

UNFINISHED

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ABSTRACT

Unfinished is a process-driven hybrid documentary on the subject of mental illness made from the perspective of lived experience. I am adopting an interdisciplinary approach to examine the parameters of wellness and mental health as defined by the medical community. I am questioning the boundaries that prevent participation in the mainstream, all the while investigating avenues of inclusion by adopting a family-centric model of involving community.

Through a personal enquiry, I question the labels given to mental health conditions and examine the categorization of those intangible human emotions and their impact on those who have to uphold them for the rest of their lives. At its very core, my film problematizes the notion of normality. While there are pragmatic benefits to labels of mental health conditions according to the DSM¹; there are significant costs such as experiencing loss of personhood and individuality. By adopting an auto-ethnographic approach, my film attempts to present a comprehensive model centered on acceptance and inclusion. I have taken responsibility of the harmful or limiting impacts of labels on my daughter Ishaa by embarking on a self-reflexive enquiry while examining family archive and my past films as well.

I have put my own story on screen, with the willing participation of my daughter as creative collaborator on the film. Using multiple formats, within 40-minutes the film encapsulates our struggles that result from Ishaa's repeated hospitalization in 2020. As we both negotiate our mental states, all the while coping with the complexities in our relationship resulting from past trauma and mental health diagnosis, the film takes the viewer through a cyclical journey that unravels the nuances of Ishaa's episodes, my frustrating enquiry while

¹ Diagnostic and Statistical Manual of Mental Disorders.

trying to understand my daughter's mental health diagnosis and its implications on our lives. The film throws light upon the results of familial struggle to understand and untangle the conundrum of Ishaa's illness through involvement of the 'invisible' medics treating her. I hope to present an authentic narration of lived experience along with the use of home videos and found footage from my previous fiction films.

Throughout the process of completing my thesis film, I struggled to find ways of protecting my daughter from the impact of the illness narrative. Ultimately, by inviting her to collaborate on this project, I wanted to bring forward a truthful narrative through the perspective of her lived experience. I believe that our collaboration on this film has helped Ishaa acknowledge and navigate her mental health through a model of self-acceptance. Being actively involved in the 'image-making' process has strengthened her identity, giving her the confidence to build a resilient future for herself. The filming process itself has strengthened the 'mother-daughter' bond providing closure to some of the issues that were becoming barriers in our relationship, as I regard her as a whole person with unique strengths and limitations. I hope this film continues to serve as a powerful emblem for Ishaa and, as importantly, for others who struggle with acceptance of their psycho-social identities.

My support paper will elaborate on the process of arriving at the film in its present version, after navigating through several iterations of form and content in different short films and vignettes created while taking part in my MFA program since September 2018. The paper also includes several fragments inspired by sequences in the film; sometimes the fragmented ideas came first, and at other times the edited scenes inspired the thought.

The journey for me however had started long before when Ishaa was first diagnosed. It is perhaps the most difficult film that I have ever made. It remains, yet, unfinished.

DEDICATION

I dedicate *Unfinished* to the memory of our beloved Vir Chopra, Ishaa's uncle and mentor. He gave my daughter the unconditional love of a parent. He was ever-present, guiding her through difficult times, reminding her of her strengths at all times. He is the one Ishaa quotes in the film: 'Let Ishaa help Ishaa'—the best advice that anyone could have given her. His valuable suggestions have enriched the film's content.

He left us on July 5, 2021. His memory is indeed a blessing.

ACKNOWLEDGEMENTS

The people I am grateful to are not mentioned in any specific order of importance. Each and every person mentioned here has played a role in the completion of my MFA thesis.

Ishaa, this film is for you—and it is because of you. So thank you so much for trusting me with your life and loving me despite my failings. You will forever remain my shining light.

I sincerely thank all my teachers—the ones whose courses taught me to look at cinema with fresh eyes and others who have enriched my learnings outside of the classroom. Here's a list in alphabetical order since each one's contribution to my growth has been invaluable: Jennifer Baichwal, Tereza Barta, Amnon Buchbinder, Mary Bunch, Taien Ng-Chan, Caitlin Fisher, Ali Kazimi, Tony Nardi, Mary Rickard, Howard Wiseman, and Michael Zryd.

John Greyson, whose *Production* class exposed me to rare films that have broken the mould – some of which have inspired my work. I am grateful to you, John, for encouraging me to make a short film for Stacey Donen's *Greetings from Isolation* on-line portal. "...this instant" ultimately informed the form and narrative structure of my thesis film. Thank you.

My forever friends who never hesitate to critique me, so I always remain conscious of improving myself personally and professionally: Pankaj Rishi Kumar, Rajiv B Mennon, Jabeen Merchant, Hemanti Sarkar, Toniya Singh, and Helen Lee.

Kuowei Lee, you have taught me resilience. Tons of credit to you for enduring my idiosyncrasies and requests throughout the duration of the program and after.

Santosh, my friend, thank you for opening up your heart and letting me work in your basement during the pandemic. The quiet energy of your home helped me focus on my work and complete my support paper, away from familial duties that often tend to consume me.

This film would never have been possible without my son Ishan's willingness to patiently document Ishaa's hospitalization and recording the several conversations with her doctors.

Unfinished is his first independent credit as videographer. Congratulations Ishan, you make me proud!

My tremendously talented MFA cohort who astounded me with their brilliance and helped me push my creative boundaries. Their warmth and generosity helped me get through the isolation caused by the pandemic. (Thank you WhatsApp!)

I am extremely thankful to Meghna Ghai Puri for granting me the opportunity to pursue my research at Whistling Woods International. Conducting an acting workshop with youth, gave me a deeper understanding of how we carry our childhood experiences into adulthood. The trust and generosity of the students was beyond compare. A big shout out to each student who participated in my workshop. Without going through this intense process together, I would have never discovered my film in its present form.

I am grateful for the inputs from Ishaa's health care community, including her therapists. They have given me a better understanding of mental health by sharing their rich knowledge and experience. Their counsel has helped us build a thriving relationship, and my hope is that with time her recovery (and mine) will be complete. A special thank you to Dr. Yusuf Merchant, Dr. Gary Sachs, Dr. Peter Gordon and Dr. Butch Shimelman for their faith in this project.

My thesis committee, Manfred Becker (Supervisor) and Phil Hoffman (Reader) are my superheroes. They have guided me at every stage, meticulously mentoring me to carve out my 40-minute film from the several hours of filmed material. They have helped nurture my editing skills, patiently teaching me to hone the craft of sculpting new meaning from seemingly unrelated clips. They have allowed me the time and space to cultivate and nourish myself as a

filmmaker by un-learning, and learning newer ways of approaching cinematic language which led me to discover the spine (and soul) of my thesis film. They were my ‘counselors’ without whom I wouldn’t have had the courage to make my film in its current version. From Phil I have learnt to cultivate a meditative approach towards filmmaking that will allow tremendous possibilities of form through an introspective approach towards filmmaking. Phil, I enjoyed being your student! Manfred, your steadfastness and generosity are beyond compare. I am ever so grateful for your objective eye and expertise that has given my film its present shape. Thank you for your words of caution at every stage of making *Unfinished*. You never gave up on me. So thank you again.

Kanta, my mother. Our long conversations during my visit in 2019 illuminated my understanding of trauma in our family and the way it has affected each of our lives. You are the reason I make films.

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INTRODUCTION

Whoever is suffering from mental illness identifies with a label. So the first thing you need to figure out is who you are as a person – it has to be a process of self-discovery. You are not the illness. A diagnosis confines you and it is difficult to break loose from the label. (Chopra 2018)²



Image 1: Shabnam and Ishaa discussing the film, December 2018.

When we first started talking about the possibility of a film addressing mental illness, my daughter strongly articulated what she thought was necessary to include. She felt that in being diagnosed, the most damning outcome was social exclusion. We want to investigate whether by making an auto-ethnographic film we can erase or reverse our trauma because of her diagnosis. The very ‘act’ of making this film together compels us to go into those uncomfortable spaces where we are forced to confront ourselves, holding ourselves accountable for our choices, and exposing raw emotions and struggles. By questioning the parameters of wellness, we are attempting to point to the damning effects of stigmatization on persons struggling with mental

² Ishaa Chopra, audio interview by author, Mumbai, June 21, 2018.

health. Through a personal voice, we hope to offer a perspective that strengthens the capacity of humans for inclusion and empathy. We are together in this as we expose the impacts of intergenerational family trauma, with an urgency to find ways of ending it.

When Phil Hoffman and Amnon Buchbinder interviewed me for the MFA program (February 2018), all I knew was that my daughter's mental health condition had raised several questions about her diagnosis and recovery, and I wanted to make a film about it. I had a rich family archive which I choose to call a 'record' of all that was going on around me. In addition, I was carrying my own lived experience and several years of struggle with my daughter's condition: her hospitalizations and encounters with her doctors and therapists. I was filming her because I didn't know how else to cope with my situation. I couldn't watch the 2007 footage that I had shot during her illness until ten years after. I began questioning the ethical reasons for documenting my daughter in that state; I also wanted to investigate the circumstances that led to her diagnosis. Would she have ever been diagnosed if we had continued to live in India? Could the triggers be related to her being the product of a broken home? How can family history of mental illness be controlled? Can the impact of illness be reversed? Is mental illness a reality or is it a construct of society? What is *Normal*? How can my daughter claim agency in charting strategies for her own wellness? How can she participate effectively in mainstream communities overcoming the stigma and labels? Can art truly be instrumental in coping with mental illness and facilitate the healing process?

Armed with these questions I began my study in September 2018 when I got accepted to the MFA program in Film Production. In my enquiry, I have found satisfactory answers to some questions, while others remain a work in progress. Through Ishaa's authentic voice, the film proposes an inclusive model, without being didactic about 'social participation'. By playing an

active part in this project, Ishaa becomes comfortable with the audio-visual medium and engages with the film's audience. I feel that communicating through the medium of film has the potential for providing my daughter with a platform within mainstream communities, shedding the layers of stigma. The film promises to empower her so she may realize her strengths and confront the anomalies of society with courage and resilience. During this project, Ishaa also began to write about her mental health challenges and experiences in her memoirs. This introspective process has helped her acknowledge and understand her mental health better. Ishaa continues to establish her rightful place in her family and within her community.

In conclusion, *Unfinished* remains my attempt at completing an unfinished conversation with my daughter to examine the circumstances of her diagnosis and our constant struggle with recovery and rehabilitation. I hope the film can become a beacon to guide her (and others) to navigate through the uncertainties of life.

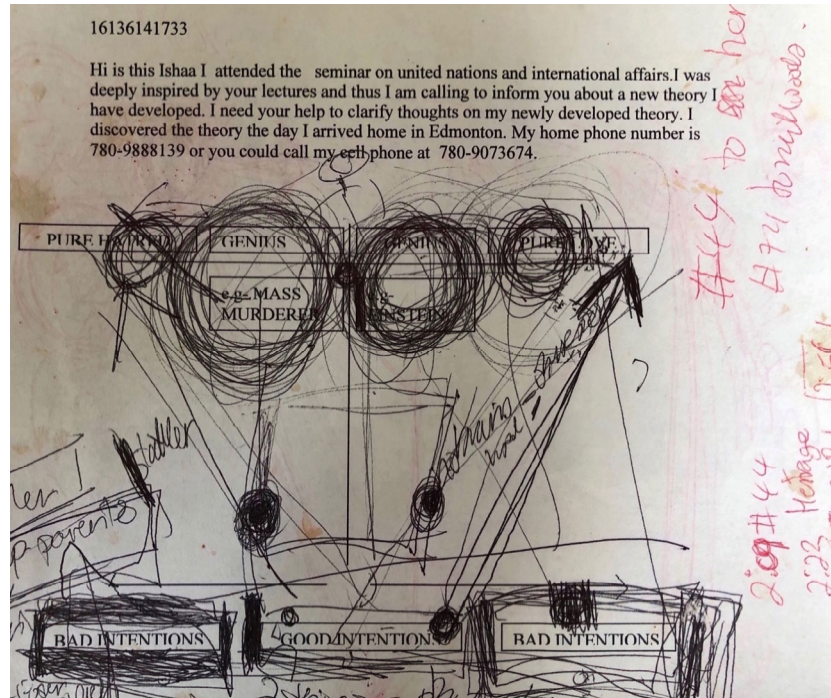
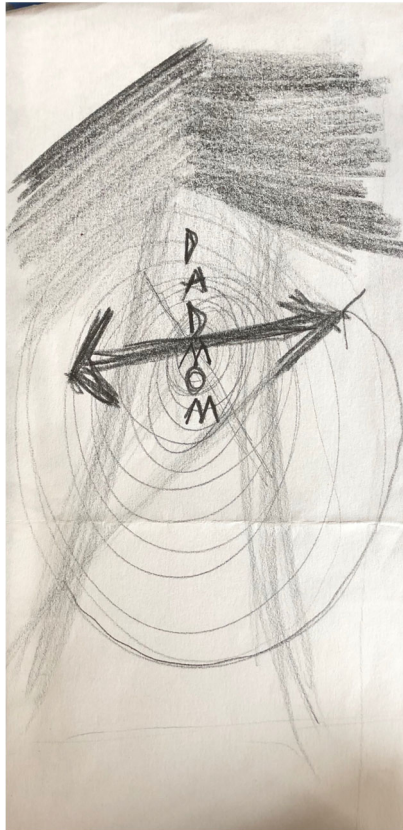
BACKSTORY

Ishaa was twelve when we migrated from India to Edmonton, Canada in 2002. At the time, I was constantly making home videos with my family. This was my way of holding on to my artistic identity as filmmaker. Meanwhile, I received a grant to make a documentary about Iman Mersal, the celebrated poet from Egypt, titled *Stranger In My Own Skin* (2005). During that time, I was also filming with Ishaa. She became the subject of my second film, *Ishaa Journals* (2008). I was filming her with the intent of using my research to make a film about the immigrant youth experience. When I received another grant from the Alberta Foundation for the Arts, I began formulating a structure for my film. It was also the time Ishaa was trying hard to fit in among her peers.

