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Empowering Representations of Impairing Mental Illnesses in the Media

Investigating Mental Health Narratives Through Song

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Introduction

Film, television, and theatre are saturated with images of the mentally ill

performing graphic violent acts and being isolated from society. There is rarely a hero

who battles both grand evil forces and the difficult symptoms of borderline personality

disorder, or a caring and diligent mother who also happens to have severe anxiety. So, who then, can people with these disorders look to as their role models and inspiration to keep fighting for a steady and balanced life? Who can people without these disorders follow the example of to shape how they treat loved ones with these illnesses? What does an empowering and realistic representation of an impairing mental illness look like, and what are the effects of this representation on societal understanding, societal treatment, and the self-image of the people with these illnesses?

This paper and the related creative process investigate these questions with a particular focus on borderline personality disorder and anxiety disorders. The paper will cover why I chose this subject, past research on the subject, and a breakdown of the creative process that involved exploring and creating from scratch what an empowering, empathetic, and realistic representation of people living with borderline personality disorder or anxiety disorders looks like.

Background and Definitions

Before explaining why this particular subject was chosen, it is important to clarify and define particular aspects of the initial question. The term "impairing mental illness" is used when referring to borderline personality disorder and anxiety disorders because these disorders cause difficulty in performing daily tasks, maintaining healthy and active relationships, performing well in a school and work environment, and holding steady employment.

According to the National Institute of Mental Health, Borderline personality disorder, or BPD, is a "mental illness marked by an ongoing pattern of varying moods,

self-image, and behavior. These symptoms often result in impulsive actions and problems in relationships. People with BPD may experience intense episodes of anger, depression, and anxiety that can last from a few hours to days" ("Borderline Personality Disorder," 2017). People with BPD tend to view things in extremes and can have an unstable self-image.

Anxiety disorders come in many different variations and, like BPD, everyone's experience is different: "Occasional anxiety is an expected part of life...but anxiety disorders involve more than temporary worry or fear. For a person with an anxiety disorder, the anxiety does not go away and can get worse over time" (Anxiety Disorders). There are several types of anxiety disorders, including generalized anxiety disorder, panic disorder, and various phobia-related disorders. In the creative process, we focused on social anxiety and phobias.

In regard to both of these disorders, it is important to note that diagnoses in mental health are complicated and opinions about their role in treatment are evolving. While some practitioners insist on fitting individuals into certain boxes, others only give diagnoses in order for patients to qualify for insurance coverage of their treatment or approach a label as a way to establish a beginning for treatment. Many individuals are misdiagnosed and this can heavily inhibit the effectiveness of treatment and their perception of self. The mistreatment can occur due to the existing stigma that both the patient and the healthcare professional respond to, and the development of treatment practices focused on symptoms that the individual does not experience, but that fit into the list of symptoms related to the disorder they were assigned. In this paper and creative project, the point of using specific diagnoses is to clarify the focus, allow

precision in comparing past research, and to give the creative team both a jumping off point and a guideline in their character development and exploration. However, it was acknowledged by everyone involved that diagnoses have a complicated relationship with the effective treatment of mental health problems.

Why I Chose This Topic

I decided to make this the topic of my thesis because of my own personal connection with mental health issues and because of my duty as an artist. After my third psychiatric hospitalization, at the age of 20, I was diagnosed with borderline personality disorder. I now know this was a misdiagnosis, however receiving the diagnoses allowed me to attend effective and life-changing treatment that transformed my relationship to, and understanding of, my mental health and my relationship with psychiatric and psychological treatments. Through further treatment, I was diagnosed with an anxiety disorder, post-traumatic stress disorder, and depression. Because of these experiences, I chose BPD and anxiety disorders as the focus of the creative project.

I also take my responsibility as an artist and a storyteller seriously. The entertainment world is pivotal in social and cultural shifts, yet critical research and dialogue are missing from most representations of people living with mental illness. I want to embody the standard to which I hold the film and theatre industries, so I have taken it upon myself to lead an ensemble to create empathetic, accurate, and empowering depictions of what it is to live with an impairing mental illness.

