An Investigation into the Representation of the Mentally Ill in Popular Film

By

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This treatise is dedicated to my very special father who offered his love, support and guidance during the writing process. He is no longer here to witness the fruit of our efforts, but I cherish his memory and are grateful for his positive influence in my life.
PERSONAL STATEMENT

I, Monique Vermeulen, declare that this treatise is wholly my own work except where it has been formally attributed to others in my acknowledgement, body of text and references. It is submitted in partial fulfillment of the requirement for the Master’s Degree in Media at the Nelson Mandela Metropolitan University. I further declare that this treatise has not, in any part or whole, been submitted before for any degree or examination with any university.

Date: January 2008
Signature:
ABSTRACT

There is a common perception that media depiction of mental health and illness is overwhelmingly negative and inaccurate. Media portrayal of mental illness is also viewed as an important element in forming and influencing society’s attitudes towards mental health issues, although there is no causal link to prove this.

People with mental illness are most commonly shown as being violent and aggressive. Movie stereotypes that contribute to the stigmatisation of mentally ill persons include the mental patient as rebellious free spirit, homicidal maniac, seductress, enlightened member of society, narcissistic parasite, and zoo specimen. The profession of psychiatry is, has always been, and will likely continue to be a much enjoyed subject among filmmakers and their audiences, as it tends to provide exciting and emotionally compelling opportunities to portray personal struggles feared by most of humanity.

This research will analyse the entertainment media in an attempt to provide evidence to support the above statement. The research will, furthermore, analyse the manner in which entertainment media represent the mentally ill with reference to popular films invariably produced in the US.

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CHAPTER 1
THE AIM, ORIENTATION AND DESIGN OF THE RESEARCH

1.1 Introduction and Background

Health literacy has been defined as “the ability to gain access to, understand and use information in ways which promote and maintain good health” (Biernat & Dovidio 2000: 38). In the area of physical health, examples of health literacy would include knowledge and use of a healthy diet, taking actions to prevent skin cancer, performing breast self-examination, having first aid skills and knowing how to look up health information in a library or on the Internet. While the importance of health literacy for physical health is widely acknowledged, the area of mental health literacy has been comparatively neglected.

Jorm et al (1997a: 76) introduced the term ‘mental health literacy’ and have defined it as “knowledge and beliefs about mental disorders which aid their recognition, management or prevention.” The need for the public to have greater knowledge about mental illness is highlighted by the high lifetime prevalence of mental illnesses (up to 50%, according to Biernat & Dovidio 2000: 41), which means that virtually everyone will either develop a mental illness or have close contact with someone who does.

There is a common perception that media depiction of mental health and illness is overwhelmingly negative and inaccurate. Media portrayal is also viewed as an important element in forming and influencing community attitudes towards mental health issues (Edney 2004: 48). A significant amount has been written on this topic in recent years.

“Mass media are widely recognised as one of the most powerful tools to increase the ‘visibility’ of people with mental illness, to shape public attitudes towards them and consequently to influence mental health policy” (Coverdale 2002: 57).
However, in “Western European countries and the USA the awareness of the significance of mass media in mental health care policy came only after mass media contributed significantly to the shift back from community based care to more controlling policies in the 1990s” (Cutcliffe 2002: 35). South Africa still has an opportunity to use mass media to strengthen public awareness of the rights of people with mental illness and prepare the general public for community-based mental health care policies in advance of policy activities. Such a proactive approach would reduce the probability of occurrence of a situation where mass media feed negative attitudes and consequently supports or even facilitates more controlling mental health policies. In short, through mass media it is possible to improve mental health and social wellbeing of individuals and communities.

The majority of the literature in this field focuses on the nature and extent of the media’s portrayal of mental health and illness, with fewer studies investigating the impact this may have on community attitudes towards people with mental illnesses. One reason for this is that it is extremely difficult to measure the impact that the media can have on community attitudes towards people with mental illness. Only a very small number of studies have looked at the impact of positive media messages and mental health promotion in the media on community attitudes towards mental health and illness.

