



An Analysis of the Representation of Epilepsy in Pramod Rathnayake's Short Film *Natta* (2019)

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ABSTRACT

This study explores the representation of epilepsy in the Sri Lankan short film *Natta* (2019) by Pramod Rathnayake. Epilepsy is a neurological disease that may lead to unconsciousness. Epilepsy is also a disability. A disability is distinguished from an illness in that the former is understood as created due to socio-cultural factors that could lead to marginalization of individuals with certain medical conditions. Although the condition of epilepsy has been understood and analyzed from a medical perspective, the human experience of epilepsy has not received much attention, especially in Sri Lanka. In this context, the short film *Natta* fulfills the role of portraying the day-to-day experiences of an individual with epilepsy named Samantha, from the first-person point of view. The film visually represents some symptoms of epilepsy and sheds light on how superstitious beliefs and misinformation about this condition hinder Samantha from successfully medically controlling his epilepsy. The impact of epilepsy on an individual's employment opportunities and ability to drive a vehicle too are highlighted in the short film. While these are the strengths of the short film, *Natta* equates the epilepsy condition in a person to something inherently wrong or lacking in a person. Also, the film ignores the social stigmatization of epilepsy patients and indirectly

blames people with epilepsy for marginalizing themselves. Finally, through the portrayal of the character of Sugandika, Samantha's wife, the short film fails to acknowledge the role that family members or informal caregivers play in the process of looking after patients with epilepsy. Therefore, based on this content analysis of Pramod Rathnayake's short film, it could be concluded that similar short films would be helpful in giving voice to the daily, personal experiences of people with epilepsy. However, such representations should not avoid blaming patients with epilepsy for their condition and social isolation but should be understanding and inclusive of the social pressure and stigmatization encountered by people with epilepsy.

1. INTRODUCTION

This exploratory study focused on the representation of an 'invisible' disability - epilepsy - in the Sri Lankan short film *Natta* (2019) by Pramod Rathnayake. Epilepsy is described as a "chronic illness and disability characterized by recurrent, unpredictable seizures" (Marathe, 2019). Epilepsy is therefore both an illness and a disability, which are two concepts that have been clearly differentiated between by Couser (2016). He writes that an illness is understood medically, with subjects of illness being positioned as patients and assigned the role of 'being sick,' a disability is a cultural and social construct which is best understood via a social model. A disability is created by environmental factors, be they legal, architectural, or social in nature, that work towards impeding or excluding people with physical impairments (Couser, 2016).

Although, from a medical perspective, Marathe's (2019) definition of epilepsy may be complete, it pays little to no attention to the human experience of epilepsy. A patient's experience of epilepsy is shaped by cultural and legal factors, amongst others. In the United Kingdom and United States for instance, laws were put in place that prevented

people with epilepsy from getting married, until 1970 and 1980 respectively. ("The History and Stigma of Epilepsy," 2003). In Sri Lanka, some believe that epilepsy is a communicable disease, which parents of children with epilepsy worry would affect their children's education, and job and marriage prospects (Murugupillai et al., 2016). Therefore, to describe a health condition like epilepsy from a strictly medical point of view is to not cover all possible aspects that an individual with that condition faces.

This study relates to the field of medical humanities which attempts to address the gap between medical descriptions and personal narratives of a disability. The medical humanities as a field "record[s] and interpret[s] *human experiences* of illness, disability and medical intervention" (Evans, 2002 as quoted by Wald, 2018, p. 492). Couser (2016) states that "non-clinical narratives of illness and disability" have "clinical value" (p. 8). He adds that "illness and disability narratives are too important to be left to physicians" and that such narratives should be authored by "those with the condition in question" (p. 7). Couser's observation affords the voice of the patient/ sufferer/ victim more agency than the ideas and analyses made by outsiders of a particular medical condition. Similarly, within the academic realm, scholars like Spiers (2021), Scarfe and Marlow (2015), and Nair (2019) reflect upon and analyze their own experiences of epilepsy, autoethnographically.

Pramod Rathnayake's *Natta* (2019) is not an autoethnographic narrative, but it does narrate the protagonist Samantha's epilepsy experience from the first-person point of view. An analysis of this short film was conducted with the objective of getting a preliminary understanding of how this short film empowers Sri Lankan people with epilepsy and invites and encourages conversations to be had regarding the epilepsy experience of Sri Lankans with this condition.

In a Sri Lankan context, as per the researcher's

knowledge, no similar analyses have been conducted into the visual and literary representations of personal epilepsy experiences. Furthermore, sociological studies have focused on Sri Lankan parental attitudes towards epilepsy (Murugupillai et al., 2016) and the psychosocial well-being of Sri Lankan children with epilepsy (Fernandopulle et al., 2012). None of the existing research that was found online gives voice to Sri Lankan patients' attitudes towards their personal experiences of epilepsy.