At age sixteen, Ishaa was diagnosed with bipolar disorder, a psychiatric illness. She struggled in high school and was constantly in and out of rehabilitation programs. This was a difficult period for her and our family. I continued to document her; not with the intention of using the footage in *Ishaa Journals*, but rather as a way of dealing with the predicament of my daughter's illness. I thought this might be helpful for doctors to understand her condition. Displacement and uprooted identity emerged as strong triggers. We returned to India in 2009. Respecting my daughter's right to privacy, *Ishaa Journals* was not shown in public until 2016 when it was screened at the Peace Builders International Film Festival held in New Delhi. Ishaa represented me at the festival since I was back in Canada at that time.

The first psychotic episode experienced by my daughter caused disruption in her thoughts and perceptions which made it difficult for her to differentiate between what's real and what isn't. Although what she was experiencing was real to her, I couldn't understand what was

happening to my daughter. It is obvious to me now, that the act of filming was an escape from a reality I was not ready to accept nor confront: my daughter's mental health condition.



Images 2 & 3: Screenshots of Isha's drawings, 2007.

Five years ago, at the age of twenty-four, Isha was hospitalized again. I was in the hospital room with her when the nurse entered, looked at us both and asked: "Who is the patient?" This experience stayed with me, and a nagging question kept arising in my mind: what is 'normal'? Was 'Normality' a construct orchestrated by the medical community that defines the acceptable parameters of human behaviour in society? If so, then why was I not able to find any definition of the term in psychiatric and medical journals? I did, however, find lots of different labels for those people who manifested symptoms that were considered to be 'abnormal'. I got lost in those definitions, and at times I found my own behaviour correspond

with some of the symptoms elaborated in those books.³ This experience later became part of my short fiction film *In Sanity* (2018) made in John Greyson's Production course in the very first semester of my program.⁴

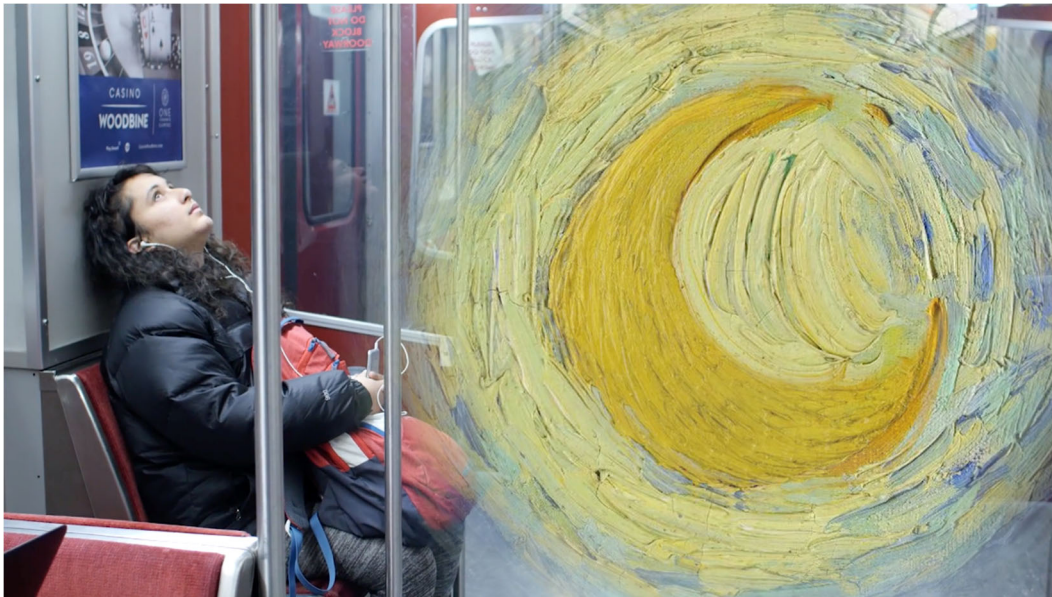


Image 4: Screenshot from my fiction short “*In Sanity*”, 2018, made in the MFA program.

For my research I conducted in-depth interviews with doctors working in the field of psychiatry. I found some answers in an interview with Dr. Yusuf Merchant⁵ who treated Ishaa for six months at his rehab facility. He says:

Mental illness is misunderstood; firstly, we have definitions of “abnormal”, but there is no definition of “normal”. So “normality” is like a square circle; everything fits. Normality is not really defined. Psychiatry as a subject is probably the only subject for which there is just one reference book: the Diagnostic and Statistical Manual of Mental Disorders (DSM). That’s it. (Merchant 2019)⁶

Although my thesis film is about mental illness, I understood then it was also challenging the notion of normality at its very core. *The Fine Line*, the working title of my film depicts the

³ The Diagnostic and Statistical Manual of Mental Disorders (V) was my first *go-to* reference.

⁴ *In Sanity*: <https://vimeo.com/314154996>

⁵ Dr. Merchant has a rehab centre in Mumbai, India, where Ishaa was admitted for six months in 2015.

⁶ Yusuf Merchant, interview by author, Mumbai, August, 2019, audio interview.

similarities and distinctions between people that separates them, and slots them into categories. The Cambridge dictionary⁷ defines ‘fine line’ to mean a thin line between one thing and another, because they are very similar. But you often say this when one thing is acceptable and the other is not. In the social context, although this appears to be a strategy for ease of identification, it is also a way to separate and exclude people from participation in the mainstream. I was using my title in this context of similarities and differences between people that divide them, while all I wanted to do was to present a neuro divergent model of acceptance that implied variations of the human brain. My title did not respect human diversity. I also became aware that my enquiry was about accepting my daughter with her differences, rather than saying that those differences do not exist. In the making of this film my biggest challenge was to create an inclusive model without deliberating on medical models that straitjacket mental affliction into watertight patterns of behaviour.

I started to reflect on my own films, creating characters with mental health struggles. Why was I so drawn to such characters? Did I identify with them in any way? Was it a premonition of things to come? I became open to the notion that the threshold of ‘optimal functioning’ is different for different people. My standards of ‘functionality’ are different from my daughter’s—so my expectations of her need to be rooted in the understanding of how *she* perceives the world – and not how *I* think she ought to. The doctor’s label given in Edmonton gave me an understanding of her boundaries, but it did not tell me much about her potential, so I was always seeing her through the lens of her diagnosis.

The title of my thesis film changed from *The Fine Line* to *Unfinished*.

⁷ “Cambridge Advanced Learner's Dictionary & Thesaurus” © Cambridge University Press Online, s.v. “fine line”, accessed August 9, 2021.

STIGMA AND MENTAL ILLNESS

The stigma of mental illness is when your psychological state defines your identity; when people see you as flawed and incompetent; when you're invisible to others; or when people see your suffering but blame you for it. It is the unwanted shadow of a person, produced when a society casts a certain light on human differences. (Grinker 2021)⁸

For my paper I felt it was necessary to include the impacts of stigma on a person's sense of identity and self-image. A major impediment to recovery can be attributed to the attitudes of those who are deemed as 'normal'. It is the key impediment in my own daughter's recovery.

Fifty-seven years ago, the sociologist Erving Goffman had conceived of stigma as interactional and performative, unfolding in the interactions of everyday life as a result of public intolerance, ignorance, and fear. "In any society that reveres conformity, all people will at some point in their lives experience the pain of stigma" (Goffman, 1963). In his view, "individuals whose personal attributes diverge from what their society expects carry the burden of stigma. They are compelled to hide or mitigate the exposure of their discrediting conditions."

In the second half of the film, Ishaa reads from her manuscript *Finding Order in Disorder* (2020)⁹ that she consciously attempts to hide her 'unwell' self in the fear of rejection: "When I'm extremely low and depressed my defence mechanism tells me to prove it to the entire universe, that I'm fine." I find this kind of rejection to be more prominent in the Indian society. Maybe that's the reason why my father was never 'diagnosed'. He continued to struggle with illness and addictions until his early demise at the age of 46 – the brunt of which was borne by his family.

⁸ Grinker, "Nobody's Normal: How Culture Created the Stigma of Mental Illness," xvii

⁹ Chopra, "Finding Order in Disorder."

Goffman explains:

Some form of stigma exists everywhere in the world, but what is stigmatized always varies according to place and time. Under the right circumstances, virtually anything – skin colour, religion, poverty, sexuality, medical illnesses, physical disabilities, disfigurement, being a victim of rape, having a child out of wedlock, and even being divorced – can lead to a discredited identity. (Goffman 1963)¹⁰

In his essay titled *Window Tax* (2012), Dr. Peter Gordon argues that stigma has not been fully addressed by the psychiatric profession and that evidence suggests it may have unwittingly contributed to iatrogenic¹¹ stigma. He examines the issues that create barriers between the stigmatized person (his sister, in this case) because of her ‘otherness’ seen as being ‘different’ from the rest, isolated from the opportunities of complete participation in society:

I did consider keeping this essay to the generalities of prejudice but decided that eliminating the personal fails to illuminate what is most at stake when faced with stigma. [...] Individuals with serious mental illness are doubly affected by their disease; not only do they experience the often debilitating symptoms of their condition, but they must also endure mundane mental health stigmas and prejudices. (Gordon 2012)¹²

Goffman investigates the world of people considered abnormal by society. Stigmatized people do not have full social acceptance and are constantly striving to adjust their social identities. He relies extensively on autobiographies and case studies to analyze stigmatized persons’ feelings about themselves and their relationships to ‘normal’ people. He looks at the variety of strategies that stigmatized individuals use to deal with the rejection of others and the complex images of themselves that they project to others. Goffman discusses several responses that stigmatized people can take. For example, “they can use their stigma as an excuse for their lack of success, they can see it as a learning experience, or they can use it to criticize people

¹⁰ Crossman, “Stigma: Notes on the Management of Spoiled Identity,” accessed July 5, 2021.

¹¹ *Iatrogenic* meaning: relating to illness caused by medical examination or treatment.

¹² Gordon, “Window Tax,” accessed June 17, 2021.

considered normal. Hiding, however, can lead to further isolation, depression, and anxiety and when they do go out in public, they can feel more self-conscious and afraid to display anger or other negative emotions. Stigmatized individuals can also turn to other stigmatized people or sympathetic others for support and coping. They can form or join self-help groups, clubs, national associations, or other groups to feel a sense of belonging. They might also produce their own conferences or magazines to raise their morale” (Goffman 1963). A present-day case in point is the work done by Will Hunt, a schizophrenia survivor who now works as a counselor and trainer. He is the author of *Harm Reduction Guide to Coming Off Psychiatric Drugs*. His crusade to empower patients adopting the ‘Harm Reduction’ model through his outreach initiatives (webinars, seminars and free publications)¹³ is commendable.

