The Depiction of Electroconvulsive Therapy in Hindi Cinema

Chittaranjan Andrade, MD,* Nilesh Shah, DPM, MD, DNB,† and Basappa K. Venkatesh, DPM‡

Background: There is little literature on the depiction of electroconvulsive therapy (ECT) in movies. In India, Hindi cinema is an important source of public information and misinformation about ECT.

Methods: We identified depictions of ECT in Hindi cinema through inquiries with e-communities, video libraries, and other sources. We also searched the PubMed database using search terms related to ECT and movies.

Results: Between 1967 and 2008, 13 Hindi movies contained referrals to or depictions of ECT. By and large, the depictions were inaccurate, distorted, and dramatized. Electroconvulsive therapy was administered to punish, to obliterate identity, to induce insanity, and for other rarely clinically valid indications. Electroconvulsive therapy was almost always administered by force. Premedication was rare. Genuine ECT devices were uncommonly used. Electroconvulsive therapy stimulation almost invariably appeared to cause pain. Multiple shocks were frequently delivered in the same session. The convulsions were usually bizarre. The treatment caused mental disturbance, amnesia, weakness, and even a zombielike state, thought not mortality; clinical improvement was rare. There was no pattern of increasing accuracy of depiction of ECT with recency of movie release.

Discussion: We examine the extent to which the identified inaccuracies are practically important and offer reasons for the inaccuracies. Although the inaccuracies are a cause for concern, we suggest that because Hindi cinema is generally hyperbolic, the public may be willing to distinguish real life from reel life when facing clinical decisions about ECT. Nevertheless, considering the potential for harm in the dissemination of misinformation, filmmakers should exhibit a greater sense of ethics when creating impressions that might adversely influence health.

Key Words: Bollywood and ECT, cinema and ECT, electroconvulsive therapy in Hindi cinema, films and ECT, Hindi cinema and ECT, movie depictions of ECT, public attitudes towards ECT

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In India, with a population of nearly 1.2 billion citizens, is the largest democracy and the second-largest country in the world. The film output in India is large; most of the movies released are in Hindi, the most widely spoken language in the country. During 2007–2008, nearly 250 movies were released from Bollywood (available at: http://www.filmyduniya.in). Whereas many common major and minor themes characterize Hindi movies, mental illness is uncommon as a major theme.

Movies may be the most important source of information about electroconvulsive therapy (ECT) in a society in which illiteracy is widespread and where many receive little more than a very basic school education. Consequently, movies may significantly influence knowledge about and attitudes towards ECT and hence its acceptability.¹,² To the best of our knowledge, Bhugra³ provided the only previous description of ECT in Hindi movies. This description appeared in a monograph which examined the portrayal of mental illness in conventional Hindi cinema. Bhugra³ mentioned only 7 Hindi films that depicted ECT: Jewel Thief, Raat aur Din, Khamoshi, Arth, Raja, Dastak, and Damini. Bhugra³ provided a social analysis of the storyline with regard to ECT in these movies; less attention was paid to an analysis of the technical details. We therefore sought for the first time in literature to characterize the technical depiction of ECT in Hindi cinema. We focused our inquiry on the following aspects: context of appearance of ECT, accuracy of depiction, and emotional impact. Our approach largely followed that adopted by McDonald and Walter.⁴,⁵

METHODS

We used several search strategies to identify Hindi movies that referred to or portrayed ECT: we posted inquiries with 3 e-communities, the members of which are Indian psychiatrists; we made inquiries at 3 video libraries in Bangalore city; we made inquiries with friends and acquaintances who are enthusiastic film buffs; and we conducted an internet search on the subject using the search terms electroconvulsive therapy, ECT, shock therapy, and shock treatment paired with Hindi movies, Hindi films, and Bollywood. We also searched the PubMed database using the search terms ECT and movies (along with related terms such as shock therapy, films, and cinema).

We were able to identify 13 movies. These are listed in Table 1. During the course of our inquiries, we became aware of several regional-language Indian movies that also contain depictions of ECT. These are listed in Table 2. Points of interest are that the Malayalam movie Thalavattam was likely inspired by One Flew Over the Cuckoo’s Nest and that the Tamil movie Manasukal Mathapu and the Hindi movie Kyon Ki were based on Thalavattam. Occasional Indian movies are made in English; one such movie, 15, Park Avenue, also depicted ECT. We examined only the Hindi movies.

RESULTS

In this section, we briefly describe the plot of each movie and the manner in which ECT was depicted on the screen.