Portrayal of mental illness in entertainment media is extensive and predominantly perpetuates myths and stereotypes about mental illness. People with a mental illness are most commonly shown as being violent and aggressive, but they are also frequently depicted as eccentrics, seductresses (in the case of women), self-obsessive, objects for scientific observation, simpletons, and/or failures. Mental health professionals are variously portrayed as incompetent, sinister, unrealistically selfless or seductive (again, in the case of women), or as ‘rationalist foils’ who come up with scientific arguments to explain supernatural phenomena, only to be proved wrong as the plot unfolds. A skewed picture of mental health treatments is presented, with an emphasis on those treatments
that serve filmic purposes – e.g., psychotherapy is commonly (though unrealistically) portrayed because they give the audience an entrée into the mind of the character undergoing treatment and have melodramatic potential, whereas drug therapies, which do not further the plot and are not visually interesting, are rarely portrayed.

The presentation of negative images in fictional media was found to result in the development of more negative beliefs about mental illness. A reduction in negative media portrayals of mental illness and the promotion of positive images are important in changing negative community attitudes (Schneider 2004: 31). Studies (Coverdale et al., 2002; Rose, 1998; Philo 1996; Cutcliffe and Hannigan, 2001) of entertainment media have shown, with a small number of exceptions, that media presentations of mental illness promote negative images and stereotypes. The literature also suggests that the media may contribute to the influence on community attitudes towards mental illness. In particular, negative media images can result in the development of more negative beliefs about mental illness.

The attitudes of the public towards people with mental illness are an important factor in the stigma associated with mental illness, and it is clear that while media depiction of mental health and illness continues to promote overwhelmingly negative images and stereotypes, community attitudes will not improve.

1.2 Research Objectives

This treatise’s primary objective is to identify, evaluate and critically analyse existing material relating to the portrayal of mental health and mental illness in the entertainment media. It will furthermore endeavour to determine to what extent the media contributes to influencing the public’s perception of the mentally ill. Media portrayal of mental illness is viewed as an important element in forming and influencing society’s attitudes towards mental health issues, although there is
no causal link to prove this. This research will analyse the entertainment media in an attempt to provide evidence to support the above statement. The study will analyse the manner in which the entertainment media represent the mentally ill with reference to *Silence of the Lambs* (1991), *One Flew Over the Cuckoo’s Nest* (1975), *A Beautiful Mind* (2001), The Batman Series, *Fight Club* (1999) and *Spider* (2001). In order to achieve this, special attention is given to the main actors in each film.

The majority of entertainment media are either directly produced or heavily influenced by the American film production industry. Thus, though South Africa has its own emerging cinema, the focus of this study has been predominantly on well-known popular films invariably produced in the US.

This study will:

a) Firstly, discuss stereotypes and stigma in general and how they function in the media and society.

b) Secondly, analyse the selected entertainment media in an attempt to determine what possible contribution the media can have towards influencing the public in general.

The benefit of the research will be to bring together an illustration of how the entertainment media represents the mentally ill.

1.3 Field of Study

As this is an analysis of selected entertainment media, the field of study is entertainment media and stereotype studies (agenda setting theory and stereotype theory). Most importantly, it is an approach that emphasises giving a voice to marginalised groups and that looks at unequal power relationships between different groupings in society (those in a position of power and those that are not).
1.4 Primary Research Question

The primary research question is: How are individuals with a mental illness portrayed in mainstream films?

1.5 Importance of the Study

In South Africa there is an urgent need to raise awareness in society of the rights of the mentally ill in order to create a better understanding and greater acceptance of mental illness and lead to a greater integration of people with mental illness into society. The trend towards the isolation of mentally ill members of society still strongly dominates in South Africa. The mentally ill are excluded from society; they represent an ‘invisible population’ – a population whose rights are not widely recognised and respected; despite the fact that the Law of Medical Treatment (2006) declares that persons with mental illness in South Africa have all civic, political, economic and social rights. Moreover, even if some limited actions towards inclusion of people with mental illness into society do exist, the general public in South Africa is to a large degree uninformed about them.

By increasing awareness in society of the rights of the mentally ill the general public can be prepared for the activities of integration of people with mental illness into society. In long term, the public awareness would create public pressure on policy-making institutions to introduce policies orientated towards social inclusion. Secondly, the project will initiate the cooperation between mass media representatives and mental illness advocacy activists in South Africa. This analysis will allow those involved in entertainment media to be more sensitive in their presentation of people with mental illnesses.
1.6 Scope and Delimitations of the Research

There are a number of obvious weaknesses in the literature, in both the nature and extent of current evidence. The study regarding the portrayal of mental health and illness in entertainment media considered only one form of mass media for analysis, and certain forms of media such as radio, print and the Internet were not included in any of the research. The burden of mental illness refers to the economic and social burden for families, communities and countries. Although obviously substantial, this burden has not been efficiently measured. This is because of the lack of quantitative data and difficulties in measuring and evaluating. It is also difficult to directly link media portrayal to attitudes and beliefs as these are formed by the complex interactions of a number of different factors.

