

Cinematic Healthscapes: Technology, Media, Bodies, and the Negotiation of Biomedical and Traditional Knowledge in Contemporary Indian Cinema

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ABSTRACT

This paper argues that contemporary Indian cinema does not simply represent illness and healthcare but actively constructs "healthscapes": mediated assemblages in which bodies, medical technologies, therapeutic practices, media, family, culture, institutions, and space interact to produce competing accounts of what counts as health, illness, and healing. Adapting Arjun Appadurai's "scapes" vocabulary and the healthscape concept developed within medical sociology, the paper reads five contemporary Hindi-language films — Margarita with a Straw (2014), Taare Zameen Par (2007), Dear Zindagi (2016), The Sky Is Pink (2019), and Piku (2015) — as a single corpus organised around a shared analytical question: how does Indian cinema negotiate biomedical authority against Ayurvedic, familial, spiritual, and digital modes of understanding the body?

Using a combined method of textual, visual, spatial, and discourse analysis, the paper develops a twelve-category coding framework spanning body, illness, technology, media, space, institution, family, culture, traditional knowledge, agency, ethics, and inequality. The analysis finds that Indian cinematic healthscapes are characterized by medical pluralism rather than a single dominant medical logic: biomedical technology, domestic remedy, familial authority, and digital self-diagnosis routinely coexist, compete, and hybridise within the same narrative. The paper's central theoretical contribution is the proposition that cinema occupies a double position within this healthscape— it represents medical technology while simultaneously functioning as a technology of health knowledge in its own right, one that visualizes, mediates, contests, and circulates ideas about the body for a mass audience.

Keywords: Healthscape; Indian Cinema; Biomedicalization; Medical Pluralism; Disability; Digital Health; Technology and Media; Traditional Knowledge Systems.

INTRODUCTION

Illness, the body, and the clinic have long occupied a place in Indian popular cinema, from early melodramas built around blindness or terminal disease to the more recent wave of films that foreground disability, mental health, and chronic illness as central rather than incidental narrative material. What has changed in the contemporary period is not simply the frequency of these representations but their complexity: recent Hindi cinema stages illness and healing as encounters between multiple, often competing systems of knowledge — the hospital, the family, the digital screen, the yoga mat, and the therapist's office all claim some authority over the body, frequently within the same film. This paper argues that such films are best understood not as isolated representations of a medical condition but as constructions of what this paper calls a cinematic healthscape: an assemblage in which bodies, technologies, media texts, institutions, domestic spaces, and cultural and spiritual belief systems interact to produce a particular, historically situated account of health. The formulation can be stated compactly: film represents health, and in doing so constructs a healthscape, which in turn mediates a society's ideas of illness, healing, and the healthy body. This framing matters particularly in the Indian context, where biomedical practice coexists, sometimes uneasily and sometimes productively, with Ayurveda, yoga, domestic and familial care traditions, religious and spiritual practice, and — increasingly — digital health information circulated through smartphones and social media. Rather than importing a healthscape model built around a single, biomedically dominant institution, this paper treats the Indian cinematic healthscape as plural and contested by design, and asks

how five recent, critically and commercially significant Hindi films stage the negotiation between these coexisting systems of knowledge.

2. REVIEW OF RELATED LITERATURE

3. 2.1 Representations of Health and Illness in Cinema

Existing scholarship on health and illness in Indian cinema is substantial but disciplinarily scattered, and rarely integrates technology, media, space, and traditional knowledge within a single analytical frame. Bhatia, Patel, and Paladiya (2023), working from a psychiatric and public-health perspective, conducted a content analysis of Bollywood films depicting psychiatric illness over the preceding two decades and found that cinematic portrayals frequently diverge from clinical evidence in symptomatology, diagnosis, and treatment-seeking behaviour, concluding that greater alignment between cinematic depiction and scientific accuracy is needed. Their approach, valuable as a clinical audit, brackets questions of media form, spatial staging, and cultural negotiation almost entirely.