Jewel Thief

The gist of this 1967 movie is that Vinay, the son of a police officer and an employee in a jewel shop, is abducted by a gang of jewel thieves. The thieves have him treated with ECT so that he forgets his real identity. He is then brainwashed into believing that he is a jewel thief.

In a scene located in a private residence, 2 physicians visit Vinay who is shown tied to a hospital bed. The real jewel thief asks the physicians how long it will take to obliterate all of Vinay’s memories. The physicians respond that ECT cannot be safely given more often than once a day and that it could take as few as 1 or as many as 6 ECT sessions; afterwards, not only

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Table 1. Production Details of Identified Hindi Movies That Portray ECT

<table>
<thead>
<tr>
<th>Name of Movie</th>
<th>Year Released</th>
<th>Director</th>
<th>Producer or Production Company</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jewel Thief</td>
<td>1967</td>
<td>Vijay Anand</td>
<td>Dev Anand</td>
</tr>
<tr>
<td>Raat aur Din</td>
<td>1967</td>
<td>Satyen Bose</td>
<td>Jaffer Hussain</td>
</tr>
<tr>
<td>Khoshami</td>
<td>1981</td>
<td>Asit Sen</td>
<td>Geetanjali</td>
</tr>
<tr>
<td>Yaarana</td>
<td>1981</td>
<td>Rakesh Kumar</td>
<td>A.K. Nadiwala</td>
</tr>
<tr>
<td>Arth</td>
<td>1982</td>
<td>Mahesh Bhatt</td>
<td>Kuljit Pal</td>
</tr>
<tr>
<td>Coolie</td>
<td>1983</td>
<td>Manmohan Desai</td>
<td>Manmohan Desai</td>
</tr>
<tr>
<td>Dhamini</td>
<td>1993</td>
<td>Rajkumar Santoshi</td>
<td>Karim Morani, Bunty Morani, Aly Morani</td>
</tr>
<tr>
<td>Raja</td>
<td>1995</td>
<td>Inder Kumar</td>
<td>Indra Kumar, Ashok Thakeria</td>
</tr>
<tr>
<td>Dastak</td>
<td>1996</td>
<td>Mahesh Bhatt</td>
<td>Mukesh Bhat</td>
</tr>
<tr>
<td>Har Dil Jo Pyaar Karega</td>
<td>2000</td>
<td>Raj Kanwar</td>
<td>Sajid Nadiwala</td>
</tr>
<tr>
<td>Kyon Ki</td>
<td>2005</td>
<td>Priyadarshan</td>
<td>Mukesh Talreja, Sunil Manchendra</td>
</tr>
<tr>
<td>Who Lamhe</td>
<td>2006</td>
<td>Mohit Suri</td>
<td>Mukesh Bhat</td>
</tr>
<tr>
<td>Manthan Ek Kashmukash</td>
<td>2008</td>
<td>Kumar Raj</td>
<td>Kumar Raj</td>
</tr>
</tbody>
</table>

Table 2. Examples of Regional-Language Indian Movies and Television Serials With Depictions of ECT

<table>
<thead>
<tr>
<th>Language</th>
<th>Movie Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tamil</td>
<td>Manasukul Mathapu</td>
</tr>
<tr>
<td></td>
<td>Kannavakul Nilavu</td>
</tr>
<tr>
<td>Malayalam</td>
<td>Aa Ra Ro Aa Ri Ra Ro</td>
</tr>
<tr>
<td>Hindi television</td>
<td>Thalavattam</td>
</tr>
<tr>
<td></td>
<td>Thanthyaavarthanam</td>
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<td></td>
<td>Bhabhi</td>
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Khamoshi (Silence)

This black-and-white movie was produced in 1969. The setting is a mental asylum in which patients are usually treated with shock therapy or medication. Arun is a patient with a film diagnosis of acute mania; his behavior, however, suggests a paranoid schizophrenic illness. In the initial part of the movie, an attempt is made to treat Arun along psychodynamic lines as part of a research idea. The treatment fails; Arun suddenly deteriorates and is taken for ECT.

Arun is shown with his limbs strapped to the ECT table; he strains against his restraints and cries “No, No.” A nurse loads a syringe. A large rectangular bite block is inserted into Arun’s mouth. An ECT device is inappropriately located at the side of the bed; attention is however drawn to a wooden board fixed upon a wall. On this board are several switches, a meter display, and 4 bulbs, one of which glows with a white light. A physician holds the ECT headband electrodes; another hovers at the switch. At this juncture, the nurse responsible for the psychodynamic intervention arrives and halts the procedure. She resumes her care for Arun who, with her love and attention, recovers.