1.7 The Definitions of Terms

For the purposes of this study, the following terms are defined as follows:

Prejudice – An unfavourable opinion formed against a person or group based on a stereotype.

Stereotype – A generalised image of a person or group, which does not acknowledge individual differences and which is often prejudicial to that person or group.

Stigma – It can be seen as “a powerful negative force that adds enormously to the burden of people who are coping with illness, often tipping the balance away from recovery. Individuals with stigmatised illnesses face the same challenges as anyone who is ill – and more, in the rejection and disdain they receive and perceive from others” (Giorgianni 2004: 4). It can also be defined as a mark of shame, disgrace or disapproval that results in an individual being shunned or rejected by others.
Entertainment Media/Mass Media – Popular films, especially Hollywood productions.

Disease and Illness – “Disease refers to specialist (especially medical) knowledge of specific illnesses and their underlying causes; illness refers to patients’ actual experiences, in particular the symptoms of a disease (the terms are often used interchangeably)” (Fulford 1998: 213).

Madness – “A term mainly used for behaviour or experience that is extreme, bizarre, or in other ways unusual, especially where it is or seems to be irrational” (Fulford 1998: 214).

Mental Illness – Defined in psychiatry and other health professions, as an abnormal “mental condition or disorder associated with significant distress and/or dysfunction. This can involve cognitive, emotional, behavioural and interpersonal impairments. Similar but sometimes alternative concepts include: mental disorder, psychological or psychiatric disorder or syndrome, emotional problems, emotional or psychosocial disability” (Fulford 1998: 213). Specific disorders often described as mental illnesses include major depression, generalised anxiety disorder, bipolar disorder, and schizophrenia.

Mental Health – This term is used (1) to mean a positive state of mind, one that is more than merely free of mental disorder, and (2) as a generic term for conceptions of the requirements for good mental health that are not tied, closely or exclusively, to medical psychiatry. The different professional groups involved in multidisciplinary teams – nurses, psychologists, etc. – are usually referred to as mental health professionals” (Fulford 1998: 213).

1.8 Research Design

The data of this research are of two kinds: primary data and secondary data.
1. **Development of the research framework**

**Objective:** To explore the current situation in research and mass media related to the topic and to identify persons for participatory research in order to develop a collaborative framework for the research.

**Method:** Searches were conducted of key reference databases and the Internet, using search terms relating to mental illness and entertainment media. Potentially relevant articles were retrieved, and their reference lists were scanned for further salient texts. Later, articles that cited the original articles were also retrieved. Articles were classified according to the particular research question they potentially informed. Each article was considered in terms of study design, in order that the methodological strengths and weaknesses of given designs could be taken into account in the appraisal process. The findings from the individual studies were then synthesised, in order to formulate conclusions about the overall body of the evidence relating to the research questions.

2. **Mass media representation of people with mental illness**

**Objective:** To identify, evaluate and interpret the available stereotypes portrayed by mass media and to identify the dominant messages about people with mental illness presented in entertainment media.

**Method:** Content analysis of selected films.

**Sample:** A representative sample of the entertainment media.
1.9 Validity

Validity and reliability principles were put into practice by appropriate referencing of the media selected and intellectual analysis referenced. Intercoded reliability was applied in content analysis, as this method is used to “determine how reliable the interpretation (or coding) of communication content is” (Du Plooy 2001: 123). As content may vary, intercoded reliability is “determined by calculating the average correlation among coders to determine the equivalency with which the measurement procedures, rules or categories (specified by the operational definitions) are applied by coders” (Du Plooy 2001: 123).

The method to construct validity, which involves both content-related evidence and criterion-related evidence, were applied to assess the validity of the research. This “involved relating a measuring instrument to some overall theoretic framework to ensure that the measurement is actually logically related to other concepts in the framework” (Du Plooy 2001: 126).