I have been told more than once that if I am to succeed in this industry I must hide the fact that I struggle with mental health problems. This project is the beginning of a lifelong goal to work on removing the stigma surrounding these illnesses, showing that

people with these disorders can be highly functioning and productive, with healthy relationships and balanced lives. My hope for this art is to present a representation that will empower people who struggle similarly to seek treatment and find compassion and respect for themselves; they are not alone and should not have to struggle as heavily in the loneliness and confusion as I did. I am creating this work so that those who love, work with, and know people with these illnesses are exposed to depictions that don't encourage antagonization and isolation. My hope is they will have less fear when they learn their loved one, new co-worker, or neighbor has a mental illness.

Previous Research

In this section of the paper, I will use previous research surrounding this subject to explain the past role of media, particularly film and television, in defining the stigma around mental health as a way to highlight the importance of empowering and realistic representations.

In Heather Stuart's article, "Media Portrayal of Mental Illness and Its Treatments," she wrote, "In the US, one-fifth of prime time programs depict some aspect of mental illness. One in four mentally ill characters kill someone, and half are portrayed as hurting others… the offense rate of mentally ill characters with speaking parts is 10-fold that of other television characters" (Stuart 100). The average American child will have spent the equivalent of three years watching television before they even begin school and by the time they reach adulthood, "they will have 'witnessed' untold numbers of media murders committed by someone with a mental illness" (Stuart 102). A study from 1993 in Scotland that involved 70 people responding to different media portrayals of mental illness concluded in almost two-thirds of the people saying they believed mental

illness was associated with violence, while two-fifths of the whole general sample said the media was the source of their beliefs. In an interview at the conclusion of the study, one woman said that despite meeting mentally ill people who weren't violent, she felt scared of them because she associated them with the violent portrayals in film, television, and theatre (Philo et al. 274). It is clear from these studies and others that the media more often than not portrays the mentally ill as dangerous and that members of society respond accordingly.

The media also shows the mentally ill as removed from social groups, communities, and family. "Mentally ill characters are frequently portrayed as disenfranchised with no family connections, no occupation and no social identity" (Stuart 100). It has been found that directors even use different camera shots to film mentally ill characters, usually filming them "alone with close-up or extreme shots, reinforcing their isolation and dislocation from the other characters and from the community" (Stuart 100). Audience members experiencing symptoms similar to the characters portrayed, therefore, learn that if they are open about their mental health, they will be isolated.

In addition to isolation comes the portrayals that teach the public to treat those with mental illness with hostility, and therefore teach those with mental illness that the public will respond to them with hostility. "In New Zealand, almost half of all programs aimed at children <10 years of age contain one or more references to mental illness. Mentally ill characters are portrayed as objects of amusement, derision and fear; and a host of disparaging terms link mental illness to a loss of control" (Stuart 102). A similar trend is found in Disney animated films where 85% contain "verbal references to mental illness" that are used to "denigrate, segregate, alienate and denote another character's

inferior status" (Stuart 102). Negative images can generate intense emotional responses and can override personal and positive experiences and "the presumption of dangerousness can be used by a fearful public to justify forced legal action, coercive treatment, bullying and other forms of victimisation" (Stuart 102). One part of the Scottish study mentioned earlier asked audience groups how they would respond if they were approached by a character with a split personality (now called dissociative identity disorder) from the television show *Coronation Street*. Two-thirds of the people responded with threats of violence, while the small remaining number had more sympathetic answers, suggesting obtaining medical help. Most of the sympathetic participants had personal experiences with mental illness that informed their answers, however "such experience did not always lead to a sympathetic response" (Philo et al. 276).

These negative portrayals can lead those with mental illness to avoid treatment or to have harmful perceptions of themselves. In a UK poll of people living with mental illness, ¾ of people said media coverage was unfair and unbalanced, ½ said the media had a negative effect on their own mental health, ⅓ said family and friends acted differently towards them because of negative media coverage, ⅓ said media coverage had put them off applying for jobs or volunteering, and ¼ said media coverage caused their neighbors and communities to be hostile towards them in some ways (Stuart 103). "In the US, the majority of family advocates responding to surveys report having encountered media depictions of the mentally ill that left them feeling angry, hurt, sad and discouraged" (Stuart 102). A collected body of evidence on the relationship between stigma and those living with bipolar disorder shows how stigma can have "severe

repercussions," including "increased symptom severity and reduced functioning, greater concealment, social withdrawal and social anxiety among people with bipolar disorder" (Michalak et al. 1). Living with self-stigma causes people to be less likely to seek treatment, to adhere to it if they do seek it, and to have poor relationships with their healthcare providers. Participants in the Scottish study who had mental illness said they were disturbed by how quickly characters in soap operas seemed to move in and out of mental illness, and one woman described how this made her anxious when comparing her own speed toward recovery, making her wary of treatment (Philo et al. 279).

