

## Is epilepsy solely a medical condition? A Review of “Fit Thamai” (2019), a Sri Lankan Autobiographical Short Film Representing Epilepsy

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### Abstract

This study explores the representation of epilepsy in Channa Bawantha’s autobiographical Sri Lankan short film titled *Fit Thamai: Channa’s Untold True Story* (2019). Employing content analysis and a discussion of the medical, personal tragedy and social models of disability, the study highlights the importance of well-rounded representations of epilepsy in the attempt to challenge misinformation and stigma that surrounds epilepsy. The strengths identified in this short film are both its autobiographical narration and its emphasis on the importance of people with epilepsy sharing their epilepsy experiences with each other, as this creates friendship and camaraderie among people with epilepsy. Also, the short film shows different reactions to epilepsy as well as different treatment approaches towards epilepsy in Sri Lanka. Furthermore, it creatively contributes a uniquely Sri Lankan meaning to the word ‘fit’ (a word used interchangeably with seizures) alongside the range of other meanings conveyed via this word. However, the short film also posits people with epilepsy as ‘sick’ persons, or as patients, and equates epilepsy to a personal tragedy. It also treats epilepsy as exclusively medical in nature and ignores the socio-cultural factors in Sri Lanka which lead to the stigmatisation and misinformation surrounding epilepsy. Furthermore, the short film seems to unwittingly generalise Bawantha’s experience with epilepsy treatment as well as his symptoms to the wider population of Sri Lankans with epilepsy. Therefore, this paper emphasises the need for representations of epilepsy in Sri Lanka which are backed by more in-depth understanding, reflection and analysis of epilepsy lived experiences.

**Keywords:** Epilepsy; Disability; Representation; Models of disability; Sri Lanka

### Introduction

This study focuses on the representation of epilepsy in Channa Bawantha’s short film *Fit Thamai: Channa’s Untold True Story* (2019). Bawantha’s short film is autobiographical, which is significant in that there is a paucity of Sri Lankan representations of epilepsy, especially from the perspectives of Sri Lankans living with epilepsy. Medically, epilepsy is defined as a “chronic illness and disability characterized by recurrent, unpredictable seizures” (Marathe, 2019). However, personal stories of lived experiences of epilepsy show that the day-to-day experience of living with epilepsy is not limited to the medical diagnosis or to whether the condition is medically

controlled or not. Many socio-cultural factors shape the lived experiences of epilepsy and make epilepsy a disability, as opposed to an impairment.

The topic of epilepsy as a disability invites an exploration of the discourse of disability. Here, I use the word 'discourse' in the same manner Michel Foucault does. According to Hall (1997), Foucault defined a discourse as "a system of representation" or "a group of statements which provide a language for talking about – a way of representing the knowledge about – a particular topic at a particular historical moment ... Discourse is about the production of knowledge through language" (p. 44). The various models of disability (for example, the medical model and the social model) provide the means and the language to discuss disability from diverse perspectives, in turn determining the contours of the discussion surrounding disability.

However, while a discourse determines what belongs within the discussion of a certain topic, it also "limits and restricts other ways of talking, of conducting ourselves in relation to the topic or constructing knowledge about it" (Hall, 1997, p. 44). Disability models, too, while providing the language and statements for the discussion of disability, can restrict and leave certain realities faced by disabled people out of the debate.

This paper argues that the representation of epilepsy in *Fit Thamai* frames epilepsy as solely a medical condition that constitutes a personal tragedy which can be successfully averted if prescribed medication is taken on time and with commitment. It ignores any socio-cultural realities that create misinformation and stigma around epilepsy, which are factors that cause distress and hardships in the lives of people with epilepsy. Therefore, *Fit Thamai* fails to acknowledge any social factors that lead to disability being experienced as a social construct. This study analyses the representation of epilepsy through the three different models of disability – the medical, personal tragedy, and social models of disability – which are described below.

