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The American University in Cairo
School of Global Affairs and Public Policy

Are We Intensifying the Stigma?
**A content analysis of movies portraying mental and
psychological illnesses in the Egyptian Cinema**

A Thesis Submitted to the
Department of Journalism and Mass Communication
in partial fulfillment of the requirements for the Master of Arts

By Caroline Mitry

Under the supervision of
Dr. Amani Ismail

February 2017

Abstract

This study analyzed the content of selected Egyptian movies that portrayed mental and psychological illness throughout the history of the Egyptian cinema between 1923 and 2015. A list that includes 42 movies depicting characters with mental or psychological illnesses was compiled, out of which 13 movies were selected for analysis. Selection criteria included: representation of the mental or psychological illness/disorder as the main character or issue around which the plot revolves, popularity of the leading actor or actress, and most importantly the significance of the movie in relation to the research questions of the study. Through content analysis of the selected movies, the study explored how they depicted individuals with mental or psychological illness, their characters, personality traits, their interaction with the society, and the nature of their relationship with their therapists (when applicable), exploring the cultural aspects and societal values within that context, in an attempt to explore that portrayal between 1923 and 2015. To further enhance the study, interviews with professionals in the media, film and psychology fields were conducted, to find out more about the representation of mental illness in the Egyptian cinema. Drawing on the media framing theory, the research questions pursued by this study examined the physical characteristics and character attributes as well as mental health indicators of mentally-ill individuals, as portrayed in Egyptian movies produced between 1923 and 2015. The study further attempted to look for the various connotations that the depictions of mental and psychological illnesses in Egyptian movies communicate about mental/psychological illness. Findings of the study revealed a generally negative portrayal of mental illness, labelling the mentally-ill as unacceptably different from other normal individuals in the society. Findings varied based on the movie genre; where comedy movies presented clearly exaggerated portrayals of various elements of mental illness, while drama ones presented more intense aspects, however still objectifying patients and reducing them to their illnesses.

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Chapter 1: Introduction

The terms “mental illness” and “psychological illness” are often used interchangeably to refer to disorders that are associated with mental or psychological imbalance. Examining both terms more closely from a linguistic point of view, one would associate a mental disorder with some kind of a brain dysfunction, while a psychological one with an emotional or spiritual disturbance. The Diagnostic and Statistical Manual of Mental Disorders (DSM) produced by the American Psychiatric Association (APA) and the World Health Organization’s Manual of the International Statistics Classification of Diseases, Injuries and Causes of Death (ICD) are considered the top most credible sources used by various health professional, for reference on medical classifications and definitions (Manderscheid et al., 2009). The fourth edition of the DSM states that “the concept of mental disorder, like many other concepts in medicine and science, lacks a consistent operational definition that covers all situations.” (DSM–IV, 1994). The World Health Organization (WHO) very generally defines mental disorder as being “characterized by some combination of abnormal thoughts, emotions, behavior and relationships with others” (2016, n.p.). The DSM-IV further adds that medical conditions in general are abstractly defined on various levels. The latest edition of the DSM defines mental disorder as a “clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress or disability or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom.” (DSM-V, 2013, n.p.).

Similarly, the reference to mental health/wellbeing has been changing over time. The Centers for disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services cite research that defines three main mental health indicators; emotional well-being, psychological well-being and social well-being (2013). The CDC defines those indicators as follows:

- *Emotional well-being*: such as “perceived life satisfaction, happiness, cheerfulness, peacefulness” (2013, n.p.).
- *Psychological well-being*: such as “self-acceptance, personal growth including openness to new experiences, optimism, hopefulness, purpose in life, control of one’s environment, spirituality, self-direction, and positive relationships” (2013, n.p.).
- *Social well-being*: such as “social acceptance, beliefs in the potential of people and society as a whole, personal self-worth and usefulness to society, sense of community” (2013, n.p.).

The most recent definition of mental health provided by the World Health Organization (WHO) describes it as a state “in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community” (WHO, 2014, n.p.). This definition involves psychological attributes, which further reinforces the association between mental and psychological well-being and hence, both terms are used interchangeably in this study.

The stigma that stains mental illness worldwide is a serious indicator of the public’s lack of awareness and in many cases ignorance and misinformation of the nature of such illnesses. Jorm (as cited in Pirkis et al, 2006, p. 523) confirms that “it has been demonstrated that community attitudes toward mental illness generally are negative and based on erroneous beliefs”. Jorm also (as cited in Jorm, 2000) introduces the term “mental health literacy”, where he defines it as to encompass “knowledge and beliefs about mental disorders which aid their recognition, management or prevention” (Jorm, 2000, p. 396). Several cultural, societal and religious factors interfere in building the public’s knowledge and affecting their beliefs of mental illnesses. In addition to those factors, media - being a major player in shaping public awareness, affecting beliefs and value systems- plays a significant role in that context. Wolff et al (as cited in Jorm, 2000) account for a UK study which reported that 32% of a studied sample of the British population “cited media as their main source of information” about mental disorders. (Jorm, 2000, p. 398). That study specifically identified journalists’ reports, TV and cinema dramas as sources of information about mental illnesses and mentally-ill patients. Also, Robert Wood Johnson Foundation survey results (as cited in Wahl, 2003) indicate that most of adults get their information about mental health issues from the media they’re exposed to.

A study conducted in 2013, which aimed at comparing people’s attitudes towards psychiatric treatment and people with mental illness (via examining samples from population surveys conducted in 1990 and later in 2011 among German citizens) revealed interesting details. That study reported that despite the fact that there is a trend of higher tolerance towards mental illness treatment in the society, it was unfortunately not reflected in people’s acceptance of mentally-ill individuals. (Angermeyer, Matschinger, & Schomerus, 2013). Thus, special efforts should be directed towards ensuring that the recommendations made by media professionals and researchers in that field are implemented and assessed. In addition to the efforts that governments and policy makers direct towards health reform, it should be of utmost importance that they attend

to how the public is being informed about mental health, where ignorance and misinformation -as noted earlier- could lead to frightening societal complications in dealing with mental health issues.

A systematic literature review, conducted by Parcesepe & Cabassa to examine studies that have dealt with the notion of public stigma towards mental disorders in the United States, recommends that “media should resist portraying individuals with mental illness as violent and should promote a more balanced portrayal of mental illness” (Parcesepe & Cabassa, 2013, p. 13). The role that different media outlets play in informing the public, building their knowledge, and raising awareness of mental health issues makes it imperative to analyze the content produced by those media.

This study focuses on the portrayal of mental and psychological illness in Egyptian movies. The Egyptian cinema industry has a unique position within the Arab world; where it is not only the “oldest and largest film industry in the region”, but also the most prevalent in terms of movies distribution among the Arab countries (Gaffney, 1987, p. 53). In her book *Popular Egyptian Cinema: Gender, Class, and Nation*, Viola Shafik elaborates on the popularity of Egyptian entertainment media and specifically the cinema industries. Shafik explains that although recently competition has become fiercer, especially with music clip makings from Lebanon and Dubai’s high-tech media city productions, Egyptian movies are still ahead of the Arab countries in terms of movies production, distribution and popularity (Shafik, 2007). Given the high popularity and impact of the Egyptian cinema in Egypt and across the Arab world, this study focused on analyzing content of selected Egyptian movies produced between 1923 and 2015, to explore the way mental illness is framed via depicting mentally and psychologically-ill individuals in those movies.

1.1 Statement of the Problem

“People with mental illnesses are also readers and viewers of those images; they are shamed by them and they're embarrassed by them...they're aware that they are depicted in negative ways and it damages their self-esteem, it damages their confidence, and it increases their likelihood that they won't tell anyone about their illnesses. So they're not going to seek treatment.”

(Wahl as cited in Edney, 2004, p. 8)

The World Health Report on mental health produced by the World Health Organization in 2001 indicates that “One in four people in the world will be affected by mental or neurological disorders at some point in their lives. Around 450 million¹ people currently suffer from such conditions, placing mental disorders among the leading causes of ill-health and disability worldwide.” (WHO, 2001). When it comes to the Middle East, the World Health Organization report drafted by the Regional Office for Eastern Mediterranean highlights that the youth of a population, specifically those of the East Mediterranean Region (EMR), are at highest risk of being affected by mental illnesses, given their suffering from various economic, social and political problems such as high unemployment rates, being involved in and affected by war, violence and political struggles (WHO, 2013). This issue was also examined by Ziad Kronfol, a prominent Arab psychiatrist at Weill Cornell Medical College in Qatar (WCMC-Q), who helped in organizing a conference to discuss how the Middle East can better handle mental illnesses. Kronfol stated that “In the Middle East there is a large number of displaced people, mostly refugees and people who have endured military conflicts and wars. This population is especially at risk, particularly for posttraumatic stress disorder” (Yahia, 2012, n.p.).

Mental health stigma has been reported to be a worldwide problem in dealing with mental and psychological illnesses. Tomlinson and Lund explain that “stigma continues to contribute to the notion that mental illness is an intractable (or in some circles negligible) public health problem” (2012, p. 3). Origin of the stigma against mental illness in Egypt could be explained in light of some historical background. In studying the historical development of mental health and psychiatry in the Middle East, Mohit explains that in Pharaonic Egypt diseases were attributed to either “an evil spirit or the wrath of the Gods” (2001, p. 338). An alternate view is offered by Dr. Ahmed Okasha in his study titled “*Mental Health in the Middle East: An Egyptian Perspective*”,

¹ This is the latest figure provided by the World Health Organization (WHO) in 2001.

where he concludes that “mental illness in Pharaonic Egypt was monistic and, in a mystical culture, was attributed to bodily etiology and treated physically and psychotherapeutically” (1999, p. 919). In spite of having different views on how mental illness was explained and perceived in ancient Egypt, both Mohit and Okasha have reached a common conclusion that stigma related to mental illness has developed differently over time and has reached its peak in Egypt during the eighties.

The WHO fact file on mental health states ten facts related to mental health problems worldwide. Two of these facts are of specific interest to this study: (1) Stigma and discrimination against patients and families prevent people from seeking mental healthcare, and (2) Human rights violations of people with mental and psychosocial disability are routinely reported in most countries (WHO, n.d.). The reason why these two facts are significant to this study is that through content analysis of the selected movies, the study aims at finding out if their depictions of mentally-ill individuals are possibly reinforcing the stigma and discrimination against those individuals. Moreover, the study seeks to explore if those depictions portray or reveal any form of violation against mentally-ill patients. The role of media in depicting or representing individuals with these illnesses is crucially important in creating, reinforcing or changing how they are perceived and hence handled by the society.

1.2 Significance of the Study

An ample amount of research has been done analyzing and exploring the portrayal of mentally and psychologically-ill individuals in various media on the international level. When it comes to exploring that issue in the film industry, the focus of studies is mostly dedicated to the United States, the United Kingdom, Australia and New Zealand. However, when it comes to the population of the Middle East, and particularly Egypt, information relating to how media portrays mental and psychological illness is fairly inadequate, and is only limited to newspaper reports or articles, opinion pieces and mere blog posts. This research study uses content analysis as a methodology to analyze the portrayal of individuals suffering from mental or psychological illness in the Egyptian cinema between 1923 and 2015. In addition, interviews with professionals in the media, psychology and film fields were conducted, to find out more about the representation of mental illness in the Egyptian cinema. The study draws on the media framing theory, for its theoretical framework.

Chapter 2: Literature Review

The portrayal of mental illness in various media has been of particular interest to several researchers both in the field psychology as well as mass communication. Klin and Lemish identify three main areas that are usually of concern in media studies; “production”, “representation” and “audiences” (2008). They further elaborate on what researchers focus on within those areas, explaining that “production” studies are concerned with exploring and identifying decision makers in terms of selecting and producing media material, while studies on “audiences” are more concerned with how audiences decode, perceive and respond to media content (as well as media effects on those audiences), and finally “representation” studies (like this study at hand) that focus on “analysis of media messages themselves...analysis of portrayals” (2008, p. 435).

Generally speaking, many scholars reported that “consistently over time, media coverage of mental illnesses has been overwhelmingly negative and often inaccurate” (Sieff, 2003, p. 260). Representation research mostly studies print media, TV, film and radio, and is usually conducted by mass communication researchers. Where very few studies were concerned with children-targeting media, the majority of representation studies on portrayal of mental illnesses focused on adult media. Wahl reported that those studies concluded that portrayals of mental and psychological illnesses are “common and unflattering” (Wahl & Roth as cited in Wahl, 2003, p. 251). Similarly, other researchers are cited to report that “the negative portrayal of mental illness is perhaps the most common finding among researchers interested in media depictions of mental illness” (Day and Page; Wahl; Wahl and Roth; Mathieu, Fruth and Padderud, as cited in Olstead 2002, p. 624).

So, what kind of “negative portrayal” is being perpetuated through media? Wahl explained that a lot of studies have reached the conclusion that media strongly connects mental illnesses to violence, a phenomenon that shows in several countries such as Canada (Day & Page as cited in Wahl, 2003), the UK (Philo as cited in Wahl, 2003), New Zealand (Wilson et al. as cited in Wahl, 2003), as well as in the USA (Diefenbach; Signorielli; Wahl & Roth; and Wahl et al. as cited in Wahl, 2003). In addition to violence, several other research studies have found that people suffering from various mental illnesses have been generally portrayed as “different and dangerous” (Wahl & Lefkowitz, 1989, p. 521). A study conducted by Klin and Lemish in 2008 analyzed research conducted over 20 years that focused on the media’s role with regards to “shaping, perpetuating and reducing the stigma of mental illness” (p. 434). They report to have studied 325

articles and books that were produced between 1985 and 2005 relevant to media portrayal of mental illness. Their conclusion with regards to content analysis studies indicated that “news reports often are sensationalized, including dramatic descriptions of violent attacks and murders committed intentionally by persons with MDs (mental disorders)” (Klin and Lemish, 2008, p. 438). A general interpretation that has been reached by Gerbner, Signorielli, Wahl et al. and Wilson et al. (as cited in Wahl, 2003) is that mentally-ill individuals are depicted as “different, unpredictable, unsuccessful, socially unconnected, and unlikely to recover” (Wahl, 2003, p. 251).

2.1 Portrayal of Mental Illness in On-screen Media

A good deal of research studies that focused on the depiction of mental illnesses in media analyzed the content of TV programs (including advertisements in some cases) and movies. Those studies especially highlighted the effect of media portrayal on spreading stigma against mental illnesses. A study conducted in 2006 by Pirkis et al. analyzed numerous research papers that were published over 20 years, with a focus on studies which particularly examined the representation of mental illnesses in movies. Pirkis et al. reported that “representations of mental illness in fictional films and television programs can negatively influence public images of mental illness, which in turn can perpetuate stigma.” (Pirkis, Blood, Francis, & McCallum, 2006, p. 533). Their study is especially significant to discuss for three reasons. First, the interdisciplinary view that it offers, given that two of the researchers are health professionals while the other two are media professionals. Second, the amount of data they examined regarding the “extent, nature, and impacts of portrayal of mental health in fictional films and television programs”. And lastly, the recommendation they made for the necessity of “collaboration between the mental health sector and the film and television industries.” (Pirkis, Blood, Francis, & McCallum, 2006, p. 523), a conclusion that is less frequently found in studies done by health professionals or media professionals independently. Generally, the studies produced by health professionals with regards to mental health problems, rarely refer to media role in informing the public or solving the stigma problem. Those studies usually focus on health reform and the government’s role in legislation of relevant laws, mental health treatment development, mental health services and facilities...etc. In contrast, communication studies typically emphasize the crucial role of media in raising public awareness to alleviate the negative frames associated with mental illness.

Pirkis et al. have categorized the material they examined into two main categories: the first one included small-scale descriptive studies, anecdotal reports and commentaries (produced or published between 1946 and 2004), and the other category was composed of larger scale descriptive studies (produced or published between 1977 and 2003). Their conclusions covered a variety of aspects related to mental illness portrayal in fictional movies and television programs in the United States, the United Kingdom, and New Zealand. They indicated that few studies provided data on the number of films portraying mental illness, while the majority of studies focused on the “quality and nature of portrayal” (2006, p. 528). They reported the use of “framing” by media to portray mentally-ill individuals as “different” from other “normal” people.

The impact that visuals and audio effects specifically in cinematography has been reported to strongly affect audiences. Upon comparing participants’ responses on a survey before and after seeing a movie, Domino (as cited in Wahl & Lefkowitz, 1989) concluded that “cinematography can exert a powerful influence on attitudes toward the mentally-ill” (p. 522). Also in 1989, Wahl and Lefkowitz conducted an experiment in which they asked different groups of participants to see the movie *Murder: By Reason of Insanity* and then answer the Community Attitudes Toward the Mentally-Ill (CAMI) questionnaire. They reported results which indicated that “visual media present more than information...they involve them (the viewers) emotionally with dramatic acting, music and cinematography” (p. 525). Along those same lines, Pirkis et al. reported that the studies done by Hyler, Gabbard, Schneider; McDonald & Walter; Rose; Sieff; Wilson, Nairn, Coverdale & Panapa indicated the use of “filmic devices” (such as camera shots and audio effects) to further enhance those negative “frames” against mentally-ill individuals (2006, p. 528). Similarly, Wilson et al. (as cited in Sieff, 2003) reported that “music, lighting and editing serve to exaggerate the dangerousness of characters with mental illnesses” (p. 261). Similarly, Stuart reports that mentally-ill characters “are usually filmed alone with close-up or advocacy in the field...reinforcing their isolation and dislocation from the other characters and from the community” (Stuart, 2006, p. 100). The work of Pirkis et al. provides rich material on the content that studied (or reported on) the portrayal of mental illness (mainly in the U.S., U.K. and New Zealand), especially with regards to the common conclusions among several of those studies. They concluded that generally, media portrayal of mental illnesses “fosters misconceptions about specific disorders...and present misleading information (about certain disorders)” (Pirkis et al. 2006, p. 530).

A serious issue to be considered in media portrayal of mental illness has to do with focusing on the illness as the defining attribute of a person, while ignoring all the other human, social and cultural aspects of a personality, which leads to the illness becoming “the only way of defining that person and the main point of the story” (Day & Page, as cited in Edney, 2004, p. 3). Indeed this is very shameful to those who depict mental illnesses in various media, as they participate in imprisoning the mentally-ill individuals in what Edney referred to as an “enveloping identity” (Edney, 2004, p. 4). Edney further elaborates that with “such a one-dimensional depiction, people with mental illness become less than fully human” (Edney, 2004, p. 4). The study by Wahl and Lefkowitz (summarized above) also deduced that “it is likely that frequent presentation of a similar nature may stamp in effects in the way that Gerbner et al. (1980) have described as ‘mainstreaming’” (Wahl & Lefkowitz, 1989, p. 526). Societies should be alarmed when such perpetuation of wrongful and inaccurate ideas and prejudices against mentally-suffering individuals becomes a mainstream, for in such a case the human race will be culturally and humanly endangered.

2.2 Mentally-ill Characters’ Stereotypical Frames

Taylor (as cited in Sieff, 2003) reported that in various media, mentally-ill individuals were often portrayed as “different from ‘normal’ people”, and added that they were often described by terms such as “dangerous, dirty and unintelligent” (p. 260). Pirkis et al. further cited that “pejorative language” (including terms like “crazy”, “psycho”, “deranged” and “loony”) was reported in the work of Goldstein; Wahl, Wood, Zaveri, Drapalski & Mann; and Wilson et al. as used by different characters in movies to refer to mentally-ill patients (2006, p. 528). In 2003, Hyler proposed a taxonomy which presents the “frames” of mentally-ill individuals as portrayed in Hollywood movies and on American television into six stereotypes: “*the homicidal maniac*”, “*the rebellious free spirit*”, “*the enlightened member of society*”, “*the female patient as seductress*”, “*the narcissist parasite*”, and the “*zoo specimen*” (Hyler, 2003). In addition to these, Pirkis et al. added two negative stereotypes that “emerged from empirical studies”, and these are “*the simpleton*” and “*the failure or victim*” (2006, p. 529). Among all these “patterns” or “frames”, violence seems to be on top of the list. Nunnally (as cited in Stuart, 2006) reported that violence has been correlated to mental illness since “the early days of television” (Stuart, 2006, p. 100). Stuart further affirms that although mentally-ill characters were presented as “victims” in many

instances more than other characters in movies, this phenomenon may have decreased lately “in favor of more violent portrayals” (Stuart, 2006, p. 100). Tartakovsky summarized some patterns of misrepresenting mental illnesses in media via identifying five “common myths” portrayed by media, and these are: “People with mental illness are violent, unpredictable and don’t get better...Depression is caused by chemical imbalance (which is simply treated by medication)...Teens with mental illness are just going through a phase” (Tartakovsky, 2016a, n.p.).