It is clear from these examples that negative portrayals can lead to harmful effects on not just individuals dealing with mental health problems, but also on society as a whole. This impact also means that media can be an ally in helping challenge prejudices. In 2014 Victoria Maxwell, a playwright and actress living with bipolar disorder, worked with a team of academics to develop a one-woman show that tackled the subject of internal and external stigma. She presented her show to an audience of people with bipolar disorder (BP) and healthcare professionals, and then the research team measured their responses with interviews and scales calculating stigma. The quantitative results showed that there was an immediate decrease in stigma following the performance, but that it appeared to increase again after three months. The interviews, however, revealed that the audience felt educated about the "complexity and heterogeneity of BP experiences, the possibility and opportunity for recovery (e.g. hope), and a demystification of the experience of bipolar disorder." The majority of

audience members thought the play could change public acceptance of people with bipolar disorder. (Michalak et al. 5)

The Creative Process

Fueled by the desire to see different representations in the media, my colleague A.J. Newman and I developed a rehearsal process to create empowering and realistic portrayals of people living with borderline personality disorder and anxiety disorders. Over the course of a few months, we led an ensemble of five actors and creators through this process, morphing the structure and adjusting our approaches as we went based on the work created each week. Our goal for this particular leg of the creative journey was to develop five complex characters (one per actor) living with either BPD or an anxiety disorder and five songs that in some way are an empowering representation of each character's experience of living with the impairing mental illness.

At the very beginning of the process (which began during our university's winter break), each actor in the ensemble was given a character sheet with an archetype and a disorder from which to begin their character development. We worked from archetypes so that the characters would be more recognizable to audience members, to show how anyone can have these disorders, that the disorders manifest in many different ways, to break away from the stereotypes that those with BPD and anxiety disorders are often shoved into, and to help the actors ground themselves in something at the start. Then, each actor was asked to answer prompts that AJ and I created and to write about and around the disorder and the symptoms but to not mention them. An example prompt was: "write for two minutes just stream of consciousness around the circumstance that you just lost something important and inspired by the location of your

school cafeteria." Each actor was given seven prompts, five circumstances, and five locations to mix and match, with the instruction not think about the final product but rather to just use this as a first pass at character exploration. We encouraged them to go wherever they were comfortable and avoid retelling personal experience while pushing themselves to explore themes and ideas they might not usually explore. Each actor's response was recorded and kept in a database that was referenced throughout the process.

In-person rehearsals began after school resumed and the entire group met once a week, while AJ and I met a few times a week to reflect on the work done in the group and develop the plan for the next rehearsal. The rehearsals included discussions about work done the previous week, sharing written content created in response to the last rehearsal and the homework AJ and I assigned, in room development of new work, and open and honest communication about the process and the goals.

The first three rehearsals included "guided meditations" to develop new work and add depth to the characters. The actors were asked to lie down, close their eyes, and find themselves in the body and mind of their characters. Then AJ and I would read them specific questions to help them form concrete memories and know nuances about their character's personality and relationship to their mental illness. This is a short excerpt from a guided meditation from the second in-person rehearsal:

"We're going to think about the first time you recognized the severity of your symptoms, the first time you realized that you did not process emotions or events in quite the same way as most people on television, as most of your friends appear to, and perhaps quite the same way as your family members do. It is probably not the first time you've experienced these symptoms, or difficulty performing a task because of the symptoms, or had a poor social interaction because of the symptoms. But it is the first time that you fully recognized, or began to realize, that you're different. How old are

you? Are you very young or was it quite recently? Somewhere in between? What year in school? Find yourself in that space again. Where are you? Are you indoors or outdoors? What time of day is it? Early morning, mid afternoon, evening, or in the middle of the night? What is the light doing? Is it bold, sharp, and intrusive, or is it comforting and warm? Can you feel it on your body? What sounds can you hear? Imagine these for a moment, and recognize how they affect you...”