Whereas the parts portraying ECT last just 10 to 15 seconds, the whole scene continues for almost a minute. The depiction of ECT is negatively to the extent that the patient is shown resisting the procedure. Love and affection are shown as effective treatment, subtly implying that ECT and medications are inappropriate for psychosis.

Yaarana (Friendship)

In this 1981 production, Bishen and Kishen are close friends. Bishen develops mental illness and is hospitalized in an asylum. He is kept chained in a dark room because he becomes violent whenever he sees people or bright lights.

Kishen thinks that Bishen has died and that the man in the asylum is Bishen’s servant. Kishen feigns mental illness so that he can enter the asylum and speak to Bishen’s servant to find out more about the sinister plot, which drove Bishen to his death. However, when Kishen enters the dark room, he finds that it is his friend who is there.

The hospital staff, angry with Kishen for breaking hospital rules and entering the dark room, punish him by giving him ECT. Kishen is held in a bed by 6 men. A huge roll of gauze is thrust into his mouth to serve as a bite block. A woman’s hair band, with wires attached to the ends, is applied to his head and temples. There is no anesthesia or premedication. An ECT device is displayed, very briefly, in the background. It has knobs, lights, a needle display, and a screen above. A red light glows on the device. Kishen’s struggles diminish in intensity with the administration of the shock; he appears to display myoclonic jerks with his eyes closed, perhaps after the seizure.

The convulsion, if at all it occurs, is indistinguishable from the pre-ECT struggling; the activity lasts for approximately 12 seconds. Afterwards, Kishen walks back to his ward supported by 2 attenders; he is dazed by the treatment. In a later part of the movie, Kishen rescues his friend and escapes.

In this movie, unmodified ECT is displayed as a punishment administered to a fiercely resisting patient, implying that the treatment is a harsh one.

Arth (Meaning)

This 1982 film presents the story of a married film director who is secretly in love with a paramour who has mental illness. A psychiatrist diagnoses paranoid schizophrenia, provides a reasonably accurate description of the disorder, explains that medicines have not helped, and advises ECT. The patient’s mother refuses consent because, in her opinion, ECT causes a lot of problems.

There is no other reference to ECT in the movie. The message is that ECT can be used when other treatments fail but that the procedure is associated with many adverse effects.

Coolie (Porter)

This 1983 film narrates the story of a woman named Salma. Zafar Khan wishes to marry her but her father does not permit it; instead, Salma is given in marriage to another man. In his anger, Zafar kills Salma’s father and sabotages the dam near their village, bringing devastation to the area. Zafar abducts Salma who then loses her memory; a physician reports that the memory loss is due to separation from her family. Salma is then given ECT to prevent her from regaining her memory.

The ECT is administered in her own home by Zafar’s subordinate. The frequency of treatment varies from once daily to once a fortnight. This continues for approximately 20 years, by which time her son by her former husband grows up and becomes a coolie in a railway station.

Zafar and the coolie have an altercation, and Salma receives the bullet that Zafar aims at the coolie. Salma is hospitalized; on her way home, she passes her former village, sees some of her old photographs and belongings, and recovers her memories.

In this movie, there are 2 occasions when ECT is shown. In the first, nurses hold Salma’s hands at the time of ECT. A circular metallic band with green and red flashing lights is placed on her head. There is no use of a bite block. A knob is turned on a blue metallic device which has a circular display and 4 knobs (this device bears no resemblance to a true ECT device). Salma cries out and exhibits a theatrical convulsion. The convulsion increases in intensity as the knob is turned to higher levels and stops when the knob is returned to its original position. This is shown thrice. Salma is unconscious after the procedure.

In another scene, Salma is shown receiving ECT in the background; the knob on what may be a briefcase ECT device is turned several times during the same session either indicating multiple treatments in the same session or single treatments spread across time. After ECT, in a very brief scene, Salma appears tired, sleepy, and limp. In between ECTs, Salma often behaves like a zombie: with little speech or motivated behavior.

In this film, unmodified ECT is given at home by non-medical persons. The sole purpose of ECT is to maintain memory loss. Glissando is used. Several treatments are administered in the same session. Although the amnesia is not permanent (because Salma eventually regains her memories and is reunited with her son), the audience will remember that ECT causes pain, severe amnesia, and a zombielike state.