1.10 Chapter Layout

Chapter 1
Chapter one provides an introduction and background to the purpose of the study. This chapter also sets out the methodology employed in this study, describing the theoretical framework employed, the development of the research instruments, the research process, primary research question, and limitations of the research.

Chapter 2
A comprehensive overview of the existing literature on the subject of the depiction of mental illness in the media is provided. This chapter provides the groundwork from which the selected media will be analysed.
Chapter 3
This chapter focuses on stereotypes and stigma in general, and how it functions in the media.

Chapter 4
Chapter 4 discusses the findings of the analyses done on the entertainment media.

Chapter 5
This chapter completes the report with key conclusions and suggests recommendations for future research.
2.1 Introduction

Over the past 30 years, a substantial amount of research has been conducted to determine the effect of the mass media on the public’s belief systems. These studies have concluded that the media’s power to influence public perception and the degree to which people are exposed to media representations combine to make the mass media one of the most significant influences in developed societies.

There is a common perception that media representations of mental health and illness are overwhelmingly negative and inaccurate and thus promote negative images and stereotypes – in particular, the false connection between mental illness and violence. Media portrayal is also viewed as an important element in forming and influencing society’s attitudes towards mental health issues. Many studies have found a connection between negative media portrayals of mental illness and the public’s negative attitudes toward people with mental health issues (Coverdale, Nairn, & Claasen, 2002; Cutcliffe & Hannigan 2001; Diefenbach, 1997; Olstead, 2002; Rose, 1998; Wahl, 1995; Wahl & Roth, 1982; Wilson, Nairn, Coverdale, & Panapa, 1999). This review seeks to identify, evaluate and interpret the available research relating to the portrayal of mental health and illness in the media.

There have been only a few studies on the impact that negative public perceptions of mental illness may have on government policies. But sufficient evidence exists to indicate that if the public considers people with mental illnesses to be violent and/or unable to care for themselves, government policies and resulting legislation will look more toward containment and control than toward recovery and community living (Coverdale, Nairn, & Claasen, 2002). If
public perception of mental illness is based on negative and false images perpetuated by the media, there is a danger that government responses to systems and people in the mental health field will also be based on these false realities, rather than on the true needs and issues of people suffering from mental illness (Cutcliffe & Hannigan, 2001; Rose 1998).

This review highlights studies that provide evidence to support the following four hypotheses:

1. The mass media are a primary source of public information about mental illness;
2. Media representations of mental illness promote false and negative images and stereotypes;
3. Negative portrayals have an impact on individuals living with mental illness; and
4. There is a connection between negative media portrayals of mental illness and the public’s negative attitudes toward people with mental health issues.

A considerable amount has been written in recent years about the portrayal of mental health and illness in the media. The overwhelming conclusion from this body of literature is that mental illness is portrayed negatively in the mass media, with much of the media focusing on associating mental illness with violence. The majority of the literature focuses on the negative aspect of media portrayal, and the impact this may have on public attitudes towards people with mental illness. In much of the literature it is stated that the negative portrayal of mental illness by the media contributes to the stigma surrounding mental illness, and to negative public attitudes towards mental health issues.

The literature in this area consists of descriptive studies which generally investigate both the extent and the nature of media portrayal of mental health and illness by using qualitative and quantitative analysis methods. The literature
can be separated into studies which look at the portrayal in the news media, and those which focus on fictional portrayal in the entertainment media, mostly in television or film. For the purpose of this chapter, the terms “media” and “mass media” refer to films. The term mental illness refers to depression, manic depression, personality disorder, dissociative identity disorder and schizophrenia, of which the symptoms include hearing voices, delusions, prolonged mood swings and paranoia.

2.2 The Mass Media as a Primary Source of Public Information on Mental Illness

Broadcast media and the press are perhaps the two most influential sources of information, providing us with both opinion and a view into many different worlds which reach far beyond our immediate circumstances. Mentally ill people and their organisations have been drawing attention to the connection between mentally ill imagery, the media and discrimination since at least the 1960s.

Considerable research has concluded that the media are the public’s most significant source of information about mental illness (Coverdale et al., 2001 [citing Borinstein, 1992; Kalafatelis & Dowden, 1997; Philo, 1994]. Fiske (1987, cited in Rose, 1998) argues that television is the most powerful medium for framing public consciousness. Cutcliffe and Hannigan (2001) further state that rarely does a week go by without a reference to mental illness in the mass media. One study found that media representations of mental illness are so powerful that they can override people’s own personal experiences in relation to how they view mental illness (Philo, 1996, cited in Rose, 1998).