2.2 Disability and Cinema

A parallel body of work has examined disability representation specifically. Singh and Pandey (2021) argue that the way individuals and groups are framed in popular media has a reflective effect on how they are perceived by society at large, and trace a gradual shift in Bollywood toward more agentic portrayals of disabled characters. Singh (2025), extending this line of inquiry to *Margarita with a Straw*, *Hichki*, and *Blind*, finds that recent Hindi cinema has begun to move away from the disabled body as an object of pity toward more complex, if still imperfect, accounts of disabled women's autonomy and desire. Neither study, however, treats disability as a node within a broader technological and institutional healthscape; both remain focused on questions of authenticity and stereotype rather than on the assemblage of body, device, and space.

2.3 Portrayal of Mental Health Professionals

Recent work in psychological medicine sharpens the picture further. Moar, Mitra, and Mittal (2026), in a scoping review of Bollywood's portrayal of mental health professionals between 2011 and 2024, find a persistent pattern of clinical incompetence and ethical violation in the depiction of psychiatrists and therapists, alongside a culturally specific tendency for supernatural or spiritual narratives to override professional expertise altogether. Their review is significant for this paper because it explicitly identifies a competition between biomedical and non-biomedical authority within Hindi cinema, though it confines this competition to the single figure of the mental health professional rather than extending it to the fuller healthscape of technology, media, and domestic space. Sinha and Singh (2024), publishing in *ShodhKosh*, offer a conceptual content analysis of *Taare Zameen Par*, *My Name is Khan*, and *Barfi* against DSM-5 diagnostic criteria, concluding that Bollywood's entertainment imperative frequently overrides diagnostic precision- again a clinically anchored reading that treats accuracy, rather than assemblage, as the primary evaluative criterion.

2.4 Research Gap

Read together, this literature demonstrates sustained scholarly interest in how Indian cinema depicts specific health conditions and specific classes of medical or paramedical authority figure, evaluated largely against a standard of clinical or representational accuracy. What remains absent is a study that treats the film itself as a constructed healthscape- an integrated site where bodies, diagnostic and assistive technologies, digital and broadcast media, domestic and institutional space, and competing systems of knowledge (biomedical, familial, spiritual, digital) are analysed together, rather than as separable variables. No existing study brings these dimensions together across a deliberately diverse corpus spanning disability, learning difference, mental health, chronic illness, and the ageing body, nor asks how Indian cinema's characteristic medical pluralism might constitute a distinctive theoretical contribution to healthscape scholarship more broadly. This is the gap the present paper addresses.

3. FROM HEALTH LANDSCAPE TO CINEMATIC HEALTHSCAPE

The conceptual starting point for this paper is Arjun Appadurai's (1996) proposal that global cultural life is best understood through a set of interacting "scapes"- ethnoscapescapes, mediascapescapes, technoscapescapes, finanscapescapes, and ideoscapescapes- each naming a dimension of flow rather than a fixed structure. While Appadurai's model was developed to describe transnational cultural circulation rather than the internal architecture of a single film, its core insight- that social reality is composed of multiple, simultaneously operating landscapes rather than one totalising structure -translates productively into film analysis, where a single narrative routinely activates several of these dimensions at once: a scene of diagnosis, for instance, is simultaneously a moment of technoscape (the