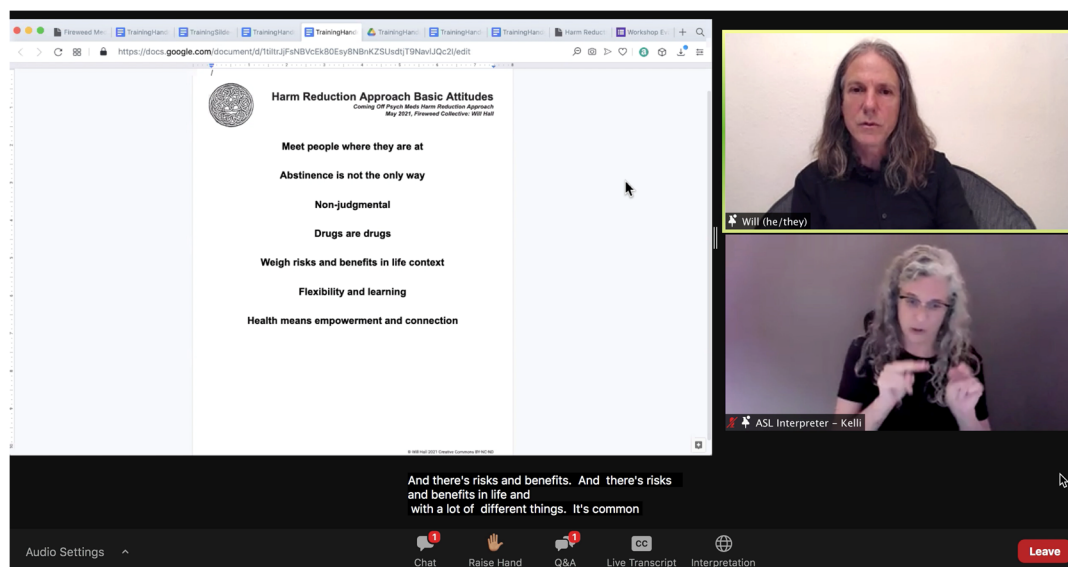


Image 5: Screenshot of webinar with Will Hunt: Harm Reduction Model, May 29, 2021.

In a webinar conducted through the Fireweed Collective in May 2021, he provides strategies for patients to become aware of the role of medication in their recovery. Drugs cause

¹³ Hall, “Harm reduction guide to coming off psychiatric drugs and withdrawal,” accessed June 10, 2021.

changes in brain chemistry and it is imminent to question their efficacy in improving a person's overall quality of life.

Ishaa was diagnosed in Canada, three years after we migrated. Although her mental health diagnosis has helped the family understand her condition, and also helped Ishaa cope by accessing community health support, it continues to be the key identifier of her personality.

Grinker emphasizes:

Nobody's normal. And since we have for so long used the concept of "Normal" to decide who we accept into our social world and who we reject, it's about time that we recognize that normal is a damaging illusion. (Grinker 2021)¹⁴

¹⁴ Grinker, "Nobody's Normal: How Culture Created the Stigma of Mental Illness," xix

PATRIARCHY AND MENTAL HEALTH

Feminists have been taken to task for suggesting both that the higher level of mental illness observed in women is a consequence of the oppression they face - an oppression which drives them into madness and mental disorder - and also that the concept of mental illness is a social construct inappropriately and incorrectly applied to women by a patriarchal order as a means of social control. (Busfield 1988).¹⁵

Busfield's observations can be co-related with the all-pervading gender disparities in India, the fiercely misogynistic society where I come from. Although I have alluded to my own father's mental state in *Unfinished*, I did not include details about the trauma I experienced as a child on account of an unstable father. In that sense, I did not investigate the mental costs a woman bears on account of the men in her life. I feel responsible for contributing to the narrative that women are more prone to mental illness, since the key players in my film, including myself, are women. While commenting on Phyllis Chesler's *Women and Madness* (1972), Joan Busfield writes:

She [Chesler] not only highlights how women are over-represented as psychiatric patients, but she also describes how gender influences the way women are treated by psychiatrists and mental health professionals. 'Clinicians', she asserts, 'most of whom are men all too often treat their patients, most of whom are women, as 'wives' and 'daughters,' rather than as people: "treat them as if female misery, by biological definition exists outside the realm, of what is considered human or adult. (1972: xxi)"

This clearly suggests the deep-seated impact of patriarchy on the female psyche. I feel society's patriarchy is the single most cause for the mental health crisis among women in India. According to Basant Nirola, "the patriarchal system and the gender stereotypes in the family and

¹⁵ Busfield, "Mental illness as social product or social construct: a contradiction in feminists' arguments?" accessed July 25, 2021.

society have always shown a preference for the male child. Sons are regarded as a means of social security and women remained under male domination¹⁶”.

Nirola elaborates:

A woman in Indian society has been a victim of humiliation, torture and exploitation. There are many episodes of rape, murder, dowry, burning, wife beating and discrimination in society. (Nirola 2017)

My documentary, *Alka, Child to Bride* (1999) exposes the predicament of a 20-year-old cancer survivor. She is forced into marriage since she has come of age, although she lives in an under-developed body of a 12-year-old. Family pressures and constraints of society compel her to get her married. But are they doing justice to Alka, the child-bride? The film leaves the viewer pondering upon the rigid belief system perpetuated for centuries that has ruptured the woman’s identity and her rightful place in society.



Images 6 & 7: Screenshots from my film “Alka: Child to Bride”, 1999.

The mental health of women has been a recurring theme in three of my fiction films as well.¹⁷ *Unfinished* is born out of a similar need to argue the inherent dependency for validation from the opposite sex, in the absence of which a woman’s identity becomes confused, rendering them useless. Ishaa’s obsession with her ex-boyfriend who leaves her, affects her mental health.

¹⁶ Nirola, "Patriarchy And The Status Of Women In The Society", accessed 11 August, 2021.

¹⁷ Titles of my films made for television : *Telephone* (2001), *Nirmala* (2000), *Gunaah* (2001).

In *Finding Order in Disorder*, Ishaa writes about being a victim of domestic violence in her marriage:

...Especially in India, domestic violence, is such an ordeal that if it happens, it continues to happen, and nobody does anything about it. And even if, for example, there's a divorce, the family will not give the man any consequences for it. And I think that's where the problem lies. If you don't give consequences to that man and make him realize what he's done is actually fundamentally wrong, tomorrow he's going to go and do that to someone else. (Chopra 2020)

The flesh-and-blood persona of the 'affected woman' in John Cassavetes' film *A woman under the influence* (1974) speaks to the truth of what a woman with maladies encounters in family life. Her commitment to familial duties is flailing as it defies the expectations of a woman's role as wife and mother. Cassavetes' critics question his unorthodox approach to filmmaking, that 'defy a century's worth of film theory, screenwriting tips, and film school orthodoxy.' He uses 'Actors Studio' exercises, improvisational techniques, and 'unmodulated emotionalism' to evoke authentic performances from his actors. Rather than defend his unconventional approach, he claims that his films are the 'truth'. *Woman under the influence* has two distinct parts: in the first one the woman gradually spirals and is required to be 'put away' by her husband reminiscent of my film *Telephone* (1994). The second part is when she returns home. Gena Rowland, Cassavetes wife in real life, is a bit 'flat' (like Ishaa is, whenever she returns from the hospital), but connects immediately with her children. One critic of the film, aptly described the textual layers of the film:

If you look at it from one end of the telescope, it's a hyper realistic portrait of a woman going mad, a bravura performance in a vaguely working-class setting, a sort of déclassé American version of Ingmar Bergman's *Face to Face* (1976), without Bergman. From the other end, it's a richly detailed experience, alternately soaring and gut-wrenching, composed in two long, mighty, almost but not quite unwieldy movements. And it's about...what? Men and women? Family life? The difficulty of distinguishing between your real and ideal selves? Male embarrassment? [...] All of the above, none of the above. (Jones 2013)¹⁸

Woman under the influence left me feeling very empty. I kept thinking of Ishaa's future life: will Ishaa ever have a family of her own and what will it be like?

¹⁸ Jones, "A Woman Under the Influence: The War at Home," accessed June 30, 2020.

THE CHURNING PROCESS

Each course in my MFA program offered me with an opportunity to ‘test’ my thesis ideas. During the early stages, although I knew that my daughter’s participation would enrich my thesis project, I was hesitant to involve her as a collaborator since it was important for me to protect her from the shackles of stigma and judgement. I began toying with different perspectives of form and content. How do you tell a personal story without exposing the ‘character’ who inspired the story in the first place?

In *Me and My Brother* (1969), Robert Frank follows Peter Orlovsky and his brother Julius from one situation to another within a fictional framework. Constantly portraying real and imaginary situations and moving back and forth between color and black-and-white, the film disturbingly describes the inner and outer worlds of Julius, who is catatonic and silently observes the world around him. The film deals with mental illness, using fictional and non-fictional elements. On the other hand, Dana Perry made *Boy Interrupted* (2009), a documentary about her son Evan who had committed suicide at the age of 15 in 2005. She began filming soon after he had died; it became a surreal event when her filmmaking colleagues filmed the occasion of her son’s memorial service. Perry confesses that for a long time her son’s suicide was a very painful, indescribable experience that took over her whole life. For years she was in denial, questioning why this had happened. All she could think was “my son, my son”, as she candidly reveals in an interview for the Sundance festival (January 2009)¹⁹: “as wrenching as it was to make this film, my identity is not limited to being a suicide survivor but to exist as a whole person.” Dana and her husband Hart Perry had a huge repository of 16 mm home movies, recordings which they have used in the film. This has helped them keep alive an archival

¹⁹ YouTube, "'Boy Interrupted' Director Tells Son's Story," accessed June 15, 2021.

memory of their deceased son. She didn't want to tell the story at first, but at the same time she felt she *had* to. Perry confesses, "what normal sane person would allow this to happen?," referring to the film, then quickly adds, "grief deranges one." I can relate with Perry's sentiment since I too feel compelled to tell Ishaa's story, which has now become our story. *Boy Interrupted* was first screened for the public at the Sundance film festival in 2009. Spending long hours going through the archival footage and living with the material for months in the editing room, gave Perry time to reconcile with her tragedy, and helped her process her grief. In her interview she says that it will never get entirely processed. Making this film may have been very therapeutic for Perry; but can it ever erase the sense of loss? When Ishaa first received her diagnosis, I experienced a similar sense of loss. I was weeping as I scribbled in my notebook:

I mourn for her
Now take her away
My eyes are weary
And heart even more
So take her away

Who are we without our minds?
If the heart beats and the mind is not ours
How can we feel or cry or love?
Aren't we as good as non-existent?
Coz we are not 'we' any longer...

We all have a cross to carry
So don't feel sorry
This too shall pass, they say
Right now I don't see the way

But there will be light at the end they say
But the tunnel is so dark now, I don't see the way
I am afraid to lose myself in the darkness of my own creation

I mourn for her
Now take her away

It is clear to me now that filming oneself while experiencing tragedy can help cope with the situation and help in the healing process. While developing his literary theory, philosopher Aristotle believed that “cleansing our emotions was the purpose of a good story, especially a tragedy” (330BCE)²⁰. I understand better the meaning of this *catharsis*, which is a Greek term for *cleansing*, the process through which we purify or purge our emotions primarily through art. I became excited at the prospect of combining this theatrical technique with its therapeutic purpose in my own inquiry.

Our very first assignment in John Greyson’s Production class was to *sing* our thesis idea as a Karaoke and accompanying images. Most of us were making very personal films, and this approach by Greyson made us ease into articulating our thesis in front of the class. My song was about the time my daughter experienced her first psychotic episode. I wanted to evoke that moment. The song concludes with my acceptance of her. The music I used was ‘*Sound of Silence*’ by Simon & Garfunkel.

Ishaa what is that you said?
You’re driving me out of my head
Don’t tell me if that is really true
Ishaa this doesn’t sound like you!²¹

The verses in the poem paint a vivid picture of Ishaa’s illness from my perspective. It ends with hope. How can Ishaa channel her energies positively to improve the quality of her life?

I started transferring the 2005 DV tape recordings of home videos, including the footage of Ishaa’s illness. This was the first time I was reviewing this material since Ishaa fell ill. Feeling vulnerable, I needed to find ways of removing my daughter’s audio and video recordings

²⁰ Aristotle, “Catharsis”, accessed August 12, 2021.

²¹ Complete poem written by me in 2018 is available in Appendix A

from the narrative of my thesis film. I was testing my thesis in each of the shorts made, but in each film, I was drawn to the archival footage, using the footage of Ishaa in various ways. I had interviewed Ishaa in India just before beginning my MFA studies in July 2018. Although I was still finding ways to empower Ishaa without using her actual voice, at that point I was compelled to use sections of that interview for a 3-min hybrid film titled *My daughter, myself*. The title is inspired by Linda Wolfe's book of the same title (2013). My hybrid fiction-film was motivated by these words written by poet Anne Sexton in her autobiographical poem, *The Double Image* (1959). She writes:

I cannot forgive your suicide, my mother said.
And she never could.
She had my portrait done instead.

It reminded me of my suicide attempt when I was a 23-year-old married woman, and the way I was perceived by my family thereafter, my mother included. Written by Anne Sexton, in the aftermath of her own suicide attempt, the poem expresses how Sexton's mother refuses to see her daughter for who she really is, but constructs her as the portrait of a child she wished she had. In the last verse she addresses her daughter directly:

I remember we named you Joyce
so we could call you Joy.
You came like an awkward guest that first time,
all wrapped and moist and strange at my heavy breast...

