freud engages in similar discussions in *The Ego and the Mechanisms of Defence*. She says, “the ego bestirs itself again, repudiates the attitude of passive tolerance which it has been compelled to assume, and by means of one or other of its customary defence mechanisms intervenes in the flow of associations” (A. Freud 13-14). Therefore, Reshma’s transference and Ganga’s dissociation act as defence mechanisms safeguarding their psyche from the tumultuous stimuli of the external world. Nagavalli’s story triggers Ganga’s buried childhood trauma, threatening to break free from the fetters of repression. In a haze of emotional turmoil, she assumes an alternate persona of Nagavalli, projecting all her dormant feelings onto another version of herself. Here, “repression and projection merely prevent its being perceived. In repression the objectionable idea is thrust back into the id, while in projection it is displaced into the outside world” (A. Freud 132). While the household sleeps at night, Ganga rouses and dances as Nagavalli, fulfilling her repressed desires. She attempts to satiate Nagavalli’s love story by pursuing a neighbour occupying Ramanathan’s house.

Moreover, Ganga, who resented her father’s authoritarian decisions, projects him onto Nagavalli’s domineering husband, Sankaran Thambi. Ganga’s alter-ego cannot execute her revenge on these absentee autocrats and, thus, identifies Nakulan, her husband, as the immediate voice of authority in her life. Her defence mechanisms displace Nakulan with Sankaran Thambi, justifying her intentions to kill him. When Ganga yields to her inert instincts, she assumes the alter-ego of the ancient dancer already associated with the family’s misfortune. Ganga redeems herself and her marriage by perpetrating the ghost stories in existence. The family condemns Nagavalli’s ghost for the terror Ganga wreaks, unbeknownst to them. Ganga’s dissociative personality disorder psychosocially disables her, denying agency over her actions and gradually straining her ties with the family.

Examining the Healing Masculine Prowess

In *Ulladakkam*, Reshma has dialogues only from the movie’s latter half; until then, she whimpers, groans and remains tearful while her brother Roy talks on her behalf and Dr Sunny draws conclusions for the vulnerable woman. When the goons who killed Reshma’s partner ambush her after her recovery, Dr Sunny saves her by thrashing them, providing an impetus to the transference process her mind had initiated. Dr Sunny realises Reshma is recreating the time spent with her partner and chooses against intervening. Despite knowing the palpable course of action, he acts as her saviour rather than a medical professional. Dr Mathachan warns Dr Sunny, “She always wishes for your presence. In psychiatric terms, there are justifications

for it. It can be called a sense of insecurity. However, in our social setup, the affection she is showing towards you is understandable” (*Ulladakkam* 1:35:13-1:35:25). Dr Sunny refuses to respond and remains downcast. He enables Reshma’s advances despite multiple warnings, endowing her with hope. Here, director Kamal treats the movie’s psychological aspect inconsequentially, positioning actor Mohanlal as a desirable object catering to the commercial audience’s pulse.

In *Manichitrathazhu*, Fazil weaves a classic conflict between tradition and modernity by employing both techniques of exorcism and psychiatry to cure Ganga. Returning from Kolkata, Ganga, a graduate in archaeology, is illustrated as the modern woman dressed in pastel shades, salwar kameezes, flaunting fashionable blouses and loose hair. She constantly questions the superstitions behind the customs of the ancient Madampalli manor. She instantly becomes ‘the other’ in the patriarchal household. Her empathy for the othered and oppressed dancer, Nagavalli, triggers her repressed memories, causing split personality disorder. Ganga’s mental condition becomes an indispensable plot device in schooling her into submission to patriarchal ideals. Dr Sunny’s entry into the narrative relegates Ganga to a secondary position, wasting an opportunity to explore a psychological condition adequately on-screen. When the disturbances in the manor begin, Ganga is reduced to a powerless woman, always turning to Nakulan and Dr Sunny for reassurance. Her stronger alter-ego perishes under the treatment of Dr Sunny, moulding her into the desirable traditional woman. Ganga tearfully thanks Nakulan, her husband, for accepting her post-recovery. She says, “I do not know how many lives it would take me to thank my dear Nakulan” (*Manichitrathazhu* 2:25:07). The determined, modern woman transmutes into a husband-worshipper through convenient psychiatric inventions.

The stardom of actor Mohanlal diminishes the significance of the psychiatric conditions discussed in the movies. The narrative revolves around the quandary he faces during the treatment process. *Ulladakkam* posits Reshma against Annie, both wanting to be the objects of his desire. Meanwhile, *Manichitrathazhu* positions Ganga against Sreedevi, Nakulan’s former fiancé and the voice of traditional reason in the household. This tendency of the directors to have women compete with each other renders the discussions of psychosocial disabilities futile, creating flawed support networks. Moreover, exhibiting them as immaculate and forlorn retains the sensuality and appeal of the actresses Amala and Sobhana. Since the contemporary movies of the 1990s sexualised and objectified their heroines, it becomes essential for these movies to adhere to the formula as well.

Incidentally, the aesthetic quality of Dr Sunny's hospital and the Madampalli manor contribute to the romanticisation of captive spaces, encapsulating the heinous denial of agency. The mental asylum depicted in *Ulladakkam* resides amidst the embrace of soothing locales. The bungalow converted into an asylum delivers an English romance aura to the narrative. The tranquil visuals and Amala's Western dresses resembling school uniforms further reinforce her image of innocence. The menacing Madampalli manor, on the other hand, exudes the impression of a prison being the vanguard of tradition. Both buildings witness the psychoses of Reshma and Ganga, respectively, legitimising their doctors' and families' decision to hold them captive. Fazil and Kamal romanticise the madwoman and the locale, deviating our focus from their calculated oppression by patriarchy.

Conclusion

The paper comprehensively unpacks the intricacies surrounding celebrated portrayals of women with psychosocial disabilities in Malayalam cinema. Despite Mohanlal winning accolades like the Kerala State Film Award for Best Actor in 1991 for *Ulladakkam* and Sobhana Winning the Best Actress Award at the National and State levels in 1993 for *Manichitrathazhu*, closer scrutiny reveals troubling nuances in their characterisations. These films, while acclaimed, reinforce gender stereotypes and bypass responsible representation, reducing women to objects of the male gaze. Reminiscent of Shakespearean tropes, they depict chivalrous gentlemen masquerading as psychiatrists, subduing unruly women and perpetuating their subjugation to brothers and husbands. Thence, it is crucial to revisit and reinvestigate cult classic Malayalam cinema through the lens of Disability Studies to call attention to such controversial representations.

Subtle adherence to disability tropes and stereotypes is found in movies of the twenty-first century as well. Consequently, similar research will provoke significant inquiries into the accountability of cinema in representing marginalised groups, emphasising the urgent requirement for nuanced, respectful, and empowering depictions of women with psychosocial disabilities. They underscore the importance of challenging entrenched patriarchal norms in both the film industry and broader society, ensuring that women with disabilities receive dignified, empowered, and multifaceted depictions on screen. Ultimately, it is incumbent upon filmmakers and audiences to analyse and engage with these representations critically, fostering a cinematic milieu that is more inclusive and empathetic.

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