scanner, the report), mediascape (the framing of the shot, the score), and culturalscape (who is present in the room, and whose authority is assumed). The term healthscape itself derives from medical sociology rather than film studies. Llewellyn, Higgs, Sampson, Jones, and Thorne (2018), studying the lived experience of people with brain tumours, propose "healthscapes" as an alternative to the more rigid concept of the clinical "care pathway," describing the sum of imagined possibilities for care and treatment through which patients, families, and clinicians must navigate a course together. Crucially, their healthscape is not confined to the biomedical institution: it includes the improvisations, detours, and alternative logics that patients bring to a diagnosis that biomedicine alone cannot fully contain. This paper adapts that insight to a textual rather than ethnographic object, treating the film itself as the site in which a healthscape is constructed and made visible to an audience. A second conceptual resource is Clarke, Shim, Mamo, Fosket, and Fishman's (2010) account of biomedicalization: the process through which biomedicine extends beyond the treatment of existing disease into the technoscientific production, surveillance, and management of health itself, incorporating genetic risk assessment, pharmaceutical enhancement, and digital self-monitoring into an ever-expanding medical jurisdiction. Read against this framework, Indian cinema's persistent staging of alternative and competing knowledge systems — familial, spiritual, Ayurvedic — can be understood not as residual or pre-modern but as an active site of resistance to, and negotiation with, biomedicalization's expanding claims. A third resource, Gesler's (1992) concept of the therapeutic landscape, contributes the spatial dimension of this framework, insisting that healing is never placeless: the home, the hospital ward, the sacred site, and the therapist's office each carry distinct affective and symbolic weight that shapes how healing is understood to occur. Synthesizing these resources, this paper proposes that the cinematic healthscape can be modelled as the intersection of six interacting dimensions. The mediascape comprises the film's own visual and sonic construction of illness, along with any diegetic media- television, smartphones, social platforms- through which characters encounter health information. The technoscape comprises diagnostic, therapeutic, surveillance, and communicative technologies represented on screen, from MRI scanners to wheelchairs to telemedicine calls. The biosocial body names the object of representation itself: the disabled, ageing, reproductive, or mentally distressed body around which the narrative organizes meaning. The culturalscape comprises the religious, familial, caste, and gendered frameworks through which illness is interpreted. The institutionalscape comprises the hospital, school, or clinic as a locus of authority and control. The spatialscape comprises the physical geography of healing - home, hospital, laboratory, sacred site- through which characters move. Where these six dimensions intersect within a single film, this paper argues, a cinematic healthscape is produced: not a backdrop to the story of illness, but its very structuring logic.

4. INDIAN CINEMA AND MEDICAL PLURALISM

What distinguishes the Indian cinematic healthscape from healthscape models developed primarily within Euro-American medical sociology is the density and visibility of competing knowledge systems operating alongside biomedicine. Ayurveda, yoga, and household remedy occupy a normalised place within everyday health practice across much of India, coexisting with allopathic medicine rather than being wholly displaced by it; religious and spiritual practice- prayer, ritual, pilgrimage, faith healing- continues to shape how illness is interpreted and addressed, particularly at moments of acute crisis; and family, especially mothers and grandmothers, function as repositories of inherited caregiving knowledge that is frequently invoked well before, or instead of, a formal medical consultation. To this older constellation, the past decade has added a rapidly expanding digital knowledge system: search engines, health-focused YouTube channels, and social media accounts now compete with, supplement, and occasionally contradict both biomedical and traditional authority. This paper's central proposition is that Indian cinematic healthscapes are epistemically plural rather than singular: biomedical, traditional, religious, familial, and digital forms of health knowledge coexist within the same narrative space, and the drama of many contemporary Indian health-themed films arises precisely from the friction, negotiation, or unexpected alliance between these systems, rather than from any straightforward triumph of medical science over superstition or vice versa. Reading Indian cinema through this lens of medical pluralism, rather than through a biomedicine/tradition binary, allows the analysis that follows to attend to hybridity as a normal condition of the cinematic healthscape rather than treating each instance of non-biomedical knowledge as evidence of backwardness to be corrected.

5. RESEARCH QUESTIONS AND OBJECTIVES

This study is organized around four research questions. RQ1 asks how contemporary Indian cinema constructs cinematic healthscapes through the interaction of bodies, places, technologies, and media. RQ2 asks how cinematic representations negotiate biomedical knowledge with cultural, familial, spiritual, and traditional understandings of health and healing. RQ3 asks how technologies and media reshape representations of illness, diagnosis, treatment, and the healthy body. RQ4 asks how cinematic healthscapes reproduce, challenge, or transform dominant ideas about health, illness, disability, and healing in contemporary India.

Correspondingly, the study pursues five objectives:

- To examine the representation of health and illness as spatial, technological, and cultural assemblages in contemporary Indian cinema.
- To analyse the role of medical technologies, media, and visual culture in constructing cinematic healthscapes .
- To investigate interactions between biomedical and culturally embedded forms of health knowledge.
- To examine how cinematic representations construct the healthy, diseased, disabled, and technologically mediated body.
- To identify the ways in which cinema participates in the production and circulation of health knowledge.

6. METHODOLOGY

This study adopts a qualitative, interpretive design combining textual, visual, spatial, and discourse analysis, selected as the most appropriate method for examining how cinematic meaning is constructed through narrative, framing, sound, and setting rather than through measurable variables.