...I, who was never quite sure about being a girl,
needed another life, another image to remind me.
And this was my worst guilt;
you could not cure nor soothe it.
I made you to find me.²²

²² Sexton, "The Double Image," accessed December 15, 2018.

I made you to find me: the last line of the poem mirrors my own thoughts about how Ishaa's birth made me recognize the essence of motherhood. In *My daughter, myself*, a mother (played by Leila Almawy) accepts her likeness to her daughter (Ishaa).



Image 8: Screenshot from “My mother myself”, 2018. Woman sees herself in her daughter.



Image 9: Screenshot from “My mother myself”, 2018. Woman looks at her daughter's wedding album

MOTHERHOOD AND THE ETHICAL CONUNDRUM



Image 10: Isha and me, 1993.

Is motherhood a sacrifice or a privilege? In her New York Times article with the same title, in the context of ‘false dichotomies’, Karen Rinaldi quotes an unidentified source:

Why can’t motherhood be both a sacrifice and a privilege? A job and a choice? Selfish and generous? We don’t expect truth to be so black and white in other areas of our lives [...] Why can’t motherhood – parenthood, for that matter – just be a part of life’s choices? It should be socially supported – because parents are raising the next generation, and we all benefit from that – but let’s leave out the false dichotomies and just let women live their lives. (2017)²³

Rinaldi states that the language we use to tell stories about ourselves can be very powerful – for better or for worse. And the language of powerlessness, sacrifice and selflessness helps to keep women in a disempowered place. The joy of motherhood engulfs the pain of motherhood embalmed with selfless love. My creative process is thus nurtured by the intensity

²³ Rinaldi, "Motherhood Isn't Sacrifice It's Selfishness," accessed August 8, 2021.

of emotions that I experience, that helps me cope with my reality, while trying to make sense of it at the same time. It is a transformative process.

It took me ten years to review the DV tape that contained the footage of my daughter that I had filmed when Ishaa became unwell for the first time. I had buried the trauma of her illness, replacing it with the notion of being a ‘perfect’ mother and expecting a daughter to be ‘perfect’ as well. Although I was aware that perfection is just a construct that we hold in our mind; not something that you can ever reach, I was in denial when it came to my daughter. Viewing the archival footage again frightened me. What kind of mother films her daughter in that vulnerable state? At that point, I was full of self-hate but considered myself to be a hardened documentarian. I had viewed my father the same way when he recorded slapping me for one of his documentaries. That film was aptly titled “*Violence. What price? Who pays?*” (1974).



Image 11: Myself, in ‘*Violence. What price? Who pays?*’, directed by S. Sukhdev, 1974.

After several years, I re-examined the incident with my father and let go of the memory of the pain experienced in that moment, because now I could view his behaviour from a filmmaker's perspective. I understood his urgency to capture an image to support his creative process; but does that justify his action? And do I forgive him for it? Will my daughter, in the distant future, hold me responsible for exposing her vulnerability to the world? Will she ever fully understand my intent for making *Unfinished*? Conscious of these questions, it was important that I took my daughter into confidence, inviting her to participate in the creative process of a film about her mental health. By bringing Ishaa's story to the fore, I want us both to feel empowered by acknowledging our lives and become comfortable to share it with the rest of the world.

Iman Mersal writes about *Motherhood*:

I am not concerned with how certain features of motherhood have taken root within the dominant narrative, but rather how we might listen to what lies outside this narrative and opposes it. [...] The ideal of motherhood in the dominant cultural narrative intensifies the guilt of those who doubt the existence of this ideal within their personal experience. It meets the expression of any divergent experience with moral and social condemnation, which may be why there are so few accounts of motherhood that lie outside the narrative. (Mersal 2017)²⁴

The most ethical thing for me would have been to destroy the DV tapes containing footage of Ishaa's psychotic episode. But I digitized them. I was back to school at York and had decided to confront my own demons, yet again. I was eager to bring forward the narrative of our bond, complicated by uncertainties caused by mental affliction and emotional turmoil.

'Mother, a symbol of purity and unconditional love can never be questioned', writes Iman Mersal in *How to Mend: Motherhood and its ghosts* (2017). But can one see a mother

²⁴ Mersal, "How to Mend: Motherhood and its ghosts," 8.

outside of that sacrificial realm? According to Iman, this question itself harbours selfishness and evokes profound feelings of guilt.

How to understand it [motherhood] as an existential struggle, a tug-of-war between oneself and another, and as an experience of connection and separation played out in many rites of passage, such as birth or weaning or death? (Mersal 2017)²⁵

Ishaa and I are extremely close to one another. Our closeness gave us permission to tell our story. However, the film's dominant perspective is mine: I am in the dominant position of director. But *Unfinished* also offers my daughter's perspective: Ishaa had agency and freedom to accept or reject a certain thought or idea. In her manuscript,²⁶ she writes:

My mother always uses her passion for filmmaking to deal with her demons [...] whether it be a film about the immigrant youth experience featuring me or a biographical documentary on her late father who was a filmmaker himself. So, it only made sense when I got my diagnosis that my mother took to the camera to film, record, analyze and be a critique of our lives. Our relationship took a turn when I too began to share my writings with my mother, and she in turn began to share our journey captured on film. This was a breakthrough moment in the way we viewed one another, and we realized that we both are in this together, and neither of us needs to deal with this alone. This positivity prompted us to work together on this film. (Chopra 2021)

Together, my daughter and I, prepared ourselves to break the legacy of trauma and illness by accepting our deviances into the fold of *Normality*.

²⁵ Mersal, "How to Mend: Motherhood and its ghosts," 9.

²⁶ Chopra, unpublished manuscript, "Finding Order in Disorder."

AUTOETHNOGRAPHY

Autoethnography is a vehicle and a strategy for challenging imposed forms of identity and exploring the discursive possibilities of inauthentic subjectivities (Russell, 1999)²⁷.

My innate approach towards filmmaking has always been ethnographic. Ethnographic enquiry involves the researcher's study of human behaviour in the natural settings in which people live.²⁸ In *Unfinished* my investigation is self-reflexive and follows an auto-ethnographic trajectory. Although my approach is 'pathographic'²⁹, it does what ethnography promises to do: "It captures real life, lived as fragmentary, partial, incomplete moments." (D. E. Culhane 2017).³⁰ Culhane and Elliot provide examples of creative approaches to 21st century anthropological method and representation, forging space for sensory, performative, and experimental forms and technologies. In their book, they quote Cultural Studies scholar Ann Cvetkovich (2012) who has mapped out an approach to writing that she calls "process-based writing." Reflecting on her own decision to use memoir to write about depression as a social and political phenomenon, Cvetkovich explains that the craft of writing is a way to 'open up,' allowing for speculative thinking, unfinished thoughts, and imagination to enter our writing. She argues that this allows for unexpected, peripheral and unorthodox ideas and connections to emerge, resulting in creative accounts of social and political life (D. E. Culhane 2017).

Catherine Russell has written extensively about this practice in *Experimental Ethnography* (1999) that minutely explores the interplay between experimental film and ethnographic film while examining how the use of archives and video technologies have

²⁷ Russell, "Experimental Ethnography," 276.

²⁸ American Anthropological Association "Statement on Ethnography and Institutional Review Boards."

²⁹ *Pathographic* meaning: The study of the life of an individual with regard to the influence of a particular disease or psychological disorder.

³⁰ Culhane and Elliot, "A Different Kind of Ethnography: Imaginative Practices and Creative Methodologies," 35.

influenced and informed ethnographic filmmaking. She emphasizes that ethnography can be considered an experimental practice in which aesthetics and cultural theory are combined in a constantly evolving formal combination (Russell 1999).³¹ This ability to use formal experimentation gives me the opportunity to de-construct and widen the scope of my documentary practice, thus expanding the cinematic canon and ‘overcoming binary oppositions of us and them, self and other, along with the tension between the profilmic and the textual operations of aesthetic form.’[...] ‘Stephen Tyler has described postmodern ethnography as a “document of the occult [...] to provoke an aesthetic integration that will have a therapeutic effect.”’³²

In her chapter (9) on *Found Footage as Ethnography*, Russell calls the archival film practice an *aesthetic of ruins*. “Its intertextuality is always also an allegory of history, a montage of memory traces, by which the filmmaker engages with the past through recall, retrieval and recycling.”³³ I relate this methodology of re-inventing archival material to *compost* used for fueling artistic pursuits and find it very fascinating. Memory, life experiences and other subjectivities are the manure that fuel creative work – provided you give yourself permission to trust the process entirely. “The complex relation to the real that unfolds in found-footage filmmaking lies somewhere between documentary and fictional modes of representation, opening up a very different means of representing culture.”

³¹ Russell, “Experimental Ethnography,” 14.

³² Russell, “Experimental Ethnography,” 19.

³³ Russell, “Experimental Ethnography,” 238.

If one of the conventions of ethnographic film is the experiential encounter of the filmmaker and the filmed, found footage thoroughly mediates that encounter. Already filmed, already screened, decontextualized and recontextualized, found footage bears the trace of a complex social constellation of production, consumption and disposal.' [...] 'Found footage filmmaking produces an ethnographic discourse of radical memory (Russel, 1999)³⁴.

My process-driven enquiry has given me the license to experiment with form as I create new meaning by using audio-visual recordings made at different times and places, using different formats, disrupting textural unity, but evoking layers of coherence and meaning informed by the overarching urgent narrative of my film. Such an approach can be compared with the tradition of performative and embodied writing that “welcomes the body into the mind’s dwelling”, as quoted by Culhane and Elliot (D. E. Culhane 2017)³⁵. “This kind of creative engagement with process encourages partial, fragmented stories and acknowledges unfinished products as being representative of life itself (Clifford, 1986)³⁶”.

By giving myself permission to disrupt canonical film grammar, I have released several creative possibilities of expression within the framework of minimalistic practice and “a desire to craft new forms of filmic expression that come from affective experience, ordinary life, and alternative archives (Cvetkovich, 2012, p. 23). Cvetkovich’s *Depression: A Public Feeling* (2012), bridges cultural analysis, memoir, and ethnography to offer a raw and unedited account of her struggle with mental health issues which disrupts and disturbs. Such imaginative practices assume ‘a commitment to openness’ in inquiry (D. E. Culhane 2017).”

³⁴ Russell, “Experimental Ethnography,” 18.

³⁵ Culhane & Elliot, “A Different Kind of Ethnography: Imaginative Practices and Creative Methodologies,” 17.

³⁶ Clifford, “Diasporas”, accessed August 4, 2021.

In the 2019 winter term, I took three courses: *Directing Actors* conducted by Tony Nardi, Jennifer Baichwal's *Documentary Workshop* and Caitlin Fisher's *Future Cinema*. These courses gave me the opportunity to experiment with form and content for my thesis film.

I was very influenced by the improvisational exercises in Nardi's class. I understood the poignancy of doing something that the audience is not expecting. How can we subvert their expectations? How do I get them to emotionally engage with my film? Although these tropes are usually the forte of fictional narratives, I begin to explore possibilities of aiming for such responses from audience in my own hybrid thesis. The more I absorb Nardi's methodology, the more I learn to relinquish *control*—something that we as 'directors' are taught to do: to be in charge—lead a team—it's *your* vision, etc. Retaining control has been a character trait of mine, which manifests in my personal relationships as well. By honestly accepting my faults and becoming vulnerable, I will be able to present a more truthful story. I needed to become more responsive to my daughter's creative involvement in my film by incorporating her perspective as well. I acknowledge that the film is now as much hers as it is mine. This was one turning point in my learnings since it prepared me to come out of my comfort zone. I recall Nardi's words during the workshop: "There is a fear to commit, and one needs to take the leap of faith" (2019).

In Jennifer Baichwal's documentary workshop I wanted to experiment with form using performance as the key tool. I wanted to examine my relationship with Ishaan and issues of mental health through theatrical role play with diverse women and languages. What if I could work with different actors who play the role of being my daughter? This approach was informed by Omer Fast's short film *Continuity* (2012). Fast defines a new relationship between reality and fiction by using performative elements in his film. *Continuity* is a film about loss and mourning. The central protagonist is a young German soldier named Daniel, returning home after serving in

Afghanistan. A familiar domestic environment with emotional parents soon mutates to a series of theatrical scenes that gradually become perverse and uncanny. Fast is looking at how discontinuity can reflect psychological states. He writes:

We see [the parents] continuously re-enacting their encounter with the son and other scenes of domestic life, which occasionally veer into the sexual or the surreal. There is no sense of closure or catharsis: we only see the couple compulsively performing their domestic roles with different young men, in spite of the inherent rupture and crisis that accompanies them. (Art Daily 2021)³⁷

Maria Fraser, curator at MAC Montreal describes *Continuity*:

Gradually, there develops, within this increasingly complicated circular structure, a bizarre atmosphere where coherence is lost and it becomes harder and harder to distinguish the real from the unreal. (Cohan 2016)³⁸

I needed my film to provoke a similar confusion, mirroring my daughter's thought process.