According to the research conducted by myself by means of sending out questionnaires, the public gathers its information about mentally ill people and about mental illness as follow:
**POPULAR SOURCE OF INFORMATION ABOUT MENTAL ILLNES**

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>TV Newsmagazine Shows</td>
<td>60%</td>
</tr>
<tr>
<td>Newspapers</td>
<td>58%</td>
</tr>
<tr>
<td>TV News</td>
<td>51%</td>
</tr>
<tr>
<td>News Magazines</td>
<td>30%</td>
</tr>
<tr>
<td>TV Talk Shows</td>
<td>25%</td>
</tr>
<tr>
<td>Radio News</td>
<td>20%</td>
</tr>
<tr>
<td>Other Magazines</td>
<td>20%</td>
</tr>
<tr>
<td>Internet</td>
<td>25%</td>
</tr>
<tr>
<td>Non-Fiction Books</td>
<td>19%</td>
</tr>
<tr>
<td>Talk Shows on Radio</td>
<td>15%</td>
</tr>
<tr>
<td>Women’s Magazines</td>
<td>13%</td>
</tr>
<tr>
<td>Entertainment Media (Film)</td>
<td>85%</td>
</tr>
</tbody>
</table>

2.3 Media Representations of Mental Illness Promote False and Negative Images and Stereotypes

Stereotype assumptions about mentally ill people are based on superstition, myths and beliefs from earlier less enlightened times. They are inherent to our culture and persist partly because they are constantly reproduced through the communications media. We learn about mental illness through the media and in the same way that racist or sexist attitudes, whether implicit or explicit, are acquired through the 'normal' learning process; so too are negative assumptions about mentally ill people.

The media can play an influential role in shaping people’s attitudes about the world they live in and about the individuals who inhabit the world with them. While a number of methodological issues are apparent, studies of entertainment media have shown that media presentations of mental illness promote negative and false images and stereotypes.
2.3.1 Negative Images and Stereotypes in Entertainment Media

Wilson et al. (1999) found that the media presented predominantly negative images in their studies focusing on the portrayal of mental illness in entertainment media. Similar results were obtained in Diefenbach’s 1997 *Journal of Community Psychology* (289-302), where he states “content analysis of television programming, depictions of people with inferred psychiatric conditions or stated psychiatric diagnoses were highly correlated with the portrayal of violent crime”. Signorielli (1989, cited in Diefenbach, 1997) found that programmes overemphasised negative images and stereotypes and that 72.1% of adult characters depicted as mentally ill in prime-time television drama injured or killed others. Despite differences in sample selection and analysis techniques, the results of this study support those of Wilson et al (1999) and Diefenbach (1997), in that mental illness is portrayed negatively in prime-time television programmes. All three studies found that the portrayal of mental illness was associated with serious crime and violence.

Over the past four decades, the most common depictions of mental illness in the popular media have involved mentally ill people who are violent and criminal (Cutcliffe & Hannigan, 2001; Olstead, 2002 [citing Day & Page, 1986; Nunnally, 1961]; Wahl & Roth, 1982; Wilson et al., 1999). In popular fiction, "mental cases" commit violent crimes. On television, they are violent and murderous—both in drama and comedy shows. Slasher movies give birth to multiple sequels. Batman’s foes, the Joker and the Penguin, are "insane." Even children’s literature is rife with mentally ill villains.

Simultaneously, the recurring theme of extreme violence at the hands of mentally ill characters is the norm in mass media portrayals. Thus, asserts Rose (1998), “mental illness threatens common assumptions and behaviours in that people with psychiatric diagnoses (or those assumed to be mentally ill) are generally portrayed as unsafe, dangerous, and violent”. The media continuously generate
fear, suggesting that living with mental illness is a life shattering experience, and often deny mentally ill people the self-confidence to overcome discrimination. The media also plays on public ignorance by suggesting that mentally ill people have something wrong with them, maintaining the social barriers between the two groups.