Damini

This movie was released in 1992. Damini witnesses the sexual molestation of a maidservant by her brother-in-law and his friends. She tells the police what she has seen. Her in-laws are furious and throw her out of the house. In court, their lawyer portrays her as a mentally unstable person. Damini is committed to a mental asylum for observation.

In the asylum, her in-laws conspire with the physicians to drive her insane using ECT. In one scene, which opens the movie, Damini is shown lying on a bed with a rolled-up wad of gauze between her teeth. Two nurses hold her limbs on either side. A nurse at the head end of the bed applies headband electrodes which are connected to a briefcase ECT device. A tube of electrode gel stands on the ECT device. A physician in street clothes (but wearing a stethoscope) presses a switch on the
ECT device. Damini cries out and displays an opisthotonic convulsion for 2 to 3 seconds. The stimulus is repeated 4 more times with similar results. After ECT, Damini is dazed. She cries and talks irrelatively to herself. Her behavior appears regressed.

In another scene, much the same action is depicted in the background of a conversation in which the family lawyer discusses how many treatments she can withstand and how long it might take to drive her mad. Happily, Damini escapes from the asylum and meets a lawyer who helps her fight for truth and justice.

The most glaring distortions in this film are the depictions of multiple unmodified treatments in the same session and the use of ECT to cause insanity. The audience will take home a very unfavorable image of the treatment.

**Raja**

This movie was released in 1995. One of the protagonists, Raja, has a brother named Birju who has mental illness. A plot is hatched against Raja wherein Birju is accused of attempting to rape a girl. Birju is taken to a mental asylum and is given ECT by physicians who believe the story.

In the pertinent scene, which takes place in what appears to be an operation theater, Birju is shown with a broad metallic belt around his forehead. His head is held in the grips of an enormous vise, maintained in position by a ward boy on either side. A nurse stands by the side of the bed. The physician, wearing a stethoscope, stands at the head end of the bed and makes exaggerated movements with his right hand, implying that he is turning a knob or a lever on what appears to be an ECT device, but which is only briefly shown in the background.

There is a rolled-up wad of gauze clenched in Birju’s mouth. Birju makes repeated grunting and roaring sounds and throws a violent convulsion; only the body thrusts up and down because his limbs are held by the attendant staff. His eyes are open all through the convulsions. A red light flashes repeatedly over the scene. This scene alternates back and forth with one in which Raja is shown running to the hospital; the implication is that the ECT procedure continues for 10 to 15 minutes or even longer.

After ECT, Birju is shown seated on the floor in a hunched position in the corner of a bare room. He is weak; he tries to get up but falls. Raja supports him. He hugs Raja and asks to be taken away from the asylum lest he be killed by the physicians.

In this 1995 movie, although ECT is used to treat a person with mental illness, the reason for which it is used suggests that it was applied as a punitive measure. The use of abnormally prominent electrodes (one of which resembles an exhaust fan), the prolonged passage of current, and the prolonged convulsions in the same session are other important distortions of the treatment. The patient is shown as being conscious and in pain all through the procedure; afterwards, he is shown to be physically depleted. The audience impact is strongly negative.

**Dastak (Knock)**

This 1996 film depicts a psychopathic killer who murdered his father and who, with a presumption of mental illness, was sentenced by a judge to 10 years of incarceration in the city mental hospital. There is a passing mention about ECT in this film when the killer tells the heroine that he had been kept in a dark room and was given ECT because he was thought to be mad. No further information about the treatment is provided.

**Har Dil Jo Pyaar Karega (Every Heart That loves)**

Produced in 2000, this film is a comedy with a love triangle as the principal theme. A subplot features a man, referred to as Mamu, who feigns mental illness to escape prosecution. In the scene that portrays ECT, loud screaming is heard from a mutilated hospital; the entire building vibrates with the sound. Inside, Mamu is shown tied to a wheelchair and convulsing while a physician, standing behind him, holds electrodes at his temples. The convulsions appear ugly: Mamu shakes violently for 5 to 6 seconds and his tongue protrudes; nevertheless, the depiction is such that the audience laughs rather than experiences horror and disgust.

After the convulsion, Mamu pleads that the shocks should be stopped. The physician removes the electrodes, and an attendant policeman checks his orientation. Mamu answers accurately, but because his response to a question on dietary preference is (truthfully) bizarre, the policeman instructs the physician to administer another shock. The physician obeys. Questioning continues after the ECT; Mamu again gives replies that inadvertently and comically provoke concern about his mental stability. As a result, the shock treatment is repeated. With repeated shocks, Mamu develops dark circles around his eyes and his body sags in weakness.