The idea of different actors playing the same character or the same actor playing different characters is not new. Luis Buñuel applied the technique in his last film *That Obscure Object of Desire* (1974), while Krzysztof Kieślowski cast the same actress to play two characters in the *Double Life of Veronica* (1991). Inspired by these ideas, I began experimenting in Baichwal's documentary workshop and made *The Carousel* (2019)³⁹, a hybrid documentary which depicts a medley of conversations between 'mothers' and 'daughters', with me playing the 'mother' in most instances. Using improvisation and catharsis, I was able to explore the depths of communication, unraveling truths of my own relationship with my daughter. Diversity in language – actors speaking in their mother tongue – enriched the piece. I examined the key

³⁷ Art Daily article on Omer Fast, "Omer Fast's first exhibition at James Cohan features the New York premiere of three recent films," accessed December 18, 2018.

³⁸ Fraser, "Omer Fast: Continuity Projections Series," quotes Cohan, accessed 18 December, 2018.

³⁹ *The Carousel*: <https://vimeo.com/336353628>

moments and subtle behaviour of the actors who were not professionals. Although performative, it made the film feel authentic. I could visualize my daughter in each interaction. For the documentary workshop, I had an actor speak Ishaa's words from my past recordings with her. Thus, without using Ishaa's actual image or sound, I thought I had successfully hidden her identity from the narrative of my film. Through role play with several women, I was able to make a connection with my daughter to understand the reasons that may have led to her diagnosis. I wanted to understand my part in it, and how I could have perhaps prevented the triggers, like my separation from my husband—her father. In my documentary workshop I explored parental influence and its impact on children which become baggage they carry into their youth and adult life.

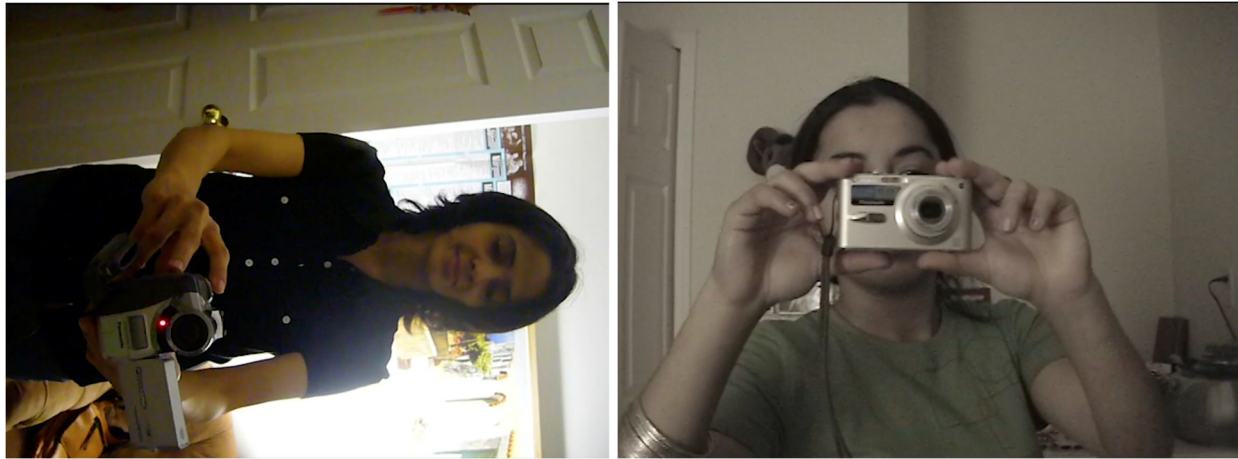
In Greyson's Production class, I had already experimented with this approach. I was gaining clarity about the direction I wanted to take. It was Baichwal who made me very conscious of ethical considerations in personal documentary filmmaking, especially when the filmmaker is re-contextualizing those 'private' home videos. In her paper, *From Repas de bébé to Tarnation* (2006), Elizabeth Czach explains:

The familiarity between filmmaker and subject in home movies raises significant ethical concerns when those 'private' films are re-contextualized in a film meant for 'public' viewing. [...] These ethical issues are different from those of other documentary filmmaker/ subject relationships. (Czach 2006)⁴⁰

I was even more convinced now that by adopting improvised performance and style I could present my story without losing authenticity of my intended narrative. Although Ishaa was collaborating with me on my thesis, I was still trying to find creative ways of representing her by protecting her identity per se.

⁴⁰ Czach, "From Repas de bebe to Tarnation," 1-10.

I started by recreating a past incident when my daughter and myself were filming each other.



Images 12 & 13: “You’re shooting me with a camera instead of a gun” Archive, 2007.

I put these two clips side by side (Images 12 & 13), in which Ishaa and I are recording each other in a confrontational stance. I intercut these two shots to create a formal scene. This enabled me to evoke the truth of the moment that I wanted to present as objectively as possible (Image 14). However, it will always remain a subjective interpretation of the objective ‘truth’ relayed from my perspective.

As a sub category of documentary film, ethnography has a major stake in cinematic realism. As a scientific instrument of representation, ethnographic film assumes that the camera records a truthful reality “out there” – a reality distinct from that of the viewer and filmmaker. [...] Reflexivity has become the signature of realism, and that look back at the camera has become another level of truth. (Russell 1999)⁴¹

Russell, while quoting Trinh, writes: “What is presented as evidence remains evidence, whether the observing eye qualifies itself as being subjective or objective.”⁴²

⁴¹ Russell, “Experimental Ethnography,” 12.

⁴² Russell, “Experimental Ethnography,” 12.



Image 14: Thesis test shoot with actor in John Greyson's Production class, Fall 2018.



Image 15: Scene improvisations exploring dynamics of the mother-daughter relationship. Screenshot from my short "The Carousel", 2019.



Image 16: Scene improvisations exploring dynamics of the mother-daughter relationship. Screenshot from my short "The Carousel", 2019.



*Image 17: Scene improvisations exploring dynamics of the mother-daughter relationship.
Screenshot from my short “The Carousel”, 2019*

I used Caitlin Fisher’s *Future Cinema* course as another opportunity to experiment with form adopting the principles of virtual reality using the 360° camera technology. For my final project I used theatrical principles of improvisation learnt in Nardi’s class to film with the 360° camera placed in the center of the studio space. Since the entire set was visible to the camera, which is the audience POV—the entire space needed to be treated as ‘live’ while the character moved around the camera. I needed to orchestrate my *mise en scène* for the entire space around the camera. This time I decided to work with Ishaa.

In my single-take short film, Ishaa engages in an unfinished conversation with her non-existent counselor named *Cari*. She begins to share her buried feelings and thoughts, leading her up to a catharsis. I spontaneously become part of the narrative, following my daughter, trying to listen to her as she moves from one space to another around the camera. I hold a mask in front of my face—in an attempt to become ‘invisible’ or unrecognizable. Ishaa does not acknowledge my presence the whole time. Ishaa discloses her trauma that resulted from her unstable childhood moving from place to place, getting married, moving to Germany, becoming a victim of domestic violence, and returning back to Mumbai, the place where she was born.

While filming, as the intensity of Isha's monologue grew, I broke the fourth wall and embraced her. I wanted to prevent her from having an emotional breakdown.

*In My Head*⁴³ thus developed into an experimental short in which Isha's monologue is treated with non-diegetic⁴⁴ sounds and music to enhance the viewer's experience. I thought by making this film, using the 360° technology, I could enter my daughter's mind, giving her a genuine voice.

I realized that the 'woman with the mask' represents the obsession that I, her mother has with her daughter. I stop Isha from continuing the improvised performance to prevent her from having a meltdown. With this experiment, my desire to protect my daughter became even more accented.



Image 18: Screenshot from my short "*In My Head*", 2019.

⁴³ Film link *In My Head*: <https://vimeo.com/377574549>

⁴⁴ *Non-diegetic* sound refers to audio outside of the scene.



Image 19 :Screenshot from my short “In My Head”, 2019.



Image 20: Screenshot from my short “In My Head”, 2019.

FUTURE IN THE PAST

I like to bring the everyday into my work. I have used the fragmentary approach in the use of family archive, re-contextualizing its use to support or sometimes enhance the narrative. In that sense I am looking at material which I have filmed in the past, attempting to interpret and examine it in the context of the film I am making now.

Phil Hoffman's *Process Cinema* course gave me insights to look back, enabling me to look forward and find a bridge to represent my narrative, as done in *Kismet* (2019)⁴⁵. I used this course as one more opportunity to experiment with style, without using my daughter (literally) at the centre of my enquiry. I worked with an 'actor' who was a Kathak (Indian classical dance) dancer, just like Ishaa is. In the process of making *Kismet*, I realized that rather than evolving into a film about Ishaa, it was becoming a film about me. In *Kismet* – meaning destiny I trace the trajectory of my life, correlating it with a soothsayer's predictions and question the role of destiny and karma in making my life's choices. *Kismet* opened my mind to questions about my own mental health as a young woman. I used excerpts from my earlier films, combining it with b/w film stock, shot on the Bolex and hand processed (Stills 21 & 23). Working with actual 16mm film again was a meditative experience and proved to be very therapeutic. It gave me the opportunity to have an internal monologue with myself. It also gave me the time for introspection to explore my subconscious at a deeper level. I began to realize how my personal choices may have impacted my daughter in her formative years.

Hoffman encouraged us to defy genre as I began to ask questions about representing reality in film. He says, "It's hard to define reality; it isn't fixed."

⁴⁵ Film link *Kismet*: <https://vimeo.com/manage/videos/366575832>

I made three short films in Hoffman's class and understood different ways to approach the transient nature of memory which transforms and consolidates with our experiences in the present moment. By thus creating a 'symphony of temporalities' we can evoke the past – a past which is dead, but lives as memory that we are eager to preserve. In Hoffman's class I got the opportunity to experiment with mixed media and discovered that the 'look' of a film does not necessarily have to be unified. He believes "imperfections add to the story you want to tell". I learnt that combining different forms and formats has the ability to enrich your content provided you have clarity about the perspective you want your audiences to connect with.

I became confident of including my earlier films as a motif in my thesis film in order to weave a concurrent layer rousing a visceral connection to the key players of my film: my daughter and myself.

Dr. Merchant used to say to his patients, "the past is dead" with the intention of helping them move on from their untenable past. Through the *Process Cinema* class, I understood that the past never dies, it lives in our memories. Dr. Merchant uses catharsis, to help release those 'flawed' memories, thus killing them through therapy.

The confluence of Art and Science came a full circle for me at this point.

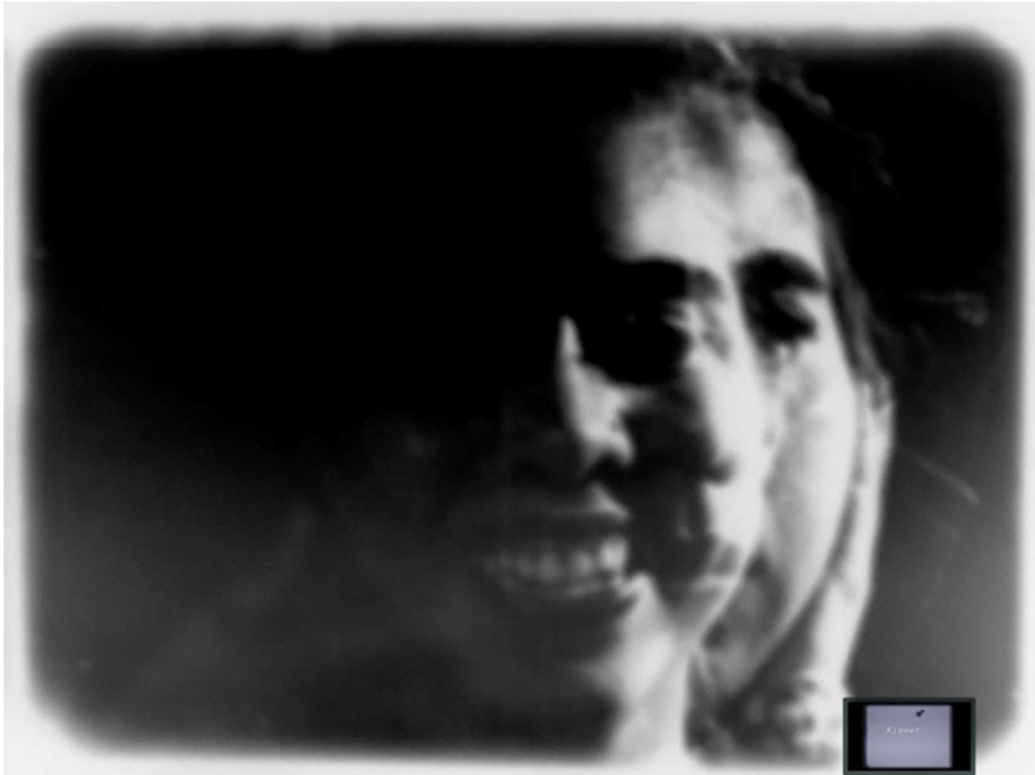


Image 21: Double exposure filmed with the Bolex camera using 16mm film stock 3378e b/w high con iso 12.