#### ***The Medical, Social, and Personal Tragedy Models of Disability***

According to the medical model, a disability is a health condition that is an enduring biological dysfunction that causes a significant degree of impairment to the person living with that health condition (Koon, 2022). Therefore, the medical model describes a disability as something inherently 'wrong' within a person with an impairment. According to Koon (2022), such an interpretation of disability is necessary for the explanation and justification of money expended on "researching, treating and accommodating disabilities" and payments made directly to disabled people (p. 3749).

While the medical model fails to acknowledge any socio-cultural factors that shape the lived experiences of people with impairments, the social model sees a disability as a social imposition on an already existing impairment. Therefore, a disability is seen as external to the body of the person living with an impairment. Proponents of this model position disability as a social construct, a barrier that is a product of an unequal and unjust social system that fails to accommodate the needs and wishes of people with impairments. The social model argues for social and attitudinal changes towards people living with disabilities and advocates for the removal of any social barriers that prevent people living with impairments from participating in society (Berghs et al., 2019). In addition, this model also challenges "medical understandings (or medical models) being the sole way in which disability is understood" (Berghs et al., 2019, p. 1035).

Unlike the medical and social models, which distinguish between impairment and disability, the personal tragedy model equates impairment to a disability and a 'tragedy,' from which people 'suffer.' Furthermore, as in the medical model, the personal tragedy model considers impairment/disability to be an inherent characteristic of the impaired person who needs medical intervention and 'rectification' (French & Swain, 2004).

Epilepsy, when placed within these models of disabilities, can be considered a disability. However, within the medical model, a clear-cut categorisation may not be possible because whether epilepsy is a disability or not would depend on the diagnosis and the severity of the condition. In other words, if the medical model is adhered to, epilepsy would be a disability if it meets the conditions of being a biological dysfunction that is both enduring and causing a significant degree of impairment to a person with epilepsy. Where the personal tragedy model is concerned, given the misinformation and stigma surrounding epilepsy in Sri Lanka (Murugupillai et al., 2016; Seneviratne et al., 2002), epilepsy is likely seen as a personal tragedy in Sri Lanka. When seen in relation to the social model, epilepsy is certainly a disability in Sri Lanka. Research has found that, in rural Sri Lanka, children with epilepsy dropping out of school is common (De Alwis et al., 2008). A lack of teachers trained in classroom epilepsy management, as well as the absence of educational infrastructure that helps accommodate the needs of school children with epilepsy, have been identified (Murugupillai et al., 2016). Sri Lankan women with epilepsy face discrimination within the context of marriage (Gamage, 2004). Gamage also claims that epilepsy is “legally a valid reason for divorce in Sri Lanka” (p. 39). Therefore, in Sri Lanka, epilepsy is certainly a disability, especially when seen from the perspective of the social model of disability.

## **Materials and Methods**

The content analysis method was employed in this study, involving careful analysis of the script of the short film *Fit Thamai* (2019) with the view of identifying how the short film represented epilepsy to its audience. The script of the short film was transcribed manually and analysed with reference to the above-mentioned models of disability. In this content analysis, the themes identified include (1) the importance of first-person, autobiographical narrations of epilepsy experiences and (2) the significance of people with epilepsy sharing their lived experiences. Scarfe and Marlow (2015), in Scarfe’s autoethnographic study into her epilepsy, observe a lack of first-person narratives of epilepsy. Scarfe and Marlow also suggest that speaking openly about personal epilepsy experiences could be a coping mechanism for individuals with epilepsy. Another theme identified is that of different reactions to and treatment approaches sought for epilepsy in Sri Lanka. Rhodes et al. (2008) write that epilepsy has been associated with “spirit possession”, which places it within the “realm of supernatural, magical and supernatural belief,” providing alternative understandings of epilepsy (p. 390). Similar alternative understandings of epilepsy characterise Bawantha’s epilepsy lived experience too, as portrayed in the short film. These themes can be classified as some of the strengths of Bawantha’s short film. Bawantha’s short film also borders on representing epilepsy as a tragedy or a tragic anomaly, similar to how disability is defined within the personal tragedy model. Furthermore, there is a generalisation of personal epilepsy treatments and symptoms to the wider population with epilepsy. This is contrary to the observation made by Valentine (2025), who is a scholar living with epilepsy, that “people with epilepsy can have very different experiences of epilepsy” (p. 3). Another notable factor in the short film is its absence of a discussion of socio-cultural factors that lead to the stigmatisation of epilepsy. These themes were analysed in relation to the medical, personal tragedy, and social models of disability.