2.3 The Debate around Positive Portrayal of Mental Illness

In their study on print media, Nairn, Coverdale, & Claasen reported that “a few studies have identified some positive themes in portrayals of mental illness” (2001, p. 657). They further noted that “such themes (the positive ones) are outnumbered by negative ones and their ameliorating effect is swamped by the negativity of the majority of depictions” (Nairn, Coverdale, & Claasen, 2001, p. 657). This has also been concluded regarding studies on TV and movies. Having studied multiple small scale and large scale content on the portrayal of mental illness in fictional movies and television, Pirkis et al. warn against generalizing that all portrayals of mental illness on screen are negative. They provide evidence that there have been some “more sympathetic portrayals in recent times” citing the work of Byrne; Greenberg; Henderson; Rosen, Walter, Politis and Shortland; Sieff; Tam; and Wahl. They refer to the movies *Cosi* (An Australian comedy, music and drama produced in 1996) and *An Angel at My Table* (A New Zealander drama, produced in 1990) for portraying mentally-ill patients as “real characters” (Pirkis et al., 2006, p. 530). However, they explain that it is oftentimes debatable what researchers and commentators view as attributes of “positive portrayal”. They report that while some researchers (Sieff; Tam; Byrne; and Flory & Darton as cited in Pirkis et al., 2006) view that characters that were presented as a “mathematician genius” (John Nash in *A Beautiful Mind*) or a “piano virtuoso” (David Helfgott in *Shine*) were more on the “constructive” and positive side, others (Greenberg; Anderson; Wedding & Niemic, Hyler, and Rosen & Walter as cited in Pirkis et al., 2006) -who adopt an opposing view- have “criticized the same films for implying that those with mental illness will only succeed if they are exceptionally talented” (p. 530).

Edney refers to “Stigma Busters”; an online publication produced by the National Alliance for the Mentally-Ill (NAMI) that (among other things) reports on media depictions of mental

illnesses, for highlighting some “positive” representations of mental illnesses. One example that Edney cites for “accurate depiction of symptoms” is that of a person with Obsessive-Compulsive Disorder (OCD) in the movie *As Good as It Gets* (1997), where the movie “shows the character, with the assistance of therapy and medication, winning the woman of his dreams and learning to live with and control his illness” (Edney, 2004, p. 9). Another example of positive portrayal is that of *Monk* (2002), the TV series in which severe anxiety and OCD symptoms are described as “realistic and respectful” (NAMI, as cited in Edney, 2004, p. 9). Sieff also cites Wahl for referring to some movies that were produced after 1985, which presented a “more balanced, multi-dimensional view of mental illnesses” such as *Promise* (1986), *Strange Voices* (1987), and *A Beautiful Mind* (2001), and he referred to the latter to have made the public aware of “the idea that not all people with schizophrenia are violent criminals” (Sieff, 2003, p. 262).

2.4 Portrayal of Mental Health Professionals and Treatment

Some studies that focused on how mental illness is portrayed in on-screen media was also interested in how mental health professionals were depicted. Edney reported that inaccurate and mostly negative portrayal does not stop at mental illness representation but rather extends to throw similar shades on “psychiatrists, psychologists, mental health treatments, and mental health facilities” (Edney, 2004, p. 5).

Schneider (as cited in Pirkis et al., 2006) developed (and explained) a taxonomy for those depictions, consisting of three stereotypes: “*Dr. Dippy*”, “*Dr. Evil*”, and “*Dr. Wonderful*”. Pirkis et al. reports that Schneider’s taxonomy is widely used in the field of researching representations of mental health professionals in on-screen portrayals (Pirkis et al., 2006). In addition to these stereotypes, two other types were identified: “*Dr. Sexy*” and “the rationalist foil” (Fearing; Gabbard; Macfarlane; Quadrio; Sleek; Trott-Paden and Wedding et al. as cited in Pirkis et al., 2006). Tartakovsky also explains two common myths about mental health professionals and these are: “All mental health professionals are the same (no specializations), and that they’re evil, foolish or wonderful” (Tartakovsky, 2016a, n.p.). The common feature among all these stereotypes is that they all encompass a level of negativity, as is the case with the stereotypes of mentally-ill individuals discussed earlier.

Stuart explained how media has “dramatized the oppressive and inhuman effects of psychiatric treatments” with regards to portraying treatment. The most commonly portrayed

method of treatment in various media is perhaps the “electroconvulsive therapy” (ECT), because it was given such a “melodramatic potential” (Pirkis et al., 2006).

Sydow and Reimer (as cited in Klin & Lemish) also criticized the way media presented psychotherapists to the audience saying that they “are presented in films and other media as people who abuse their power and violate the privacy of others” (Klin & Lemish, 2008, p. 439). Pirkis et al. report interesting information on how media selection of whether to include or exclude mental health treatment depends greatly on how that depiction would aid the purpose of the movie. Similar to their conclusions about the misrepresentation of mentally-ill individuals as well as mental health professionals, Pirkis et al. indicate that the content they examined mostly referred to the “lack of realism” in portraying mental illness treatment (2006, p. 532). The real threat of such a portrayal lies in the fact that mentally-ill individuals (as audiences of media) are also affected by those misrepresenting frames of mental health professionals, treatments and facilities.

2.5 The Debate around Media’s Role as Entertaining vs. Educating

Several studies have tackled the debate regarding the role of media and whether it is to entertain, educate or do both. Indeed this debate has been fueled by the general conclusion that media has significantly contributed to the stigma against mental and psychological illnesses. This debate is mainly between media stakeholders (namely producers, filmmakers, directors, actors...etc.) on one side, and psychology researchers, media scholars, health professionals (specifically psychiatrists) on the other side. Howes (as cited in Tartakovsky) indicates that media’s role is purely entertaining, he further says that “what we see on TV or in the movies is therefore several times more dramatic, dangerous, condensed, frightening and/or bizarre than reality” to ensure that entertainment is achieved (Tartakovsky, 2016b, n.p.). Despite the fact that Stuart reports on several negative and misrepresenting portrayals of mental illnesses in media, he acknowledges that media has also presented a few “sensitive, educational and award-winning material on mental illness and the mentally ill” (Stuart, 2006). This implies that Stuart believes that in some instances producers have successfully presented some high-quality educational content in some movies. This debate tackles the heart of journalistic value and media ethics; where journalism and media are indebted to the society to provide accurate and reliable information. Gamson and Wolfsfeld refer to media that are profit driven as “favoring entertainment values over journalistic values” (speaking of news productions, which applies to movie productions as well)

(Gamson & Wolfsfeld, 1993, p. 124). They further discuss that issue with regards to visuals, and say that “visual material puts higher premium on spectacle... (where) spectacle means drama and confrontation” (Gamson & Wolfsfeld, 1993, p. 125). They use that logic to explain why violence is so much used given its high value with regards to providing visual entertainment to the audience (Gamson & Wolfsfeld, 1993).

Lichtenstein (as cited in Tartakovsky 2016b) does not believe that accurate depiction of mental illnesses sacrifices entertainment. He elaborates saying: “with so many rich, authentic stories of mental illness, having a character stab a pregnant doctor, because that’s the only drama available, reveals a lazy, uninquisitive mind that doesn’t go below the surface to find where the real story is” (Tartakovsky 2016b). On the other hand, Robert Berger (as cited in Tartakovsky 2016b) believes that “people aren’t interested in watching someone with a minor illness go to a self-help group...they (ER media producers) only show the most extreme cases as well” (Tartakovsky 2016b). Rosen and Walter identify five elements that could be considered as challenging to filmmakers in dealing with that debate. First, they discuss the issue about how filmmakers do not acknowledge their responsibility as contributing to “educating” the audience. Second, their struggle with “artistic integrity”. Third, the constraints of “dramatic characterization and narrative pace”. Fourth, their continuous struggle of trying to please multiple stakeholders. And finally, their belief in the idea that the “power of the mass media could be overstated” (Rosen and Walter, 2000, p. 242).

Chapter 3: Theoretical Framework

3.1 Media Effects Theories and the Concept of Framing

The discussion on how strong media effects are, and the relationship between media and its recipients in that context has undergone several changes over the history of mass communication research. Theories on media effects have been moving along a continuum of power, between the extreme of ultimate, significant, and powerful effects (the bullet theory) and the other extreme of limited and minimal effects (the limited effects model). In the article *Framing as a Theory of Media Effects*, Scheufele explains the history of the various effects theories developed over time through four stages. The most recent stage is that which combines both views on strong and limited effects, which he refers to as “social constructivism” (Scheufele, 1999, p. 105). McQuail (as cited in Scheufele, 1999) explains the two sides of social constructivism; where the strength of media effects lies in “constructing social reality, that is, by “framing” images of reality”, while the confinement occurs as “media effects are limited by an interaction between mass media and the recipients.” (Scheufele, 1999, p. 105). Kosicki and McLeod (as cited in Scheufele, 1999) categorize how people process information based on “pre-existing meaning structures or schemas” (p. 105). They hence identified three types of audiences with regards to the information processing approach; *active processors*, *reflective interrogators*, and *selective scanners* (Scheufele, 1999, p. 105). The danger of media framing within an “entertainment” context, such as that of fictional films/movies, is that -unlike news and information processing- the audience is more on the “passive” end of the continuum; where most likely it (the audience) is using media for the sole purpose of entertainment, without much information processing. Despite the fact that how Kosicki and McLeod (as cited in Scheufele, 1999) explain how those approaches are used by audiences in the context of information processing is highly valuable, it is very unlikely that such approaches are used by audiences while using media for entertainment purposes. It is in that sense that “entertainment programs not only provide informational messages but also do so when the viewer may not be critically appraising that information” (Wahl and Lefkowitz, 1989, p. 525). Hence, the entertaining media plays a crucial role with indirect long-term construction of “reality” for more or less “passive” audiences. Entman has cited several researchers who suggested that with many social and political issues the audience “is not generally so well-informed and cognitively active” and therefore the framing effect is very strong on them (Entman, 1993, p. 56).

An alternate view presented by Philo (as cited in Olstead, 2002) acknowledges the powerful effects that media could have on audiences, however states that “people are not simply blank slates on which its messages are written” (Olstead, 2002, p. 623). It is of no doubt that the issue of how powerful media is with regards to influencing the audience’s attitudes, thoughts and behaviors compared to the degree to which audience undergoes various information processing techniques will remain in the “middle area” where both ends (media and audience) have varying control over those effects.

Generally speaking, several of the theories discussing media effects are closely related to each other and are used invariably in multiple ways to examine, analyze, and understand how communication works, via deconstructing the communication process to understand the various variables that are involved in sending, receiving and processing messages through the various media. Media framing and agenda setting theories are particularly interrelated, as each of them tackles an essential element of the communication process; while agenda setting explores how media directs the audience to *what* to think about, framing is more focused on explaining *how* media “frames” certain issues (that were identified by agenda setting) in communicating them to the audience. The strength of this relationship between agenda setting and framing, which some might see as confusing, shows in how McCombs, Shaw and Weaver (as cited in Scheufele, 1999) have used the term “second-level agenda setting” in reference to what we now know as “framing” (Scheufele, 1999, p. 116).

Placing both theories together would sound like the media telling the audience “*this is what I want you to see/know now, and this is how I want you to see it*”. Since the research questions of this study are more concerned with “how” a message is delivered, the study draws on the media framing theory, to find out about how some Egyptian movies frame psychological and mental illnesses in their productions.

3.2 Framing in Media Studies

The concept of framing was first introduced by Erving Goffman in 1986. Goffman’s initial work on framing was focused on the receiver and how individuals “organize their experiences” to make sense of the world around them. He referred to what he called “primary frameworks” which he explained as formed and used by the receivers to interpret messages and information. (Goffman, 1986). Later in 1993, Entman was interested in how media uses framing

in communicating with the audience. Within that context, Entman proposed four main functions of frames: defining problems, identifying causes, making judgments and finally suggesting solutions. (1993). These functions or roles introduced by Entman takes the idea of media framing to whole new level; placing media in a highly (and dangerously) powerful position. This power lies in the media's ability to not only influence how people perceive certain issues or individuals in the society, but also to point out *who* to blame for certain problems, and identify the solutions to consider. Iyengar (as cited by Severin & Tankard, 2010) stated that one of the most crucial aspects of media framing has to do with "suggesting who is responsible for a problem and who can help provide a remedy for the problem" (Severin & Tankard, 2010, p. 279). In other words, a media frame would do the thinking on behalf of the audience, by filling in all the gaps that surround a "framed" problem.

Entman's definition of framing digs deep into two main concepts: selection and salience. He elaborates on his point of view of framing, explaining: "to frame is to select some aspects of a perceived reality and make them more salient...to promote a particular problem definition causal interpretation, moral evaluation, and/or treatment recommendation for the item described." (Entman, 1993, p. 52). Early research studies of framing mostly focused on understanding or explaining how framing works and the underlying factors affecting its operability. Those studies yielded in identifying the major elements of media framing, both on the macro-level of studying media frames and the micro-level which focused on understanding the recipient frames. (Bryant & Oliver, 2009). Having focused on these narrow aspects of framing has lead early researchers to ignore what Snow and Benford (as cited in Bryant and Oliver, 2009) referred to as "master frames", as well as what Gamson and Modigliani (as cited in Bryant and Oliver, 2009) called "cultural themes". More researchers criticized following such approaches in understanding framing, referring to them as having a "somewhat shortsighted tendency for frame reductionism" (Scheufele as cited in Bryant & Oliver, 2009, p. 28). An example of such reductionism would be the simple definition of a frame provided by Gamson & Wolfsfeld which states that "a frame is a central organizing idea, suggesting what is at issue" (William A. Gamson & Wolfsfeld, 1993, p. 118). To avoid the possibly negative implications of using such simplistic approaches while dealing with frames, Entman has emphasized the benefits of acknowledging a "consistent concept of framing" in relation to the "notion of dominant meaning" (Entman, 1993, p. 56). Similarly, Matthes urges that scholars need to discuss "what a frame really is and is not" (Matthes, 2009, p. 360).

Furthermore, Matthes has highlighted how important “a comprehensive understanding of all facets of the framing process” is, especially that media researchers have “an immense variety of theoretical and operational understandings of frames” (Matthes, 2009, p. 349). He finally suggests that a “less descriptive” approach to working with framing in media research is necessary to “advance it (the framing theory) as a major theory in the field of communication” (Matthes, 2009, p. 360).

Gamson, Croteau, Hoynes, and Sasson have emphasized how vital framing is as a “bridging concept between cognition and culture” (William A. Gamson, Croteau, Hoynes, & Sasson, 1992, p. 384). They drew an interesting analogy between the role of framing in “analyzing media discourse” and that of schema in cognitive psychology, where both organize various elements to construct agreed upon meanings within a culture (William A. Gamson, Croteau, Hoynes, & Sasson, 1992, p. 384). Drawing further on the relationship between culture and frames, Entman has defined culture as “the stock of commonly invoked frames...culture might be defined as the empirically demonstrable set of common frames exhibited in the discourse and thinking of most people in a social grouping” (Entman, 1993, p. 53). It is therefore critical not to ignore cultural aspects when discussing how framing works.

3.3 Framing and Content Analysis

The concept of content analysis has been heavily used as an informative research method, especially when guided by framing as a theoretical framework in research. In that context, content analysis would focus on identifying and describing media frames (Entman, 1993). Several scholars have had concerns about the validity and reliability of content analysis of media frames, mainly because of “it is extremely difficult to neutralize the impact of the researcher in framing research” (Van Gorp, as cited in Matthes and Kohring, 2008, p. 258). Further elaboration on the problem of identifying frames in content analysis studies is provided by Matthes and Kohring, where they refer to a frame as “a quite abstract variable that is hard to identify and hard to code in content analysis” (Matthes and Kohring, 2008, p. 258).

There are a few slips that should be avoided by researchers employing content analysis to study media frames, so that higher levels of accuracy are achieved in identifying and analyzing frames. For example, Entman warns against neglecting the salience of various elements being analyzed, and adds that this could lead to research failing in establishing relationships between the

most important media frames and “audience’s schemata” (Entman, 1993, p. 57). Another significant issue that was brought up by Matthes with regards to that matter, is that researchers dealing with framing “often give an obligatory nod to the literature” before starting their work, and in most cases this yields to results that are consistent with previous ones (Matthes, 2009, p. 349). The findings presented by Matthes (below) are based on a study conducted in 2009, in which he employed “a systematic content analysis of media framing studies in the world’s leading communication journals” (p. 349). Below are selected findings of his research:

- “Fifty-three percent of studies examined newspaper coverage, 13% analyzed TV, 10% TV and newspaper, 8% magazines, 5% newspapers and magazines, 2% online news, 2% press releases and newspaper coverage, 1% videos, and the remaining 6% a mixture of media”
- “Most studies used a purposive sample (79%), 5% worked with random samples...3% with other samples, and for 12% no information about sampling was provided”
- “Entman’s definition of media frames was most influential...followed by Gamson and Modigliani’s, Gitlin’s, and Iyengar’s”
- “Most studies (42%) measured 2-3 frames, followed by more than 7 frames (18%), 4 -5 frames (17%), 1 frame only (15%), and 6-7 frames (8%)”
- “The majority of studies addressed neither antecedents (79%) nor consequences (80%)”
- “From 1990-1999, 19% of studies derived frames deductively from the literature, and from 2000-2005, this number jumped to 37%”
- “There was also an increase in use of inferential statistics (1990-1999: 14%; 2000-2005: 38%”
- “46% of studies were text-based (non-quantitative). Of text-based studies, almost all derived frames inductively from the material (93%), and none conducted computer-assisted analysis or use data-reduction techniques.”
- “ From 1990-1999, 30% of all studies documented reliability, and from 2000-2005 it was 53%”
- “Fifty-five percent of articles did not report inter-coder reliability, 21% reported simple agreement, 11% used Holsti’s formula, 6% Scott’s pi, 3% Krippendorff’s Alpha, and the remaining 4% documented other formulae.”
- “ Sixty percent of studies published in "American flagship journals" documented reliability in contrast to 6% of studies in "critical journals. “European journals" plus Asian and Canadian journals are in the middle (48%)” (Matthes, 2009, p. 354-359).

Taking Matthes' research findings into consideration, the research at hand attempted to avoid some of the pitfalls reported as threatening to content analysis research reliability, validity and quality. More information regarding the details of how content analysis is used in this study is provided in the following "methodology" chapter.

Chapter 4: Methodology

Using both qualitative and quantitative methods in research has been very common across various fields. This kind of research has been referred to in multiple ways, such as “multi-methods” research (Brannen as cited in Bryman, 2006), “multi-strategy” research (Bryman as cited in Bryman 2006), “mixed methods” research (Creswel; Tashakkori and Teddlie as cited in Bryman, 2006), or “mixed methodology” research (Tashakkori and Teddlie as cited in Bryman 2006). Campbell and Fiske (as cited in Jick 1979) referred to that as “convergent validation”, while Webb et al. (as cited in Jick 1979) used the term which is commonly used by several researchers today "triangulation". (Jick 1979, p. 602). Greene, Caracelli, and Graham referred to a specific kind of mixing research methodologies that aims at studying “overlapping but also different facets of a phenomenon, yielding an enriched, elaborated understanding of that phenomenon”, which they referred to as the “complementarity mixed-method study” (1989, p. 258). This study used interviews as complementary to content analysis to find out more about mental illness portrayal in Egyptian movies and to explore how accurate the portrayals of mental illnesses are in the selected movies.

A major challenge that faces researchers who employ the use of different research methods (qualitative and quantitative) is identified by Oleinik to be “finding a common denominator for qualitative and quantitative data...without which meaningful comparisons of the outcomes of between methods triangulation are hardly possible” (Oleinik, 2010, p. 861). The “common denominator” for this study is the portrayal of mental illnesses in the Egyptian cinema; where the data from the content analysis provided indications on the “how”, while the information provided via the interviews provided answers to “how accurate” that portrayal is. In that sense, mixing the two approaches is essential for enhancing the research study.

This study uses content analysis as a quantitative research methodology aiming to explore Egyptian cinema portrayal of individuals suffering from mental or psychological disorder over the period of 65 years (between 1950 and 2015). In addition, qualitative data was gathered through interviews with professionals in the media, film and psychology fields, to explore how accurate those portrayals are. Via content analysis, the study aims to analyze the content of selected Egyptian movies that portrayed mentally-ill individuals throughout the history of the Egyptian cinema between 1923 and 2015. A list that includes 42 movies depicting characters with mental or psychological illnesses was compiled, out of which 13 movies were selected for analysis. The

period of 65 years (during which movies that fall within the identified parameters fall) is divided into decades and two movies of different genres were purposefully selected for each decade. Selection criteria includes: representation of the mental or psychological illness/disorder as the main character around which the plot revolves followed by popularity of the leading actor or actress, the genre of the movie, and finally the significance of the movie in relation to the research questions of the study. The films selected² accordingly for that purpose are:

1. *Bab Elhadid* (Cairo Station), 1958
2. *Ismail Yaseen fi Mostashfa el Maganeen* (Ismail Yaseen in the Lunatic's Asylum), 1958
3. *Nisf 'Azraa'* (Half Virgin), 1961
4. *Elmaganeen fi Na'eem* (Lunatics in a Bliss), 1963
5. *B'er Alherman* (The Well of Deprivation), 1969
6. *Saffah Alnesaa'* (The Serial Killer of Women), 1970
7. *Ayna 'Aqly* (Where is my Mind?), 1974
8. *Khalli Balak men 'Aqlak* (Take Care of Your Mind), 1985
9. *'Afwan Ayoha Alqanoon* (Excuse Us, Law), 1985
10. *Keda Reda* (This is Satisfactory), 2007
11. *'Esabet el Doctor Omar* (Dr. Omar's Gang), 2007
12. *Aasef 'al Ez'ag* (Sorry for Disturbance), 2008
13. *Elfeel Elazraq* (The Blue Elephant), 2014

² Note that few movie exceptions were made during the selection process, and these are explained on pp. 36-37.