Considerable evidence has been gathered from a variety of countries indicating that media depictions of mental illness present unrealistically negative stereotypes of people who are out of control and prone to violence. Unusually strong evidence exists to show that these images affect audiences, for the most part (though not exclusively) influencing them in the direction of the stereotypes. There is a consequent pressure on policy makers to exclude mentally ill people from participation in community life. Thus policies of psychiatric hospitals closure and community care are significantly threatened by media depictions.

The use of mentally ill characters in fictional genres, such as Hollywood movies and television dramas, has an obvious appeal for scriptwriters concerned to add excitement to a plot. A number of studies have documented the stereotyping that this involves. Winick (1978) reviewed 151 movies made during 1919-1978. In early treatments, mental illness was a convenient way of marking a character as evil. An increase in the number of films dealing with the theme occurred in the 1960s and 1970s, reflecting social changes that saw the growth of ‘counter-cultural’ influence, encouraging people’s interest in extremes of human behaviour and involving a growing interest in psychology in general. Winick’s content analysis of movies reveals that these over-represented certain symptoms and conditions in relation to their epidemiological prevalence. ‘Senile psychosis’, for example, was never portrayed while schizophrenia and psychosis involving a proclivity to violence were common. Many plots involved the criminal activities of mentally ill people, but in the 1960s a somewhat less negative set of associations developed as the American public took an increasing interest in psychotherapy, and characters with neuroses and emotional difficulties were portrayed seeking
such treatment.

With movies like *One Flew Over the Cuckoo’s Nest* a degree of glamorisation of mental illness occurred, as the idea that the world was an insane place grew in popularity. A degree of glamorisation is also seen in the film *Shine*, which showed the life of pianist David Helfgott in idealised terms, to “the extent that it has attracted criticism for distorting the true facts of his life” (Wahl 1995: 94). Films such as *Taxi Driver*, while sympathetic to the mentally ill chief character, nevertheless portray dangerousness and unpredictability.

The most comprehensive and revealing study of the effects of stigmatising portrayals of mental illness is reported by Philo (1996; Philo et al., 1994; Philo & Secker, 1999), in a UK study which is exemplary in including an analysis of the process that produces images, the messages of the images themselves and their effects on a variety of audiences. Covering a variety of media – print and broadcast, fictional, news and current affairs – in 1993, the analysis of media content demonstrated an overwhelming “association of mental illness with violence, largely involving harm done to others (sixty-six per cent of all 562 items), but also including depictions of self-harm (thirteen per cent of items), with eighteen per cent of items being judged sympathetic to mentally ill people and two per cent involving parody of mental conditions” (Philo et al. 1993: 75).

“Despite what is portrayed in the mass media, people with a mental illness are no more likely to be violent than others in the general community, unless they are under the influence of drugs or alcohol, yet it is the public perception that people with a mental illness are the group more likely to be violent” (Liddle 2005: 29). This is arguably the most damaging stereotype faced by people living with a mental illness.
2.4 Commonly Depicted Stereotypes and Images of Mental Illness

There are stereotypes of those with mental illness as behaving in bizarre ways, being unkept and dirty, and being dangerous to be around. Those with depression are often further labelled as "lazy" or "malingering".

Hyler (1993: 34-41) describes a variety of stereotypes of mental disturbances. Some of the stereotypical depictions of people with mental illness include the following: ‘homicidal maniac,’ ‘rebellious free spirit,’ ‘female seductress,’ narcissistic parasite,’ ‘mad scientists,’ ‘sly manipulator,’ helpless and depressed female,’ ‘enlightened member of society’ and ‘comedic relief. Examples of the ‘rebellious free spirit’ stereotype were found in films including *One Flew over the Cuckoo’s Nest* (1975) and *The Escaped Lunatic* (1904). These films portrayed psychiatric patients who were ‘free spirits’ and who attempted to escape from an institution. The ‘homicidal maniac’ stereotype was exemplified in the 1909 film in *The Maniac Cook*, and more recently in films such as *Psycho* (1960) and *Halloween* (1978), where characters with a mental illness were portrayed as violent and dangerous, and often as serial killers. Examples of ‘the female patient as seductress’ stereotype were described in films such as *Lilith* (1964) and *Dressed to Kill* (1980). These films portrayed female psychiatric patients as ‘nymphomaniacs’ attempting to seduce their male therapists.