In a later scene, Mamu talks about having received electric shocks which transiently darkened his vision and caused smoke to emerge from different parts of his body.

The depiction of ECT is overwhelmingly negative, but audiences are entertained and amused rather than horrified by the deliberate absurdity of the caricature. Nevertheless, persons who see this film are likely to think that ECT is administered as a punishment to a conscious person and that it causes grievous discomfort and bodily dysfunction.

**Kyon Ki (Because)**

This 2005 film is reminiscent of *One Flew Over the Cuckoo’s Nest* and is based on the earlier Malayalam movie *Thalavattam* by the same director. The film also draws on themes from the film *Khamoshi*, which was described earlier in this article. In this film, the protagonist Anand inadvertently causes the death of his girlfriend and is placed on trial for murder. He develops mental illness and is shifted to a mental hospital in which patients are treated by force. He is mostly shown to behave normally in the hospital; however, because of several comic misadventures, he is deemed to be a troublemaker and is given ECT as a punishment.

He walks smiling into the operation theater in which the ECT is to be given. He lies on a bizarrely shaped table which has a surgical light shining above. His arms and legs are strapped down. Electrocardiographic-type electrodes are applied in front of the ears. A tubular rubber mouth gag is shown between his teeth. As the physician turns the knob of a small hand-held instrument (which resembles an electrician’s multimeter), Anand screams. The audience is then shown scenes of traumatic events; these suggest that Anand’s mind is being flooded by fearful images. The visual images alternate with Anand’s screaming with eyes wide open. The seizure lasts for approximately a minute. Afterwards, Anand is shown staring dazedly. The scene blurs; later, he is taken to the ward, supported by a security guard. He slumps down on his bed.

Other patients cluster around him. Anand suddenly leaps out and laughs, startling the other patients, who then begin to laugh and clap. The audience is left to understand that ECT did not have any effect on him and that he could easily deceive the physician.

The daughter of the physician takes over his care. Anand recovers, and the two fall in love. However, the physician disapproves and treats Anand with drugs, ECT, and eventually a prefrontal lobotomy (however, postoperatively, a sticking plaster...
is shown behind his ear). Anand is left in a vegetative state and is afterwards smothered to death by another physician.

In this movie, regrettably, unmodified ECT is depicted as a means of punishment and as a means to destroy the mind. The prolonged screaming right through the treatment is another important distortion, which implies that ECT causes much pain.

Woh Lamhe (Those Moments)

This film was released in 2006 and is strongly reminiscent of the real-life story of a contemporary Indian film director and a deceased Indian film actress who developed a schizophrenic illness. In the film, the protagonist is a film actress who develops paranoid schizophrenia. She is admitted to a general hospital where the physicians advise shock treatment and obtain informed consent from her mother. However, her lover, who is a film director, disapproves of ECT because his father who received ECT for alcohol dependence had died as a consequence of the treatment. He berates her mother for giving consent for ECT because “it is like allowing her daughter to get raped”. He abducts the girl from the hospital and has her treated with medication. She recovers from her illness but relapses owing to later noncompliance. She is again taken to the hospital where she dies, possibly as a result of slashing her wrists.

Of note, in one scene in the movie, a relative of the film director tells him that different physicians have different opinions about ECT and that he should not interfere in her treatment.

Electroconvulsive therapy is shown in a flashback. The patient is the film director’s father. He is shown being tied to a hospital bed by nursing staff who wear surgical gloves; leather straps are applied to his hands and legs. Two ice cream sticks in his mouth serve as a bite block. A red and green box with many knobs and settings depicts the ECT device; it has a display screen on which wavy patterns are seen. The headband is a white plastic structure applied to the forehead; it has wires attached. The physician turns a knob on the ECT device, and the patient displays bizarre movements of the body and legs; these last for a few seconds. A nurse times the convulsion. There is no dramatization of the scene. There is no post-ECT sequence.

The movie portrays schizophrenia realistically. The psychiatrists are competent. By movie standards, ECT is reasonably displayed; however, there is no premedication, the bite blocks appear bizarre, a glissando stimulus is delivered, and the convulsion is atypical. Whereas the hero considers that ECT is a treatment that can result in death, an alternate view is also proposed.

Manthan Ek Kashmash (Churning: a Dilemma)

In this 2008 thriller, Dev is a brilliant nuclear scientist who loses his parents in an underworld gang war. He develops mental illness and is said to experience “deep depression and schizophrenic symptoms.” He is treated with ECT.