4.1 Content Analysis

The idea of analyzing media content, was first introduced in 1927 by Harold Lasswell, for the purpose of studying propaganda techniques in the World War (Lasswell, 1927). Content analysis has been established and widely used as a valuable research methodology in various fields, and particularly in media and communications studies. Macnamara reported that the methodology of content analysis of media has developed high popularity between 1920s and 1930s “for investigating the rapidly expanding communication content of movies” (2005, p. 1). Starting the 1950s, media content analysis has become an essential research method “for studying portrayals of violence, racism and women in television programming as well as in films” (Macnamara, 2005, p. 1). Professor Kimberly A. Neuendorf, one of the prominent scholars in mass media research and the author of *The Content Analysis Guidebook*, cites Yale and Gilly in the second edition of that guidebook reporting that “in the field of mass communication research, content analysis has been the fastest-growing technique in the past 40 years or so” (Neuendorf, 2016).

Throughout its history, content analysis has been defined and used by several scholars and researchers in mass media studies within a quantitative or qualitative framework. Whether quantitative or qualitative, content analysis applications have their own strengths and limitations, hence the decision to whether a researcher should employ a quantitative or a qualitative approach relies mainly on the purpose of the research and the specific research questions identified. The study employed content analysis design as proposed by Wimmer and Dominick (2014), following the steps below:

4.1.1 Formulating Research Questions

The research questions pursued by this study examine the physical characteristics and character attributes as well as mental health indicators (as defined by the CDC, 2013) of mentally-ill individuals as portrayed in Egyptian movies produced between 1950 and 2015. It further attempts to identify similarities and differences in that portrayal over the identified timespan, looking for the various connotations that those depiction communicate about mental/psychological illness. The questions are as follows:

RQ1: What are the different physical characteristics and character attributes of mentally or psychologically-ill main characters portrayed in Egyptian movies produced between 1923 and 2015?

RQ2: How are the mental health indicators (as defined by the CDC, 2013) portrayed through the characters suffering from mental and psychological illnesses in Egyptian movies produced between 1923 and 2015?

RQ3: What are the various connotations that those depictions communicate about mental or psychological illness?

4.1.2 Defining the Universe

The population defined for the purpose of this study comprises all Egyptian movies produced since 1923, the year that witnessed the production of the first purely Egyptian movie production (Gaffney, 1987) until 2015. An online search of Egyptian movie databases, the Egyptian Chamber of Cinema Industry, the International Movie Database (IMDB), and several other cinema-related websites, resulted in a list of 42 movies depicting characters with mental or psychological illnesses as a main (or peripheral with major role) character. It is to be noted that according to the research conducted here, it was not until 1950s that an Egyptian movie presented a depiction of mentally or psychologically-ill characters. Which in effect means that portrayal of mentally or psychologically-ill persons was absent during the first 27 years of Egyptian cinema. According to Deeley, “The 1940s to 1960s are considered the “golden age of Egyptian cinema. This period includes major historical events such as the rule of Egypt by its monarchy, colonialism, the Second World War, the popularly backed takeover of power by Gamal Abdul Nasser, and the postcolonial age. Despite this turmoil, there was great consistency in the actors, filmmakers, and institutions from the late 1940s to mid 1950s. It was not until 1964 that the Egyptian film industry was nationalized, and then denationalized in 1970” (Deeley, 2011).

Between 1950 and 1959, seven Egyptian movies portrayed mental illnesses either as the main character in the movie or as a peripheral one, including individuals who suffer from those illnesses and/or psychological therapists and doctors. Four out of these seven movies are categorized under the comedy genre, two drama and one thriller. This decade witnessed

Between 1960 and 1969, six movies portrayed mental illnesses, four of which are categorized under the comedy genre (including comic drama and romantic comedy), and two drama.

Between 1970 and 1979, seven movies portrayed mental illnesses, five of which are categorized under the drama genre, and two comedy.

Between 1980 and 1989, seven movies portrayed mental illnesses, five of which are categorized under the drama genre, one comedy and one suspense.

Between 1990 and 1999, only two movies portrayed mental illnesses, and both are categorized under the drama genre.

Between 2000 and 2009, nine movies portrayed mental illnesses, four of which are categorized under the drama genre, four comedy, one that is categorized as black comedy (however, some may consider it more of a drama).

Between 2010 and 2015, only four movies portrayed mental illnesses, two of which are categorized under the drama genre, one comedy and one thriller/suspense.

4.1.3 Selecting the Relevant Sample

The study employed a non-random purposive sample that “includes subjects or elements selected for specific characteristics or qualities and eliminates those who fail to meet these criteria” (Wimmer & Dominick, 2011). Movie selection criteria³ includes: representation of the mental or psychological illness/disorder as the main character or issue around which the plot revolves, movie genre, followed by popularity of the leading actor or actress, and most importantly the significance of the movie in relation to the research questions of the study. From each decade, the researcher selected the most remarkable comedy movie and the most remarkable drama one. The selection criteria of the movies entailed having a sample with movies mostly starred by extremely popular lead actors and actresses or moderately popular ones (that were selected because of the uniqueness of the illness portrayed or other significance to the study). The most popular figures in the represented samples are Ismail Yaseen, Youssef Chahine, Souad Hosni, Sherihan, Adel Imam, Ahmed Helmy and Kareem Abdel Aziz. Below are plot summaries for each of the selected movies:

³ Details about the selection criteria for each movie are found in [Appendix I](#).

1- *Bab Elhadid (Cairo Station)*

(1958 – Drama)

A drama starring the well-known director, Youssef Chahine (Qinnawy) - who also directed this movie - the actress Hind Rostom (Hannouma), and the famous Farid Shawky (Abou Sree'). The film is considered one of the remarkable movies in the Egyptian cinema, and was nominated for the *Golden Berlin Bear Award* in the Berlin International Film Festival in 1958 (IMDB, n.d.). It was the first Egyptian movie to tackle an issue related to sexual disorder (sexual perversion). The character presented by Youssef Chahine was pitied, looked down upon, mocked at and verbally abused by almost every other character who dealt with him in the movie (including kids), except 'am Madbooli (the only one who knew about his abnormality). Qinnawy was often called “arrouga” (meaning one who limps all the time), and was referred to as “crazy”, “light-minded”, “has an unstable mind”, “wacko”, “lost his mind”...etc. Most of the characters who interacted with Qinnawy in the movie seem to be of the same socioeconomic level; illiterates who live in poverty and struggle to earn their daily income.



Retrieved from: <http://www.gstatic.com/>

2- *Ismail Yaseen fi Mostashfa el Maganeen (Ismail Yaseen in the Lunatic's Asylum)*

(1958 – Comedy)

A comedy movie in which Hassouna (Ismail Yaseen) – a poor pie-maker, who is in love Te'ima (Hind Rostom) - is tricked into getting admitted to a private mental hospital. The movie being a comedy one, exaggerates a lot in how other patients in the hospital behave. Hassouna is left with a group of people who are dressed in weird costumes and appear to be behaving abnormally in different funny ways. Also scenes in the hospital garden show more of such characters who are acting in a wacky manner;



Retrieved from: <http://www.imdb.com/> 1

slapping each other, talking to imaginary things, or impersonating certain characters....etc. This movie also has the famous scene of Abdel Mon'eim Ibrahim (a mentally-ill patient, who is

mistaken to be the hospital's manager) and Zeenat Sedky (as Te'ima's where he is half dressed, talks to a doll and tries to eat Te'ima's mom's ears.

3- *Nisf 'Azraa' (Half Virgin)*

(1961 – Drama)

A drama starring Zbaida Tharwat (Zeinab), Mohsen Sarhan (Dr. Anwar, the psychotherapist) and Mohharam Fouad (Zeinab's fiancé). The movie presents hypnotherapy as a form of psychotherapy where Zeinab secretly goes to Dr. Anwar (referred by her friend Elham) to cure her from her fear of sunset which she has been suffering from for ten years. Dr. Anwar himself turns to be psychologically unstable, especially in terms of his relationship with women, where he believes that no woman would ever love him. Hence he abuses his female patients through hypnotherapy by



Retrieved from: <http://www.arab-films.net/>

putting them under his full control. Zeinab was one of his victims whom he raped while hypnotized. Galal (Zainab;s fiancé) was able to prove that Dr. Anwar raped Zeinab while she was hypnotized.

4- *El Maganeen fi Na'eem (Lunatics in a Bliss)*

(1963 – Comedy)

Another Ismail Yaseen movie which is categorized as comedy/drama. This movie however starts by Kandeel (Ismail Yaseen) leaving the mental hospital, after having spent ten years there. Since it's a comic movie, the reason for Kandeel's admission to the hospital is explained in a funny way, where he mentioned that his mind could not comprehend his relationship with his father who showed interest in marrying Kandeel's fiancée. Upon exiting the hospital, Kandeel refuses to go back to the country and decides to find a job. Kandeel is presented as an



Retrieved from: <http://mlhd.net/index.php?route=product/>

educated, ethical and honest individual. Despite his skills, education and eagerness to learn, Kandeel fails to find an employer because he is stigmatized of being “crazy. Through his interaction with people and their problems, Kandeel constantly displays wisdom and provides consultations and solutions to those interacting with him. The film ends by Kandeel voluntarily

going back to the hospital claiming his experience in dealing with people outside the hospital made him realize that life inside the hospital was saner than that outside.

5- *Be'r Alherman* (Well of Deprivation)

(1969 – Drama)

One of the most successful movies of Souad Hosni who plays the role of Nahed (and Mervat), who suffers from Dissociative Identity Disorder (which is referred to in the movie as “multiple personality”), due to childhood incidents of mother and father not being on good terms. As a child, Nahed witnessed several fights between her mom and dad and believed to be the cause of her mother’s deprivation of having a normal life as a wife and mother. Nahed is an educated beautiful girl in her twenties, belongs to a high social class in the society and is engaged to Ra’ouf who loved her dearly.



Retrieved from:

<http://www.imdb.com/title/tt5793194>

According to the Psychiatrist (Mahmoud El Meligy), Nahed’s guilt feeling towards her mother lead her subconscious towards creating another personality “Mervat” (her mother’s name) who is the total opposite of her mom; a woman who dresses and acts like a prostitute. The film shows us how Nahed suffers through her dual identity, until her psychiatrist succeeds in identifying her illness and treating her (mainly by explaining to her the reason for her illness). The psychiatrist takes Nahed through therapy sessions (with the aid of injections to make her relax and help her to remember things from the past) till she tells him about her childhood memories, fears and nightmares. Souad Hosni plays one of her remarkable roles in portraying that illness, as well as Mahmoud El Meligy as her psychiatrist.

6- *Saffah Alnesaa'* (The serial killer of women)

(1970 – Comedy)

A comedy-crime movie by the famous couple Fouad El Mohandis (as Mohsen) and Shouwikar (as Sawsan). The movie presents police attempts to catch a serial killer who kidnaps female celebrities and leaves a broken doll in crime scenes. Audience is gradually introduced to the killer and is put in a



Retrieved from:

<http://www.elcinema.com/work/>

suspense mood via audio and visual aids. Towards the end, the killer’s assistant tells his childhood story through which the audience finds out about his beautiful step-mother who used to beat him and break his toys and hence caused his hatred towards all beautiful women. The assistant adds that when he (the killer) hears a certain children’s song, “Mama zamanha gayya”, meaning “Mommy is on her way”, he turns into a child, crying to have his doll and asks his mommy not to break his toys anymore.

7- Ayna ‘Aqly (Where is my Mind?)

(1974 – Drama)



Retrieved from:

<http://www.elcinema.com/work/1010679/>

A drama starring actress Souad Hosni, who played the role of the wife (Aida) of a prominent banker in his thirties (Mahmoud Yaseen as Dr. Tawfik). The couple is presented as living a luxurious life; where they live in a villa, own cars, are members of a club, have a driver and servants at home...etc. Dr. Tawfik, the husband, grew up in a small rural Egyptian village called “Elbagoor”, and was brought up according to very conservative ideas in life, including the idea of how a girl’s virginity is a symbol of honor. Later in his life, he moved to a European country (name of the country is not mentioned in the movie), where he studied, and returned with his PhD to live and work in Cairo. The movie shows how Aida resorts Dr. Zohdi, a psychiatrist, to explain that Tawfik tries to convince her that she has a psychological problem. Throughout the movie, Dr. Zohdi succeeds in facing Dr. Tawfik with the truth of his illness (which was referred to in the movie as a “complex” from the fact that young Egyptian girls who have lost their virginity early in their teenage life have no honor. Dr. Rochdy explains that the symptoms he suffered from (temporary paralysis after having sex with teenage girls who turn out to have lost their virginity) along with his deliberate efforts to project his illness on his wife (making her believe that she is psychologically unstable) is due to the struggle he is facing between his conservative traditional upbringing and the modern open-minded image he had to maintain, having being educated in Europe.

8- ***Khalli Balak men 'Aqlak (Take Care of Your Mind)***
(1985– Drama)

Sherihan (as Salwa) and Adel Imam (as Wael, a graduate medical school student) star this socio-comic drama which presents various aspects of mental and psychological illness, through the love story that grows between them. Wael falls in love with Salwa during his visits to a mental hospital as part of his practicum studies. The movie presents many aspects of mental illness through various interactions between Salwa and other individuals, it also gives an insight about the society's engraved stigma against mental patients.



Retrieved from:
<http://www.elcinema.com/work/101080>

9- ***'Afwan Ayyoha Alqanoon (Excuse us, Law)***
(1985- Drama)

A drama about Hoda (Naglaa Fathy) and Ali (Mahmoud Abdel Aziz); two university professors who love each other and get married. Ali confesses to Hoda on the night of their wedding of his sexual incapability. Hoda helps Ali get cured of his illness via a psychiatrist's help, but he (Ali) betrays her with a friend and when Hoda finds out she shot them both. The movie deals with women rights with regards to laws and regulations about committing adultery.



Retrieved from:
<http://www.elcinema.com/work/10035>

10- ***Keda Reda (This is Satisfactory)***
(2007– Comedy)



Retrieved from:
<https://www.youtube.com/watch>

This is a comedy movie, starring Ahmed Helmy (Reda), who plays three roles of himself and two brothers who were born as a triplet, however their father has hidden that fact from the community they live in. To the society and the community they live in they are only one person; Reda. Semsem is the nickname of one of the Redas who suffers from loneliness, has nobody to talk to and believes he has a weak personality compared to his two brothers. He decides to go to a psychiatrist (who he has found an ad for online). Semsem starts his therapy journey with Dr. Soliman Elhalaby (Khaled Elsayy); a con

who abuses his patients. Throughout the movie we get to know that Dr. Soliman has made use of three of his patients (including Semsem) to steal LE 250,000. However, towards the end of the movie, Semsem – with the help of his brothers- manages to get the money back. In addition, Semsem develops a different personality; a more brave and independent one, and he no longer suffers from loneliness and weakness and succeeds in maintaining a healthy relationship with his brothers.

11- *'Esabet el Doctor Omar'* (Dr. Omar's Gang)

(2007– Comedy)

A comedy starring Mostafa Qamar (Dr. Omar, a psychiatrist) who returns to Egypt to practice psychotherapy, after having studied psychology abroad (location is not specified). Dr. Omar tries to implement a modern approach to therapy applying what he had learnt abroad, via shocking patients and facing them with their fears. However, his approach usually resulted in funny catastrophic events. His supervisor (Dr. Fakhry) tries to convince him that such approaches would not work in Egypt, but Omar would not listen to him. Omar displays passion for his profession and goes beyond his professional duties in many instances to help heal his patients.



Retrieved from:

<http://www.ournia.co/ar/album>

12- *Asef 'al Ez'ag* (Sorry for Disturbance)

(2008– Black Comedy/Drama)

Starring Ahmed Helmy (as Engineer Hassan) who became schizophrenic after his father's death. In the first half of the movie, the audience do not know about Hassan's illness. He seems to be a normal person who lives with his mom and dad, works as an engineer, has a girlfriend and leads a normal life. The only weird things in his life (from the audience's point of view) are the phone calls that he gets from an unknown person who always scolds him and calls him names, and the fact that he believes some people do not like him or do not treat him in a nice way. In addition to the creepy-sounding call tone of his cellphone. The second half of the movie shocks the audience by the fact that his girlfriend is just an imaginary character, and that



Retrieved from:

<http://www.imdb.com/>

his father is actually dead. The movie presents a vivid portrayal of the life of a person suffering from a type of dissociative disorder through his own eyes.

13- *Elfeel Elazraq* (**The Blue Elephant**)

(2014 – Thriller-Drama)

The movie is based on a best-seller novel by Ahmed Mourad, starring Karim Abdel Aziz (Yehia), Khaled Elsayyid (Sherif and Na'el) and Nelly Karim (Lobna, Sherif's sister). Yehia works in El Abbaseyya Hospital for Mental Illness (a government administered mental health institution) while preparing his PhD thesis on the "psychiatry of body language". Yehia is responsible for Sherif's case; an old college friend who is accused of brutally killing his wife, and is under custody in the "criminally insane" section of the hospital. Sherif's verdict is yet to be determined by the court, depending on whether he'll be clinically proved to be insane. The audience gets in the suspense mood throughout Yehia's journey attempting to find out the truth about Sherif's illness. Towards the end of the movie, the audience is tricked into believing that Yehia is actually schizophrenic and delusional as a post traumatic illness following his wife and daughter's death. However, the movie ends with Yehia discovering about sorcery's intervention pursued by Sherif's wife before her death. Yehia manages to get rid of the devilish spirits that controlled Sherif, and reports to the court the possibility of Sherif's insanity. Upon that, the court orders that Sherif gets admitted to "Elkhanka" hospital for mental illness.



Retrieved from:

<http://www.imdb.com/title/tt3461252/?ref =t>

The total number of movies analyzed includes: six dramas, five comedies, one drama/black comedy and one thriller drama. Some exceptions were made during the selection process, and are explained below:

- **The 1960s era:** where three movies were selected; one comedy and two drama. One of which was selected because of its significance in the history of Egyptian cinema (*Be'r Elherman*), and the other was selected because of its uniqueness in presenting hypnotherapy as part of psychotherapy (*Nisf 'Azraa'*).

- **The 1990s era** (where only two movies -that tackled issues related to mental illness- were produced): no movies were selected during that era due to accessibility issue for one, and the insignificance of the other in the history of cinema.
- **The 2010 to date period** (where three dramas, one thriller drama and one comedy were produced): only the thriller drama (*Elfeel Elazraq*) was included in the study. The comedy one was insignificant to the focus of the study.

4.1.4 Selecting and Defining Units of Analysis and Relevant Variables

Units of analysis are carefully selected and defined in this research study to ensure their “exhaustivity” and “exclusivity”, as important characteristics of units of analysis as highlighted by Wimmer and Dominick (2014). Selected units are exhaustive so that each unit of analysis fits within a defined slot, and exclusive as being unique in definition from one another. Two main units of analysis are selected in this study; (A) movies as units of analysis and (B) the main character in a movie as unit of analysis.

(A) Movies as units of analysis with the following variables:

The variables examined in analyzing movies as units of variables include: name and year of production of the movie, genre, description and use of audio and visual effects specifically in association with the character under study, in addition to identification of the level of popularity of the lead actor/actress at the time of movie release⁴.

(B) Main movie character as a unit of analysis with the following variables⁵:

The variables examined in analyzing characters as units of variables include the following:

- Age group and gender
- Religion
- The illness which the character is suffering from
- Social class and social status
- Educational background and employment status
- Relationship status
- Physical appearance and facial features
- Behavioral appearance and character societal interaction (in terms of level and nature)

⁴ Categories, units of analysis and scales (in appendix III) are emergent in this research, and are developed by the researcher for the purpose of this study.

⁵ Same as footnote (4).

- Society's interaction with the character (in terms of level and nature)
- Self-awareness of illness as well as acceptance of illness
- Degree of piety

4.1.5 Constructing Categories of Content for Analysis

The above categories were constructed by the researcher, so that as many details as possible about the movie and the character of focus are recorded. Definitions of some of the terms were derived from dictionaries and other credible sources (as noted in footnotes and citations). In addition, the three mental health indicators defined by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services ([see page 6](#)) were factored into constructing the categories for content analysis as follows:

- Emotional well-being indicators are factored into variables relating to each character's relationship status (Variable B8), employment status (B9), attire and attention to personal appearance (B10.2), general behavior (B12), level and nature of interaction with different members in the society or community (B13) and whether the ill person accepts or denies his/her illness (B16).
- Psychological well-being indicators are factored into variables relating to each character's relationship status (B8), employment status (B9), level and nature of interaction with different members in the society or community (B13), whether he/she are aware of their illness (B15), as well as whether they accept or deny it (B16), and piety level whenever portrayed in the movie (B17).
- Social well-being indicators are factored into variables relating to each character's level and nature of interaction with different members in the society or community (B13), as well as the level and nature of interaction of the society with them (B14).