Image 22: Clip from my earlier film "Telephone". The woman on the RHS is my grandmother.



Image 23: The 'dancing girl filmed with the Bolex camera using 16mm film stock 3378e b/w high con iso 12.

THE SHOOT IN INDIA

Initially I had planned for two major thematic elements for my thesis film that included interviews with family members and filming of improvised performances in an acting workshop. In August 2019, I went to India to conduct a masterclass with actors where I filmed them having unfinished conversations with their parents. With an in-kind grant from Wiseacre, a props company in Toronto, I wanted to enhance the performative elements by using face masks. This would also protect the frail identities of the youth engaging in intense monologue with their parents. The idea for using masks was kindled by a clip in Martin Scorsese's film *Rolling Thunder Revue: A Bob Dylan Story by Martin Scorsese* (2019). In a scene, Bob Dylan answers a question about why he uses masks during performance. He answers, "When somebody's wearing a mask, he's gonna tell you the truth. When he's not wearing a mask, it's highly unlikely."

In Steph Lawler's *Identity: Sociological Perspectives*, Goffman elaborates:

In a sense, and in so far as this mask represents the conception we have formed of ourselves – the role we are striving to live up to – this mask is our truer self, the self we would like to be. In the end, our conception of our role becomes second nature and an integral part of our personality. We come into the world as individuals, achieve character, and become persons⁴⁶.

⁴⁶ Lawler, "Identity: Sociological Perspectives," 109.

For the workshop, I adopted techniques of catharsis used by Dr. Yusuf Merchant while treating his patients. He elaborates:

The baggage we carry through life is a result of unresolved relationships. These are unfinished conversations, something you wish you were able to say to that person or convey what you think/feel to that person but couldn't when you had a chance. In this exercise, you can share openly now what you were unable to say then. (Merchant 2019)



Image 24: Collage of photos from the Acting workshop at Whistling Woods International, 2019.

The filming of youth engaging in unfinished conversation was the concluding part of my Acting workshop. The students learnt to use their core experiences and emotions to improvise scenes in different situations. Each monologue was focussing on the impact of unresolved childhood trauma in their lives.

This helped me investigate Ishaa's childhood circumstances which were unstable and unpredictable. As parents, had we failed to provide her with a secure and safe upbringing? Would her symptoms not have manifested in the absence of these triggers?

I investigated my family's history, drawing parallels between my life when I was a young adult and my daughter's diagnosis. My mother elaborates that as a young girl, I was impulsive, and sometimes unstable when confronted with adversities. But I was never medically diagnosed.



Image 25: Mask helped my mother reveal truths which she would not have otherwise disclosed, 2019

My father's untimely demise was a huge loss that I couldn't process until thirty years later. In 2013, I made *The Last Adieu* (2014) about his life and dissected our relationship. In retrospect, that was an opportunity to complete my unfinished conversation with him. It helped me overcome the baggage of anger, denial, blame and insecurity that I had been carrying for several years. This practice informed the style and approach of my subsequent films that continue to have a very personal core, articulating universal truths through intimate storytelling. While making *Peacock Plume* (2018) I understood how the Indian classical dancer Shubhada Varadkar uses her art to overcome her adversities, including the betrayal by her husband. That realization helped me investigate the circumstances of my own separation with Ishaa's father.

In most of my works, by filming candid commentaries and stories told by women, the patriarchal patterns and influences in their lives are revealed. I investigate how life choices can

impact mental health, exposing a pathology and stigmatization perpetuated through generations. The oppression of patriarchy thus emerges as a recurring pattern in impacting the mental health of women in my family, including my daughter and myself. My mother admitted to having issues of anxiety and a nervous breakdown when she was a young woman.

Epigenetic inheritance adds another dimension to the modern picture of evolution. It goes against the idea that inheritance happens only through the DNA code that passes from parent to offspring. It means that a parent's lived experiences, in the form of epigenetic tags, can be passed down to future generations.

In *The Body Keeps The Score: Brain, Mind And Body In The Healing Of Trauma* (2014), Van der Kolk and Bissel⁴⁷ talk about how our genes, which are transmitted generationally, can be tweaked based on our experiences. While some mental conditions may have a genetic predisposition, our experiences and how we interpret them can alter the genetic code in our cells, thus changing the way in which we respond to events in our life.

⁴⁷ Kolk, Bissel. "The Body Keeps The Score: Brain, Mind and Body In The Healing Of Trauma," accessed July 19, 2021. "Traumatized people chronically feel unsafe inside their bodies: The past is alive in the form of gnawing interior discomfort. Their bodies are constantly bombarded by visceral warning signs, and, in an attempt to control these processes, they often become expert at ignoring their gut feelings and in numbing awareness of what is played out inside. They learn to hide from their selves," 97.



*Image 26: Sculpture by artist Kat Singer, depicting intergenerational trauma.
(Workman Arts exhibition, Toronto Media Arts Centre, 2018)*

In his blog⁴⁸ Theo Fleury explains epigenetics as a relatively new science:

You are born with a certain set of genes, but the events of your life determine which genes get expressed and which genes don't [...] this is proving that who you are is the culmination of the experiences in your life – and even those of your ancestors which cause changes in how your genes operate. Modifications occur and genes can switch on or off depending on the environment. (Fleury 2018)

Does this mean that our memories can be reversed, or erased, releasing us of the trauma and the mental illness associated with it? If Ishaa were to conquer her mental barriers, will she be able to build a stable life for herself?

⁴⁸ Fleury, "Heal Your Brain by Reversing Intergenerational Trauma," accessed August 18, 2018.

“GENETICS LOADS THE GUN, SOCIETY PULLS THE TRIGGER”

While explaining the epidemiology of bipolar illness, Victoria Maxwell uses the above quote by Dr. Francis Collins⁴⁹ to explain how the environment of the individual impacts their propensity for certain ‘traits’ to manifest.



Image 27: Zoom meeting with Victoria, actor & mental health advocate, October 6, 2018.

As a child, Ishaa became the product of a broken home when her father and I separated. At the age of six she was sent to boarding school. She was moved from one school to another, and when we relocated in Canada, she was dislocated yet again. All this instability served as potential triggers to her already vulnerable genetic make-up. Ishaa had to bear the brunt of my own coping with childhood experiences which in turn were impacted by my father’s pathological childhood. In addition, there was the trauma of my mother’s displacement (which she’s reluctant

⁴⁹ Qi, "Ask the expert: Sugary drinks and genetic risk for Obesity," quotes Dr. Francis Collins, accessed June 15, 2021.

to discuss) as she was forced to leave her home in Lahore (Pakistan) with her family during the partition of India in 1947.

I was now convinced about the long-lasting effects of our childhood on our adult life. I understand that these influences are the effects of the environment, but they may be the effects of the environment working through our genes.

POST-PRODUCTION PROCESS

I – THE EDIT

The process of editing feels like working with clay. It is the ability to mould your material in different ways as you create or change meaning and context by juxtaposing new material with archival footage. This gave me an opportunity to tell a more layered story as I continued to edit sequences and different versions of my thesis structure. While editing I realized that the several hours of footage from my shoot in India was material for a long-form documentary. Since I was editing by myself with no assistance, I found it very challenging to complete the edit of a feature-length film within the timeframe of my MFA program. While I was transcribing interviews, script drafts and going through a grueling process of discarding material, Ishaan fell ill in March of 2020. Her breakdown coincided with the outbreak of COVID 19. The pandemic led me to make another short film in May 2020.

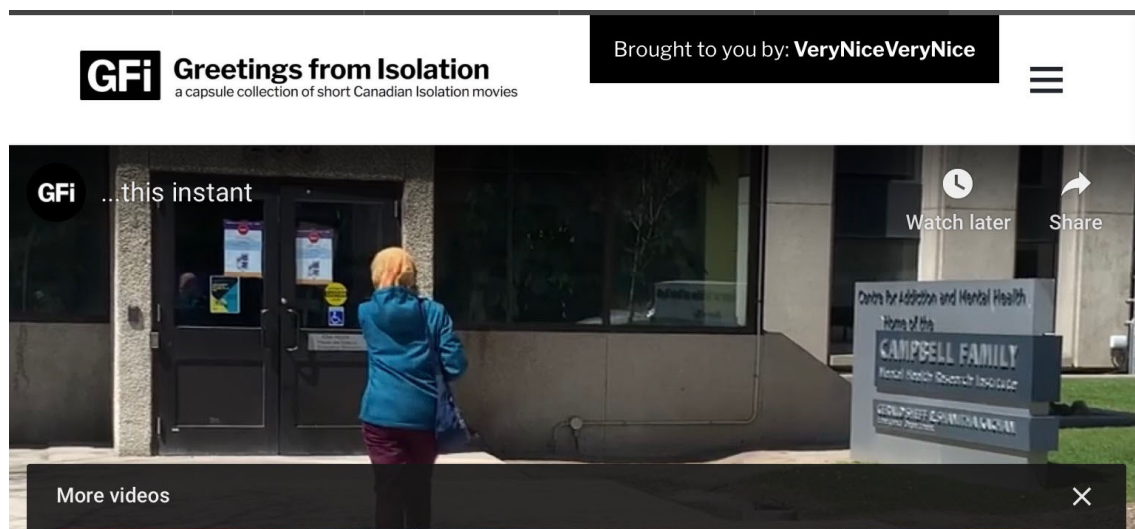


Image 28: Screenshot of “...this instant” from *Greetings from Isolation* portal (May, 2020)⁵⁰.

⁵⁰ Film Link: <https://greetingsfromisolation.com/film/this-instant/>

...this instant is a spontaneous spattering of recollections during my daughter's hospitalization. The film bookends conversations she had with her doctor as her hospital stay comes to an end, all the while coping with the isolating physical boundaries. The film represents my daughter when she is unwell. This was the first time Ishaa's mental health diagnosis was going to be revealed publicly in a short film made for an on-line compilation of short films on the topic of isolation. Using the vérité⁵¹ aesthetic, the film documents intimate moments I experienced because of Ishaa's hospitalization. The trauma that I had experienced soon became raw material for my thesis film.

I was documenting practically every conversation with the doctors, counselors, social workers, family members, and Ishaa herself. At the time it was a strategy to better understand what had gone wrong in her treatment: her life incidents, medication, displacement, or any of these factors. Questioning the notion of normality was still driving my enquiry. I was searching for answers on online forums. I recall the words of a member of the on-line wellness group, *Icarus Project* (re-named *Fireweed Collective* in 2020): "Breakdown can be the entrance to breakthrough" (2018)⁵².

By mid-2020, I discarded the previous iterations of my thesis film edit which had included interviews with my mother and the actor performances filmed in India. I began to re-edit, applying the 'real life drama' of Ishaa's repeated hospitalization filmed most recently as the spine of my thesis film's structure. It is at this point, *Unfinished* became an auto ethnographic investigation. My faith in this approach was strengthened when "...this instant" was publicly screened and well received at the Lockdown festival organized at York University through the School of AMPD, in July 2020. Ishaa had just been discharged from hospital. She volunteered

⁵¹ *Icarus Project* was re-named *Fireweed Collective* in 2020.

to participate in the Q & A after the screening, along with my son Ishan, who had recorded all the real-life events. At first, I was apprehensive, but seeing her own up to her condition, gave me a lot of hope. I concluded that making a film with her may help her accept and position herself in society, as well as help her to understand and support herself (and me) in her recovery.

The material I had filmed specifically for my thesis in India now became irrelevant. I felt compelled to make an entirely different film focusing on our relationship, thus shedding the artifice of the staged scenes in India to concentrate on Ishaa and myself. I was ready to present an honest portrayal of my daughter from a mother's perspective. Although more intimate than before; I learned that for my own closure, it was necessary to approach my thesis film in the same personal style that I had adopted in my earlier work. *The Last Adieu (2014)* enabled me to make peace with my deceased father who had suddenly passed away when I was fourteen. *Unfinished* would be my opportunity to make peace with my daughter, which I hoped would help us both in the understanding of her condition, and strengthen our relationship. I knew that it would be possible for me to make this film only in the safe space of the MFA program.