The ‘enlightened member of society’ stereotype conveys the view that those with a mental illness are actually more enlightened than the rest of society. An example of this was found in the film *King of Hearts* (1969), where the patients at an asylum in a small town were shown to be more benevolent and ‘fun-loving’ than the rest of the townspeople. The ‘narcissistic parasite’ stereotype portrays psychiatric patients as self-centred and attention seeking, and examples are the comedy films *Annie Hall* (1977) and *High Anxiety* (1977). The final stereotype of ‘zoo specimen’ was described by the authors as a ‘dehumanised’ mental patient, used for scientific observation. Examples of this stereotype were found in films
including *Bedlam* (1946) and *Zelig* (1983). All of these may serve to designate such people as the ‘Other’, usually in a negative, threatening fashion. (See Appendix A for a list of films that fall into one or more of these categories.)

Such characters have no identity outside of their stereotypical ‘crazy’ behaviour, and are primarily identified by an inferred mental illness. The media further often stereotypes individuals with mental illness as being violent, out of control, not responsible enough to take care of themselves and needing to be ‘forced to take medication’ so that the public is not at risk. When mental illness or behaviours commonly associated with mental illness are presented as a character’s main personality traits, to the exclusion of any other characteristics, the illness or behaviour becomes the only way of defining that person and the main point of the story. In such a one-dimensional depiction, people with mental illness become less than fully human: the mental illness becomes an enveloping identity. “This is a growing misconception that reinforces in the public’s mind that those with mental illness are to be ‘feared’” (Simpson 2000: 31). Following are some of the stereotypes associated with the mentally ill.

2.4.1 Violence and Criminality in Entertainment Media

Over the past five decades, the most common depictions of mental illness in the popular media have involved mentally ill people who are violent and criminal. Psychosis is portrayed on television, as well as generally in the media, as an unclassifiable experience, and one that poses a threat. Mental illness is depicted as resisting clear meaning, and thus as incomprehensible, unpredictable, and unstable. Simultaneously, the recurring theme of extreme violence at the hands of mentally ill characters is the norm in mass media portrayals. Thus, asserts Rose (1998: 49), “mental illness threatens common assumptions and behaviours in that people with psychiatric diagnoses (or those assumed to be mentally ill) are generally portrayed as unsafe, dangerous, and violent.”
2.4.2 The Mentally Ill Person as Sinister and Evil

This is one of the most persistent stereotypes and a major obstacle to mentally ill people’s successful integration into the community. The depiction of the mentally ill as essentially evil has been a particular favourite among filmmakers. The list of films that connect impairment to wickedness and villainy is virtually endless. *Dr Jekyll and Mr Hyde* symbolises the stark contrast between goodness and evil; the former is straight backed, handsome and virtuous while the latter is hunched, ugly and ‘mad’.

People who experience emotional distress are frequently depicted in this way on television. Consider for example the series *The Bill*, in which a young man, Mark, described as schizophrenic was arrested for disturbing the peace after smashing up his parents’ home. Mark was portrayed as confused, unpredictable and violently aggressive; someone who had terrorised his parents for years to the extent that his father no longer lived at home. The show’s final scene depicted Mark’s mother begging a policewoman for Mark to be put into a psychiatric hospital because she was unable to cope. Whilst the cause of Mark’s problems was never fully explained in the programme, hospitalisation was presented as the only rational solution.

2.4.3 The Mentally Ill Person as Simple-Minded and Childlike

Mentally ill characters are depicted negatively as simple, or lacking in comprehension and appearing lost, confused, helpless, unpredictable, unproductive, asocial, vulnerable, dangerous to self or others because of incompetent behaviours, untrustworthy, social outcasts, and typically spoke with grammatically simple language and in a childish voice (Wilson et al. 1999: 38). They were almost always poor and/or homeless and were being held by police for a crime about which they had little recall or understanding of having committed.
2.4.4 Depictions of Practitioners, Treatments, and Facilities

Entrenched prejudices against those with mental illnesses are often aided by negative and stereotypical images of psychiatrists, mental health treatments, and mental health facilities. Guimón (cited in Freeman et al. 2001: 60) asserts that the “media present inaccurate and unflattering stereotypes of the psychiatric profession that misinform the public and undermine the credibility of mental health care practitioners.”