Dev is shown lying on a table in an operation theater. There are ward boys and nurses around him. A Boyle’s apparatus is visible in the background. A mouth gag is inserted after intravenous anesthesia. A psychiatrist (author Nilesh Shah) standing at the head of the table applies frontotemporal headband electrodes. Electroconvulsive therapy is administered with an authentic brief-pulse device. Dev throws a proper tonic-clonic convulsion, which lasts 10 to 15 seconds. Postictal events are not shown, and the number of ECTs administered is not known; however, Dev recovers completely.

The depiction of ECT in this movie is completely accurate, and the portrayal is emotionally neutral.

DISCUSSION

We were able to identify 13 Hindi movies, released between 1967 and 2008, which referred to or portrayed ECT. As far as we know, ours is the most complete and detailed record of the portrayal of ECT in Bollywood; the only previous examination presented a largely social and briefly technical discussion of 7 movies.

Technical Aspects of ECT as Depicted in Hindi Cinema

In almost all the movies that we have described, ECT was used to treat persons with mental illness or supposed mental illness, usually for specific instances of disturbed behavior. This may seem moderately acceptable on the surface; however, in some of the cases, the patient did not really have mental illness, and in most of the cases, the disturbed behavior was triggered by plot-specific motives that had no origin in psychiatric disturbance. Thus, the real message that the audience receives is that physicians who treat patients with mental illness administer ECT without properly understanding the symptoms that these patients display. Worse, in certain movies ECT was specifically administered as a form of punishment.

Disturbingly, in one movie the indication for ECT was to induce insanity; in another, to prolong amnesia resulting from emotional trauma; in a third, to induce a loss of identity and foster the creation of a false identity. One movie suggested the use of ECT for antisocial behavior that was deemed to be madness. In general, the physicians who administered ECT were depicted as plant tools of the villains in the movies and as persons who cooperated in the use of ECT to punish, induce insanity, cause amnesia, or change identity. In only approximately a third of the movies were psychiatrists depicted as ethical professionals, and in fewer than half of the movies was ECT presented as a treatment for a reasonable psychiatric indication.

With one exception (Woh Lamhe), no movie indicated that ECT was administered with the consent of the patient, or with the consent of a legally acceptable representative; in fact, in most of the movies that depicted the administration of ECT, the patients, their family members, or friends were very obviously opposed to the treatment. Patients were shown struggling against the staff who were preparing to administer ECT, and they had to be held or strapped down by force. The message that goes out strongly is that ECT is used against the will of the patients, or their legal representatives, rather than as a consensus treatment. Here, it should be noted that only in recent decades did specific informed consent for ECT become the norm in usual psychiatric practice in the country; previously, in many centers blanket consent for all forms of treatment was obtained upon admission.

No movie even hinted at pre-ECT investigations for fitness. No movie indicated the need for a pre-ECT fast. Almost all movies that showed the ECT procedure displayed the direct passage of current in a conscious patient. Jewel Thief (1967) was one movie that showed the administration of an intravenous injection before ECT; whereas the injection induced a loss of consciousness, the patient displayed vigorous convulsive movements. Manthan Ek Kashmash (2008) was the only other movie to show the administration of intravenous premedication; in this movie, too, the patient experienced a generalized tonic-clonic convulsion. Thus, no movie depicted what might have been interpreted as properly modified ECT. In this context, however, it should be considered that unmodified ECT was widely practiced in the country for long and that some convulsive movements are evident even with modified ECT, unless the treatment is fully modified.
The ECT devices, when depicted, were almost invariably primitive in appearance. They were wooden boxes, small electrical appliances, or boxes mounted on the wall. Some devices had displays; most merely had knobs or switches and lights. Most devices were operated by turning a knob, reminiscent of the extenuus or glissando technique in obsolete sinusaloid wave devices in which stimulus duration was under manual control. Flashing lights, usually red, indicated the passage of current. In at least 1 movie, Raat aur Din (1967), a real ECT device was employed; whereas it may seem primitive by present-day standards, it must be remembered that the availability of ECT devices was limited in that era. In only 1 movie, Manthan Ek Kashmakash (2008), was a real brief-pulse ECT device used.

Electroconvulsive therapy was always delivered through bitemporal electrodes; however, the eventual position of the electrodes sometimes depended on the patient's resistance to the treatment. The electrodes varied in appearance from headbands with flashing lights to small electroencephalographic-type electrodes to large paddles. Interestingly, the use of a mouth gag was displayed in most movies that showed the ECT procedure. In many movies, 2 or more stimuli were delivered during the same ECT session. Electroconvulsive therapy-induced convulsions were seldom more than a few seconds in duration. Only 1 movie (Kyon Ki; 2005) indicated a long seizure; here, the visual imagery elicited by the ECT lasted 72 seconds, implying that the seizure might have been of this duration.