## **Results**

One of the strengths of *Fit Thamai* is that it is a first-person narration of an experienced epileptic. As mentioned above, such autobiographical narrations of epilepsy experiences are sparse in an international as well as a Sri Lankan context. Research studies into epilepsy in Sri Lanka report that there is a lack of information and misinformation among Sri Lankans living with epilepsy as well as their caregivers (Murugupillai et al., 2016; Seneviratne et al., 2002). According to Murugupillai et al. (2016), “lay people” believe that epilepsy is a “communicable disease” (p. 9). Representations of epilepsy based on true stories and narrated in the first person are useful in imparting accurate information about epilepsy and the lives of people living with this condition.

Apart from addressing the dearth of first-person narratives of the Sri Lankan epilepsy experience, the short film also highlights the significance of people with epilepsy sharing their epilepsy journeys. Autoethnographic studies like Scarfe and Marlow's (2015) have highlighted the significance of people with epilepsy sharing their stories openly, in that this act could enable them to cope better with their experiences. *Fit Thamai* is woven around Bawantha, sharing his personal experiences with an unnamed boy he sees falling off a bus. Bawantha correctly assumes that the fall was caused by epilepsy, although the boy at first is reluctant to reveal his epilepsy to Bawantha. Bawantha's epilepsy journey is relayed to the audience in the form of flashbacks, and Bawantha's new friend listens to these recollections and is inspired to both disclose his own epilepsy as well as not fear or be ashamed of his condition. Therefore, the short film emphasises the value of people with epilepsy sharing their stories.

*Fit Thamai* also highlights both (a) different reactions to, and treatment approaches sought for epilepsy in Sri Lanka and (b) the importance of a strong and well-informed support circle. Bawantha's mother resorting to religious/spiritual means to cure her son's condition is evidence that, arguably, some Sri Lankans' interpretation of epilepsy goes beyond that of it being a health condition that should be only medically treated. Bawantha describes his mother as turning towards religious/spiritual remedies for his epilepsy, while his father seeks medical advice from Western medical doctors as well as native doctors. The short film portrays the protagonist's father as searching for information about epilepsy, visiting doctors and expanding his knowledge about the nature and treatment available for epilepsy. His mother resorts to religious ritualistic practices like going to the temple and invoking blessings on her son. All these recollections from Bawantha's childhood that are portrayed in the short film attest to the fact that, in Sri Lanka, some people place epilepsy within "the realm of supernatural [...] belief" (Rhodes et al., 2008, p. 390) while receiving treatment from doctors/the medical establishment. Bawantha's experiences are also similar to cultural experiences detailed by Lopez and Zu (2021) with regard to their personal epilepsy lived experiences in the Mexican American and Chinese cultures, respectively. Also, in addition to portraying different treatment approaches to epilepsy in Sri Lanka, the short film indicates that Bawantha had a very supportive family circle around him.

According to Lopez and Zu (2021), not much research has been conducted into the epilepsy lived experiences of Black, Indigenous, People of Colour (BIPOC). In light of this observation, *Fit Thamai* is a significant short film in that it is descriptive of a uniquely Sri Lankan epilepsy experience, shaped by local medical and socio-cultural norms and attitudes, including treatment practices and approaches native to Sri Lanka.