6.1 Corpus and Selection Criteria

Rather than surveying a large number of films superficially, the study follows the convention of close, comparative textual analysis and selects five films, each anchoring a distinct dimension of the healthscape while allowing meaningful comparison across the corpus. *Margarita with a Straw* (2014) anchors the intersection of disability, sexuality, and assistive technology. *Taare Zameen Par* (2007) anchors diagnosis, learning difference, and institutional authority. *Dear Zindagi* (2016) anchors mental health, psychotherapy, and urban therapeutic culture. *The Sky is Pink* (2019) anchors chronic illness, biomedical technology, and family caregiving, with the added dimension of the patient's own digital self-narration. *Piku* (2015) anchors the ageing body, domestic care, and the everyday negotiation between household remedy and medical consultation. Together, these five films span five sporting that is, health dimensions across nearly two decades of Hindi cinema, offering a corpus diverse enough to test the paper's central claim about medical pluralism while remaining small enough to permit close reading.

6.2 Methods of Analysis

Textual analysis attends to dialogue, plot construction, and characterization, particularly moments where a character articulates or defends a particular account of illness or healing. Visual analysis attends to camera angle, framing, lighting, colour, and mise-en-scène, with particular attention to close-ups of bodies, medical imagery, and technological interfaces such as screens and monitors. Sound analysis attends to the use of medical and hospital ambience, silence, score, therapeutic speech, and diagnostic language. Spatial analysis maps the film's movement across a home–hospital–laboratory–clinic–digital–public space continuum, treating each shift in location as a shift in the healthscape's balance of authority. Discourse analysis identifies the competing discourses at play within a scene or sequence- biomedical, traditional, familial, media-derived, and patient-derived -and traces which discourse is granted narrative legitimacy at a given moment.

6.3 Coding Framework

To move the analysis beyond impressionistic reading, the study applies a twelve-category coding framework, summarized here as a set of guiding questions applied to each film: Body (how is the healthy or diseased body represented?); Illness (what counts as illness within the narrative?); Technology (what technologies mediate health?); Media (how do media shape health knowledge within the diegesis?); Space (where does healing occur?); Institution (who controls health knowledge?); Family (what role does care play?); Culture (what cultural beliefs shape health?); Traditional knowledge (how do Ayurveda, yoga, folk, or religious practices appear?); Agency (who has authority over the body?); Ethics (how are consent, privacy, autonomy, and dignity handled?); and Health inequality (how do gender, class, caste, disability, and access shape the story?). This framework does not produce a quantitative score but organizes the qualitative analysis that follows into a consistent set of comparative categories across all five films.

7. CINEMATIC BODIES

Each film in the corpus organizes its narrative around a distinct configuration of the biosocial body. *Margarita with a Straw* centres Laila, a young woman with cerebral palsy whose body is persistently read by others-professors, strangers, even well-meaning admirers - through the lens of vulnerability, before the film insists, through her pursuit of desire and creative ambition, on her sexual and authorial agency. *Taare Zameen Par* centres Ishaan, a child whose dyslexic body is misread by his school and family as wilfully careless or intellectually

deficient, its neurological difference invisible until a sympathetic teacher reframes his failure as a question of perception rather than character. *Dear Zindagi* centres Kaira, whose emotional and psychological distress is somatized into insomnia, irritability, and professional dysfunction before therapy offers a vocabulary for what her body has been expressing all along. *The Sky Is Pink* centres Aisha, whose body is from infancy defined by a rare immunological condition and subsequently by pulmonary fibrosis, rendering her simultaneously a medical patient, a public figure, and a daughter whose family's entire emotional life reorganises around her survival. *Piku* centres Bhaskor, an ageing father whose preoccupation with his own bowel movements becomes both comic device and serious meditation on how anxiety about the ageing body reorganizes a household. Across this range, a common pattern emerges: the body in Indian cinematic healthscapes is rarely a neutral biological fact. It is always already read - by an institution, a family member, a stranger, or a screen - before the character has an opportunity to define it for themselves, and much of the narrative labour in these films consists of characters reclaiming interpretive authority over their own embodiment.