4.1.6 Training Coders

To enhance reliability of the results, an independent coder participated in the coding process by coding three movies out of the 13. An AUC alumnus with an MA in Counselling Psychology has agreed to volunteer for that purpose. Both coders (the researcher and the volunteer) followed the approach recommended by Jim Macnamara in his study of uses, benefits and best practice methodology of media content analysis. This approach suggests doing the following:

- *Pre-coding training*: where coders discussed the variables, issues and messages pertinent to the analysis process, as well as the guidelines for classifications and coding.
- *Pilot coding*: where coders conducted a pilot content analysis of a movie
- *Review of the Code Book*⁶: where coders reviewed the code book to ensure descriptions of variables, units of analysis and measurement scales are clear.
- *Retraining*: no retraining was needed (Macnamara, 2005).

Inter-coder Reliability

To further support validity and reliability of data, Holtsi's inter-coder reliability test explained by Wimmer and Dominick (2000) was conducted using the formula on p. 40. This reliability test serves to indicate the percentage of agreement between the coders. The higher the percentage of agreement, the more reliable the study results are. **Reliability = (2M / N1+N2)**, where: **M** is the number of decisions where the coders agreed, and **N1** and **N2** are the numbers of actual coding recorded by each coder. Reliability was calculated to be **0.9** for the content coded by the researcher and the volunteer coder (three movies of the selected sample), which is within the acceptable range for reliability explained by Wimmer and Dominick (2000).

4.1.7 Coding Content

Standardized coding sheets ([see appendix III](#)) that included the variables and units of analysis were used by the coders to enter data as per a shared codebook and guidelines. Coding categories (shared in a coding book) were carefully constructed (and revised) to study the way movies portrayed the mentally-ill individuals, how the society perceived them, how they dealt with their illnesses, their character and personality attributes within the cultural context presented, to enhance the validity of the research; ensuring that the variables and units of analysis are measuring the intended aspects.

4.1.8 Analyzing Data

Data from the content analysis of the selected movies along with that derived from the conducted interviews was analyzed in light of the main research questions of the study and the literature review. The data analysis and discussion chapter is found on pages 42-67.

⁶ Upon agreement between the two coders, a few changes were made to some of the constructed scales used in the coding process.

4.2 Interviews

To further enhance the study, in-depth semi-structured interviews with professionals in media, film and psychology fields were conducted. Interviews were conducted face-to-face upon interviewees' convenience. IRB approval⁷ has been granted by the AUC IRB in November 2016. The main purpose from the interviews was to find out from professionals in the media, film and psychology fields how accurate they believe the portrayal of mental illness is in the Egyptian cinema.

Conducting interviews is one of the most widely used qualitative methods of research in different fields. Jensen & Jankowsk referred to interviews as one of the “nuts and bolts of qualitative research” (2002, p. 59). Interviews have also been described as “the art of questioning and interpreting the answers” (Qu & Dumay, 2011, p. 243). In depth interviews provide an opportunity to further explore the subject of interest and know more about individual's opinions and attitudes towards that subject. With in-depth interviews the researcher depends on a small sample of interviewees who provide detailed information about the subject matter of the research in response to “specific questions asked by the interviewer” (Vilaniyam, 2010). Another issue to consider with the use of in-depth interviews has to do with avoiding researcher bias which could highly interfere in conducting the interview (using leading questions) or in reporting on the interviews conducting (generalizing conclusions or results). Nair has summarized that point saying that “generalizability sometimes creates problem and they (interviews) are sensitive to interviewer bias” (Nair, 2010, p. 11). As mentioned earlier, interviews are employed as complementary to content analysis and hence are not intended to directly provide answers to the study's research questions, but rather are designed to find out more about mental illness portrayal in Egyptian movies and to explore how accurate the portrayals of mental illnesses are in the selected movies.

4.2.1 Interview Questions⁸

Questions were formulated by the researcher and used in semi-structured interviews, to further explore the portrayal of mental illness in the Egyptian cinema, and to incorporate perspectives of professional in fields relevant to that issue into the study findings.

⁷ IRB approval letter is provided in appendix V.

⁸ List of interview questions is found in appendix IV.

4.2.2 Interviewees⁹

Below are the names and titles of professionals in the media, film and psychology fields who were interviewed for the study.

- Dr. Iman Hamam, Film Professor and Rhetoric Instructor - *Department of the Arts and Department of Rhetoric and Composition.*
- Dr. Maggie Morgan, Filmmaker and Film Instructor - *Department of the Arts.*
- Professor Mervat Abou Oaf, Journalism and Mass Communication Professor of Practice - *Journalism and Mass Communication Department.*
- Dr. Mona Amer, Associate Professor of Psychology - *Department of Sociology, Anthropology, Psychology and Egyptology.*

⁹ All interviewees are formally affiliated with the American University in Cairo at the time of the interviews.

Chapter 5: Findings and Discussion¹⁰

Analyzing the content of the selected movies yielded lots of information pertaining to how those movies portrayed various aspects relating to mental illness. This chapter has four sections; three of which address the study's research questions, and the final one presents the findings and discussion of the conducted interviews.

5.1 Physical Characteristics and Character Attributes

This section presents the study findings and discussion addressing the first research question about the different the physical characteristics and character attributes of mentally or psychologically-ill main characters portrayed in the studied movies.

5.1.1 Movie-related Variables

Movies in the sample were purposefully selected¹¹ to represent both drama and comedy genres as well as varied time eras in the Egyptian cinema history. Results of the study revealed that a distinction should be made between how movies portrayed mental and psychological illness in drama versus comedy movies. Following is an analysis of the findings related to movie attributes, such as the use of audio and visual effects, highlighting that distinction with respect to the variables of concern.

Use of Audio Effects

Audio effects were used in drama movies to serve two main purposes; first, eliciting feelings of suspense and fear, or enhancing an anticipation of an abnormal act by the ill character. Usually intense, fast-paced, scary and loud music was used to achieve that purpose. Audio effects were heavily employed in the thriller-drama (Elfeel Elazraq) to provoke such feelings amongst the audience. The second purpose for which audio effects were used in drama movies was to bring about empathy and make the audience sympathize with the ill character via the use of soft, sweet, tender or sad musical tones. The brilliant choice of the song "Hate'mel Eh?" (What are you going to do?, lyrics are [linked here](#)) in "Asef 'al Ez'ag" (playing as Hassan, the schizophrenic, sits in a

¹⁰ Despite the fact that the research focuses on analyzing main characters in the selected movies, several references to supporting and secondary characters are reported in the findings and discussion chapter, because (1) they play a role in the life of the main character, (2) they are relevant to the variables concerned with character interacts with them and how they interact with the character, and finally because (3) they were employed as essential elements of the movies through which various events take place, and hence they have an effect on the character of study whether directly or indirectly.

¹¹ As explained in the methodology chapter (pages 25-41).

dark room, with multiple faces of him on the screen) is an example of how a movie could employ audio effects in such a way that makes the audience deeply feel for the ill character. The lyrics and sad music of the song reflected the immense suffering of a schizophrenic character. In addition to music and songs, whispering sounds or unclear background voices were also used in a couple of movies that portrayed schizophrenic characters. On the other hand, in comedy movies audio effects were not used in association with a mentally or psychologically-ill character in any of the movies. They were only used within the context of each movie, according to the dramatic effects as the plot necessitates.

Use of Visual and Lighting Effects

Visual effects such as camera close-ups, zoom-ins and zoom-outs, and light effects were effectively used in drama movies to focus on the ill character's reactions, to give an insight about the "alienation" feeling they experienced at some instances. Like for example in the movie "Khalli Balak men 'Aqlak" where close-ups on Salwa's facial expressions reflected her fear and sense of loneliness when she interacted with members outside the mental facility she was being treated in. Similarly, focusing on patients' eyes helped a lot in conveying how those patients felt at certain moments of intense feelings. Blurry images were rarely used in the studied movies, where only in few times they were used as a clue to the audience that a person is remembering some events from their past. Light effects were rarely used evidently in relation to the mentally-ill person. The only example to state here is that of Dr. Tawfik in "Ayna 'Aqly" when he turns off the light when he fights with his wife knowing that she has introduced his driver to the psychiatrist. That very low light scene served in conveying how much it was difficult for Tawfik to expose his "dark side" and talk about his illness. Also, in the thriller drama "Elfeel Elazraq" the use of various visual effects, such as tilted and inverted (or upside down) camera angles, as well as zooming effects, played an effective role in creating a scary or thrilling ambience, especially when the mentally-ill person (Sherif, the thought to be schizophrenic) demonstrated sudden violent acts. Other uses of light effects include shadowed, dimmed, blurry and very dark scenes. Visuals were also very effective in the movie Nisf 'Azraa' with the camera close-ups on eyes of the patient as well as the therapist during the hypnosis process. Unlike the drama movies, comedy ones have not used the visual effects in association with the illness portrayed in the movie. The use of such effects in comedy movies was restricted to its standard use in any movie; simply serving the purpose of each shot or scene as per the designed plot.

5.1.2 Character-related Variables

The first research question pursued by the study is about the physical characteristics and character attributes of mentally or psychologically-ill characters portrayed in Egyptian movies. The variables relevant to measuring those characteristics examined physical appearance, facial features, general behavior, social interaction, and the social interaction patterns of the portrayed characters. The following presents the study findings and discussion regarding those variables in addition to some demographics, such as gender, age, religion, relationship status, social and educational backgrounds, employment status. In addition, a summary of the portrayed illnesses and information pertaining to awareness and acceptance of those illnesses both by the patients and the society, is also provided hereunder.

Physical Characteristics

The physical appearance and attire of 69% (nine individuals, two of whom were presented as schizophrenic) of the depicted characters was mostly described as “average/normal”, which indicates no distinguishable traits in terms of body size or general physique. They varied in their physical appearance, in a way that suited their social and educational background within the context of the movie. As for the facial features, all the female characters studied were relatively young (teenagers or in their early twenties) with beautiful and innocent looks that served the purpose of their roles, in eliciting the audience’s sympathy seeing them as victims. One of them (Zbaida Tharwat as Zainab in *Nisf ‘Azraa’*) was a teenager who was sexually abused by her hypnotherapist who she used to go to behind her parents’ (and fiancé’s) back. Zainab’s looks and naïve attitude as a teenager who was brought up in a strictly conservative family, served the purpose of making the audience sympathize with her as a victim. Another female character whose looks again were fitting with her role, was that of Sherihan (as Salwa in *Khali Balak men ‘Aqlak*), again a beautiful teenager who was sexually abused by her immoral step father (who she thought was her real father). Also Nahed (Soad Hosni in *Be’r Elherman*) who was in her early twenties, presenting again the role of a girl who was brought up in a conservative family. Nahed suffered from dissociative identity disorder as a result of an unfortunate childhood experience that made her feel guilty towards her mom’s suffering in her marriage, and hence impersonates a character that is rebellious, daring and non-compliant which is the total opposite of her mom.

As for the male characters were mostly described as average/normal with regards to their physique and facial features. There were a couple of exceptions to this, where the some characters

were able to employ facial expressions (aided by audio and visual effects) to create certain impressions about them or about their illnesses. For example, Qinnawy (the poor illiterate paraphilic in Bab Elhadid) who did not talk nor interacted much with other characters in the movie, had such expressive eyes (that were of focus and several zoom-ins in many scenes) that reflected his lusty looks to women in the station, his sexually-driven looks and touches to the pictures he had on his room's wall and finally his mixed feelings of love and lust towards Hannouma (the girl he loved). Generally speaking, his eye looks along with his attire (torn and dirty homeless-like clothes) gave the impression of him being pathetic rather than dangerous. Another example of how a character's facial features or physique served their role is that of Mimi (the serial killer in Saffah Elnesaa') with his thick eyebrows and wide staring eyes that created that creepy impression about him. Also, Sherif (the schizophrenic in Elfeel Elazraq) whose bald tattooed head, sharp eyes and generally harsh looks, coupled with his disturbed behavior (and again audio and visual effects) combined to create the unbalanced, mysterious and kind of scary aura around him.

According to the findings of the content analysis conducted, the physical characteristics of the main character that was portrayed as mentally-ill were mostly normal. Actors and actresses who played the role of mentally-ill patients mostly had physical characteristics similar to those of an average person in a population. Exceptional to this, were the periphery or supporting characters who appeared as being hospitalized in a mental health facility or waiting in a psychiatrist's clinic. Those characters were presented as looking or acting in a rather weird manner; whether in the way they were dressed, how their hair is styled, their unusual physique, or the behavior they demonstrated; which was usually abnormal. Those supporting characters would usually be looked upon in astonishment or fear by other characters in the movie. In a couple of movies, namely: "Esabet el Doctor Omar" (a comedy) and "Asef 'al Ez'ag" (a drama/black comedy), however, a few normal-looking supporting characters were presented as they engaged in group therapy sessions.

Character Attributes

The mentally-ill characters portrayed in the movies had different character attributes that varied from one movie to the other, depending on the context and the social as well as cultural background of the character, independent of his or her illness. A remarkable attribute that was common among many of the characters was the alienation they felt from their surroundings (which is further elaborated on under "*Stereotypical frames of mental illness*" on p. 45). Findings of the

study were similar to those found in the literature with regards to alienation of the mentally-ill characters, and seeing them as different from other “normal” people. Portrayal of most of the patients in the studied movies entailed alienation either as a cause or an effect for the illness portrayed. For example, Semsem who suffered from loneliness and negligence of his brothers in the movie *Keda Reda*, resorted to psychotherapy to overcome his sense of alienation and need to constantly please his brothers. While Reem who was also neglected by her family, has developed Kleptomania as a result of being neglected by her well-off busy parents (in the movie ‘*Esabet el Doctor Omar*). Alienation of the mentally-ill individuals was sometimes portrayed in the form of hostility that was demonstrated by others against the ill individuals. Examples of such hostility were found in several movies in the form of keeping a distance from a “crazy” person, refusing that a son or a daughter gets married to an ill person, calling that person names and making fun of them...etc. This sense of alienation was felt by those characters and was sometimes associated with having moments of doubt and self-pity towards oneself. Those moments were often revealing about the nature of mental illness in many cases; where the audience gets to see a glimpse of the struggle and confusion that those characters feel inside, upon being treated that way. Furthermore, some patients would show intense feelings of perplexity, fear, or denial; rejecting the mere idea of anything being wrong with them. Especially in drama movies, those moments were rather emotional and were presented in a manner to elicit the audience’s sympathy towards the ill character.

5.1.3 Stereotypical Frames for Mental Illness Patients

Different and Abnormal

Similar to the literature also, mentally-ill characters were often described as “weird” or “abnormal” or even addressed with harsher terms like “crazy” or “lunatic”. This frame has constantly been employed in all of the studied movies, where the ill characters were always objectified as “abnormal”, either via the way they acted, dressed, or interacted with others. An example (of many) is that of Salwa (in *khali Balak men ‘Aqlak*) who found difficulty in dealing with the society, feeling herself being abnormal when people treated her differently, whispered and pointed at her, look at her with suspicious looks, laughed and made fun of her...etc. On the other hand, several movies portrayed how the ill characters might see others “different” or “abnormal”, as a result of being unaware of their own illnesses. For example, Hassan (in *Asef ‘al*

Ez'ag) who could not comprehend why people mistreated him, called him names and seemed to have conspired against him. While he actually suffered from a type of schizophrenia that caused his audio and visual hallucinations.

Here again, an important distinction is to be made between how comic movies portrayed those attributes as opposed to drama ones. In movies where humor is the goal, characters (both main and supporting) would exaggerate in displaying abnormal behavior and interaction with others, to further enhance that comic effect throughout the movie. Alternatively, dramas focused more on how patients felt and reacted when they were addressed with provoking terms, causing violent reactions in many instances.

Other Frames from the Literature

The characters in the studied movies fit within some of the frames in the taxonomy proposed by Hyler (see [page 13](#)). For example, “*the homicidal maniac*” was presented in both Elfeel Elazraq and Saffah Elnesaa’. Where Sherif (the thought to be a schizophrenic in Elfeel Elazraq) brutally murdered his wife, and was accordingly reported to the psychiatric committee responsible for evaluating the criminally insane individuals who are accused of such crimes. Also Mimi (the serial killer in Saffah Elnesaa’) falls within that “*homicidal maniac*” frame, where he is portrayed as being obsessed with killing beautiful women, melting their bodies and putting them in wax molds. The frame of “*the female patient as seductress*” (Hyler, 2003) was presented in Be’r Elherman via Mervat (the second personality of Nahed who suffers from Dissociative Identity Disorder) who tried to seduce her therapist among other men in the movie.

Other characters could be referred to within one of the frames introduced by Pirkis et al.; and that is “*the failure or victim*” frame (2006, p. 529). This frame seemed to be the most evident in the studied movies. The characters falling within that frame include:

- *Zainab*, the teenager who was sexually abused by her therapist in Nisf ‘Azraa’
- *Salwa*, the teenager who was also sexually abused by step-father in “Khalli Balak men ‘Aqlak
- *Ali*, the prominent university professor who suffered from psychological sexual disability as a result of witnessing his step-mother being murdered when he was a child (in ‘Afwan Ayyoha Alqanoon).
- *Semsem*, who suffered from loneliness and having a weak personality (in Keda Reda), and who was constantly abused by his two brothers who forced him to participate in their con acts.

Semsem was also abused by his therapist, who made use of him (as well as other patients) to steal LE 250,000.

- *Qinnawy*, the poor illiterate newspaper seller, who seemed to have suffered from childhood abuse, and who continued to suffer being labeled as “light-minded” and “silly” within the community he lived in.
- *Reem*, the well-off lonely girl, whose parents’ negligence lead to her suffering from Kleptomania (in ‘Esabet el Doctor Omar).
- *Nahed*, the girl who was brought up with a controlling and extremely strict father who mistreated her mother, and who eventually suffered from Dissociative Identity Disorder, demonstrating two different personalities (in Be’r Elherman).
- *Mimi*, the serial killer, who suffered from his step-mother’s abuse as a child (in Saffah Elnesaa’).

5.1.4 Demographics of the Portrayed Characters

Gender and Age

The majority of the characters depicted as suffering from (or impersonating) a mental illness in the studied sample were aged between 20 and 34 years old, with only two characters (15.38%) who fell within the younger age group of 13 to 19 years old (figures 1 and 2).

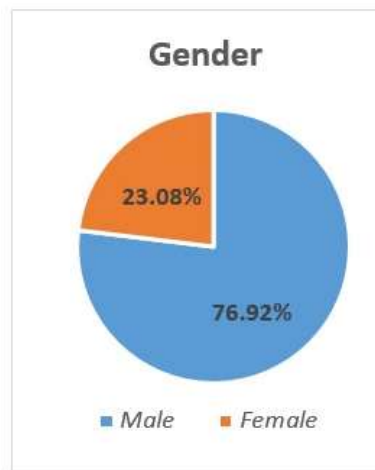


Figure 1

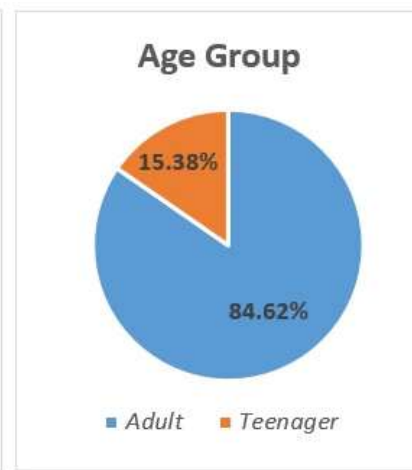


Figure 2

Almost 77% of the characters depicted were males and only 23% were females. It is noted that two of the female characters depicted fell within the teenage age group (between 13 and 19 years old), and both would fit under Pirkis et al.’s “*failure or victim*” category, as they were both victims of abuse by an adult male figure. The first one is Zainab (in Nisf ‘Azraa’) who was sexually abused by her con psychotherapist and the other one is Salwa (in Khali Balak men ‘Aqlak) who was also sexually abused by her step father, who was the cause of her mental illness.

Religion, Social Class, and Education

Religion was not explicitly practiced in any form in any of the movies, and hence it was coded as unidentified. However, it could be assumed that all of the characters portrayed in the studied movies were Muslim (given that the majority of the population in Egypt is Muslim, and knowing that film makers usually use explicit indications to refer to Christians in their movies such as using Christian names, or showing some kind of a Christian religious practice in a church or a monastery... etc.). Having said that, only two movies had incidents which indicated the religion of the character studied as Muslim; these movies are *Keda Reda* (where the father used to ask his sons to join him for Friday prayers) and *Elfeel Elazraq* (where the mental disturbance that was believed to have been caused by devilish intervention, was ended by encoding numbers that represented the 99 attributes/names of Allah in Islam). It is noted that religion was not mentioned in relation to mental or psychological illness in any of the studied movies except (as explained earlier) towards the very end of the movie *Elfeel Elazraq*.

