Literary Voice: *A Peer Reviewed Journal of English Studies (ISSN 2277-4521)*
Number 27, Volume 1, Sep. 2026, https://literaryvoice.in
Indexed in the Web of Science Core Collection ESCI, Cosmos, ESJI, I20R, CiteFactor, InfoBase

Spaces of Confession, Sites of Resistance: Therapy Rooms as Heterotopias in Select Films

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DOI: https://doi.org/10.59136/lv.2026.27.1.30

Abstract

Drawing on Michel Foucault's concept of heterotopia, the paper examines the therapy room as 'other spaces' where normative social, familial and institutional orders are suspended, contested and reconfigured. Through the close reading of the films Antwone Fisher (2002) and Dear Zindagi (2016), the study argues that therapeutic spaces function as heterotopias of crisis and deviation, enabling the distressed subject to reconstruct the self. The paper further analyses the therapist-client relationship as a dynamic field of power/knowledge. Therapy spaces, therefore, emerge as heterotopic spaces of inversion, negotiation, healing and psychic transformation.
Keywords: therapy space, heterotopia, power, knowledge, negotiation

Introduction

Henri Lefebvre connotes that space being 'socially produced' is an "outcome of a sequence and set of operations" of social interactions, power relations and historical processes (73). This suggests that spaces and human psychological functioning exist in a symbiotic relationship, mutually dependent on each other. This interdependence creates a feedback loop in which environments influence mental processes, while cultural practices govern how these spaces are designed and perceived. Bugra remarks, "cultures consist of learnt behaviours and patterns which influence lifestyles, backed by knowledge, customs, beliefs and values which go on to shape human behaviours which are influenced in turn" (1). Space in close association with humans becomes a cultural and psychological product, socially produced and interpreted through human practices, power relations, and cultural practices. The paper discusses one such physical space, namely the 'therapy room', and the interpersonal processes itoperates on the therapist and client simultaneously. Taiwo et al. elaborate, "within a psychodynamic approach, the therapy space "is an essential aspect of the therapeutic frame, through which a reliable and professional relationship enables reflection on old patterns and the working through of unconscious processes" (3). Studies have shown that therapy spaces create an environment where the client engages in alternative ways of thinking and feeling, leading to the reconfiguration of problematic thoughts. These spaces accommodate diverse cultural expressions, communication styles, and meanings. The assemblage of crisis, confession, deviance, expression, identity, and healing frames these spaces as important sites to be studied as heterotopias.

Mead emphasises that heterotopia explores the "non-normative aspects of social movements"

Article History: Full Article Received on 1st June, 2026. Peer Review completed on 19th August, 2026, Article accepted on 25th August 2026. First published: Sep. 2026.

as it stands in distinction, "utopia…where everything is good; dystopia…where everything is bad; heterotopiawhere things are different" (qtd. in Beckett et al. 171). Heterotopias are "real", "accessible" and "physical" spaces which could "combine and juxtapose many spaces in one site" helping us to reflect on"the foundations of our own knowledge; but they cannot take us outside of this knowledge or free us from power relations" (Topinka 70). Mackiewicz highlights Kant's notion of space as a "transcendental subject" that provides a "space of thought,""dialogue space," or "space of communication," intuitive of "a priori form of sensibility" (145).Vakoch writes, "psychoanalytic heterotopias allow patients to experience and conceptualise things differently because they provide a real space into which the imaginary can be introduced" (qtd. in Honig 30).

Scholarship on psychotherapy, mental health and cinema has repeatedly shown that screen representations of therapists shape public attitudes toward mental illness, treatment and professional care. Johnson and Olson observe that entertainment media have historically relied on reductive and sensationalised images of mental illness—danger, criminality, monstrosity and deviance. Stuart states that thegeneralised notion of mental health sufferers is depicted as "disenfranchised with no family connections, no occupation and no social identity" (100), shot with "isolation" and "dislocation" (100), associated with "violent, delusional and irrational" (101). Further in the context of therapy, Gabbard and Gabbardshow how films often transform the therapist into an object of fascination, suspicion, or idealised authority, while Brandell exposes cinema's distorted therapy picturisations—boundary violations, magical cures, unethical therapists. Birch explicates how media stereotypes of madness, violence and irrationality shape stigma, perception and social treatment within everyday consciousness. With the dearth of literature on spatial dynamics in therapy representations, the present study shifts the emphasis from diagnostic accuracy and stigma alone to the spatial negotiationwithin therapy, as explored through cinema. Therapyis not only positioned as a professional exchange between therapist and the client, but also as a staged site of disclosure, negotiation, silence, authority, flashbacks and psychic reorientation.