2. MATERIALS AND METHODS

This study employed the content analysis method. The video script was carefully analyzed to identify what knowledge the short film gives to its audience about epilepsy. Themes that emerged in the analysis of the film script included the following: characteristics of a 'grand-mal' epileptic seizure, epilepsy aura, local socio-cultural misconceptions about epilepsy and their psychosocial impact on the patient, the clash between such misconceptions/superstitious beliefs and Western medicine, and the dangers of an epilepsy patient driving a vehicle and how the protagonist faces a risk of losing his job due to driving being dangerous for a person in his condition.

3. RESULTS AND DISCUSSION

Rathnayake's short film commences with a layman's explanation of epilepsy; the short film draws the viewer's attention towards the Sinhala term "meemasmoraya" which the protagonist of the film equates with terms such "apasmaaraya" and "fit eka hadenawa." The term "apasmara," according to Senanayake (1998), is the term used in Ayurveda to refer to epilepsy, the prefix 'apa-' meaning "negation or loss of" and 'smara' meaning "recollection or consciousness" (p.4). However, the term "meemasmoraya" is also used to refer to epilepsy. The protagonist claims that he thought epilepsy was a disease caused by bees, because of the similarity of this word to the Sinhala

word "meemassa," meaning 'bee.' Therefore, the insertion of the Sinhala word for epilepsy into the short film script seems to have been done to dispel any ambiguity that might surround this term.

Apart from this simple definition of the term itself, the short film describes the symptoms of an epileptic fit, including what is called an aura. An aura is defined as "the earliest portion of a seizure recognized, and the only part remembered by the patient; it may act as a warning" (Browne & Holmes, 2009). In the Ayurvedic tradition, an aura is called "apasmaara poorva roopa" and includes sensations of sounds and darkness, "feeling of delusion and dream-like state" (Senanayake, 1998, p. 4). The visual portrayal and verbal description of the epileptic aura in *Natta* is significant in that it tallies with the former definition. In his narration, Samantha says that, right before experiencing an epileptic seizure, he witnesses a series of lights. These visual experiences are then combined with facial and bodily convulsions (or trembling) that lead to unconsciousness. The remainder of Samantha's seizure is not accessible to him; he learns from his family members that he continues to tremble and emit phlegm even after he has lost consciousness. Once he regains consciousness, Samantha experiences a severe headache. Therefore, not only does the short film inform and visualize to the audience the characteristics of an epileptic seizure, but it also describes and represents one of the warning signs of a seizure that some patients experience: the epileptic aura.

Furthermore, as Wolf (2013) observes, most experiences of epilepsy seizures have both an objective and subjective side to it; similarly, Samantha's aura before the onset of the seizure is a subjective experience, while what happens to his body after he loses consciousness can only be known to him through the objective perspective of the onlooker. Due to the epilepsy experience being encountered differently by the person with epilepsy and the onlooker, a complete

understanding of epilepsy would require the patients to narrate their epilepsy experience in addition to an objective, medical description of the seizure experience.

Another issue highlighted in the short film is how superstitious beliefs and society's lack of awareness about epilepsy affects a patient's capacity and opportunity to control her/his seizures. A study conducted in Rathnapura into the knowledge of epilepsy among people with epilepsy found that 108 out of 207 interviewees did not know what epilepsy was and that 13 out of the total number participants believed that the condition was caused due to evil spirits and supernatural causes (Seneviratne et al, 2002, p. 40). Moreover, 95 patients out of the 207 had tried alternative treatment methods such as ayurveda, acupuncture, spiritual healing, and homeopathy. Reasons for this choice was "lack of awareness or faith in Western medicine, fear of side effects, and poor response to drugs" (p. 41). Samantha faces a similar plight at the hands of his relatives and fellow villagers who advise him to stop taking Western medicine as it might cause Samantha's children to be born physically disfigured and with various kidney problems. Another piece of advice that Samantha receives is that epilepsy is caused by evil spirits and therefore needs to be warded off using exorcism and talismans. Therefore, the short film *Natta* highlights the adverse impact of social misbeliefs and lack of awareness on an epilepsy patient's chances of controlling her/his condition using Western medicine.

As Samantha listens to his acquaintances' advice, his seizures remain uncontrolled and threaten to affect his mobility as well as his employment. Samantha is a postman who uses a motorbike as opposed to a mountain bicycle, and he is forced to discontinue this job due to the possibility of him having a seizure while on his bike, and thus causing danger to himself, other motorists, and pedestrians. This aspect of the short film highlights

two other complications faced by people with epilepsy; inability to drive a vehicle and also reduced employment opportunities.