Social class findings (see figure 3) was almost equally distributed between characters who were portrayed to belong to a middle class, and those who belonged to either an upper or an upper-middle class, with those three categories representing around 62% of the sample. Only one movie (*Bab Elhadid*) portrayed a mentally-ill character from the lower social class. Educational background was unidentified in four of the

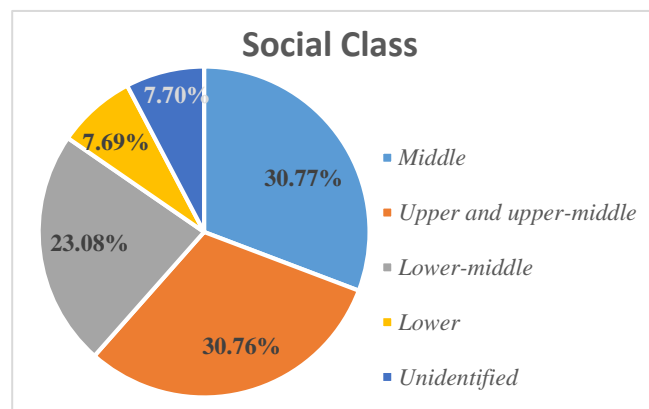


Figure 3

movies, while the rest of the movies showed that 53.85% of the characters have received higher education certificates. These include: Hassan, an engineering graduate with schizophrenia in *Asef 'al Ez'ag*, Sherif, a medical school graduate also with schizophrenia in *Elfeel Elazraq*, Tawfik who earned a PhD in banking/finance in *Ayna 'Aqly*, Ali with a Sciences PhD in *'Afwan Ayoha Alqanoon*, and Reem the kleptomaniac (who worked as a freelancer translator) in *'Esabet el Doctor Omar*. In addition to, one character of high school education or equivalent (Kandeel the ex-mentally-ill person in *Elmaganeen fi Na'eem*), and finally one of an uneducated illiterate (Qinnawy the paraphilic in *Bab Elhadid*).

Employment and Social Status

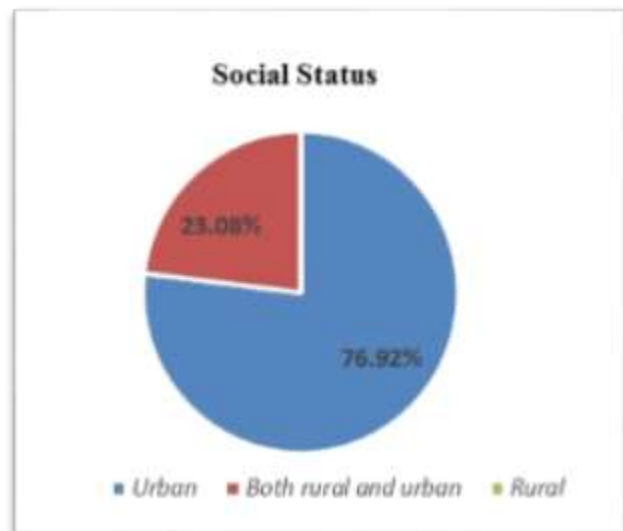
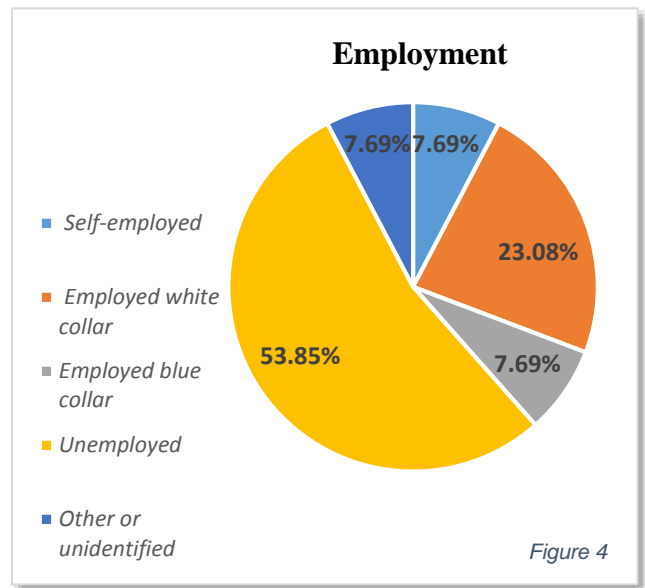
With regards to employment, seven of the represented characters were unemployed; four of whom were unemployed females, who did not have a job to begin with and three have lost their jobs because of their illnesses or history of having mental illness.

One of the later ones is Sherif, the thought to be schizophrenic in Elfeel Elazraq, who lost his job as a medical doctor and a psychiatrist as he started to demonstrate “abnormal behavior” (such as violence against some

patients) as described by one of his colleagues in the hospital (where he used to work). Another case is that of Kandeel (In Elmaganeen fi Na’eem) who could not find a job because employers knew he had spent ten years getting treatment in a mental facility. Also Hassan, the schizophrenic in Asef ‘al Ez’ag, has been fired from his job as an aviation engineer for his “unsatisfactory performance” (caused by his illness) as stated by his manager in the movie. As for the social status,

the majority of characters (almost 77%) lived in a urban environment, while 23% spent part the earlier part of their life (childhood mostly) in a rural one and moved to an urban area when they got older. None of the character presented lived in a rural area throughout his/her life. It is noted that characters who lived in both rural and urban environments (namely Tawfik in Ayna ‘Aqly and Ali in ‘Afwan Ayoha Alqanoon) had disorders that were linked back to their rural

upbringing and childhood experiences that resulted in some kind of a struggle upon mingling with the urban society (more details are provided about Tawfik and Ali as well as their illnesses on pages 58-60). In conclusion, no patterns could be found with regards to religion, social class,



educational or social status in association with mental or psychological illnesses. One can only deduce that the variety presented in those variables indicates that none of the mentioned variables could be directly or indirectly related to mental or psychological illness.

Relationships, Societal Interaction and General Behavior

When it comes to status and relationships of the mentally-ill characters depicted in the studied movies, six (46%) of them were single, two (female figures) were engaged and suffered problems with their fiancés because of their illnesses. One of these is Zainab (in Nisf ‘Azraa’), whose going for therapy behind her parents’ and fiancé’s backs caused her parents to mistakenly accuse her fiancé of raping her, and hence their relationship was destroyed. The other one is Nahed (in Be’r Elherman) whose fiancé was shocked upon knowing of her “multiple personality¹²” disorder, in which one of her personalities involve prostitution. Similarly, two male figures were married and had problems with their wives because of their illnesses. However, the kind of suffering is different from that of the female figures discussed earlier; where both (Tawfik in Ayna ‘Aqly and Ali in ‘Afwan Ayoha Alqanoon) view their illnesses as weaknesses to be compensated for via mistreating their wives (who were portrayed as understanding and supportive of their husbands’ illnesses). Only one character (Sherif in Elfeel Elazraq) was widowed, by murdering his wife, where the murder incident was portrayed as directly related to his illness in the movie.

The general behavior exhibited by the characters studied was found to be mostly normal (in public, and for longer periods of the movies) for six of them (46.15%), and mostly abnormal (in different parts of the movies) for another six. The characters who mostly exhibited normal behavior were portrayed as fully functional members of the society, and behaved in an ordinary manner within their work environments as well as social gatherings. However, privately - whether on their own or with their partners in a private space - some of them demonstrated different forms of abnormal behavior like hearing voices or seeing things (like the case of Nahed in Be’r Elherman and Hassan in Asef ‘al Ez’ag), or displaying various forms of abuse/mistreatment towards their partners (like the case of Ali in ‘Afwan Ayoha Alqanoon, and Tawfik in Ayna ‘Aqly).

Around 84% of the characters were found to be highly or moderately interactive with others (family, friends, colleagues, other patients in a mental facility...etc.). Seven of the depicted characters (58.85%) mostly displayed normal behavior with the society (five of whom were highly interactive), while four (30.77%) were viewed by the society as displaying abnormal behavior (two

¹² As mentioned in the movie.

of whom were schizophrenic). More details about those characters' abnormality are provided in section 5.3 of this chapter.

On the other hand, members of the community among who the characters lived, portrayed normal levels of interaction in 61.54 % of the movies as well as normal behavior for 53.85% of the movies. Examples of those movies are Ayna 'Aqly, Asef 'al Ez'ag, Nisf 'Azraa', 'Afwan Ayoha Alqanoon, Keda Reda, 'Esabet el Doctor Omar, and Be'r Elherman. Where the ill characters themselves did not display any abnormal behavior in public and therefore it was expected that members of the community (not knowing about their illnesses) treat them normally as well. On the contrary to that, some movies have portrayed less interactivity or abnormal (and slightly abnormal) behavior against the mentally-ill characters by the society. The movies below portrayed characters who were either avoided, feared of, mocked or abused by some characters in their community as follows:

- Bab Elhadid: with Qinnawy the paraphilic being constantly called names, mocked and made fun of by other characters in the movie, except 'am Madbooli who pitied him and often referred to him as "poor Qinnawy".
- El Maganeen fi Na'eem: with Kandeel who –despite being educated and having other skills– could not be employed and was instantly labelled as "crazy" upon knowing that he has been in a mental health facility for treatment. As a result, Kandeel was constantly being avoided by others who demonstrated fear and hostility against him.
- Khalli Balak men 'Aqlak: with Salwa who was mistreated, mocked and abused by her in-laws, neighbors as well as other members of the community who always avoided her and called her "crazy", after she had left the hospital and got married to Wael, the medical post graduate student.

Awareness and Acceptance of Illness

The sample under study included movies that portrayed various types of mental and psychological illnesses such as: Dissociative Identity Disorder, Schizophrenia, Paraphilia, Oneirophrenia, Kleptomania and other disorders that were not necessarily defined or stated clearly in the movies. For those undefined cases such as that of Semsem in "Keda Reda" or Tawfik in "Ayna 'Aqly", the focus was more on the symptoms suffered by the characters and/or the treatment they received. When it comes to the self-awareness and acceptance of the illness, it was found out that six patients (46.15%) were aware of their illnesses (four of whom were accepting it and were hence receiving

therapy and treatment), while five patients (38.46%) were unaware of their disorders (three of whom were schizophrenic). As for the acceptance of the illness versus denying it (upon informing a patient about it, or when they discover it by themselves), five patients (38.46%) were in total denial of their cases (three of whom were schizophrenics who were unaware of their illness and would not accept it when faced with the truth). In two of those cases who denied their illnesses and refused therapy, an intermediate person had to interfere to aid with treating them. More details about those characters' treatment and therapy via an intermediate person, are provided in section 5.3 of this chapter.

5.2 Mental Health Indicators

This section presents the study findings and discussion addressing the second research question; examining mental health indicators (as defined by the CDC, 2013) as portrayed through the characters suffering from mental and psychological illnesses in the selected movies. Mental health indicators include: emotional, psychological and social well-being. Below is an analysis of how the movies portrayed those indicators as factored in the relevant examined variables.

5.2.1 Emotional Well-being

The main elements of emotional well-being as defined by the CDC focus on one's satisfaction with their life, which in turn affects how happy a person is, and is indeed reflected in how peaceful and/or cheerful that person is. It is necessary here to make a distinction between a person who experiences the regular difficulties in life (that affect emotional well-being) and deals with them and then moves on, and another who faces those life difficulties yet is affected by them differently; in a deeper and more long-term manner, which leads to disabling his or her day to day life one way to another. When one consistently sees their life as dull and unsatisfactory then definitely one's emotional well-being is at risk.

In the studied sample, whether a movie was comedy or drama, the emotional well-being of the mentally or psychologically-ill character was portrayed as unstable. Movies depicted those individuals as generally unhappy with their lives. For example, Nahed (who suffered from dissociative identity disorder in *Be'r Elherman*), has not shown any happy or cheerful moments throughout the movie. Even when she's out with her fiancé or when her fiancé talked to her about their marriage arrangements, she seemed to be detached all the time. Also Reem (the Kleptomaniac

in 'Esabet el Doctor Omar) had several scenes where her feelings of sadness and loneliness were effectively communicated to the audience. Despite her fake smiles during outings with her friends, she always had that sad look in her eyes that was also evident when she dealt with or talked about her mother and father. Similarly, Ali (who was suffering from psychological sexual disability in 'Afwan Ayoha Alqanoon) has not demonstrated any signs of satisfaction with life until he was cured from his illness with the help of his wife. The difference in Ali's life after being cured was evident in how cheerful and happy he became. Before he's cured, he was portrayed as nervous, and having several fights with his wife. However, after being cured he always laughed and flirted with his wife. Several scenes portrayed that change, like for example when he was having a party in his house, where he kept dancing and laughing, and all his friends appeared to have noticed that change. Another example that demonstrated no signs of emotional well-being, is that of Kandeel (who had left the mental hospital after being cured of craziness) who voluntarily went back to the hospital after having lost hope in sanity of life outside the hospital. Kandeel was unable to find a job nor lead a normal life after his exit of the mental hospital, and hence was unable to cope with life outside it. The idea of emotional well-being was problematic with a character like Sherif (the thought to be schizophrenic in Elfeel Elazraq), with all his scenes shot inside the mental health section for criminals, where he consistently displayed abnormal behavior and hence discussing his emotional well-being in light of the above mentioned elements is not applicable. Only one of the characters (Hassan in Asef 'al Ez'ag) was shown to be somehow satisfied with his life before facing the reality of his illnesses. However, once he started to realize that there's something wrong about him (mainly through self-observation and also from his mom), he dwelt in a loop of confusion that drastically affected his emotional well-being in terms of the "perceived life satisfaction, happiness, cheerfulness, peacefulness" (2013, n.p.). Despite the variety of illnesses the characters in the movies had, it was clearly portrayed how they all suffered emotionally because of their illnesses.

5.2.2 Psychological Well-being

This indicator is defined by the CDC in relation to several criteria including "self-acceptance, personal growth...hopefulness, purpose in life...positive relationships" (2013, n.p.). Similar to emotional well-being, several of the characters who portrayed having different mental illnesses displayed poor psychological well-being. With indicators for low self-acceptance,

perhaps as the most evident element in the results of the study. Most patients exhibited low degrees of self-acceptance, such as having negative thoughts of self-worth, seeing themselves as unworthy of being loved and getting into serious relationships, like Reem (in 'Esabet el Doctor Omar) who told Omar (the one she loved) that because of her illness (kleptomania), she can't be a "suitable bride" for him. Similarly, in the case of Salwa (in Khali Balak men 'Aqlak) who could not comprehend how the one who loved her does not care about people knowing he will be married to a "crazy" person. Another example of low self-acceptance, is that of Nahed (in Be'r Elherman) who had a breakdown upon knowing about her illness from her therapist and decided to break up with her fiancé, similarly Zainab (in Nisf 'Azraa') who sought therapy in secret for fear of exposing her illness (extreme anxiety and fainting upon seeing a sunset) to her fiancé, which could lead to her losing of him. As elaborated above, all the examples who seemed to have exhibited low levels of self-acceptance were females. The mentally-ill male characters however, have not demonstrated indicators for low self-acceptance. Alternatively, most of them have decided to make up for their "weaknesses" (represented in their illnesses) in different ways, via exhibiting some kind of control over their lives. For example, Hassan (the schizophrenic in Asef 'al Ez'ag) has created his own world, where he saw himself as a genius who has an idea for a brilliant project that could save hundreds of thousands of money for the country. In his imaginary world (and his comfort zone), Hassan lead a happy life with his parents and a girlfriend who shares with him his interest and takes him through interesting adventures. Another example, is that of Mimi (the serial killer in Saffah Elnesaa') whose illness caused him to kill women to prove to himself that he has power over them, and hence making up for his childhood abuse which was practiced upon him by his step-mother. Some of the ill characters who were in denial (or were unaware) of their illnesses seemed to have faked a sense of "self-acceptance", where they would show moments of strength and others of weakness and confusion, which indicated that their sense of self-acceptance is not really true.

It was noticeable that none of the characters demonstrated any behavior that reflected being hopeful or having a purpose in life, except in one scene where Qinnawy (the paraphilic in Bab Elhadid) talks to Hannouma (the girl he is obsessed with) about their future plan as a couple and about moving from Cairo and having kids. In general, the portrayed characters rarely exhibited "openness to new experiences, optimism, or hopefulness". In addition to the fact that those patients who were in a relationship (whether formal or informal) had experienced problems induced by

their illnesses or their denial of their illnesses one way or another with their partners. Generally, the characters portrayed as suffering from a psychological or mental illness did not exhibit any positive indicators of psychological well-being.

5.2.3 Social Well-being

Social well-being measures have to do with “social acceptance, beliefs in the potential of people and society as a whole, personal self-worth and usefulness to society, sense of community” (2013, n.p.). The most relevant finding in the analyzed movies in relation to the above, is that which has to do with the acceptance of mentally-ill individuals by the society. The stigma against mental-illness existed in all movies, independent of the movie genre, the illness portrayed, gender or age of the patient. For example, Salwa the beautiful teenager who suffered from Oneirophrenia in *Khali Balak men ‘Aqlak* as a result of being sexually abused by her step father (who she thought was her real father). Salwa was exposed to the society’s discrimination against her once her neighbors knew that she was being treated in a mental hospital. Without even inquiring about the nature of her illness, she was right away labeled as crazy and treated as such, with humiliation. The movie showed how people approached her with caution, whispered to each other about her being “crazy” and there was even a scene with little kids running after her in the street singing “Elmagnoona ahe ahe” (meaning here is the crazy one). Similarly Qinnawy, the poor newspaper seller in *Bab Elhadid* (who was paraphilic), was constantly being mocked at by all those who were in his community, despite the fact that they did not know about his illness. To them he was labelled as abnormal based on his looks (his dirty torn clothes, his walking with a limp and stuttering when he talks). In some cases, social unacceptance - specifically from one’s family – could lead patients to seeking help behind their families’ back and hence missing on the support they could have provided them. An example is Zainab’s case in *Nisf ‘Azraa’*, where her strict and conservative family did not believe the cause of her anxiety and fainting upon seeing sunset to be psychological. Zainab who started to be embarrassed of her illness (and especially worried that this would happen to her with her fiancé to be), sought the help of a fake (and sick) psychiatrist who hypnotized her, managed to put her under his full control and eventually raped her. In Zainab’s case, it was not only her parents but also her young fiancé, who demonstrated his disbelief in hypnotherapy, referring to it as nonsense just like palmistry and fortune-telling. Zainab was the victim of both her family and fiancé whose disbelief in psychotherapy indirectly lead to her tragic raping incident.

On the other hand, the ill characters being brought up and affected by these ideas about psychological disorders believed themselves to be unworthy of a normal life and had no sense of self-worth. An example is Reem, the young freelancer translator who came from a well-off family, yet always felt something was wrong with her because of her parent's neglect to her, being busy with their social and business lives. Reem's illness (kleptomania) was indirectly related to her family's negligence of her. Upon facing the truth of her illness, Reem had a breakdown and in a dramatic scene told the person she loved that she can't be a suitable bride to him because she were a thief. Another example is that of Salwa in *Kahlli Balak men 'Aqlak* who was skeptical about Wael (the post-graduate medical student who decided to marry her) getting married to her. Again, in a dramatic and rather romantic scene, Salwa asked Wael "what would people say when they know you're married to someone who has been to a mental hospital?" Despite the fact that Wael showed that he did not care about that, later in the movie he had doubts about Salwa's mental stability and was unsure about his decision of getting married to her.

Mentally-ill people were mostly portrayed as pitied by their families or loved ones, and looked down upon as useless, pitiful, crazy or even funny by others. The movies exhibited no "belief in the potential of people and society as a whole" to overcome the portrayed stigma against mental illness, nor tackled how to boost "personal self-worth" of those suffering patients. There was absolutely no mention of what the community should do about the stigma staining mental illness, as it was not portrayed as a problem to begin with, but rather as a fact. The social pressure that discriminates against whoever is abnormal, and the society's strong unacceptance of mental disorder as an illness and of psychotherapy as a treatment approach, was demonstrated by the various characters in the movies, given the different social and educational levels of the patients, their families and members of the community they lived in.

5.3 Connotations about Mental and Psychological Illnesses

This section presents the study findings and discussion addressing the third research question; summarizing the various connotations that the studied depictions communicated about mental or psychological illness. The characters and events presented in the studied movies made various inferences about different aspects pertaining to mental and psychological illnesses. These aspects include: mental illness, mental health patients' attitudes, psychotherapists and psychiatry professionals, therapy and treatment as well as the society's acceptance (or lack thereof) of mental

and psychological instability as illnesses. The messages communicated through the movies are presented under two categories with respect to the genres of the movies; being drama or comedy.