The narratives chosen as primary works for the study, *Antwone Fisher* (2002) and *Dear Zindagi* (2016), depart from the dominant critical emphasis by examining therapy as a spatially lived experience. Both the films explicitly deal with psychotherapy as their central plot, where the protagonists' (clients) troubled thoughts, inner grappled fears, and anxieties are resolved by the therapists by untangling the trauma of suppressed emotions in past. But apart from clinical treatment, the films construct therapy space as a transformative counter-space. *Antwone Fisher*, directed by Denzel Washington, is based on the true story of a young man in the U.S. Navy, Antwone Fisher, who confronts his traumatic childhood through therapy with a naval psychiatrist, Dr. Jerome Davenport. Here, therapy operates within a disciplinary military structure where confession authority and trauma intersect. *Dear Zindagi* (2016), an Indian Bollywood film directed by Gauri Shinde, explores the healing journey of Kaira, a brilliant cinematographer, along with her therapist, Dr. Jehangir Khan. Here, therapy is reimagined through informal, mobile and affectively open spaces, challenging the cultural stigma. Both movies feature therapy rooms as'curated-devised'physical spaces serving as 'other-space' or 'counter-space' where the client's thoughts are modulated and reconceptualised, making a significant aspect of the study.

It is essential to study the representations of psychotherapy in spatial contexts as these therapy spaces stand apart or transgress social and cultural hierarchies, framing themselves as heterotopic spaces. The objective of the research is to understand and interpret how the spaces ofhealing, known as 'therapy rooms', act as heterotopic spaces which are also symbolic of 'other' or 'counter' or 'deviant' spaces. The paper also seeks to address the power play

between the therapist's authority and professional knowledge and the client's resistanceand hold onto the narrativein the process of remoulding thought processes. Thus, in order to achieve the objectives, the paper uses two concepts of Michel Foucault- 'heterotopia' and 'power and knowledge' primarily on the select narratives- *Antwone Fisher* and *Dear Zindagi*; examiningthem through close analysis of the films.

Counter-sites and Other Spaces: Therapy Rooms as Heterotopic Spaces

Michel Foucault in his 1967 lecture, "Of Other Spaces" (Des EspacesAutres) devised a concept called 'heterotopia' referring to the spaces existing outside the usual everyday spatial dynamic, where the norms and rules of ordinary life are "suspended", "mirrored" or "inverted" (as qtd. in Allo and Piliang 53). He categorised such spaces as 'other spaces' that both represent and contradict the societies in which they exist. These are real, physical locations embodying an alternative reality that stands as an exception, contrast, or deviation often tied to rituals, crises and special functions. Foucault enlists"cemeteries,""museums and libraries,""prisons,""festivals,""fairgrounds,"and "rest homes and psychiatric hospitals" (Foucault 5-7), as temporary escapes from social hierarchies, traditional roles and regular norms. These spaces serve the functions of isolation, control, and exclusion, but become catalysts for freedom of self-expression, self-exploration, and self-mediation.Equally, therapy spaces are culturally viable settings with heterotopic characteristics, as they gather clinical authority, personal memory, confession, resistance, and reconstitution within a bounded setting.

Heterotopias exist in all cultures but take different forms. They are "universal" but "varied" (Foucault 4); therapy rooms exist across cultures but may take different forms, ranging from traditional psychoanalytic institutions to counselling spaces or curated spaces, depending on societal norms, historical context, and cultural values. Heterotopias possess a mutable "function" (Foucault 5) of time. The spaces once known forseverity in clinical methods have evolved into mindfulness, trauma healing, or personal growth.Heterotopias bear a function "in relation to all other spaces that remain" (Foucault 8) either by reflecting them or by challenging them. They either act as mirrors, revealing normalities, or work in opposition, becoming 'sites of resistance', deviation, or critique. The selected narratives belong to two different geographical settings - one is from the military setting (structured, disciplined, emotionally restrained) in Cleveland, Ohio, and the other is from Goa, India (free movement, independence, spiritual retreat). The two contrary settings converge into a heterotopic space of "therapy room" present in every culture, but with its own power structures. While the above principles establish therapy spaces as heterotopic formations at a conceptual level, the remaining properties of heterotopic space are analysed and interpreted through select films.