8. TECHNOLOGY AND THE MEDICAL GAZE

Technology operates across this corpus in at least four distinct registers. Diagnostic technology is most visible in *The Sky Is Pink*, where immunological testing and, later, imaging of Aisha's lungs punctuate the narrative with the clinical authority of the scan and the report; it is conspicuously delayed in *Taare Zameen Par*, whose central dramatic tension arises precisely from the absence of any diagnostic apparatus capable of naming Ishaan's difference until a teacher, rather than a clinician, performs an improvised diagnostic role through pedagogical observation. Assistive technology structures *Margarita* with a Straw most directly, where Laila's wheelchair, her adapted computer interface, and the assistive listening and reading devices around her do not merely support her body but actively mediate her participation in intellectual and creative life, positioning technology as an extension of agency rather than a marker of deficiency. Therapeutic technology appears most plainly in *The Sky Is Pink*'s staging of bone marrow transplantation and long-term oxygen therapy, technologies that are simultaneously life-sustaining and disruptive to ordinary domestic rhythm, requiring the home itself to be partially reorganised around medical equipment. Communicative technology is comparatively understated across most of the corpus but becomes significant in the way *Dear Zindagi* normalises the telephone consultation and the casual, almost incidental scheduling of therapy sessions as part of an ordinary urban professional's calendar, stripping psychotherapy of its earlier cinematic association with institutionalisation or crisis. Taken together, these technologies do not operate as neutral instruments but as bearers of what this paper, following the broader literature on the medical gaze, calls institutional authority: the capacity to render a body legible, treatable, or exceptional depends heavily on which technology is permitted to look at it, and by whom.

9. MEDIA, KNOWLEDGE AND HEALTH

Following this paper's methodological commitment to treating media as part of the healthscape rather than as an external commentary upon it, the analysis attends specifically to media forms that appear within the diegesis of these films. *The Sky Is Pink* is the most instructive case: its narrative structure is built around Aisha's own posthumous voiceover and around her real-life public persona as a teenage motivational blogger, meaning the film stages its protagonist not only as a patient acted upon by medicine but as a producer of health narrative in her own right, one whose digital audience receives her account of chronic illness directly, without institutional mediation. *Dear Zindagi* similarly normalizes therapeutic discourse for an urban audience partly by placing Kaira's therapy sessions within the same casual register as her professional and social life, implicitly modelling psychotherapy as an ordinary form of self-knowledge rather than a stigmatized last resort. This raises a question this paper regards as central to any account of the contemporary Indian healthscape: who becomes an authority on health when knowledge circulates through digital and popular media rather than through the clinic alone? The corpus suggests an ambivalent answer. On one hand, media visibility - Aisha's blog, the stigmatizing cultural conversation that followed *Dear Zindagi*'s release - can expand access to health knowledge and legitimize experiences that biomedicine alone has historically pathologized or ignored. On the other hand, none of these films substantially interrogates the risk of misinformation or the uneven digital health literacy that shapes who can access and evaluate such media in the first place, suggesting a further avenue for the scholarship this paper's gap analysis identifies as still underdeveloped.

10. SPACES OF HEALING

Spatial analysis across the corpus reveals a consistent home-institution-digital continuum, though each film weights this continuum differently. *Piku* is almost entirely a story of domestic and mobile space - the family home, the car during the Delhi-to-Kolkata road trip - with the clinic appearing only intermittently and always subordinate to the household's own management of Bhaskor's condition. *Taare Zameen Par* moves decisively from home to institution, tracking Ishaan's transfer to a boarding school as a site of both punitive discipline and, eventually, a more attentive pedagogical practice, before returning him to a reconciled family space. *The Sky Is Pink* stages the

widest spatial range, moving between the Indian family home, London hospitals during Aisha's treatment, and the more diffuse, placeless space of her online audience. *Margarita with a Straw* is structured around a transnational relocation from a Delhi household to a New York university campus, using this geographic shift to interrogate how accessibility infrastructure - ramps, adaptive technology, campus support services - varies not only by disability but by nation. *Dear Zindagi* favours informal, unbounded spaces- a beach, a scooter ride, a rooftop- for its therapy scenes, a spatial choice that itself performs the film's argument that psychotherapy need not be confined to the clinical office to be legitimate. Read together, these spatial choices suggest that where healing is permitted to occur in Indian cinema is never incidental: each setting carries an implicit claim about which form of authority -institutional, familial, or self-directed - is sanctioned to define recovery.