This meditation resonated particularly with one actress whose song in the final piece is inspired by the memory that she imagined while hearing these questions.

In several rehearsals the meditation was preceded or followed by a movement and music exploration in which the actors listened to songs that AJ and I selected. We asked the actors to move around the space and become familiar in their character's bodies, the way they interact with objects and topography in a room, and how they react to different tempos, rhythms, styles, and melodies. This was to add more depth to their understanding of their character and to discover what style their performance song would be.

The actors were asked to go home and write free form poetry in response to the work done in rehearsal, which was then shared with the entire group the next week. These responses were a large portion of the source material AJ and I used to write each person's song. We also pulled ideas for lyrics from structured musical improvisation and on the spot in character questioning that we led the actors through.

While constantly generating material, we maintained an open dialogue and dedicated discussion around just what it means for a representation to be empowering. As a group we came up with a few central ideas for the varying ways through which empowerment can be portrayed including, but not limited to: having nuanced characters with depth and life beyond their mental health, showing vulnerability and not sugar

coating the pain of living with a mental illness, avoiding presenting the idea that there is a perfect solution, avoiding violence without explanation or understanding, showing support from relationships, offering hope, and being specific and realistic.

The songs can not cover all of these bases, but the work we did to build the songs filled as many as we could. As for the content of the songs and the presentation we decided to focus on showing realistic symptoms, experiences, thought processes, emotions, and relationships in the lives of the characters. It is through the presentation of these specifics that we hope audience members with these illnesses can recognize themselves and feel relief from loneliness and that audience members who love or know people with these illnesses can begin to understand their loved one's experience. If people leave our night of theatre inspired and less afraid to talk more openly about and around impairing mental illnesses, then we will have succeeded.

Outcomes

The piece takes place at a college party and follows five students who at some point sing about their experience. In the end, five songs were written to be sung by full and complex characters. The first song is from Emma, a character with BPD, who is singing the final song at the open mic taking place at the party. She sings:

When you dream of love and family I do not fit in the picture
But they're chained to me, they're chained to me
What kind of a love is a love that cannot leave - leave, cannot leave
It's a love for someone like me, (for) someone like me

They had a broken child, whose mind is far too wild for the world into which she was born
Well I am terrified, of my own mind
What kind of a mind is a mind that cannot stand to be - to be, just be

It's this mind that's stuck in me, this mind that's stuck in me

There is a circus inside my head
It is violent and scary
I have dreams of bathing in boiling water
To melt off my skin and find beauty within
I have a heavy way of walking
Any escape from pain feels like I'm crawling
I have no wounds, I've got no wounds
But god have I got pain
But god have I got pain

I have this power to change a room and not remember what I've done
My hands don't always hear me, my will don't always agree
What kind of a will is a will that breaks so easily - easily, easily
I am also chained to me, I am also chained to me.

Then the piece shifts to follow Ben, a character with social anxiety disorder, who

is attempting to enter normally into conversations around the party but can't seem to

say quite the right thing. After a third failed interaction he sings, as though both in his

psyche and as if others could hear him:

I can't find the puzzle that needs my piece in it
For them it's all so simple
The way they talk with so much ease
The topic must be me
Look at that social wannabe

I'm a fool that cannot speak
Every move I make is self-critiqued
The right words just don't form
Here it comes, another violent storm

They all think I'm crazy and a freak I know it
No one wants to know me I'm too much to handle
When my words come out they're nothing but a ramble
I can't find the puzzle that needs my piece in it

But there was Kate
She loved me

I met her crystalline eyes
untethered the doubts i had in my mind

Her mom owns a bookshop in town
we drink boxed wine then go to town

I'm a piece that does not fit
That's what I thought then I met Kate
Back to school South Dakota State
Or, that's what I thought then I met Kate.