5.3.1 Connotations in Drama Movies¹³

5.3.1.1 General Connotations about Mental and Psychological Illnesses

Mental/psychologically-ill patients as pitiful victims

No matter what type of an illness one suffers from, a mentally or psychologically-ill person is often pitied by others. A quote from Bab Elhadid illustrated this idea, where one described Qinnawy saying, “*The boy Qinnawy has an unstable mind, he has voices in his head, he is like a small child who is happy with any kind word and who gets mad and could commit a crime because of mistreatment*”. Despite the fact that not all movies were clear about the reason of the mental or psychological illness suffered by the character, yet whenever mentioned it was presented in a way that induced feelings of sympathy towards the characters, knowing that they have been exposed to some kind of a trauma or an abuse that caused their illness. Audio effects played an effective role in such scenes where the audience knows about the trauma or the abuse that the ill character has been exposed to. Like the case of Nahed (who suffered from Dissociative Identity Disorder), whose therapist deduced (from her childhood memories) that her illness is caused by her guilt feeling towards her mother; seeing herself as the reason for her mom’s suffering with her dad. Also Hassan (the schizophrenic in Asef ‘al Ez’ag) whose unacceptance/denial of his dad’s death caused him to visualize him (as well as other characters) as alive. Similarly, Ali (the sexually disabled in ‘Afwan Ayohha Alqanoon) whose childhood incident of seeing his dad kill his stepmother (for cheating on him), traumatized him by being unable to lead a normal sexual life. Also Salwa whose sexual abuse by her step father (who she thought was her father) made her unable to deal normally with any male figure, believing they’re all flirting with her.

Unfortunately, mentally-ill individuals were often ridiculed and not taken seriously. The scene of kids pointing at the mentally-ill character (again Salwa in Khali Ballak men ‘Aqlak) and singing “here is the crazy one, here is the crazy one” illustrated that. Also how people made fun of Qinnawy (in Bab Elhadid), mocked him and called him “’arrouga” (meaning one who limps all the time) reflected how disrespectful people are of mentally-ill individuals. Moreover, the

¹³ Including thriller drama and black comedy drama.

mentally-ill people portrayed in the studied movies were seen by others as less competent and hence were not expected lead a normal life. An example for this (among others) is Qinnawy, the poor newspaper seller, who was not loved back by the one he loved (Hannouma), but was rather mocked at and made fun of by her. She often took his words lightly when he talked to her about getting married and having kids. Also other characters in the train station - where Qinnawy lived and worked - often made fun of him saying that he would never be loved by anyone except a “light-minded girl like himself”.

Mental/psychological illness is scandalous

Another connotation that was communicated in several of the movies studied is closely related to stigmatizing mental illness as shameful and scandalous. This was particularly evident with characters of a high social status in the society, who have referred to the idea of seeking therapy as “scandalous”. Dr. Tawfik (from the movie Ayna ‘Aqly) accused his wife who advised him to seek psychotherapy of wanting to “destroy his career and stain his reputation”. As a PhD holder from a European country and a banker of a prominent position, he believed his image within his community would be destroyed (and hence his career and whole future), if the fact that he has a mental disorder became known. A similar example is that of Dr. Ali (from the movie ‘Afwan Ayoha Elqanoon), a university professor, who also accused his wife (a university professor as well) of “ruining his life and career” because she consulted a doctor about his case (being sexually incompetent). Moreover, Ali claimed psychotherapy to be unscientific, referring to his expertise as a scientist who “believes in science and not psychology”. Both Tawfik and Ali were terrified at the thought of being exposed to the community as psychologically-ill; a fact which they have believed to be threatening to their image, career and future within that highly educated community. It is rather shocking to have found that education (especially at the level of PhD holders) had an unexpectedly indirect negative effect on how those highly educated figures viewed mental illness. It is to be noted that both figures had three other things in common; first, they both spent part of their lives (childhood and early teenage years) in rural areas of Egypt, with traditional Egyptian families who had strict and conservative ideas about women/girls and honor. Second, Both Tawfik and Ali have witnessed honor-related critical incidents (Tawfik with his sister virginity proof scene, and Ali with his step-mother murder for committing adultery scene) during their childhood, which their therapists had related to their illnesses. The final common thing between Tawfik and

Ali is how they decided to protect their image (as a defense mechanism) via abusing their wives in different ways; where Tawfik decided to work on making his wife believe that she has a psychological disorder, while Ali started mistreating his wife and constantly fighting with her. Both of them kind of found satisfaction to their manhood via abusing their wives and hence feeling safer about maintaining their image in the society. Social class and education seemed to be irrelevant to how much individuals accept or acknowledge mental instability as an illness that needs professional treatment. Also whether a movie is old (produced in the 1950s) or new (produced in the 2010s), people (including highly educated ones) still referred to a mental health facility as the “crazy people” hospital, which has been portrayed both in Bab Elhadid (a 1958 production) and Elfeel Elazraq (a 2015 production).

Other examples that implied how the society sees mental illness as scandalous and shameful, is that of Reem (the Kleptomaniac in ‘Esabet el Doctor Omar) whose mom (a business woman and an active member in several high level organizations) refused to take her for therapy, explaining that if people knew about that her daughter’s illness, her future (the daughter’s) “will be destroyed”. The same happened with Zainab’s strict and conservative parents (in Nisf ‘Azraa’) who resorted to a family doctor/physician rather than a psychiatrist to consult with Zainab’s case of anxiety from sunset, as they did not believe in such things as psychotherapy. One last example about that issue is that of Nahed’s father (in Be’r Elherman) who told her mother that her (the mother’s) talk about Nahed’s “weird” behavior is “complete nonsense and meaningless”.

Psychological illness and childhood memories

Several psychological illnesses are often related and traced back to unfortunate childhood incidents or experiences. Psychiatrists usually ask patients to recall childhood memories in an attempt to find the root cause(s) for their illnesses. Most of the drama movies analyzed in the study either hinted at or directly stated (via the character talking to their therapist) a childhood memory, incident or experience that somehow was related to the character’s illness. For example, in Bab Elhadid (which portrayed no therapy whatsoever), Qinnawy asked Hannouma (whom he loved and wanted to marry) to promise “never to mistreat their future children”, which implies that he might have suffered from some kind of a mistreatment as a child. Also, Nahed in Be’r Elherman has told her psychiatrist about her mother’s suffering with her father (which caused Nahed to develop a guilt feeling for her mother). In Ayna ‘Aqly, Tawfik recalls a childhood incident about

seeing his sister being tested for virginity by other women in the village at the night of her wedding. Tawfik's therapist related that incident to the struggle that Tawfik suffered from; between his conservative ideas about honor and his European and supposedly open-minded acquired identity. Ali's case in 'Afwan Ayoha Alqanoon is very much similar to that of Tawfik in Ayna "Aqly (as explained on pages 59-60).

Crime and mental illness

The only drama (and thriller) movie that dealt with criminal aspects of mental illness is "Elfeel Elazraq" that portrayed Schizophrenia via the character of Sherif, who brutally murdered his wife and was admitted to the section of the criminally insane in Elabaseya hospital for evaluating his case. The movie had several connotations about mentally-ill criminals, the most of evident of which is that those individuals (no matter what their illness is) may suddenly act violently, hurting themselves or others. The movie showed several scenes where Sherif (as well as others) acted unexpectedly violent, using sharp tools or mere hands, and ended up hurting themselves or others. Another issue that was brought up in the movie is that that has to do with the legally implications of being a mentally-ill criminal, where Yahia (the psychiatrist in charge of evaluating Sherif's case) indicated that "mental illness is an excuse for insanity and could alleviate court sentences concerning crimes, while psychological illness is not"¹⁴. There is another significant dimension to this movie, and that is related to the fact that it ends by revealing that all what Sherif suffered from was not related to schizophrenia but was actually a result of sorcery and devilish intervention. This idea was further reinforced and presented as true when Sherif returned back to being a normal person upon Yehia's discovery of how to undo the devilish intervention, via encoding numbers that represented the 99 attributes/names of Allah in Islam.

5.3.1.2 Psychiatrists and treatment/therapy-specific connotations

In the drama movies examined, several messages about the nature of treatment and therapy were directly or indirectly communicated. These include connotations about the importance of awareness and acceptance of one's illness, certain skills that are needed to practice psychotherapy, the breaching of privacy and unethical behavior demonstrated by some therapists, as well as other stereotypes, all of which are summarized below.

¹⁴ A distinction was made in the movie Elfeel Elazraq between mental illness and psychological one.

Awareness and acceptance of one's own illness

An issue that was portrayed as playing an essential role in getting cured of a mental illness. This was explicitly stated by Hassan's therapist in Asef 'al Ez'ag, as well as portrayed as a fact that helped cure Nahed in Be'r Elherman and Tawfik in Ayna 'Aqly. It was portrayed that while awareness might usually lead to experiencing intense anxiety and breakdown by the patients upon being faced by their illnesses, once those patients start to accept and understand their illnesses they would demonstrate a sense of relief and a degree of self-acceptance.

Skills needed for practicing psychotherapy

Several movies showed how dealing with mental illness is such a complicated job that requires lots of patience, training and caution. A psychiatrist's diagnosis of illnesses requires lots of time, attention to details, and hard-work, given the complexity and sensitivity of mental illnesses. Also a couple of movies portrayed how some psychiatrists may go beyond their duties, such as visiting patients in their homes, or trying to find information about patients from family or friends. Like for example, Dr. Zohdi in Ayna 'Aqly who visited the patient (Tawfik) in his home, interrogated his wife and driver to know more about his life. Similarly, Sherif in Khali Balak men 'Aqlak, who visited Salwa's aunt (who lives in a different governorate) to know more information about Salwa's father, her childhood and life incidents that might have contributed to her illness.

Breaching patients' privacy or code of ethics

Some psychiatrists may breach a patient's right to confidentiality to find information that could help in treating that patient. Breaching patients' right to confidentiality is portrayed as acceptable, as long as the motive is helping them to be cured of their illnesses. This idea was presented as viable and effective in the movie Ayna 'Aqly. Some psychiatrists may even go beyond their duties and do more of "detective work"; digging into a patient's life behind their back (as mentioned in the example above). Another breach of ethical professional work is that demonstrated by psychiatrists who abuse their patients, making use of the amount of details they get to know about a patient's life. Some unethical therapists may misuse that information and abuse the patient or his/her family members. Zeinab in Nisf 'Azraa' was a victim of such an abuse by a con psychiatrist who hypnotized her and sexually abused her while she's unaware of that abuse.

Therapy and intervention

Electroconvulsive Therapy (ECT) is not the only way to calm patients suffering intense anxiety, however it is often used for that purpose being the “fastest and most cost-effective way of treatment” (where hospitals do not have enough resources for more expensive interventions, such as medicines, surgery or even psychotherapy by professional consultants). This information was also explicitly stated by a head doctor in Khali Balak men ‘Aqlak. Psychiatrists also often resort to injecting patients with sedatives to calm them down and help them talk and remember things. As is the case in the movie Ayna ‘aqly, where the therapist used sedatives with both Tawfik and his wife to help them calm down. Sedative injections were similarly used by Nahed’s therapist in Be’r Elherman.

Therapists and nurses stereotypes

Psychotherapists or doctors demonstrated professionalism (even in comedy movies) via certain stereotypical aspects; such as smoking pipe or cigarettes, wearing formal suits or white coats, having several books on shelves of their clinics...etc. while nurses in a mental health facility were portrayed of harsh facial features and strong muscular bodies that helped them drag, pull or tightly grab patients. These aspects were present in all the movies that presented an element of psychotherapy in a clinic or a mental health facility.

Other

- **Psychotherapy via an intermediary person:** this was presented as a possible and an effective approach for therapy in ‘Afwan Ayoha Alqanoon, where Hoda managed to help Ali (who refused to go to a psychotherapist) overcome his psychological sexual disability by providing a therapist with all the information he needed to help Ali get cured of his illness. Hoda appeared in several scenes asking Ali personal questions; prompting him to tell details about his childhood and memories with his family.
- **Hypnosis** as portrayed in Nisf ‘Azraa’, is not considered a psychotherapy approach, but is rather seen as mystical and creepy as palmistry and fortune-telling. Moreover Hypnosis could totally eliminate one’s own will and control over oneself and causes an individual to be under the full control of the “stronger force” a hypnotizer.

- **Group therapy sessions are effective means of treatment:** as briefly portrayed in Asef ‘al Ez’ag, where engaging in group therapy sessions helped in treating Hassan of schizophrenia.

5.3.1.3 Illness-specific connotations

Multiple Personality Disorder¹⁵ (also referred to as “Schizophrenia” with Nahed in *Be’r Alherman*). Symptoms portrayed included: having headaches, forgetting things, hearing voices, feeling fatigue and getting confused about many details of the daily life. Patients may also experience intense anxiety, and appear to be staring and detached at many times. The movie showed that the two personalities a person lives were complete opposites of one another. It also portrayed that once the patient is aware of the illness and its causes, he or she starts to be cured of it. Nahed was told that knowing all the details about the other personality she experienced (Mervat), and specifically why and how she existed, she would be cured and would not experience being Mervat again.

Schizophrenia (as portrayed via Hassan in “*Asef ‘al Ez’ag*”, Sherif in “*Elfeel Elazraq*” and mistakenly Nahed/Mervat in “*Be’r Alherman*”). In those movies schizophrenia was portrayed as observable in the behavior of the patient to those around him/her, however the patient was not necessarily aware of his/her illness. This was applicable to the three characters Hassan, Sherif and Nahed in the above mentioned movies. The schizophrenia symptoms portrayed in those movies included: visual and auditory illusions, where patients see and hear things (or people) non-existent in real life. Also, patients may isolate themselves from others, feeling that people hate them, conspire against them and tend to make fun of them. It was moreover explained as a psychological reaction to a trauma that an individual is exposed to, as portrayed in ‘Asef ‘al Ez’ag and Be’r Elherman. Another piece of information that was presented by Dr. Yehia from Elfeel Elazraq, was about Schizophrenics not actually having dual personalities, and could “travel with their mind anywhere they wanted” (Dr. Yehia, Elfeel Elazraq). This, however, does not apply to Nahed’s case in Be’r Elherman, nor Hassan’s case in Asef ‘al Ez’ag. It was also mentioned that Schizophrenics should not stop taking medications, to avoid having auditory and visual delusions (as advised by Hassan’s doctor in Asef ‘al Ez’ag). Moreover the movies portrayed that awareness of the illness

¹⁵ Currently referred to as Dissociative Identity Disorder as per the DSM-V (American Psychiatric Association, 2013).

and determination of a patient to conquer it was as important as therapy, medications and sessions (as stated by Hassan's doctor in Asef 'al Ez'ag). Finally, Asef 'al Ez'ag showed that Schizophrenic individuals could have some extraordinary abilities through which they could serve others and the society, where Hassan's novel project was shown to be a genius one.

Psychological sexual disability/incapability (as portrayed via Ali's character in 'Afwan Ayoha Alqanoon). This illness was portrayed to be curable via psychotherapy via Hoda, who – with the guidance of a psychotherapist – managed to help her husband (Ali) out of it. It was also depicted that this case could be a result of an unpleasant childhood memory of an abnormal behavior or a shocking event.

Individual movie exceptions

- **Societal acceptance:** in the movie Asef 'al Ez'ag, the society was portrayed as accepting a mentally-ill individual after being cured of his illness. Where not only did Hassan return back to his job as an aviation engineer, but he was also awarded a grant to implement the project of his dreams. Moreover, Hassan also fell in love, got married and had kids.
- **Sorcery and devilish intervention:** in the movie Elfeel Elazraq mental illness (or rather the symptoms depicted) was portrayed to have been caused by sorcery and devilish involvement and hence was treated via religious intervention as well.

5.3.2 Connotations in Comedy Movies

As mentioned earlier, comedy movies that portrayed mental illnesses generally exaggerated in that portrayal. It is noted that mental illness makes good material for comedy movies, via employing the “funny” behavior demonstrated by the mentally-ill to serve the movie's main purpose; which is entertaining the audience through comedy. It is moreover inferred that it is acceptable (and sometimes enjoyable) to make fun of the mentally-ill people. Content analysis of the comedy movies in the sample revealed several messages that are indirectly communicated through the characters, settings and events of those movies. Those messages are presented and discussed below under: (1) mental illness naïve and superficial diagnosis and (2) characteristics and labels of mentally-ill individuals.

Mental illness naïve and superficial diagnosis

The diagnosis of a person as mentally unstable was portrayed in a superficial manner, where it only depended on simple observations of an “abnormal” behavior (such as a person whose talk is irrelevant to a situation) in a short encounter. This was portrayed in Ismail Yaseen in Mostashfa Elmaganeen movie, where a head nurse in a mental health hospital managed to trick the naïve Hassouna and admit him into the hospital upon convincing the hospital manager that Hassouna was crazy. Similarly towards the end of the same movie, that head nurse was seen half naked and scratching his body, and was similarly diagnosed as “crazy” by the hospital manager saw him he Such incidents portrayed mental illness diagnosis in a an exaggerated shallow and superficial manner. Another comedy movie that presented the same idea was Saffah Elnesaa’, with Fouad Elmohandis (who was trying to convince others that he is “crazy”) jumping over the table in the middle of a press conference and stating that his love for tomato sauce since childhood caused him to be obsessed with blood and hence kill women.

Characteristics and labels of mentally-ill individuals

All the comedy movies examined (except Keda Reda) presented several examples of mentally-ill people (mostly supporting characters) dressed in weird unusual costumes, or impersonating certain historical or famous characters (like Napoleon or Emperor Nero). Others were presented to be acting in an abnormal way (like talking to imaginary people, drawing in the air, moving head in a repetitive manner...etc.). Mentally-ill individuals were often referred to by others as “crazy” or “insane”. Some of them were also portrayed to be violent and unpredictable and hence were avoided by other characters in the movies, believing they could be more dangerous than thieves or outlaws. A scene in Elmaganeen fi Na’eem shows how people ran after Kandeel thinking he was a thief, and how they ran away from him upon knowing he has escaped the mental hospital.

Another connotation that was common in several of the comedy movies indicated that being labeled as “crazy” sticks to an individual once they’re diagnosed as unstable, or are admitted to a mental health facility. The movies reinforced the idea that stigma of mental illness sticks to an individual for life. An example that relates to the idea of mental illness stigma is that of Reem (the Kleptomaniac in ‘Esabet el Doctor Omar) who stated that “it is better that one stays sick than goes to a psychotherapist in Egypt”. In the same movie, Reem’s mom said that she would not “destroy her daughter’s future” by taking her to a psychiatrist.

Upon leaving the hospital and facing the society, some patients have found difficulty in coping with such a discriminatory and stereotyping society. This has led Kandeel for example (in *Elmaganeen fi Na'eem*) to voluntarily go back to the mental health facility, claiming that it is saner than the outside world; where “normal” people struggle with the insanity of real life.

In a relatively recent movie¹⁶ (*Esabet el Doctor Omar*, produced in 2007) other connotations could be discussed, such as that of how shocking patients or distracting them from their illnesses could help them get cured. This approach was referred to as “modern” in the movie, where Dr. Omar (who has received his education on psychiatry abroad) tried to use it with a variety of his patients. The movie shows how that approach succeeded with the patients who were treated by Dr. Omar. Another message in this movie is that stated by Dr. Omar’s professor (Dr. Fakhry), where he indicated that the busy and stressful life of people in modern days has caused many of them to have some kind of mental or psychological disturbances that are not to be cured via psychotherapy.

Despite the obvious exaggeration in displaying behavior that leads to the above inferences about mental illnesses in those comedy movies, there is a possible risk that those messages are processed differently via continuous and consistent exposure to them. An opposing opinion explains that exaggeration in such movies is so evident and unrealistic that makes it of no sense at all (Abou Oaf, 2016). This opinion indicates that it is the nonsense that makes those movies funny and unrealistic at the same time. Some literature explains however that the danger of media framing within that “entertainment” context is that the audience is not doing much critical processing of information (Wahl and Lefkowitz, 1989). Hence, the entertaining media could play a crucial role with indirect long-term construction of “reality” for a relatively “passive” audiences.

5.4 Interviews Findings and Discussion

This section presents and discusses results of the semi-structured interviews conducted with four academics and professionals from the fields of mass media studies, psychology, and film studies. These results are presented under three main themes pertaining to mental illness portrayal in Egyptian movies; these are (1) inaccurate representation of mental illness, (2) mental illness two-dimensional portrayal and (3) mental illness stigma. These aspects are further elaborated on below.

¹⁶ Compared to other movies in the study.