Therapy Rooms: Spaces of Crisis and Deviation

Foucaultsuggests heterotopias are linked to spaces of "crisis" or "deviation" (4-5). Heterotopias of crisis are the sites where individuals undergo an experiential transformation, reserved for personal and existential crisis. This may be reflected in critical life transitions—physical or psychological, such as adolescence, childbirth, or ageing. Heterotopias of deviation are spaces where an individual's behaviour, identity and existence deviate from societal performativity and conditioning, such as psychiatric hospitals and asylums, prisons, rehabilitation centres, reform schools or juvenile detention centres. Society uses such spaces to regulate and control deviant behaviour, where the 'deviance' can be contained, corrected, or remain hidden. Thus, these spaces primarily 'contain' (emphasis ours) individuals who diverge from the mainstream; acting asbuffer zones during the individual's "rites" of transition, that is, change in "place, state, social position and age" (qtd. in Turner 94). Such spatial containers stand at the 'thresholds'

of liminality: adolescence to adulthood, illness to health, criminality to rehabilitation, where individuals can be cared for, transformed, or corrected before they are either reintegrated into society or permanently separated.

For Antwone, the naval psychiatric office within a rigid disciplinary institution becomes a heterotopia of deviation as it receives a subject whom the dominant institution—the Navy, identifies as behaviourally irregular, violent and unstable. The Navy reads his anger primarily as misconduct—a failure of discipline, obedience, and emotional control. His rage and aggression mark him as a deviant body within a highly ordered space. However, the therapy space acts as a counter-space where Antwone's deviance is reinterpreted not as moral failure but as a symptom of unresolved trauma. Within the therapy room, initially, the desk separates Antwone and Davenport, encoding institutional hierarchy and clinical distance, but as the trust develops, the spatial geometry shifts, and the chairs face each other without the desk's mediation, signalling the emergence of relational space. Unlike the ship's regimented motion, the room is static and repetitive; each session revisits the same space, excavating different layers of memory. Warm browns and amber lighting contrast with the ship's cold palette. The presence of books signifies ordered civility against remembered chaos. Thus, the therapy space does not merely correct him, but rather exposes the deeper traumatic scars (foster abuse, abandonment, and racial violence) hidden beneath the institutional definition of deviance.

Similarly, Kaira's entry into Dr.Jehangir's therapy space results fromthe gradual destabilisation of the familiar spaces that ordinarily organise identity, belonging, and emotional security. The home becomes a space of suppressed resentment and emotional estrangement as her parental abandonment converts the domestic sphere into a depository of desertion and desolation. Similarly, romantic spaces fail to provide her with affective stability, and the professional world also remains precarious, marked by uncertainty, competition, and displacement.Though the therapy room visually announces itself as a crisis-holding space through the therapist's deliberate spatial and material choices. Seating is unmatched and informal, with Dr. Jehangir and Kairafacing each other at equal height, collapsing the hierarchy between them. The 'creaking chair'sonically registers her instability; the 'gavel'mimics and suspends societal judgement; the repaired 'toy-soldier' visualises fractured selfhood made whole. The 'hourglass' nurtures the idea of living in the moment, and 'recycled eyeglasses' signifiesthe repair and alteration of vision.Soft, diffused lighting mixed with natural daylight replaces clinical brightness, framing a warm, open, welcoming environment. Generous spacing and uncluttered textures in wood, fabrics and surfaces create an unhurried, live-in intimacy. These quirky, semi-functional objects, displaced from courtrooms, childhood, and ordinary furniture sets,therapy space as 'other space', providing Kaira with a vacuum in whichher emotional disorientation transforms into narration, reflection, and the possibility of psychic reconstitution.