Most patients were shown to scream at the start of the treatment and sometimes during the treatment, as well. The implication is that ECT causes pain. Wherever shown, patients were temporarily disoriented or unsteady immediately after ECT or physically weakened afterwards. In Coolie (1983), ECT elicited prolonged amnesia and resulted in a zombielike state. No movie presented ECT as a treatment that was administered in a course. Virtually no movie showed improvement after ECT; in fact, many movies implied that ECT made the patients worse. One movie (Woh Lamhe; 2006) suggested that ECT may even result in death. In Manthan Ek Kashmakash (2008), however, the protagonist recovered with ECT and the movie had a happy ending.

**Electroconvulsive Therapy in Movies in Other Parts of the World**

Our PubMed search identified little literature on the depiction of ECT in movies; to the best of our knowledge, data are available only for Australia and New Zealand,8,9 the USA,4,5 and India.1 In this section, we provide a very brief comparison of our findings with those described in literature.

Rosenberg10 and Walter12 listed 3 movies from Australia and New Zealand. In An Angel at My Table, unmodified, bitemporal ECT is administered in a casual manner and without privacy to a fearful woman in an archetypically primitive mental asylum setting. In Cosi, inpatients at a mental asylum stage the administration of ECT in an opera that they present; they make out that ECT can be used punitively and that it can kill. In Shine, the depiction of ECT is reasonably sober, but the treatment is suggested to trigger the protagonist's mental deterioration.

McDonald and Walter4,5 have provided the best available discussion on ECT in films. These authors identified 22 American movies, which were released between 1948 and 2000 and which referred to or depicted ECT. McDonald and Walter9 observed that ECT was most commonly administered as a punishment for antisocial behavior; depression was rarely an indication. Many films showed a consensual process. Treatments were always bilateral and unmodified; mouth guards were usual. Electroconvulsive therapy devices were sometimes genuine in appearance and sometimes obviously phony. Electroconvulsive therapy was administered with dramatic sound effects. The ECT seizures were almost always unconvincing. Amnesia as an adverse effect was rarely depicted; however, a zombielike outcome was common. Positive outcomes with treatment were rarely depicted; death was indicated to result with ECT in 3 movies. In most of these regards, the depiction of ECT in Hindi cinema resembled that in Hollywood; however, whereas one Hindi movie (Woh Lamhe; 2006) suggested that ECT may cause death, no movie showed a fatal outcome.

Interestingly, the portrayal of ECT in Hollywood displayed time trends that paralleled changes in the perceived role of psychiatry in society.4,5 Electroconvulsive therapy was initially shown as a dramatic but effective intervention; later, however, ECT was presented as a brutal means of punishment and control. The depiction became stereotyped, influenced more by films such as One Flew Over the Cuckoo's Nest than by current developments in therapeutics.5 No such time trends are apparent in Hindi movies. Perhaps this is because although mental illness does carry a social stigma in India, there are no specific attitudes towards psychiatry per se and there is virtually no antipsychiatry movement in the country. Finally, in the movies that we reviewed, there was no trend for an improvement in the accuracy of technical depiction with recency of movie production, as was reported for American movies.4

**Comments About the Depiction of ECT in Hindi Cinema**

The analysis that we have provided about the depiction of ECT in Hindi cinema appears damning; almost all the film directors were guilty of distortion and dramatization. Yet, the picture may not be as black as it appears. We had to view the relevant scenes in the movies over and over again to identify pertinent details in the dialogue and to record the events related to the portrayal of ECT, and we had to pause the movies repeatedly to observe specific details as those related to premedication, electrode characteristics and positioning, delivery of multiple stimuli in the same session, and ECT instrumentation. It is likely that lay audiences, whose primary aim is not to focus on fine details or specific aspects of the portrayal of ECT, will take home only a very general impression of the treatment. An additional thought is that we know how ECT is administered and so knew what to look for; lay audiences, ignorant about ECT, would likely see only the broad picture: a shock is delivered, the patient convulses, and the story proceeds. Impressions that would persist would be those related to the indication for ECT (usually, to punish the patient or to produce a desired adverse effect); the trauma associated with treatment (illustrated by the use of force, the sound of the patient screaming, flashing lights, and dramatic sound effects); and the outcome of treatment (physical or mental weakening).