Ishaa's involvement in the editing process became organic. As I would edit a sequence, Ishaa would react to the edit, giving me her understanding of the scene, whether it sensitively portrays the mental illness narrative or not. It was during this time she felt it would be valuable to add her 'voice' to the film by having her read out passages from the texts she was in the process of writing. These were her memories relating her experiences living with a mental health condition. The idea sparked a momentum into the film's editing as the structure kept falling in place as we pieced the scenes together, juxtaposing them with her voice. As a result, my over-arching narration is interspersed with Ishaa's expression of spontaneous jottings, some

made during moments of epiphany in the hospital or during the recovery phase at home; others inspired by our conversations and the scenes while I was editing them.

Using found footage of my own past films, as well as family archive spanning ten years, in *Unfinished* we tell a story combining a series of events spread over a period of six months. The film entrusts the audience with a very personal experience, closely examining factors that result in the perceived ‘tragedies’ in the life of its characters. I want them to accept the non-linearity of content presented in multiple fragments and formats of images, that defy time and space elements to tell a disparate story, and yet I aspire for my film to be coherent and clear in its message.

II – MOTIFS & SOUND DESIGN

The soundscape of my film counterpoints with the recurring visual motifs of Ishaa’s homecoming from the hospital, her recovery and relapse, examining our love-hate trajectory through what we have said, at times, frictional. This is juxtaposed with conversations with doctors and my voiceover that threads the film’s narrative. Ishaa’s voice over forms another significant layer, drawn from her manuscript written during phases of insight, expressed in poetry and prose. They reveal the depths of her character and her resilience. Family archives form another strand of the film’s narrative, revealing backstory and character nuances of both Ishaa and myself. I chose to remove time stamps and spatial contexts, drawing the film’s structure from my emotional journey that took me through the roller coaster of emotions.

One clandestine audio recording of me, captured by my son, is included since it depicts how I was impacted by my daughter’s ‘unwellness’. When I first heard the recording, I was very shocked to hear myself. My son had made this recording, unbeknownst to me. I realized that it wasn’t a mere angry outburst, but the outcome of the cumulative reaction rooted in the years of

grappling with mental illness. This realisation prompted me to create a scene in my film in which I have used sections of this recording; it is a turning point in the film which depicts a change in my outlook towards Isha. Lebow explains in *The Cinema of Me: The Self and Subjectivity in First Person Documentary* (2012)⁵³, “The matter of knowing ourselves or coming to consciousness about ourselves is not only a central ontological question, [...] but it is also at the centre of the project of self-representation. What is this self that is being represented and is the desire to represent this self (in language, through images) a formative one, constituting rather than re-presenting this self? Do we become ourselves and come to know ourselves in the process of self-representation?”

When a filmmaker makes a film with herself as a subject, she is already divided as both the subject matter of the film and the subject making the film. The two senses of the word are immediately in play – the matter and the making – thus the two ways of being subjectified as, if you will, both subject and object (Lebow 2012).

I have tried to represent my daughter’s truth as honestly and respectfully as possible while documenting her repeated hospitalizations. In the process, I reveal my own vulnerabilities as well. Navigating through my earlier films and the family archive, I scrutinize and examine my role as mother in impacting my daughter’s mental wellbeing.

⁵³ Lebow, “The Cinema of Me: The Self and Subjectivity in First Person Documentary,” 4.

III – THE HOSPITAL BALLAD



Image 29: Shabnam driving Isha to hospital.



Image 30: Isha being driven to hospital. Ishan (her brother), visible in the rear-view mirror, is filming them.

The ride to Ishaa's hospital is less than an hour from our home. But it always felt like an eternity. Each time I took my daughter to the hospital, I felt a piece of my heart ripping apart slowly. It took a doctor's validation to convince me that I was delivering my daughter for her own good. It did feel like childbirth: you had to push hard to 'expel' your child so it could breathe outside of you.

You must rid yourself of what's inside you because the pain is insupportable, because the newborn's life is conditional on separation, the same separation on which your existence now depends. (Mersal, 2017)

As a young mother, I would drop my child to school in the morning, then pick her up at a certain time in the afternoon. This was my routine. I looked forward to it each day. Dropping her off at school afforded me with the time to do my work. I looked forward to re-igniting my motherhood in the evenings once I picked her up again. This 'routine' was natural and mundane.

Once Ishaa was diagnosed, the cyclical roundabout of 'dropping her' and 'picking her up' took a different tone. It was wrought with resistance and emotional strain. It produced a certain kind of trauma that we both are still required to negotiate with, for the rest of our lives. I decided to adopt this form for my film. The images are repetitive and cyclical. There is *déjà vu* in each encounter. Each greeting evokes a certain hope for renewal.

Maurice Ravel, the 20th century French composer, arouses a similar repetitive phrase with his acclaimed piece, *Bolero*, as it gradually grows, like a parade which begins with one person, but eventually the whole town joins in. The struggles of Ishaa and myself are not ours alone. One could relate the gradual increase of the parade to a whole society standing up for mental health. Be it the reluctance with which we go to the hospital, and the hope with which we return home, or recalling the moments before and after. Several conversations in between with the

doctors and Ishaa herself; looking to find meaning in my past work or scrutinizing my family archives – all in a desperate attempt to break the cycle. This must stop. That’s the message I want to give to Ishaa and the audience. Each hospitalization offers a different insight or perspective.

While still in hospital, Ishaa writes in a poem:

Does science hold the answers to all the questions?
Or is it religion or politics? (2020)

Does Ishaa feel like a specimen each time she is hospitalized? She resists, demands, and finally submits to the process of recovery: she must believe that she can become well. But before that, she must understand that she is unwell. Just like Bolero’s⁵⁴ repetitive rhythm that leaves an empty space to be filled by orchestral textures⁵⁵, so also are the journeys to the hospital and back filled with the several encounters with the past. There are conversations with Ishaa, and, at times, a ‘thinking aloud’ through the several voiceovers of the ‘filmmaker-mother’, linking each segment and each thought in the film, leading the viewer through the circular journey.

I used to believe that once someone is admitted in a mental hospital, they are marked for life. It changes something within them. Films that demonize mental institutions like Milos Forman’s *One flew over the cuckoo’s nest* (1975) and, to a degree, my own film *Telephone* (1994) views doctors as evil experimenters who destroy lives, especially that of women. Such films only perpetuate the irreversible impact of institutionalization, which I am still trying to understand with the trauma of my own daughter’s hospital experiences. Given the severe

⁵⁴ “Maurice Ravel’s Boléro”, YouTube, posted by London Symphony Orchestra, accessed June 25, 2021.

⁵⁵ Cram, "Timbre and Harmony in Bolero," accessed July 14, 2021.

impacts of side effects, I am eager to find alternatives to the pharmaceutical model of wellness in the treatment of my daughter's condition.

MAGICAL REALISM AND OTHER INFLUENCES

The term *magic realism* was first used by German art critic Franz Roh in *After Expressionism: Magical Realism* (1925)⁵⁶. Roh used the term to emphasize how magical, fantastic, and strange normal objects can appear in the real world when you stop and look at them. Matthew Strecher (1999) defines magic realism as what happens when a highly detailed, realistic setting is invaded by something too strange to believe.⁵⁷

Does the work of non-fiction become less truthful when infused with elements of magic realism? In *Unfinished*, when Ishaa begins to tell her ‘story’ about the woman in the hospital with matted hair, one cannot be certain if what she’s describing was actually happening or was her perception skewed because of the effects of medication or her illness itself. The fact remains that she had felt that she was losing control of her life which made her feel that way. Although she thought she was *well*, we cannot be sure if she was actually experiencing a disconnect with reality. Within a work of magical realism, the world is still grounded in the real world, but fantastical elements are considered normal. Like fairy tales, magical realism novels and short stories blur the line between fantasy and reality.

My past work was inspired by this literary genre of magic realism while developing both fiction and non-fiction narratives. In such a world it is difficult to accept or believe whether the character’s perspective is real or imagined. The emotional truth conveyed to the audience from the character’s perspective is far more important to me than conveying factual information about the character.

⁵⁶ Franz, "Magic Realism: Post-Expressionism (1925)," accessed August 10, 2021.

⁵⁷ Strecher, "Magical Realism and the Search for Identity in the Fiction of Murakami Haruki," accessed August 23, 2021.

Documenting reality which is factual was first seen in early Cinema, like *Workers leaving the Lumiere factory* (Lumiere, 1895), which was a recording of a routine, a ritual. Although it is the reflection of society in a particular space and time, it was essentially demonstrating the capabilities of the film camera. This was documentary in the purest sense. Subsequently, John Grierson defined documentary as the “creative treatment of actuality” after watching Robert Flaherty's 1926 feature *Moana*, a coming-of-age story wherein a Samoan boy and his family play themselves and ‘re-enact’ their own lives.⁵⁸ Today the grammar of documentary continues to expand and grow, as it defies genre distinctions. So, although it remains a subjective interpretation of reality, it remains authentic. In this context, I draw a distinction between authenticity and truth. Authenticity, in my view, is a genuine response to a fact, while truth pertains to the fact itself. It is true that Ishaa became unwell. Ishaa’s perspective and my interpretation of it may not be the representation of the entire truth, but it is authentic to our experiences and thus shapes the film’s emotional tenor that uses elements of magic realism to convey the reality of our experience. In *Unfinished* I have infused layers of my previous works to enhance its overall texture. That doesn’t make it less real. My short fiction, *Telephone* (1994), inspired by a short story by Colombian author Gabriel Garcia Marquez, foreshadows the events in my daughter’s life and blurs the lines between reality and fantasy. Marquez beautifully blends the real world with magical elements. In his story, he has shown the real-world setting of a young married beautiful woman who by ill fate gets trapped in a communal dormitory where people considered to be mentally ill are detained for treatment.

In 1993, at the film institute in Pune, while working on a story for my diploma film, I was going through severe psychological trauma due to my troubled relationship with Ishaa’s father. I knew that our relationship was coming to an end. At the same time, I came across Marquez’

⁵⁸ Biesterfelt, “A Creative Treatment of Actuality,” accessed June 10, 2021.

short story *I Only Came to Use the Phone* (in *Strange Pilgrims*, 1992)⁵⁹ which instantly resonated with me. In 1978, when Marquez was writing this story, there was a lot of criticism of mental asylums and a political movement to move mental health patients into community care. The story touched me deeply as I identified with the protagonist's struggles. Marquez portrays how easily a normal person is perceived as mentally ill by others due to contextual limitations: "Maria needs to use the phone to call her husband, and her consistent urge for it is perceived as her illness or abnormality."⁶⁰ When the nurse who came to Ishaa's room got confused about who the patient was, I could have been easily taken in as the 'patient', as in the case of Marquez' story, since I myself was going through a breakdown while coping with the trauma of Ishaa's illness. In the story it is also evident how a person who behaves *differently* from the rest can get trapped in the institutions of society. Even the people closest to an individual turn out to adopt the prejudiced opinion about them. In one audio recording used in *...this instant*, Ishaa tells the doctor that she is not manic and that he must believe her. He insists that she is very unwell and requires hospitalization. I included a similar scene in *Unfinished*, from my fictional film *Telephone* (1994). The woman insists that she doesn't belong in the institution, but the doctor persistently interrogates her. In *Unfinished* Ishaa talks about the distinctions between the nurses and the patients while she was in hospital. She perceives indifference, making her feel like she's in prison. The moment a patient begins to stabilize, they can see the distinctions between themselves and those who are unwell. They want to escape from what they perceive as an imprisonment. Ishaa describes in an interview for the film: "If a person stays in an institution longer than required, it becomes counterproductive to their recovery, resulting in further deterioration of their mental health." Is there something that Ishaa experiences that we are

⁵⁹ Marquez, "Strange Pilgrims."

⁶⁰ Nirdosh Odhano, "I only came to use the phone", accessed July 29, 2021.

unable to recognize? How can we interpret the words of a person who does not want to continue living in an institution, believing that it is counterproductive to their recovery? How can the institutions ensure that the healthcare system affords staff to have a relationship with patients to further compassion and understanding? What are the additional tools required that will help health care workers to detect that the patient is ‘discharge ready’?



Image 31: Screenshot “Telephone”, b/w diploma film, FTII⁶¹ 1994.

My paper would be incomplete without the mention of Vincent van Gogh, the Dutch artist. Soon after I completed high school in 1981, I read Irving Stone’s *Lust for Life* (1934). It is a biographical novel about Van Gogh’s life, based on the letters exchanged between Vincent and his younger brother Theo with whom he shared a special bond. The book recounts the extreme hardships endured by Van Gogh in his lifetime – financial, emotional, and mental. It vividly describes the intensity of Van Gogh’s life and the way it inspired his art. Stone

⁶¹ Film and Television Institute of India, Pune

elaborates how Van Gogh's paintings are a stark expression of the life he lived – the people he met, the places he visited. This aspect of Van Gogh's brilliance that flourished through his paintings, despite the intensity of his struggles, left a deep impression on me. One painting that particularly stood out was *Ward in the hospital in Arles* (1889). The scenes depicting Van Gogh's time spent in the hospital inspired the hospital set in my film *Telephone* (1994).