Heterochronic Temporalities within Therapy Space

Heterotopias are linked to "slices of time" or are "heterochronic" (Foucault 6), suggesting that heterotopic spaces often disrupt the ordinary chronological time by accumulating, suspending, repeating, or reorienting different temporalities. Therapy rooms create a sense of timelessness in which one engages with one's past, dwells on the present, and envisions future possibilities all at once and in one space, disrupting the linearity of time.It removes an individual from the daily chaos of the external world and allowsthem to explore facets of identity that may or may not align with their present reality.

In *Antwone Fisher*, multiple, non-linear temporalities converge within a single physical site. The therapy space holds infancy without parental care, memories of childhood abuse in the foster home, adolescent homelessness, the recurring dream-time of the welcoming table

and the future-oriented time of healing and possibility of family reconnection, all coexist simultaneously rather than sequentially. This stands against the naval time, which is linear, scheduled and disciplined, structured around reporting and obeying. Therapy time is recursive; it loops back to the unfinished past while reaching toward an anticipated future, refusing chronological closure. The room becomes a temporal palimpsest, where buried history, present narration, and imagined restoration overlap. The techniques of flashback editing, dream sequences, the hovering voices of foster mother's insults, his own cries, silences, and long pauses allow Antwone's fragmented past to be featured and made speakable in the ordered time of the present.

Similarly, Kaira's present crisis is revealed as the continuation of an unresolved childhood wound that has been recollected, configured, and altered in the present time. The therapy room becomes a repository that breathes the buried time, retrieved by the therapist and the client in non-sequential order. Flashback editing disrupts linear chronology, allowing childhood abandonment (drawing quietly, posting letters with no response, waiting for parents, and being forcefully detached from grandparents) to intrude upon the adult present suffering with insomnia, anger and insecurity. Most strikingly, the film rhymes two window shots—the child Kaira gazing helplessly out from the grandparents' house window, and the adult Kaira also gazing outwards in crisis from the therapy room window. This visual echo cinematically sutures past and present into a single gestural memory, making the therapy space contain both moments at once. The therapy room thus becomes a heterochronic space where time passes, yet all of Kaira's fractured time is gatheredand made legible.

Juxtaposition: Therapy Rooms as Spatial Assemblage

Heterotopias "juxtapose" multiple "incompatible" or different spaces within a "single" location (Foucault 6), creating a unique synthesis or contrast. Correspondingly, therapy rooms also juxtapose multiple psychological spaces, creating physical, professional, mental, and emotional sanctuaries that mediate between external and internal realities. The therapy spaces represented in the films become a cinematic and psychological site where the patient's present state and body, past memories, imagined spaces, suppressed trauma, dreams, fantasies, familial spaces, institutional spaces and social realities are gathered and reworked.

In *Antwone Fisher*, Dr. Davenport's office exists within the disciplinary structure of the Navy, but it is also superimposed by intimate vulnerability. It juxtaposes four incompatible spatial layers. Antwone's Navy uniform signals military hierarchy; the blinds, lamp, and upholstered seating soften into domestic warmth with muted tones that suggest psychiatric containment. Davenport's wife's photograph reflects private, marital domestic life, placed into an institutional frame, adding another dimension of domesticity.The fourth incompatible register enters through Antwone's recollection of the foster home, importing a site of racialised violence, hunger and confinement through flashback insertion. Thus, the office becomes a site where the foster home, the naval ship, the streets, the imagined mother, the absent family and the wounded child coexist with the adult sailor sitting before the psychiatrist.

In *Dear Zindagi,*the spatial scope of the therapy room expands as Kaira shares her distress during sessions. The intercutting edits between the therapy room and memory spaces—her grandparents' house, professional workspace, an apartment in Mumbai, open spaces in Goa—juxtapose incompatible realities into a single site, making the therapy room a spatial archive of fragmented psychological narrative. The outdoor sessions on the beach and cycling on the road further add a spatial layer; the conventionally coded spaces of recreation, leisure and diversion are used as an intimate space of clinical therapeutic disclosure. Within the formal sessions, the shot-reverse shot technique used between Kaira's emotional interiority and Dr. Jehangir's

composed exteriority is accorded within the same eyeline match, cinematically holding two subjectivities together—patient's chaos and therapeutic order, in productive, unresolved tension. Thus, the therapy spaceshold irreconcilable realities in suspension, becoming heterotopic by inhabiting the contradictions in singular time and at a singular site.