5.4.1 Inaccurate Representation of Mental Illnesses

Literature had generally reported negative and inaccurate portrayal of various aspects relating to mental and psychological illnesses. Indeed and similar to the literature, several negative connotations about mental illnesses were revealed via the content of the movies analyzed. In addition, most of the interviewees indicated that they found the portrayal of different mental and psychological illnesses in the Egyptian cinema as inaccurate, not inclusive, unrealistic and exaggerated in many cases. Professor Mervat Abou Oaf (Professor of Practice in the department of Journalism and Mass Communication in the American University in Cairo) highlighted that censorship plays a role in affecting the accuracy of the presented material in those (as well as other) movies. She explained that inaccurate portrayal could be the result of not presenting the whole picture that was intended by the movie director. Abou Oaf gave the example of “*Bab Elhadid*” as a movie that was seriously affected by censorship decisions by removing sexually inappropriate material from it (Abou Oaf, 2016). Dr. Maggie Morgan (Film maker and Professor of Film at the American University in Cairo) pinpointed that the portrayal remains negative even with some attempts to normalize the depiction of mental illness. She added that those attempts to normalize mental illness “always backfire and turn into a pitiful situation” (Morgan, 2016). Dr. Mona Amer (Associate Professor of Psychology at the American University in Cairo) adds, in agreement with the above, that not only are portrayals of mental illnesses unrealistic, but they’re also usually “fantastical”; as they sometimes present illnesses that do not really exist in real life (Amer, 2016). Amer gave an example of someone who loses their memory upon being hit on the head, and wakes up with a new personality, as a non-existent case in real life. She also mentioned cases that are portrayed to have “multiple personalities” (mistakenly referred to as schizophrenia), and explains that this does not exist in real life the way it is constantly being portrayed in the cinema. Amer also explained that not only are the depictions misrepresenting the symptoms but also the way the illnesses are named is often faulty and inaccurate. From the studied movies in this research, three movies inaccurately used the term “Schizophrenia” to describe the illnesses suffered by the patients, these are: “*B2’er Elherman*”, “*Elfeel Elazraq*” and “*Khalli Balak Men ‘Aqlak*”. More faulty messages are communicated through the cinema such as that of mentally-ill people being “volatile, violent and unpredictable” (Amer, 2016). Amer adds that usually these people are victims, and therefore it is unfortunate that they’re portrayed as unpredictable and scary, which “enhances the fear towards them” (Amer, 2016). Morgan agrees to Amer’s opinion and adds more

messages that are communicated about mentally-ill individuals via movies, such as being “ridiculous, funny, and pathetic” (Morgan, 2016). She further adds that movies do not attempt to show a positive side (artistic one for example) to mental or psychological illnesses (unlike some foreign movies). Dr. Iman Hamam (Professor of Film and a writing Instructor at the American University in Cairo) indicated that the only realistic thing about portrayal of mental illness in many of the movies, is how they present the society’s view about those illnesses via the interaction between the various characters in the movies (Hamam, 2016).

The only movie that three¹⁷ of the interviewees agreed to have presented the most accurate depiction of a mental illness (a type of Schizophrenia) to a great extent is “Asef ‘al Ez’ag” by Ahmed Helmy. Where the movie presented the story of Hassan (an aviation engineer who suffered from schizophrenia upon his father’s death) through the eyes of Hassan himself. Three of the interviewees agreed that one of the success factors of this movie lied in it presenting the story of Hassan via Hassan himself, rather than telling a story about Hassan. This presentation has indeed made a big difference in how the audience viewed and felt for the illness sufferings that Hassan passed through in his day to day life. The movie has also presented other aspects that are relevant to mental illness in a very balanced manner. The mental facility where Hassan received treatment also had other patients who, unlike other movies examined in this study, were dressed normally, and were in a few scenes portrayed to engage in group therapy sessions. Another important dimension to note about this movie is how it presented the treatment and therapy of Hassan in a realistic manner timewise (although the treatment duration was not explicitly mentioned, yet it was portrayed to have taken at least a few months). And finally, it was the only movie in the studied sample that showed how the society accepted a mentally-ill person who was cured of his illness, via Hassan returning to his work, with his colleagues portraying happiness upon his return, as well as his getting married and having a family.

¹⁷ The fourth interviewee indicated that she hasn’t watched this movie, yet heard about how well and deep it presented various aspects of Schizophrenia as a type of mental illness.

5.4.2 Mental Illness's Two-dimensional Portrayal

Morgan explains that a serious issue about the way mental illness is portrayed in Egyptian movies is the fact that patients are “reduced to their illness”, they are only presented from one angle (their illness), while other aspects of their live as human beings are ignored. Abou Oaf agrees and adds that such a reduction leads to a person being ridiculed as a whole and not taken seriously by others. Amer adds that it is not just the movies that reduce patients to their illness but unfortunately some health professionals in the field do the same by “objectifying their patients” and seeing them through their illnesses, and “missing the sense” that they are human beings with a life outside their illnesses. (Amer, 2016) Abou Oaf agrees and adds that some aspects that deal with human nature and the day to day sufferings are ignored from film productions as they might not qualify as “attractive and entertaining” matters (Abou Oaf, 2016). Morgan also explains that many movies do not reflect the full experience of mental illness, as they focus on the drama rather than telling the story of that person. “It is usually a story about them, and not the story as they’re living it”, Morgan says (Morgan, 2016). Hamam agrees and adds that in many instances the portrayal is presented as two-dimensional; which leads to simplifying matters and making them look “uncomplicated”. She further explains that the lack of portrayal of how an illness develops, its causes and the involved complexities contributes to this reductionist view, eventually leading to an incomplete and hence inaccurate picture about mental illnesses (Hamam, 2016).

5.4.3 Mental Illness Stigma

Results of the content analysis have indicated that an evident frame in which mental illness has been placed in, is the “abnormality frame”. Being abnormal, which basically indicates “deviation from the norms” as described by Abou Oaf, Morgan, Amer and Hamam, is probably the core cause for stigmatizing mental illness in Egypt (2016). Several events in the analyzed movies indicated the social fear of stigma (whether by the ill person or a member of their family). Psychological illnesses were portrayed in the movies as scandalous, shameful and destructive to life. Some of the portrayed patients have secretly sought professional therapy for fear of facing their parents (or spouses or partners) with that fact. Amer explains that the stigma roots from the concept that any deviation from the society norms brings about shame, which is an unacceptable thing in a society that highly values an image of “honor”. Abou Oaf also adds that in Egypt, we do not have the culture of accepting differences, and hence the society sees those different people

negatively, because of the fact that they “do not follow the commonly agreed upon norms”. (Abou Oaf, 2016). She also highlights that the media’s role is crucial in exposing people to all what is different in a normal context, and educating the society about what those people need in terms of support rather than merely inducing pity and sympathy towards them. Within that context, Hamam brings about a political aspect that could be contributing to stigmatizing deviation from the norms. She explains that a political system being authoritarian engraves a culture of “conforming to authority” and to the norms set by the society. She further explains that such ideas are very difficult to change especially for societies that function within authoritarian systems that continually enforce those ideas, push individuals towards conformity and negatively stereotype whatever (and whoever) deviates from those set norms. Another explanation for the existence of stigma against mental illness in Egypt is that which Morgan further discusses, indicating that culture and the media together play a role in intensifying that stigma. She adds that the lack in portrayal of normalized or successful examples of mentally-ill people, who managed to overcome their illnesses and who demonstrated the ability to be productive in the society, also adds to the stigma. Both Abou Oaf and Hamam shed light on script-writing, explaining how the lack of “well-written scripts” affects the material presented in the media, and hence contribute to the misrepresentation of mental illness with its various elements in movies. Abou Oaf related that issue to problems with the Egyptian copyright law, lack of creativity and poor education in Egypt. On the other hand, Hamam indicated that the problem could be attributed to the separation that occurred between writing and movie production. She explained that the relationship between good writing (good scripts) and the success of a movie is no longer there, an issue which had seriously affected the content and quality of movies produced. Hamam highlighted the importance of bringing back quality writing into moviemaking to help in producing better movies in terms of quality and accuracy of the information presented to the audience.

In addition to the above, Amer voices her concern about other elements of mental illness that have also been stigmatized; these include psychiatrists, psychotherapy and treatment. Results of the study as well as those examined in the literature validates Amer’s concern. The mental illness stigma has also stained those aspects with inaccurate and unrealistic ideas about psychiatrists themselves being abnormal, abusive or even having “super healing powers” (Amer, 2016). Despite the fact that in some of the studied movies psychiatrists were presented as ethical and professional therapists, the therapy approach they followed was often simplistic and imprecise.

To help face and eradicate this stigma of mental illness, the interviewees suggested that several entities should work together on doing that. Hamam suggested that media, celebrities and film analysts work together to mediate people's understanding of what mental illness entails. Hamam further explains that despite the fact that we're not to accuse the film industry of underrepresenting and/or misrepresenting serious issues such as mental illness and others, yet it is valid that we at least put a limitation on the abuse of such issues as entertaining material in the cinema and film industry (Hamam, 2016). Morgan suggests that awareness campaigns about the nature of mental illnesses as well as the suffering it involves, could be effective in decreasing the stigma. She adds that opportunities for media productions that are funded by the United Nations and similar international organizations should be explored as well (Morgan, 2016). Finally, Abou Oaf indicates that integrating the idea of accepting differences and promoting an environment for creativity within the educational system are essential towards building individuals who are more understanding and tolerant of what is different, as well as creative and novel about presenting and solving problems in their society (Abou Oaf, 2016).

Chapter 6: Conclusion

The lack of multidimensional and accurate portrayal of mental and psychological illnesses in the Egyptian cinema is a prominent matter that should be carefully attended to by the various stakeholders in the film industry. Film industry has used mental illness as a subject for entertainment purposes whether in comedy, drama or thriller movies. Having that purpose in mind has led the industry to focus on elements that serve that entertaining purpose while ignoring other crucial ones, which has resulted in the cinema presenting an incomplete and inaccurate picture of different aspects of mental illness. When examining the portrayal of mental and psychological illness in the cinema, it is essential that movies are distinguished from each other and categorized based on their genres, as the genre of a movie greatly affects one's interpretation and analysis of the messages communicated by that movie. Despite the fact that in a comedy movie one expects to take matters lightly, knowing that there is an element of exaggeration in such a movie, it is to be taken into consideration that continuous and recurrent inaccurately exaggerated messages, could gradually and unconsciously participate in building certain images and manifesting specific messages about the topics tackled in those movies. On the other hand, movies of a drama genre which lend themselves to be taken more seriously by the audience, are often regarded as "reflections of real life". With such movies, it is of utmost importance that film makers, directors, scriptwriters and all those who are involved in the movie production field, accurately check their facts about the various aspects of mental and psychological illnesses they wish to present in their movies. Portrayal of mental illness seems to be much more effective in communicating more accurate information when the story is told through the eyes of the patient, as opposed to simply telling the audience the story of a patient. Hence, getting information from real patients and using them as sources for accurate information about mental illness could be very effective in presenting the various aspects of mental and psychological illness in a more realistic manner.

The stigma that stains mental illness and its treatment in Egypt is deeply engrained in the culture and the society, independent of social or educational backgrounds. It continues to exist and negatively affect people who are being treated from mental illnesses as well as those who suffer in silence for fear of being stained by this stigma. Education that aims at building individuals who are more accepting of differences, tolerant of deviations and empathetic towards one another could greatly help in eroding this stigma. It is via the collaboration between various entities in the society that we could hope for a better future for those who suffer various forms of mental and

psychological illnesses in Egypt. There are several initiatives and entities that seek to reduce (and hopefully eventually eliminate) that kind of stigma, via TV series productions, awareness campaigns, and documentaries about mental illnesses. It is hoped that the Egyptian cinema would use its extensive influence in cooperating with such entities to help create a more tolerant and understanding environment that embraces mental and psychological patients in the society, helps them throughout their distress, and accepts them as capable and valuable individuals in the community.

6.1 Limitations of the Study

Scope constraint

The scope of the study was limited to movies depicting various mental and psychological issues in the Egyptian cinema during the specified period and did not include movies which portrayed:

- *Drug and substance addiction problems*, which are categorized and defined as mental and psychological illnesses. Given the huge number of movies depicting that type of illness, it was more appropriate to exclude such movies from the study (and recommend that other future studies tackle that issue in specific), to focus on a variety of other types of mental illnesses.
- *Homosexuality (LGBT) problems*, which are no longer categorized as mental disorders, and were removed from the Diagnostic and Statistical Manual (DSM) in 1973, by the American Psychiatric Association (APA) (Drescher, 2015).
- *Memory loss and relapses illnesses*: were also not included in the study.
- *Characters with mental illnesses portrayed as periphery or of minor roles*, as the selected movies and the criteria for selection focused on movies that focused in its depiction on a certain mental or psychological problem as being the main issue of the movie, around which the plot revolves. Therefore, several movies that portrayed mentally-ill individuals, or psychotherapists with minor roles, were not included in this study.

Methodology-related constraint

Given the small size of the sample, and the nature of the study (being an exploratory one), generalizability of data and results is very limited if not absent. Data was analyzed by the researcher in light of the data collected, content analyzed and interviews conducted. This limitation is actually related to the methodology selected (content analysis), where one could only draw

conclusions and search for indicators without inferring generalization from the collected data. Results are hence used as indicators and guidelines for future research.

6.2 Recommendations for Future Research

Results from research employing content analysis are very useful in guiding researchers to make informed decisions about future research regarding the stigma of mental illness in the society, therapy and treatment of mental illness, as well as other aspects related to that issue. There are several issues related to the portrayal of mental and psychological illness in the Egyptian media that future research could tackle. Content analysis of media with such portrayals gives very insightful data on how media depicts characters with mental illnesses, and about the different messages communicated about those illnesses. Such studies could also guide both media and health professionals (as well as other involved entities) to work on developing an accurate understanding, and hence a more enlightened society, in dealing with mental health issues. Research directed towards analyzing how the mental health treatment and therapy are presented in other media outlets (TV, radio, newspapers, documentary movies... etc.) could help in finding out more about the stigma against mental illnesses.

As mentioned earlier, no patterns could be found with regards to religion, social class, educational or social status in association with mental or psychological illnesses. However, other studies may look into those variables within the scope of certain illnesses and examine if there are any associations between certain variables and certain illnesses. Those studies could also be beneficial by informing professionals on what to focus on with regards to using the help of media to raise awareness on the nature of mental illnesses that the society is unaware of or is misinformed about. Similarly, studies that examine how mental illness is portrayed with a focus on gender could also be insightful in providing a deeper understanding of the nature of mental illness, and its varied implications on individuals.

Another aspect that could be beneficial to exploring the representation of mental illness in various media is supporting quantitative research with interviewing patients who suffer from mental illnesses, and to solicit their opinion on how media portrays mental and psychological illnesses. This could further inspire ways through which they could collaborate with filmmakers towards presenting accurate and realistic stories about the nature of mental illnesses.

Finally, this study highly recommends interdisciplinary collaboration among researchers from media, psychology and film studies to conduct joint research studies tackling the above mentioned issues in an attempt to inform the community on ways of using their combined efforts to empower people and give them ownership of changing their societies for the better.

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Personal Communications

Abou Oaf, M. (December, 2016). Personal interview.


Amer, M. (December, 2016). Personal interview.



Hamam, I. (December, 2016). Personal interview.



Morgan, M. (December, 2016). Personal interview.


Appendix I

Summary of Selected Movies

Movie name	<ul style="list-style-type: none"> • Production year • Genre • Starring 	Selection criteria justification
<p><i>Bab Elhadid</i> (Cairo Station)</p>  <p>Retrieved from: http://www.gstatic.com/tv/thumb/dvdboxart/</p>	<ul style="list-style-type: none"> • 1958 • Drama • Youssef Chahine, Hind Rostom and Fareed Shawky 	<p>1- Illness portrayed</p> <p>2- Popularity of the leading actor or actress</p> <p>3- Significance</p> <p>1- Paraphillic disorder (AKA: Sexual perversion)</p> <p>2- Youssef Chahine, Hind Rostom and Farid Shawky are three of the most popular and remarkable figures in the Egyptian cinema history.</p> <p>3- According to IMDB, the movie was nominated for the <i>Golden Berlin Bear Award</i> in the Berlin International Film Festival in 1958 (IMDB, n.d.).</p>



<p><i>Ismail Yaseen fi Mostashfa el Maganeen</i> (Ismail Yaseen in the Lunatics' Asylum)</p>  <p>Retrieved from: http://www.imdb.com/title/tt0355582/</p>	<ul style="list-style-type: none"> • 1958 • Comedy • Ismail Yaseen and Hind Rostom 	<p>1- Misdiagnosed as “crazy”</p> <p>2- According to IMDB, Ismail Yaseen is one of Egypt's best comedian actors, and he starred in a series of films that were named after him (IMDB, n.d.).</p> <p>3- This movie is considered to be one of the very popular comedy movies from the 1950s era</p>
<p><i>Nisf 'Azraa'</i> (Half Virgin)</p>  <p>Retrieved from: http://www.arab-films.net/</p>	<ul style="list-style-type: none"> • 1961 • Drama • Zbaida Tharwat, Moharram Fouad and Mohsen Sarhan 	<p>1- Fear of sunset</p> <p>2- Zbaida Tharwat was one of the successful actresses in the 60s, and Moharram Fouad was a well-known singer at the time.</p> <p>3- This movie is unique in representing hypnotherapy, as approach to aid psychotherapy.</p>

<p><i>El Maganeen fi Na'eem</i> (Lunatics in Bliss)</p>  <p>Retrieved from: http://mlhd.net/index.php?route=product/</p>	<ul style="list-style-type: none"> • 1963 • Comedy • Ismail Yaseen 	<p>1- Diagnosed as “crazy” due to a post emotional and psychological trauma.</p> <p>2- Same as <i>Ismail Yaseen fi Mostashfa el Maganeen</i> movie</p> <p>3- Same as <i>Ismail Yaseen fi Mostashfa el Maganeen</i> movie</p>
<p><i>B'er Alherman</i> (The Well of Deprivation)</p>  <p>Retrieved from: http://www.imdb.com/title/tt5793194</p>	<ul style="list-style-type: none"> • 1969 • Drama • Souad Hosni 	<p>1- Dissociative Identity Disorder (DID)</p> <p>2- Souad Hosni, according to IMDB is one of the most influential female icons in the Arab Acting World (IMDB, n.d.).</p> <p>3- One of the most influential movies in the Egyptian cinema</p>

<p><i>Saffah Alnesaa'</i> (A serial killer of women)</p>  <p>Retrieved from: http://www.elcinema.com/work/</p>	<ul style="list-style-type: none"> • 1970 • Comedy-Crime • Fouad Al Mohandis and Shouwikar 	<p>1- Impersonating a serial killer who suffered from step-mother abuse during childhood</p> <p>2- According to IMDB, Fouad Al Mohandis was one of Egypt's most popular comedians, and had fans across the Arab world for several decades (IMDB, n.d.).</p> <p>3- A popular comic movie from the 1970s era.</p>
<p><i>Ayna 'Aqly</i> (Where is my Mind?)</p>  <p>Retrieved from: http://www.elcinema.com/work/1010679/</p>	<ul style="list-style-type: none"> • 1974 • Drama • Souad Hosni, Mahmoud Yaseen, and Rochdy Abaza 	<p>1- Identified as a self-struggle between own cultural values and norms versus the open-mindedness of the European culture.</p> <p>2- Souad Hosni, according to IMDB is one of the most influential female icons in the Arab Acting World (IMDB, n.d.).</p> <p>3- A remarkable movie that is based on a novel by the prominent writer Ihsan Abdel Qodous titled “<i>Halet El Doctor Hassan</i>”.</p>

<p><i>Khalli Balak men 'Aqlak</i> (Take Care of Your Mind)</p>  <p>Retrieved from: http://www.elcinema.com/work/1010803/</p>	<ul style="list-style-type: none"> • 1985 • Drama-social comedy • Sherihan and Adel Imam 	<p>1- Oneirophrenia¹⁸</p> <p>2- Sherihan, is one of the most popular actresses in the Egyptian cinema. The website <i>elcinema.com</i> reports that she is “adored across the Arab world” (<i>elcinema.com</i>, n.d.)</p> <p>3- One of the most popular movies during the 1980s</p>
<p><i>'Afwan Ayyoha Alqanoon</i> (Excuse us, Law)</p>  <p>Retrieved from: http://www.elcinema.com/work/1003513/</p>	<ul style="list-style-type: none"> • 1985 • Drama • Mahmoud Abdel Aziz 	<p>1- Psychological sexual disability</p> <p>2- Mahmoud Abdel Aziz, a famous Egyptian Actor who starred in more than 90 featured films, and was dubbed “the magician” (Legendary Egyptian actor Mahmoud Abdel Aziz dies, 2016).</p> <p>3- This is one of the significant movies that dealt with women rights with regards to Egyptian laws and regulations for committing adultery.</p>

¹⁸ A mental disorder that is considered a “subdivision of acute psychosis” (Vyas & Ahuja, 1999, p.244).

<p><i>Keda Reda</i> (This is Satisfactory)</p>  <p>Retrieved from: https://www.youtube.com/watch</p>	<ul style="list-style-type: none"> • 2007 • Comedy • Ahmed Helmy 	<p>1- An introvert who believes he has a weak personality</p> <p>2- Ahmed Helmy, a young Egyptian actor who has built popularity among Egyptian audience over the past 15 years.</p> <p>3- A popular comic movie during the 2000s</p>
<p><i>Aasef 'al Ez'ag</i> (Sorry for Disturbance)</p>  <p>Retrieved from: http://www.imdb.com/</p>	<ul style="list-style-type: none"> • 2008 • Drama/Black comedy • Ahmed Helmy 	<p>1- Dissociative Disorder</p> <p>2- Ahmed Helmy (check above)</p> <p>3- According to AlJazeera.net, the film “scored an unprecedented consensus among critics and artists” on how daring and novel the idea of the movie is (Gomaa, n.d.). Helmy also won the <i>Horus Award</i> for best actor from the Cairo National Festival for Egyptian Cinema In 2009 for his role in this movie (IMDB, n.d.).</p>

<p>'Esabet El Doctor Omar (Dr. Omar's Gang)</p>  <p>Retrieved from: http://www.ourmia.co/ar/album</p>	<ul style="list-style-type: none"> • 2007 • Comedy • Mostafa Qamar 	<p>1- Acrophobia¹⁹, Kleptomania²⁰ and other unidentified disorders.</p> <p>2- Mostafa Qamar was a popular singer during the 1990s and 2000s.</p> <p>3- Through the movie we see various psychological disorders and their treatment by their psychiatrist.</p>
<p><i>Elfeel Elazraq</i> (The Blue Elephant)</p>  <p>Retrieved from: http://www.imdb.com/title/tt3461252/?ref=pl_pl_tt</p>	<ul style="list-style-type: none"> • 2014 • Drama-Mystery-Thriller • Karim Abdel Aziz 	<p>1- Schizophrenia²¹</p> <p>2- Karim Abdel Aziz, is one of the young popular Egyptian actors, whose popularity began during the past 15 years</p> <p>3- Based on a novel by Ahmed Mourad, the movie “received one of the highest number of fan ratings for an Arabic film on IMDb” (Eskander, 2010). It is a remarkable thriller movie because of the visual and audio effects it employed.</p>

¹⁹ Heights phobia (North, North, & Coble, 1997).