Image 32: “Ward in the hospital in Arles”, 1889.
Painting by Vincent Van Gogh.⁶²



Image 33: Screenshot from my b/w diploma film “Telephone”, 1994.

Van Gogh has continued to resurface as motif in other films of mine made during the MFA program, including my thesis film. In *In Sanity*, a young woman is affected by the life and art of Vincent Van Gogh, while in *Unfinished*, Ishaa has an intense conversation with her doctor in a manic state, set against the immersive art of Van Gogh⁶³. The candid dialogue between the doctor and patient speaks to the truthful, yet painful realisation of Ishaa's understanding of her life as a person living with a mental affliction.

⁶² “Ward in the hospital in Arles,” Wikimedia Commons, downloaded August 5, 2021.

⁶³ We visited the *Immersive Van Gogh Exhibit* in Toronto on August 2, 2020 soon after Ishaa was released from hospital.



Image 34: Screenshot “Insanity”, 2018, Greyson’s Production class.



Image 35: Screenshot “Unfinished” thesis film, 2021.



Image 36: Screenshot “Unfinished” thesis film, 2021.

FILMS THAT STRUCK A CHORD

While completing my Diploma in Cinema, specializing in Film Direction (1992-1995), I was exposed to European cinema, as well. A retrospective of R. W. Fassbinder's work exposed me to a stark and compelling form of filmmaking that was spontaneous, melodramatic at times, without frills. Though fictional, his films exhibited a high degree of authenticity, which resonated with me. His characters were mostly those who lived on the fringes of society. Fassbinder's starkness sometimes bordered on crudity; his films ranging from the profane to the profound – incorporating the entire gamut of experiences of his short life. He often appears himself in his films, revealing shades of the 'real' Fassbinder in each of his characters. He also casts his mother in lot of his works. His authentic approach to filmmaking made a deep impression on me, inspiring my own filmmaking aesthetic – to create art informed by lived experience.

At some point films have to stop being films, have to stop being stories and begin to live, make you ask: what's really going on with me and my life? (Fassbinder 1974)⁶⁴

While researching for my film "*The Last Adieu*", I was compelled to re-visit Fassbinder since I saw a lot of parallels between him and my father, S. Sukhdev. Did Fassbinder have a mental affliction? David Coleman confirms in his text *The Bipolar Express: Manic Depression and the Movies*, that R. W. Fassbinder was born in 1945 into an emotionally distant, but financially comfortable middle-class family in Bavaria. When Fassbinder reached the age of six, his parents divorced, and he was largely left in the care of his mother. This again demonstrates how our childhood experiences, including trauma, impact the way we function in the 'grown up'

⁶⁴ Schütte, "Rainer Werner Fassbinder," accessed 6 June, 2021.

world. Fassbinder quips about his prolific drive: “I’d say I’m manic-depressive, and I just try to be depressive as seldom as possible” (Coleman 2014). He added, “non-stop work helps abate my blues.”

I also felt inspired by a hybrid film titled *Lord of the Orphans* (2020), a self-reflexive biographical journey of cinematographer/ filmmaker Ranjan Palit⁶⁵ who grew up in West Bengal. His film seamlessly blurs the boundaries of fiction and non-fiction. The viewer forgets about the performative elements and roots for the protagonist whose voice becomes the vehicle through which one gets to witness his childhood influences and incidents that have deeply marked his personality. Palit, 63, dubs his own (grown-up) voice for the boy playing 11-year-old Ranjan in the film. This dissonance ceases to matter, as the viewer suspends disbelief and engages with the non-linear, often disjointed narration of his life-story. The audience is compelled to empathize with the pain and discomfort of the protagonist; in this case, the filmmaker.

Another documentary that successfully uses performance is Clio Barnard’s *The Arbor* (2010) that tells a biographical tale, combining original audio interviews with the daughters of Andrea Dunbar, an English playwright who died at the age of 29. The film uses performers to enact and play out the genuine audio interviews with her daughters in theatrical settings that evoke the real events. Thus, experimentation in filmmaking opens up several creative possibilities in storytelling—in both fiction and non-fiction.

In his film *Tarnation* (2003), filmmaker Jonathan Caouette examines his family history as he sketches the persona of his unwell mother and its impact on his family. Using home movies and videotapes, answering machine messages and family snapshots, the film documents strands of mental illness in his family, resulting from his own unstable upbringing. Both, mother

⁶⁵ Source: <https://www.imdb.com/name/nm0657707/>, accessed 18 June, 2021.

and son survive in an atmosphere of abuse, addiction and abandonment that is eventually balanced out by Caouette's stable adult relationship with his boyfriend. Caouette believes in the audience's generosity in receiving personal stories that defy conventional cinematic storytelling. "Our greatest creation is the life we lead" is the premise of Jonathan Caouette's *Tarnation*, that yet again affirms the significance of my own inquiry.

In defining the difference between reality in life and reality in art, Tolstoy wrote:

Something is added to nature which wasn't there before. That 'something' is the artist's point of view and his power of selection, which comes *from* life and makes for *new* life (Hagen 1973).⁶⁶

⁶⁶ Hagen, "Respect for Acting," downloaded June 19, 2021, 78.

CONCLUSION

Suffering is necessary till you realize it is unnecessary.
(Merchant, 2018)

Dr. Merchant, while explaining the meaning of this statement, differentiates between pain and suffering: “When someone slaps me, I experience the physical pain. But two months later I continue to suffer because the person had slapped me. The pain is inevitable, but suffering is a choice. We choose to suffer because we are too attached to the ‘I’, the ego. When the suffering becomes so severe, a point comes when the suffering cracks the shell of our ego; and in one transformative moment, there is no suffering anymore. I choose not to suffer.”



Image 37: Interview with Dr. Yusuf Merchant, August 2019.

When Ishaan first became unwell, I stayed up all night with her, watching her behave erratically and slowly slip into another reality. I wasn't able to do anything to help her. Everything I said or did proved to be counterproductive because I didn't know any better. For several years I carried the trauma of that moment. While I had no influence over the experience, carrying that trauma was my choice. It was necessary for me to go through the suffering to realize the pointlessness of it. Through this process of realization, I have put an end to my years of suffering. The act of making my film and writing this support paper has equally contributed to this healing journey. Acknowledging and overcoming the suffering of my perceived trauma of that time, allows me to view my daughter from a distance, as an observer. This has enabled me to support her more.

Kahlil Gibran writes in *The Prophet* (1923):

Your children are not your children. They are the sons and daughters of life's longing for itself. They came through you but not from you, and though they are with you yet they belong not to you. [...] You are the bows from which your children as living arrows are sent forth.

Unfinished has become a genuine account of accepting my daughter's mental health diagnosis and understanding her condition. Through the film I can now connect with Ishaan on a deeper level. We both hope that our film can serve as an example for families struggling with similar situations. By screening this film in relevant, intimate safe spaces, Ishaan and I wish to connect with others. To that end, and with the help of Ishaan's medical team, we will prepare a study guide that will assist audiences to relate with our struggles and look at possible strategies to cope with their own.

"Patients are complex, and in the books they have one condition", said an anonymous parent in a family seminar organized by CAMH (2020). Another participant reported: "Labels

also allow benefits. Diagnosis may also be the first step in creating a roadmap to creating a healthier experience or environment for the individual.” The discussion in the seminar was mainly around family support and how the gaps could be filled to facilitate better services for them and their loved ones. One parent suggested that there could be a section on the intake form where families could put in information to give their perspective to the hospital team alongside the information received from the patient. This could give doctors a well-rounded assessment of the patient’s needs. In our film, I am constantly in communication with the doctors to give the doctor a clearer picture of Ishaa’s behaviour at home and help them understand the nuances of our relationship.

Unfinished is not a film intended for general release. It is a hybrid documentary to be used for advocacy. Our hope is for it to become a healing resource used for screenings in workshop settings, stimulating active post-screening discussion with the filmmaker and the film’s protagonist. It has the intent of recovery and support, encouraging people to share similar life histories and stories with each other in intimate safe spaces. It can also become a beneficial resource for the medical community to help them consider the collaborative treatment model that could give them an understanding of their patients’ specific needs.

While completing this film, I also realized that Ishaa’s diagnosis was not her whole world, but it was becoming mine. By making this film, I have let go of the constant pre-occupation with her illness. I want to leave a film for her to re-connect with at a later stage in life that may motivate her to stay on the path of wellness.

After completing the film, I screened it for my family. Afterwards, my son, Ishan, who has also done most of the film’s videography, turned to me and asked: “So now you will never go wrong with Ishaa, right? You’ve cracked the mantra!” He could’ve just as well asked me,

“So you know everything about mental illness?” I contemplated over his question for a moment and replied, “I can’t say that I know everything about Ishaa, but I have come to understand a parent’s perspective.” This answer reminded me of a line in Perry’s *Boy Interrupted* (2009). Towards the end of the film, the deceased boy’s grandmother comments: “All it tells you is that there’s so much more to know about people you love than you can ever really uncover.”

I want my film to live in that liminal space—a space which accepts ambiguities of behaviour, between being well and unwell, right and wrong. It is a space that opens possibilities and questions at the same time. Audiences will respond differently to our story. It may disturb some, motivate others. It remains, yet, unfinished.

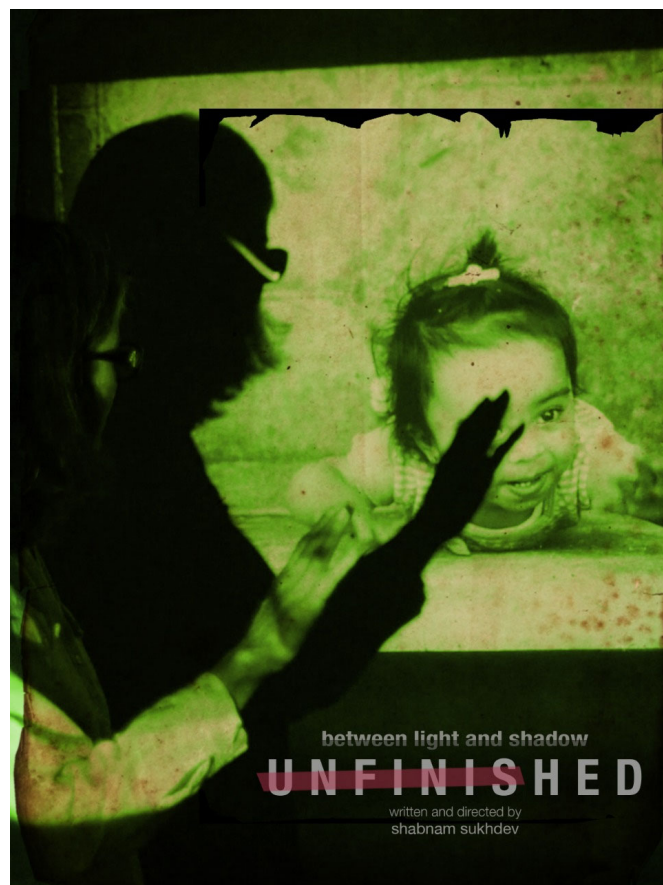


Image 38: The film’s poster, and possibly the cover for the study guide.⁶⁷

⁶⁷ “Unfinished” poster design by Soumitra Ranade, 2021

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APPENDICES

APPENDIX A

Poem by Shabnam Sukhdev, written in September 2018.

Ishaa what is that you said?
You're driving me out of my head

Don't tell me if that is really true
Ishaa, this doesn't sound like you!

You want to save the world,
From sorrow, misery and gloom

Here take the broom,
And clean your room

She stayed up many nights
To write her vision of tomorrow

Her lips were going dry
But she never stopped i wonder why

How could i not see her move
So faaar away into the deep

*When I realized
It was too late?*

I begin to look within without
To find answers as to how

A - girl - born on Christmas day
Should be blessed in every way

Weeks turned into months as
She struggled to find her voice

*Chaotic life
With no choice*

In your own way you were saying:
Don't let me fall into the abyss of shame

Your apathy was seen as disdain
Medicines were frying your brain

Oh, Ishaa -
Please. Don't. Be. So. Blue!!

*What you feel,
Is true for you*

Ishaa you have come a very long way
Overcoming despair and dismay

All the things that you tried to say
I better understand them today

Thoughts and ideas racing in your
Head, and in your heart

To make the world
A happy place