We observed a glorious disregard for accuracy, across the board, in the portrayal of ECT in Hindi movies. There are many reasons why truth is sacrificed in movies: movies seek to entertain, not educate; movies take advantage of artistic license; movies suffer constraints related to dramatic characterization and narrative pace; and movies need to please multiple stakeholders.10

What might be the explanations in the context of Hindi cinema? One possibility is that movie directors are too lazy to do their homework or don’t consider that background accuracy (with its associated budgetary demands) is indeed necessary; for example, if the audience has never seen an ECT device or an electrode headband, what the movie shows wouldn’t matter. Another possibility is that movie directors are limited
by viewing time constraints and therefore skip steps; therefore, the informed consent process, the administration of anesthesia, and other procedures are left out. Only the most important elements, such as the pressing of the stimulus button and the throwing of the convolution, are presented. A third possibility is that some directors may be pursuing personal antipsychiatry and anti-ECT agendas; at least 1 movie director in India has publicly professed his prejudices against psychiatry and ECT. A fourth possibility is that, if the plot of the movie calls for the use of ECT for a nontherapeutic indication, the director has no real need to depict the treatment in an accurate light.

However, perhaps the most important explanation is that movie directors deliberately glamorize their screenplay because most people watch movies for entertainment, not education; in this context, a distorted, dramatized depiction is more likely to earn box office tickets than a humdrum, technically correct version. Such “sexed-up” scripts and screenplay characterize moviemaking across the world. Themes from sports to science, from criminal investigations to court proceedings, and from building bombs to sailing ships are simplified, popularized, converted into local idioms, or otherwise rendered into versions that will sell. Where else but in a movie would we find a beautiful, 18-year-old woman with a doctorate in nuclear physics busting an international spy ring; or a group of shipwrecked passengers who, despite a month of life on a deserted island, look as though they have just stepped out of a beauty salon? Professionals across this planet will find plenty of piffle in the portrayals of their specializations on the silver screen; shock therapy has not been singled out for harsh treatment!

McDonald and Walter observed that diverse studies on public attitudes towards ECT found that the mass media, including movies, were a source of information about ECT. More recently, these authors suggested that audiences with no personal or professional exposure to the treatment may fail to make the distinction between movie depictions of ECT and clinical reality. In a study of Indian medical students, higher education and medical background notwithstanding, 37% of the respondents reported that the mass media (particularly television and the movies) had been the most important influence on their attitudes towards ECT. In a laboratory-based experiment, Walter et al showed that after medical students viewed scenes that depicted ECT in a negative light, a third of them decreased their support for ECT, and the proportion of students who would dissuade a family member from receiving ECT rose from less than 10% to nearly 25%.

Rosen and Walter, however, observed that the power of the mass media may be vastly overstated. In line with this view, it is our general experience that the depiction of ECT in movies does not enter into the discussion when consenting patients for ECT. We therefore suggest that, at least in India, an alternate take on the subject is possible. To most members of the audience, technical accuracy is unimportant and often passes unnoticed. Furthermore, most people are able to make a distinction between real life and reel life; they recognize that depictions in Indian cinema are caricatures across all professions. Patients are hence generally willing to accept a physician’s explanation over what they see in the cinema halls (we are presently initiating a study that examines these assumptions in greater detail). In the final reckoning, whereas it would be much appreciated if ECT were to be portrayed accurately and without sensationalism, inaccuracies in the depiction of ECT are truly unforgivable only if they result in negative attitudes that affect treatment-seeking behavior; but should patients refuse ECT because of what they have seen in movies, they can be reminded that “the films they see are made primarily to entertain and make money, not to educate.” Nevertheless, considering the potential for harm in the dissemination of misinformation, it is a matter of regret that filmmakers fail to follow a code of ethics when presenting information that might adversely influence health.

On a parting note, Indian movies tend to borrow themes from Hollywood. However, this does not appear to have been the case with regard to the depiction of ECT. Whereas story lines may have been borrowed, as in the case of similarities between One Flew Over the Cuckoo’s Nest and several Indian movies, by and large Hindi movies have taken far greater liberties with indications for ECT, ECT instrumentation, portrayal of the seizure, and ECT-induced adverse effects as compared with American movies. This is in keeping with the inclination of Bollywood to exaggerate.

Limitations

We acknowledge that more Indian movies may have contained depictions of ECT than those that we were able to identify. However, we had no way of improving our method of ascertainment and believe that we did the best that was possible under the circumstances.

REFERENCES