3.1 Points for Improvement

Central to the screenplay of *Natta* is the purple kite metaphor, where Rathnayake compares a person with epilepsy to a tailless purple kite that is unable to be itself and keeps spiraling to the ground due to its physical 'deformity.' The missing kite tail is referred to in Sinhala as an 'aduwa,' meaning lack, which automatically equates the presence of epilepsy in a person to a lack of completeness in a patient, or the inability of her/him to be whole. This particular representation of epilepsy is problematic in that it paints epilepsy as something inherently wrong with a person, and not as a disability, a socio-cultural condition created by a lack of awareness among the public, superstitious beliefs, stigma and even religious beliefs.

Seeing this tailless kite spiraling to the paddy fields, Samantha, who at the moment is riding his bike without a license, immediately identifies with the kite. He realizes that he too could 'spiral' if he ever experienced a seizure while riding his motorbike, thereby hurting himself and leaving his family helpless. As he observes the kite continuously descending to the ground, a boy brings along with him a strip of paper which he fixes to the kite, enabling the kite to fly once more. Samantha thinks to himself that rather than worry about his disability, he too should find his own 'tail,' his own support, in order to help him through his epileptic ordeal. And the answer to his problem of not being able to ride his bike comes in the form of his wife, Sugandika.

The characterization of Sugandika introduces to the discussion the role of the caregiver in a family that has a person with epilepsy. According to Bapat & Shankar (2021, p. 1), in societies such as India where people with epilepsy are

stigmatized, discriminated against and enjoy less employment opportunities, people with epilepsy “may have particularly high care needs” which might lead to caregivers being heavily burdened. Also, in India, the responsibility of looking after patients with chronic illnesses “falls almost entirely on the family,” which is known as “informal caregiving” (p. 1). In *Natta*, Sugandika is assigned the role of caregiver to Samantha in that Samantha teaches her to ride his motor bicycle so that she could assist him in fulfilling his postman duties. Although Sugandika plays an important role in Samantha’s epilepsy journey, Sugandika is described by her husband Samantha as a woman who stayed at home doing nothing expect for washing kitchen utensils. So, it seems that, in Samantha’s eyes, Sugandika had nothing better or more important to do than learning how to ride a bike and helping Samantha with his job. However, in reality, caregivers to patients with epilepsy, especially informal caregivers, can face physical and psychological distress due to the heavy responsibilities that looking after a patient with epilepsy can entail (Bapat & Shankar, 2021). But the short film *Natta* fails to capture this reality and merely relegates Sugandika to a person who has no wishes and plans of her own but is at Samantha’s disposal to train as he pleased to be of assistance to him.

The short film concludes with Samantha advising others with disabilities that they need not isolate or marginalize themselves but should remember that they too have something to contribute to society: “*Asaneepai kiyala api paththakata wela kon wela inna one na. Apitath mey loke karanna yamak thiyana.*” He also observes that every problem has a remedy. While these words may have been intended to encourage epilepsy patients to think positively about their predicament, this viewpoint, like the purple kite analogy, completely disregards the fact that the experiences of a person with epilepsy or any other disability are shaped not merely through the

medical circumstances but also via social, cultural, religious and legal factors and realities in her/his community. In other words, this short film ignores the stigmatization of patients with epilepsy and the inequality they face in spheres such as education and marriage. For instance, according to Gamage (2004), various myths surrounding a woman with epilepsy’s ability to bear children and breastfeed reduce such female’s opportunity to lead a married life. Such experiences of epilepsy patients are not highlighted and discussed in the short film *Natta*. This is possibly because the film’s protagonist is a male. However, the stigma faced by male adults could be further discussed in the short films about epilepsy in future.

4. CONCLUSION

In conclusion, while the condition of epilepsy has been understood and studied from a medical perspective, the personal day-to-day experiences of people with epilepsy is very rarely studied, especially in Sri Lanka. Also, epilepsy is a health condition that should be understood from social and personal perspectives as much as it should be interpreted medically. In such circumstances, Pramod Rathnayake’s short film *Natta* (2019) gives voice to a patient with epilepsy and describes and visually represents several aspects of epilepsy, including the characteristics of an epileptic seizure and the epileptic aura, social misbeliefs regarding the cause and treatment of epilepsy, the impact of epilepsy on employment prospects of an epilepsy patient, and the difficulties Samantha faces in retaining his employment as it depends on his holding a license to ride a motorbike. However, the short film also inadvertently describes epilepsy as the absence of completeness in a person with epilepsy, and accuses epilepsy patients of marginalizing themselves in the society, when such discrimination takes place on the part of the society more so than by the patients themselves. Also, through the characterization of Sugandika (Samantha’s wife, informal caregiver and, towards

the end of the film, driver), the significant role played by the epilepsy caregiver and the psychological and physical burden shouldered by them when caring for a patient with epilepsy could have been brought into discussion.

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