Entry and Exit: Rituals of Therapeutic Access

Heterotopias provide controlled "access" (Foucault 7), often regulated through formal and informal systems. Similarly, one's access to therapy rooms is restricted and governed by the therapist's authority, and is also bounded by the confidentiality that the space ensures. The entry and exit of an individual into the therapy space are regulated by rituals, permissions, institutional procedures, thresholds, appointments, diagnoses, and crisis conditions.

Antwone's access to therapy is initially mandated by military authority, as his conduct and cognition are subjected to psychiatric evaluation. The doorway functions as a visual seam between two regimes—the Navy and the therapy space. Once inside the therapy room, controlled framing and shot-reverse-shot compositions establish Davenport's authority over entry, speech and emotional disclosure. Antwone's silence, rigid posture and defensive gaze are contrasted with Davenport's composed stillness, making therapy a regulated encounter. When Antwone misses a session, he is escorted back, making his attendance meaningful. The fixed three-session structure further regulates the exit, linking therapy to institutional evaluation and recommendation. After the three mandated sessions, Antwone seeks readmission into the therapy space, yet Davenport controls the access. Likewise, the final session reasserts Davenport's authority, as therapeutic closure occurs despite Antwone's visible anger and emotional unwillingness.

Kaira's access to therapy is governed by confidentiality, consent, appointment scheduling, repetition, and time. The film repeatedly shows Kaira hesitating at the door, arriving early, or adjusting herself in the therapy space before the session. These threshold shots cinematically perform a ritual of entry, with the doorway serving as the spatial marker of transition between the social world and the heterotopic one. Besides this, the clock acts as a cinematic object within the mise-en-scène of the therapy space, materialising the rituals of entry and exitand marking the ethical boundary of the therapeutic frame. Kaira's stay is governed by the sessional duration; the clock subtly enforces it. Her visible irritation towards the clock reveals her resistance to closure, limits and controlled emotional exposure. Within the space, speech is intimate, relaxed and free, but the clock prevents it from becoming formless, excessive or dependent. The clock opens the doorsof psychic disclosure, but keeps them close enough to sustain distance, discipline, and eventual return to ordinary life.

Therefore, therapy rooms act as counter-spaces to the fast-paced, productivity-focused demands of modern society by acknowledging one's vulnerabilities, fears, and desires, offering a place to slow down, reflect, and explore aspects of oneself that might have been ignored or undervalued. They serve as modern heterotopias, reflecting and resisting dominant societal norms while offering a protected environment for emotional and psychological healing.

Therapy Rooms: Renegotiation of PowerDynamics

Foucault's conceptualisation of 'power' and 'knowledge' states that power produces knowledge and knowledge reinforces power (Foucault 1980), where knowledge is "ineluctably the derivative of power/discourse relationship" (Schneck 24) or"product of discourses" (Poorghorban 324). The "collaborative therapeutic relationship" (Natiello 11) betweentherapist and client holds the intricate power structures within the therapist's structured 'other space' or 'heterotopic space'. Heller underlines that power is a "facility" that bears the "transformative capacity", the "ability

to influence and modify the actions of the other individuals" to "realize certain goals" and "the ability to create a change" (83).

Therapists with specialised training and professional knowledge become facilitators of mental health and interpreters of emotional experiences, bearing the capacity to understand cognitive entanglements and behavioural temperaments. This positions them in authority, with the power of "knowing how to" (Nola 110) bring out change within the client's perspective. Through their narrative strategies—perceptual reframing, memory retrieval, metaphor, analogy, dialogic questioning, and re-authorisation of the self—therapists try to access clients' discourse hidden in their fears, anxieties, traumas, and the deep-seated pain.The insights gained from these strategies carry significant weight in shaping the client's self-perception and self-evaluation, deconstructing the irregular thoughts. Thus, the therapist becomes a directive or controlling agency that determines the structure and flow of the sessions, enforcing ethical guidelines of confidentiality, session length and therapeutic boundaries. However, the power dynamics in therapeutic space are not a one-way relationship with a top-down model; they are fluid, shaped by interactions, reactions, choices, and resistance. The renegotiation of authority and power lies in 'resistance' where the client may actively resist the therapist's interpretations or annotations by withholding information, questioning back, remaining silent with no responses, or challenging the authority of the therapist. Thus, power is never absolute; resistance exists within power relations that illuminate the complex and effectual nature of the therapy room, becoming the site of control and liberation.