The title of the short film is significant too, in that it places a pun on the word 'fit.' Bawantha first uses the word 'fit' to refer to his epileptic seizures. He tells the unnamed character that he had 'the fit.' This word, in the context of the title, also means 'physically fit,' especially as the short film's title first appears on the screen with a balled fist in a posture symbolising strength and victory. A possible third meaning of the word is that of friendship, as, in Sinhalese, the phrase 'fit thamai' denotes a sense of camaraderie. In her book *Representing Epilepsy: Myth and Matter* (2010), Stirling (2010) writes that 'fit' is "a small yet complex term" with many possible meanings, and a "satisfyingly ambiguous term" that "signifies a sense of excitement and danger which can be either pleasant or painful." She writes that it was a word in common usage in British, American and Australian medical journals in the 19<sup>th</sup> and early 20<sup>th</sup> centuries, "as it did and does in other cultural contexts" (Stirling, 2010, pp. xxii-xxiii). Examples where 'fit' was used to refer to a seizure, or an epileptic seizure in particular, can be found in Shakespeare's *Othello*, *Julius Caesar* and *Macbeth*. Within this history of the use of the word 'fit' to signify a range of meanings, the title *Fit Thamai* contributes a different meaning to the word 'fit.' Not only does this word carry more than one meaning within the film, but it also has a meaning that goes beyond how it is used in the English language.

### *Areas for Critical Reflection*

In Bawantha's representation of his own journey with epilepsy, he posits his 'epileptic' self as an aberration/anomaly and a successfully overcome personal tragedy. Bawantha portrays himself as having achieved many successes despite his epilepsy. For example, at school, he is an athlete, actor, traditional Kandyan dancer and sports prefect. In addition, he is enrolled in a sports degree programme. While his achievements are, no doubt, admirable, he seems to mention his academic and extra-curricular achievements to emphasise that he succeeded *despite* his epilepsy. In this framing of his own impairment, he seems to posit his epilepsy as a personal tragedy which he escaped through perseverance and hard work. This view resonates with an ableist perspective. Ableism is described as

*a network of beliefs, processes and practices that produces a particular kind of self and body (the corporeal standard) that is projected as the perfect, species-typical and therefore essential and fully human. Disability, then, is cast as a diminished state of being human (Campbell, 2001, as cited in Campbell, 2009, p. 5).*

Therefore, it could be argued that Bawantha has internalised an ableist perspective towards his own epilepsy and portrays his achievements as what made him achieve the standard of 'ideal human' while his 'epileptic' self was a tragic, abnormal, sub-standard version of himself.

Bawantha's self-representation also resonates with Cameron's (2013) argument of disability as a role required to be performed by a person with impairment. This perspective on living with a disability posits disability as a role that may require the disabled person to be involved in a "performance of disability as passive acceptance of reduced status or as involving the strenuous denial of the significance of impairment" (p. 5). In *Fit Thamai*, Bawantha's university girlfriend distances herself from him after she sees him having a seizure while rehearsing a play. In this instance, Bawantha's voiceover says, "I love acting. I find it mentally relaxing. I have vented my feelings through playing various characters. However, playing *the character/role of a sick person* meant that I had to lose certain things as well." The very fact that Bawantha equates his 'epileptic' self to the role of a 'sick' person suggests that Bawantha has passively accepted and internalised the notion that his epilepsy diminished him to a sub-standard version of himself. In addition to that, he sees himself playing the role of an ill individual.

As described earlier, the medical model positions a person with an illness/impairment as a patient who should be medically cured/treated. In *Fit Thamai*, Bawantha views himself as such, and this is not surprising, as his epilepsy was medically treated, and his seizures medically controlled (the short film does not indicate specifically if he was off medication). His words, "If there is an illness, there is a treatment," indicate that, for him, epilepsy was an impairment, but not a disability. To see epilepsy as a health condition that requires solely medical attention can be viewed as inaccurate, as many social factors contribute to the stigmatisation of epilepsy in Sri Lanka, a stigma that cannot be medically remedied. Therefore, it can be argued that *Fit Thamai*, by limiting the discussion of the Sri Lankan epilepsy experience to the medical realm, ignores the social stigma that is fuelled by misinformation that exists within Sri Lanka about epilepsy. It is this very same stigma that makes epilepsy a disability in Sri Lanka.