11. NEGOTIATING BIOMEDICAL AND TRADITIONAL KNOWLEDGE

Piku offers this paper's clearest case of sustained negotiation between biomedical and non-biomedical knowledge. Bhaskor's preoccupation with his digestive health is staged simultaneously as comedy and as genuine anxiety, and the household oscillates between formal medical consultation, home remedy, dietary regulation, and Bhaskor's own idiosyncratic theories of bodily health, none of which is permitted to fully discredit the others. Medical authority in this film is persistently deflated -doctors are treated with a mixture of deference and comic suspicion- while domestic knowledge, inherited and reasserted daily by *Piku* herself, quietly becomes the household's true locus of care. Elsewhere in the corpus this negotiation is more muted but still present. *The Sky is Pink* allows religious faith and hope to operate alongside, rather than in competition with, biomedical treatment, with prayer functioning as an emotional register rather than a rival treatment logic. *Taare Zameen Par* implicitly stages a negotiation between biomedical diagnostic authority, which the narrative withholds, and a pedagogical, almost para-clinical authority located in a teacher who diagnoses through observation and empathy rather than through instrumentation. *Margarita with a Straw* and *Dear Zindagi* engage biomedical and therapeutic authority more directly and with comparatively less recourse to traditional or spiritual knowledge, suggesting that a film's proximity to biomedicine's institutional apparatus is not fixed but varies according to the specific health condition and social milieu it depicts. Across the corpus as a whole, however, no single film allows biomedicine uncontested authority over the body: familial, spiritual, pedagogical, or self-directed knowledge always retains some share of legitimacy, which is precisely the condition this paper identifies as medical pluralism.

12. DISCUSSION: THE CINEMATIC HEALTHSCAPE AS ASSEMBLAGE

Bringing the preceding analysis together, this paper's central theoretical proposition can now be stated more fully. The cinematic healthscape is not a backdrop against which a story of illness unfolds but an assemblage of body, technology, media, space, institution, culture, knowledge, and care, whose particular configuration in any given film determines what counts, within that narrative, as healing. Crucially, cinema itself occupies a double position within this assemblage. It represents medical technology, institutional authority, and traditional knowledge as objects of the story, and it simultaneously functions as a technology of health knowledge in its own right - visualizing conditions rarely otherwise seen (dyslexia, cerebral palsy, pulmonary fibrosis), mediating audience understanding of therapy and diagnosis, and circulating particular, culturally specific accounts of what a healthy or acceptable body looks like to audiences far beyond the clinic's reach.

This double role helps explain why the corpus examined here so consistently resists any simple biomedicine-versus-tradition binary. Because cinema is itself a mediating technology rather than a transparent window onto medical fact, it has every incentive to dramatize negotiation, ambivalence, and hybridity rather than resolution in favour of a single authority. The Indian cinematic healthscape, on this account, is less a record of how health is actually managed in India than a culturally significant site in which competing claims to authority over the body are continually rehearsed, tested, and -provisionally -reconciled for a mass audience.

13. CONCLUSION AND SUGGESTIONS

This paper has argued that contemporary Indian cinema does not merely represent illness and healthcare but constructs cinematic healthscapes in which bodies, technologies, media, institutions, family, culture, and space interact to shape a plural, contested, and technologically mediated account of health. Reading *Margarita with a Straw*, *Taare Zameen Par*, *Dear Zindagi*, *The Sky Is Pink*, and *Piku* through a twelve-category framework spanning body, technology, media, space, institution, family, culture, tradition, agency, ethics, and inequality, the analysis finds that Indian cinema's characteristic mode is medical pluralism: biomedical, familial, spiritual, pedagogical, and digital forms of knowledge coexist and compete within the same narrative, rather than one simply displacing the others.

The paper's principal contribution is the proposition that cinema occupies a double role in this healthscape, representing medical technology and institutional authority while itself operating as a technology that visualizes, mediates, contests, and circulates health knowledge to a mass public. Future research might extend this framework

to regional-language cinema beyond Hindi film, to a larger and more systematically sampled corpus, or to audience reception data capable of testing whether viewers themselves experience these films as sites of negotiated health knowledge in the way this textual analysis suggests. Such work would further specify how India's distinctive medical pluralism is received, rather than only constructed, on screen.

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