In *Antwone Fisher*, Davenport's professional authority is supported by military institutions, psychiatric knowledge and the clinical setting. He occupies the role of an expert expected to interpret Antwone's anger and return him to disciplinary functionality. Davenport holds the apparatus—frame, schedule, interpretative authority, but Antwone's protest, "you can't make me talk" (Antwone Fisher 00:10:23-00:10:24), limits examination, compels attendance, but not truth. Antwone's counter-power operates through silence, refusal, and then, with metaphors—'under the rock,' 'rainy days,' 'the little boy inside the man,' 'who will cry for the little boy'—acts as displaced images that let him speak trauma without surrendering to clinical translation. Here, metaphor becomes the discursive shield, permitting partial confession, withholding the full subjection to Davenport's interpretative control. Antwone's resistance is epistemologically productive; it determines the pace, form and limits of therapeutic knowledge. Though Davenport re-negotiates his power by offering him the deal of 'three sessions' from the day he starts talking. On gaining the knowledge of his past, he re-reads Antwone's aggression as a symptom of psychic injury. This reframing becomes an act of therapeutic power that produces a new truth about Antwone, allowing him to move from being an object of institutional correction to a subject of narrative agency.

In *Dear Zindagi*, the negotiation of power and knowledge operates in a different register. Her relationship with Dr. Jehangir Khan is shaped by hesitation, defensiveness, humour, deflection, embarrassment and selective disclosure.Jehangir's authority derives from his position as a psychologist; he controls the therapeutic frame, asks questions, identifies emotional patterns and translates Kaira's fragmented experiences. He never confronts Kaira's deflections or names her defences; instead, he rearranges her conceptual field with examples of 'choosing the right chair,' 'breaking the pattern,' 'life is a jigsaw puzzle' such that in re-authorisation the choice becomes thinkable without becoming command. His methods frame his authority as informal and non-coercive. Kaira develops her agency by hiding, delaying and displacing certain truths. Her resistance becomes visible when she tests, negotiates and sometimes destabilises Jehangir's authority. Kaira remains the primary custodian of her memory. Jehangir canoffer her interpretative frameworks, but he can't replace the client's act of recognition. Thus, healing

occurs when Kaira begins to narrate herself not as damaged, unstable or incapable of love, but someone shaped by emotional neglect and capable of reconstituting her relational self.
Both films reveal and infer that therapy is neither a space of absolute domination nor pure freedom. It is a field of negotiation where power circulates. The therapist's knowledge can classify, interpret, normalise and regulate, but the client's silence, refusal, or confession, affect, and resistance also shape what becomes knowable. Dr. Davenport and Dr Jehangir Khan both possess professional authority, yet their authority becomes meaningful only when it encounters the client's agency. Thus, this negotiation of power and knowledge frames therapy spaces as heterotopic, where institutional, emotional, disciplinary, and personal truths coexist and contest one another.

Conclusion

The analysis of *Antwone Fisher* and *Dear Zindagi,* establishes therapy rooms as heterotopic spaces functioning as sites of crisis and deviation, regulating entry and exit, juxtaposing multiple psychic spaces, and suspending ordinary time through memory, confession, repetition, and therapeutic reconstruction. Power within these spaces is not hierarchical; it is relational, and negotiable between the therapist's professional authority and knowledge and the client's silence, resistance, selective disclosure, and the gradual pacing of the personal truth. Therapy emerges as a spatial practice in which societal norms are suspended, power dynamics are renegotiated, identities are fluid, and time is deconstructed. The study, therefore, contributes to film studies by showing how therapeutic interiors function as narrative and visual devices for representing mental distress; to therapeutic studies by foregrounding healing as spatial and relational practice and to cultural studies by revealing how cinema can be used to trace therapy as a heterotopic configuration enabling recognition, recovery and transformation.

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