²⁰ “Kleptomania is an impulse control disorder characterized by the inability to resist the impulse to steal” according to DSM-V (as cited in Kleptomania DSM-5 302.32 (F63.3)).

²¹ It is to be noted that towards the end of the movie, it is stated that sorcery and devilish intervention was the cause of the patient's behavior and not the illness.

Appendix II

Operational Definitions

The terms below are defined in terms of how they were used and referred to throughout the study.

Movie Genre²²:

- Drama: a genre of narrative fiction (or semi-fiction) with “serious presentations or stories with settings or life situations that portray realistic characters in conflict with either themselves, others, or forces of nature. A dramatic film shows human beings at their best, their worst, and everything in-between”.
- Comedy: a genre of “light-hearted dramas, crafted to amuse, entertain, and provoke enjoyment. The comedy genre humorously exaggerates the situation, the language, action, and characters”.
- Romance: “love stories, or affairs of the heart that center on passion, emotion, and the romantic, affectionate involvement of the main characters (usually a leading man and lady)”.
- Romantic Comedy: both romance and comedy
- Thriller or Suspense: “known to promote intense excitement, suspense, a high level of anticipation, ultra-heightened expectation, uncertainty, anxiety, and nerve-wracking tension”.
- Other: none of the above genres.

Year of production: during which a movie is produced.

Effects²³:

- Audio effects in film industry: “artificially created or enhanced sounds, or sound processes used to emphasize artistic or other content of films” (“Sound in film and video: Acoustic properties of sound,” 2009, n.p.).
- Visual effects in film industry: “processes by which imagery is created and/or manipulated outside the context of a live action shot” (Institute, 2015, n.p.).

²² The definitions of all genres in this chapter are derived from <http://www.filmsite.org/> (“Film genres”, n.d.).

²³ Subcategories are derived from Pennsylvania State University: Integrative Arts 110 Film terminology website (Breton, n.d.).

- Focus in film industry: “The sharpness of an image, or the adjustments made on a camera necessary to achieve this” (Chen & Thielemann, 2007, p. 100)
- Other effects: not mentioned in the categories above

Popularity of the lead actor/actress at the time of movie release²⁴:

- Lead actor/actress: the most important character in a movie around which the plot revolves
- Extremely popular: very well-known and popular at the time of the movie release
- Moderately popular: well-known and somehow popular
- Not popular at all
- Undetermined: could not be identified within the above categories

Age group:

- Child: falls within the range of 4-12 years old
- Teenager: falls within the range of 13 to 19 years old
- Adult: falls within the range of 20-34 years old
- Mature adult: falls within the range of 35-50 years old
- Elderly (above 50 years old)

Social class²⁵:

- Upper: extremely rich; exhibiting one or more of the following: own fancy villas, fancy cars, several cars per household, brand clothes, have driver, servant(s), cook...etc.
- Upper-middle: rich; exhibiting one or more of the following: own regular villas, regular cars, and several cars per household.
- Middle: moderately rich; exhibiting one or more of the following: own or rent big apartments, regular cars.
- Lower-middle: moderately poor; own or rent smaller apartments, no cars
- Lower: very poor; own or rent small place (in graveyards, garages, streets...etc.) and no vehicles owned.
- Can't tell or undefined: could not be placed within the above mentioned categories

Social status:

- Urban: living in a city or town
- Rural: living in the country

²⁴ Categories here are emergent in this research and are developed by the researcher for the purpose of this study.

²⁵ Constructed by the researcher for the purpose of this study.

- Both: lived part of life in a city and another part in the countryside

Educational background²⁶:

- Post graduate: “a student who has already received one degree and has studied for a more advanced degree at a university”.
- College/university graduate: “a person who has finished their college, or university education”.
- High school graduate: “a person who has finished their high school education”.
- Diploma holder or vocational school graduate: a person who has received a specialized certificate in a certain field or “has finished a school where students learn skills that involve working with their hands”.
- Preparatory school graduate: a person who has finished studying at a school level for “children over the age of eleven”.
- Primary school graduate: a person who has finished studying at a school level for “children between five and eleven years old”.
- Uneducated literate: have not received formal education but can read and write.
- Uneducated illiterate: have not received any education and cannot read or write.
- Undetermined/unspecified: not presented in the movie.

Relationship status:

- Single: unmarried or not in a romantic relationship.
- Engaged: formally pledged to be married.
- Married: a legal and formal union made by two people to live together.
- Divorced: a legal and formal separation to end a marriage between two people.
- Widowed: a person who has lost their spouse by death and has not remarried.

Employment status²⁷:

- Self-employed: “not working for an employer...having your own business”.
- Employed white collar: “relating to people who work in offices, doing work that needs mental rather than physical effort”.
- Employed blue collar: “Blue-collar workers do work needing strength or physical skill rather than office work”.

²⁶ Derived from Cambridge Dictionary website (Cambridge Dictionary, 2016).

²⁷ Same as footnote (26).

- Unemployed: with no job.
- Student: a person who is still studying in a school, college, university...etc.
- Other: does not fit within any of the above categories.
- Unidentified: not presented in the movie.

Physical appearance: is described per movie

- Physique: “the shape and size of a human body”²⁸ (descriptive variable).
- Attire: clothes, usually distinguished by being formal or casual (descriptive variable).

Facial features:

General description of features such as nose, eyes, brows, hair style and color, skin tone...etc.
(descriptive variable)

Behavioral appearance:

Overall behavioral description (not necessarily linked with human interaction).

Character societal interaction:

With family, friends, neighbors, colleagues, therapists, nurses, doctors in terms of:

- Level of interaction with different people in one’s community.
- Nature of interaction: the actions or reactions of persons or things in response to external or internal stimuli.

Society’s interaction with the character in terms of:

- Level of interaction with different people in one’s community.
- Nature of interaction: the actions or reactions of persons or things in response to external or internal stimuli.

Self-awareness of illness: Conscious realization of one’s own illness

- Aware: knows the truth of his/her illness.
- Not aware: does not know the truth about his/her illness.

Acceptance of illness: a person's acknowledgment and agreement to the reality of own illness.

- Accepting: acknowledges his/her illness and acts accordingly.
- In denial: does not acknowledge his/her illness and acts accordingly.

Piety: having or showing a devoted spirit of respect for God or a wish to fulfill religious commitments. Level of piety:

²⁸ Derived from Cambridge Dictionary website (Cambridge Dictionary, 2016).

- Very pious: demonstrates high level of commitment to religious practices (prayer, fasting...etc.).
- Moderately pious: demonstrates some level of commitment to religious practices (prayer, fasting...etc.).
- Not pious at all: does not demonstrate and commitment to religious practices (prayer, fasting...etc.).
- Other: Unspecified in the movie.

Appendix III

Movie Coding Sheet

(A) *Movies as units of analysis with the following variables:*

Movie name:

Year of production:

Genre²⁹:

A1.1 Drama

A1.2 Comedy

A1.3 Both drama and comedy

A1.4 Romance

A1.5 Romantic Comedy

A1.6 Horror

A1.7 Thriller or Suspense

A1.8 Other

Effects³⁰:

A3.1 Audio effects

- Description: scary-comic-suspense-romantic- other(specify)
- Purpose (descriptive in terms of elicited effect)

A3.2 Visual effects in film industry

- Description: scary-comic-suspense-romantic- other(specify)
- Purpose (descriptive in terms of elicited effect)

A3.3 Other effects

- Description

Popularity of the lead actor/actress at the time of movie release³¹:

A4.1 extremely popular

A4.2 moderately popular

²⁹ The definitions of all genres provided in appendix are derived from <http://www.filmsite.org/> ("Film genres", n.d.).

³⁰ Subcategories are derived from Pennsylvania State University: Integrative Arts 110 Film terminology website (Breton, n.d.).

³¹ Categories here are emergent in this research and are developed by the researcher for the purpose of this study.

A4.3 not popular at all

A4.4 undetermined

(B) Main movie character as a unit of analysis with the following variables³²:

Illness portrayed: (as defined or stated in the movie)

Age group:

B1.1 child

B1.2 teenager

B1.3 adult

B1.4 mature adult

B1.5 elderly

Gender:

B2.1 male

B2.2 female

Religion:

B3.1 Muslim

B3.2 Christian

B3.3 Jewish

B3.4 unspecified

Social class:

B5.1 upper

B5.2 upper-middle

B5.3 middle

B5.4 lower-middle

B5.5 lower

B5.6 can't tell or unidentified

Social background:

³² Categories here are emergent in this research and are developed by the researcher for the purpose of this study.

- B6.1 Urban*
- B6.2 Rural*
- B6.3 Both urban and rural*

Educational background:

- B7.1 Post graduate*
- B7.2 College/university graduate*
- B7.3 High school graduate*
- B7.4 Diploma holder or vocational school graduate*
- B7.5 Preparatory school graduate*
- B7.6 Primary school graduate*
- B7.7 Uneducated literate*
- B7.8 Uneducated illiterate*
- B7.9 undetermined/unspecified*

Relationship status:

- B8.1 Single*
- B8.2 In an informal relationship*
- B8.3 Engaged*
- B8.4 Married*
- B8.5 Divorced*
- B8.6 Widowed*

Employment status:

- B9.1 Self-employed*
- B9.2 Employed white collar*
- B9.3 Employed blue collar*
- B9.4 Unemployed*
- B9.5 Student*
- B9.6 Other or unidentified*

Physical appearance: is described per movie

- B10.1 Physique as a descriptive variable*
- B10.2 Attire as a descriptive variable*
- Facial features:** as a descriptive variable

Behavioral appearance

B12.1 according to the scale below:
(a) Mostly displaying normal behavior
(b) Mostly displaying slightly abnormal behavior
(c) Mostly displaying abnormal behavior

Character societal interaction

B13.1 Level of interaction: according to the scale below:
(a) Interactive (b) Mildly interactive (c) Non-interactive at all
B13.2 Nature of interaction: according to the scale below:
(a) Mostly displaying normal behavior
(b) Mostly displaying slightly abnormal behavior
(c) Mostly displaying abnormal behavior

Society’s interaction with the character:

B14.1 Level of interaction: according to the scale below:
(a) Interactive (b) Mildly interactive (c) Non-interactive at all
B14.2 Nature of interaction: according to the scale below:
(a) Mostly displaying normal behavior
(d) Mostly displaying slightly abnormal behavior
(e) Mostly displaying abnormal behavior

Self-awareness of illness:

B15.1 Level of awareness: as per the scale below:
(a) Aware (b) Not aware

Acceptance of illness:

B16.1 Level of acceptance: as per the scale below:
(a) Accepting (b) In denial

Piety:

B17.1 Level of piety as per the scale below:
(a) Very pious (b) Moderately pious (c) Not pious at all (c) Unspecified in the movie

Other notes:

Appendix IV

Interview Questions

- 1.** How do you generally find/assess portrayals of different mental and psychological illnesses in the Egyptian cinema?
- 2.** What messages are these movies communicating about mental and psychological illness?
- 3.** In your opinion, to what extent are those portrayals realistic? Do they truly represent the various aspects of mental illnesses? If so, how and if not, please elaborate.
- 4.** What are examples of Egyptian movies that provided a true depiction of mental and psychological illness, and examples of those that presented faulty depictions?
- 5.** In your opinion, do you believe the Egyptian cinema has given (is giving) adequate attention to representing mental and psychological illnesses? How, why/why not?
- 6.** Is mental/psychological illness stigmatized in Egypt? If yes, how and why do you think this is the case?
- 7.** Generally speaking, do you believe that media has a role in stigmatizing mental and psychological illness in Egypt?
- 8.** What other entities could be contributing to this stigma and how?
- 9.** How do you suggest that media work for better portrayal of mental illness in Egyptian movies?
- 10.** In your opinion, whose responsibility is it to work with (within) the media on that?

Appendix V

Mental Health Atlas 2011: Egypt Country Profile



World Health
Organization

Egypt

GENERAL INFORMATION

Egypt is a country with an approximate area of 1001 thousand square kilometers (UNO, 2008). The population is 84,474,427 and the sex ratio (men per hundred women) is 101 (UNO, 2009). The proportion of the population under the age of 18 years is 39% and the proportion above age 60 is 5% (UNO, 2009). The literacy rate is 88% for men and 82% for women (UN Statistics, 2008). The life expectancy at birth is 70 years for males and 74 years for females (UNO, 2005-2010). The healthy life expectancy at birth is 59 years for males and 74 years for females (UNPD, 2010). The country is in the lower middle income group (based on 2010 World Bank criteria). The total expenditure on health as a percentage of gross domestic product is 4.97% and the per capita government expenditure on health (PPP int. \$) is \$132.0 (WHO, 2006). In Egypt, neuropsychiatric disorders are estimated to contribute to 15.1% of the global burden of disease (WHO, 2008).

GOVERNANCE

An officially approved mental health policy exists and was approved, or most recently revised, in 2006. Mental health is also specifically mentioned in the general health policy.

A mental health plan exists and was approved or, most recently revised, in 2008. The mental health plan components include:

- Timelines for the implementation of the mental health plan.
- Shift of services and resources from mental hospitals to community mental health facilities.
- Integration of mental health services into primary care.

Dedicated mental health legislation exists and was initiated, or most recently revised, in 2009. Legal provisions concerning mental health are also covered in other laws (e.g. welfare, disability, general health legislation etc.).

Note: The new mental health law includes the following provisions: 1.) Strict legal criteria specifying the circumstances in which a person can be detained in mental health institutions. 2.) The right of a detained patient to have the lawfulness of detention reviewed by a local court. 3.) The establishment of both national and regional mental health commissions. 4.) A requirement that doctors document and periodically review treatment plans. 5.) A more restrictive definition of circumstances in which solitary confinement and physical restraints can be used. 6.) A bill of rights for patients inside mental health facilities and the obligation of mental health facilities to inform patients of their rights. 7.) The creation of a patients' rights committee in every mental health facility in order to monitor the human rights of people receiving treatment in those institutions. 8.) A range of sanctions for service providers who violate patients' rights. 9.) Monitoring bodies providing an independent review of involuntary admissions.

FINANCING

Mental health expenditures by the government health department/ministry are 2.29% of the total health budget. Mental hospital expenditures are not available.

MENTAL HEALTH CARE DELIVERY

Primary Care

Prescription regulations authorize primary health care doctors to prescribe and/or to continue prescription of psychotherapeutic medicines but with restrictions. In contrast, the department of health does not authorize primary health care nurses to prescribe and/or to continue prescription of psychotherapeutic medicines. Similarly, official policy does not permit primary health care nurses to independently diagnose and treat mental disorders within the primary care system.

The majority of primary health care doctors and nurses have not received official in-service training on mental health within the last five years. Officially approved manuals on the management and treatment of mental disorders are available in the majority of primary health care clinics. Official referral procedures for referring persons from primary care to secondary/tertiary care do not exist. Referral procedures from tertiary/secondary care to primary care also do not exist.

Mental Health Services

Availability of mental health facilities

	Total number of facilities/beds	Rate per 100,000 population	Number of facilities/beds reserved for children and adolescents only	Rate per 100,000 population
Mental health outpatient facilities	96	0.114	UN	UN
Day treatment facilities	2	0.002	UN	UN
Psychiatric beds in general hospitals	399	0.472	UN	UN
Community residential facilities	UN	UN	UN	UN
Beds/places in community residential facilities	UN	UN	UN	UN
Mental hospitals	38	0.045	UN	UN
Beds in mental hospitals	7940	9.399	UN	UN

Access to care

	Rates per 100,000 population)	Females (%)	Under age 18 (%)
Persons treated in mental health outpatient facilities	46.27	23%	29%
Persons treated in mental health day treatment facilities	1.69	30%	UN
Admissions to psychiatric beds in general hospitals	2.36	UN	UN
Persons staying in community residential facilities at the end of the year	UN	UN	UN
Admissions to mental hospitals	11.93	19%	UN

Long term care in mental hospitals (% of persons staying):

Less than 1 year	87%
More than 1 and less than 5 years	4%
More than 5 years	9%

Note: Data on service usage are obtained from the National Mental Health information system which collects data from the 17 main psychiatric hospitals in Egypt (which represent 84% of the psychiatric beds/resources available).

HUMAN RESOURCES

Workforce and training

	Health professionals working in the mental health sector Rate per 100,000	Training of health professions in educational institutions Rate per 100,000
Psychiatrists	0.54	UN
Medical doctors, not specialized in psychiatry	0.31	UN
Nurses	2.08	UN
Psychologists	0.13	UN
Social workers	0.23	UN
Occupational therapists	UN	UN
Other health workers	UN	NA

Note: The number of health professionals working in the mental health sector reported above is for those who work at general secretariat of mental health which supervise & monitor the main 17 psychiatric hospital in Egypt which represent 84% of the bed capacity. The total number of psychiatrists is 979, which corresponds to a rate of 1.16 per 100,000 population.

Informal human resources (Family and User Associations)

	User	Family
Present in the country?	No	No
Number of members	NA	NA
Participation in the formulation/implementation of policy/plan/legislation?	NA	NA

MEDICINES

Expenditures for medicines for mental and behavioral disorders at country level

Type of Medicines	Expenditures at country level per year and per 100,000 population (in USD)
All the psychotherapeutic medicines ³³	UN
Medicines used for bipolar disorders ³⁴	UN
Medicines for psychotic disorders ³⁵	UN
Medicines used for general anxiety ³⁶	UN
Medicines used for mood disorders ³⁷	UN

INFORMATION SYSTEMS

	Data on number of people/ activities are collected and reported	Data on age and gender are collected and reported	Data on patient's diagnosis are collected and reported
Persons with mental disorders treated in primary health care	No	No	No
Interventions (psychopharmacological and psychosocial) delivered in primary health care for people with mental disorders	No	No	No
Persons treated in mental health outpatient facilities	Yes	Yes	Yes
Contacts in mental health outpatient facilities	Yes	Yes	Yes

³³ N03AG01, N05A, N05B, N05C, N06A.

³⁴ N03AG01, N05A, N05B, N05C, N06A.

³⁵ N05A (excluding N05AN).

³⁶ N05B & N05C.

³⁷ N06A.

Persons treated in mental health day treatment facilities	Yes	Yes	No
Admissions in general hospitals with psychiatric beds	Yes	Yes	No
Admissions in mental hospitals	Yes	Yes	Yes
Days spent in mental hospitals	Yes	Yes	Yes
Admissions in community residential facilities	No	No	No

Note: A specific report focusing mental health activities has been published by the Health Department or any other responsible government unit in the last three years.

OTHER INFORMATION

The Egyptian Mental Health Information System publishes monthly reports at: www.mentalhealthegypt.com. These reports are used for service planning, monitoring and evaluation.

IRB Approval Letter

CASE # 2016-2017-031



TO: Caroline Mitry
CC: Nesrine Azmy
FROM: George Marquis
DATE: 11 Nov 2016
RE: Approval of study #2016-2017-031

This is to inform you that I have reviewed your research proposal entitled "**A content analysis of movies portraying mental and psychological illnesses in the Egyptian Cinema**" and determined that it required consultation with the IRB under the "expedited" heading. I have determined that the proposal design used appropriate procedures to minimize risks and discomfort to human participants. I have also determined that adequately informed consent will be obtained.

This approval letter was issued under the assumption that you have not started data collection for your research project. Any data collected before receiving this letter may not be used since this would constitute a violation of the IRB policy.

Please note that IRB approval does not automatically ensure approval by CAPMAS, an Egyptian government agency responsible for approving some types of off-campus research. CAPMAS issues are handled at AUC by the office of the University Counselor, Dr. Amr Salama via an official letter from your School Dean. The IRB is not in a position to offer any opinion on CAPMAS issues, and takes no responsibility for obtaining CAPMAS approval.

This approval is valid for one year from the date of this letter. In case you have not finished data collection within a year, you will need to apply for an extension.

Thank you and good luck.

A handwritten signature in black ink, appearing to read "G. Marquis".

George Marquis
Acting IRB Chair, Fall 2016
T: 02-261-1598
Email: geomarq@aucegypt.edu



Institutional Review Board
The American University in Cairo
AUC Avenue, P.O. Box 74
New Cairo 11835, Egypt.