      After this, another character makes an effort to talk to Ben. We learn that Ben

knows, because he has been loved like that before, that it can happen again. So he

hasn't given up hope even though it's hard. Ben and his new friend go off and the scene

shifts to an empty roof with only Alex, a character with phobias and a panic disorder,

who began to feel too overwhelmed downstairs surrounded by so many people. He

sings:

Cloudy sky hazy days
Never gonna escape from this maze

In my bedroom prison of my mind
I wish I was a ghost so I could fly

On the roof standing there naked
Shower on me shower on me

Chase me
Chase me away
Chase me
Chase me away
*(Reciprocation of desire, go ahead and open fire, mentality we must rewire, why are we
the survivors)*

Barcode on my wrist bullet in my eyes
Waiting for the world to remove its disguise

Shit where you eat and swim in your filth
Their gods were all false kill me so they hear

Chase me
Chase me away
Chase me
Chase me away.

Alex then goes back downstairs and tries to convince his friend Ivy, a character

with BPD, to leave with him. However, she does not want to go home because she has

a very turbulent and unhealthy relationship with her mom. Ivy yells at Alex who leaves

and then yells at her mom on the phone when her mom won't let her speak. Everyone in

the room stares as Ivy dissociates and a recorded beat comes in. Ivy sings:

What am I waiting for
Just go out the door
My mother cannot control me
Nobody can control me

Finding peace from my mind
Birds and leaves and pine
I'm getting higher than you
I can see your truth

(Fuck)
Everything is relative
(So) Shut up and listen
People will waste their
Space when they can't face that
No one is significant

She's impulsive
She's hypnotic
She's chaotic
Oh thats my blood
I bled for a rush
Guess another breath
Is all i wanted

Right there but far away
I can't access the way
The path back to the room
There's no escape, I'm consumed

By the isolation
Reckless expectations
My mother cannot control me
Nobody can control me

(Fuck)
Everything is relative
(So) Shut up and listen
People will waste their
Space when they can't face that
No one is significant

She's impulsive
She's hypnotic
She's chaotic
Oh thats my blood
I bled for a rush
Guess another breath
Is all i wanted.

By the end of Ivy's song everyone is dancing together. Ivy and Alex are seen as

friends again. Casual talk begins until we enter a dialogue in which Charlie, a character

with BPD, tries to explain to other people how she has this part of her, which she calls

"maggot," that doesn't feel like her and that makes her say things she doesn't really

mean. Everyone turns away from her confused and Charlie sings:

Look, I'm so sorry
Don't leave me with the sun
The night alone with my head is too -

No I get it, I'd probably leave too
Don't worry about me, I've lost people like I just lost you
Many many, many many, many times before

Okay maggot it's just you and me
You in my head makes great company
Well, some company

Isn't it funny, someone told me he loved me
He told me every time that I asked him to
Every time that I called him, Every time that I woke him
Did the repetition and the things he witnessed turn it into hate?

Okay maggot what's the goddamn deal
I'm tired of you taking over the wheel
Just when life starts to feel good

He made me happy
Happy like fire in my bones
Melting the ice that you keep me inside
Some deep understanding
Some hope for some change
He loved me just the way I am
Why should that feel so strange

I get it maggot you're my bodyguard
Protecting me from their disregard- ing ways
but dammit maggot you've made it a habit
This pushing love away
Am I not worthy of third chances

But I get it, I'd probably leave too
Don't worry about me, I've lost people like i just lost you
Many many, many many, many times before —- I'm so fucking tired,
just gotta try again - just gotta try again.

The show ends on the note of knowing that it's worth it to keep trying.

If I were to continue this project, or use the work created in this process as a jumping off point for another project, I would work on adding even more specificity to each individual's experience within the lyrics or in surrounding scenes. Due to the limited time we had, we decided not to write large scenes or a through-line plot that would intertwine with every character. However, I wish the audience could see more of who these characters are and the parts of them that we all got to know during the rehearsal process. Each character has a full life that they live in spite of their illness. They have complexities that make them intriguing humans that would be wonderful to showcase more on stage. In the added scenes I would want to highlight relationships, both the difficulties within them and how allies are a huge part in transforming the experience of loved ones with mental illness.

Ultimately, I believe the piece has accomplished the goal of presenting an empowering representation of impairing mental illnesses. My perception of what that

can look like has changed and grown over the process and I feel satisfied with the

completed work and incredibly honored to have worked with such a dedicated ensemble

so willing to be vulnerable and creative. I look forward to seeing how this process will

influence the rest of my work in my lifelong goal of challenging stigma and encouraging

dialogue around mental health.

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