*Fit Thamai* concludes with Bawantha saying, "Life is a challenge. To live is to face this challenge. Everything that has happened to me since I was small has made me who I am today. When I look back at my journey, I feel indescribable joy at who I am today." This statement contributes to further silence and disregards any socio-cultural factors that create misinformation and stigma surrounding epilepsy. Furthermore, it silences any accessibility issues faced by people with disability. For example, the unnamed boy in the short film falls off the bus, probably because he has a seizure just as he was getting onto the bus or because he was travelling on the

bus footboard. To interpret this scenario as a life challenge as opposed to an indication of how unsafe and inaccessible public transportation is to both disabled and non-disabled people in Sri Lanka only serves to disregard the problem at hand. To label problems faced by people with epilepsy or any other impairment/disability as 'life challenges' is to not pay attention to the issue at hand, which eventually leads a person with a disability to involuntarily accept any social injustice/discrimination as their fate, destiny or karma.

*Fit Thamai* also arguably generalises Bawantha's epilepsy symptoms and impact of treatment to the larger population of people living with epilepsy. When Bawantha sees the other character fall off the bus, Bawantha runs to him and asks the boy whether he experienced dizziness, profuse sweating and rigidity in his body before he fell off the bus. The boy dishonestly says no, at which Bawantha looks relieved, deciding that the boy fell off the bus not due to an epileptic seizure. This representation of the symptoms of epilepsy could serve to further the notion among the audience that epilepsy symptoms are limited to these three symptoms, whereas, in reality, according to Spiers (2021), epilepsy is a "spectrum disorder, with at least 40 variations that have different symptoms and causes" (p. 51). In addition, the short film also generalises the impact of treatment. Bawantha's seizures were successfully medically controlled. However, not all epilepsy types react the same way to medication. Epilepsy, in some people, is drug-resistant (Chen et al., 2018). Therefore, generalising one epilepsy lived experience to another living with epilepsy is problematic.

## **Conclusion**

This study analysed the representation of epilepsy in Channa Bawantha's short film *Fit Thamai: Channa's Untold True Story* (2019). Some of the positive aspects of this short film are its autobiographical narration of a Sri Lankan epilepsy lived experience, which gives it the potential to counter misinformation and stigma surrounding epilepsy in Sri Lanka. The short film also emphasises that people with epilepsy, by engaging in the act of sharing their epilepsy stories with each other, can inspire one another the same way Bawantha's experiences inspire the young boy in the short film. *Fit Thamai* also highlights different reactions to epilepsy in Sri Lanka as well as different treatment approaches to the condition. Therefore, the epilepsy representation in the short film is uniquely Sri Lankan, which is significant in that autobiographical Sri Lankan epilepsy narrations are rare. Furthermore, the short film lends the word 'fit' a uniquely Sri Lankan meaning, in addition to the range of other meanings associated with this term in relation to epilepsy.

However, Bawantha unwittingly posits himself as an anomaly and epilepsy as a personal tragedy in this short film. Also, it not only positions people with epilepsy as 'ill' or 'sick' people, or patients, but also seems to consider epilepsy solely a medical condition. In turn, the short film ignores the socio-cultural factors that contribute to misinformation and stigma surrounding epilepsy, possibly equating social injustice to life challenges that should be bravely overcome. Furthermore, it also inadvertently generalises Bawantha's epilepsy symptoms and experience with epilepsy medication to the larger population of Sri Lankans living with epilepsy, although epilepsy has a diverse range of causes, symptoms and treatments. This paper argues that *Fit Thamai* positions epilepsy as solely a health condition that is medically controllable, as in the medical model of disability, thereby failing to acknowledge the larger framework in which epilepsy is experienced and (mis)understood. This highlights the need for a well-rounded representation of epilepsy to challenge epilepsy misconceptions, stereotypes, misinformation and stigma.

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