Citing Glen Gabbard, author of Psychiatry and the Cinema, Grinfeld (1998) adds that since the mid-1960s, only three films portrayed therapists sympathetically (Good Will Hunting, 1997; Ordinary People, 1980; and I Never Promised You a Rose Garden, 1977). In every other instance, mental health practitioners were portrayed in one or more of the following ways: neurotic, unable to maintain professional boundaries, drug- or alcohol-addicted, rigid, controlling, ineffectual, mentally ill themselves, comically inept, uncaring, self-absorbed, having ulterior motives, easily tricked and manipulated, foolish, and idiotic. Take for example Woody Allen’s, Deconstructing Harry, where Kirstie Alley plays the role of a psychiatrist, one whose boundary breaches and neurotic emotional state are typical of the way psychiatrists are often portrayed in the media.

“Such portrayals reinforce the idea that helping others is an unworthy vocation requiring little skill or expertise. Depictions of mental health professionals as exploitative, mentally unstable, and unethical may do irreparable harm to people who are already hesitant to seek treatment, by making the prospect of getting help appear frightening and the help itself appear likely to be ineffective” (Freeman et al., 2001; Healthweek, 2003).

2.4.5 Object of Ridicule in Entertainment Media

Laughing at disability is not new; mentally ill people have been a source of
amusement for non-mentally ill people for centuries. “Along with other so-called timeless universals of ‘popular’ humour – foreigners, women and the clergy – Elizabethan joke books were full of jokes about people with every type of mental illness imaginable. During the seventeenth and eighteenth centuries keeping ‘idiots’ as objects of humour was common among those who had the money to do so, and visits to ‘mental’ institutions were a typical form of entertainment for the ‘able but ignorant’” (Wahl 2001: 29). While such thoughtless behaviour might be expected in earlier less enlightened times making fun of mentally ill people is as prevalent now as it was then. Today the mockery of mentally ill people is a major feature of many comedy films and television shows.

The negative implications for mentally ill people of this type of abuse should not be underestimated. On the one hand, it seriously undermines what little opportunities they have to be taken seriously by the non-mentally ill society. On the other hand, it has the capacity to weaken their self-confidence and esteem.

Of course some people might suggest that all sections of the community are sometimes the butt of popular humour and that mentally ill people cannot and should not expect to be excluded from it. But being mocked publicly is only acceptable if the negative images which ensue can be offset against positive ones, or if those being ridiculed are able to defend themselves should they choose to. At present there are virtually no positive images of mentally ill people in the media, and mentally ill people do not have the resources or a legal framework within which to fight this type of discrimination.

2.4.6 Social Outcast and Drain on Society in Entertainment Media

In film, there is an emphasis on people with mental illness as separate from the general fabric of society. They are often portrayed as unemployed, homeless, and without family or friends, roots or history. Olstead (2002: 625) describes this as “lacking in markers of social identity,” and argues that “representing people
with mental illness in this one-dimensional light supports a depiction of such individuals as subhuman. When mental illness is presented as an individual’s only characteristic, that person becomes defined by the illness in totality, thus becoming inherently different from others.”

This stereotype is connected to the view that people with mental illness are helpless and must be ‘cared’ for by non-mentally ill people. It fails to recognise that with appropriate support mentally ill people are able to achieve the same level of autonomy and independence as non-mentally ill people. It comes from the notion that mentally ill people’s needs are profoundly different to those of the non-mentally ill public and that meeting those needs is an unacceptable drain on society’s resources.

People with mental illness are rarely shown as integral and productive members of the community; as students, as teachers, as part of the work force or as parents. The absence of such portrayals feeds the notion that mentally ill people are inferior human beings who should be segregated. It is also the case that when the portrayal of mentally ill people are compared and contrasted with depictions of non-mentally ill people they are of significantly lower status. They are less likely to be professionals or white-collar workers. Moreover, their lowly status is lowered further by the patronising attitudes and behaviour of non-mentally ill characters. This view reinforces the notion that mentally ill people are helpless, pitiable and unable to function without protection.

The common association of mental illness and homelessness, without a broader discussion of the systemic issues that lead to homelessness, perpetuates the impression that most people with mental illness are dependent on others. This view maintains the idea that individuals with a psychiatric diagnosis are incapable of being productive members of society and are a drain on community resources.
2.4.7 Victim to Perpetrator in Entertainment Media

Wilson et al. (1999) found in their analyses of entertainment media that 65% of characters with mental illness were portrayed as helpless, unable to control their lives, and dictated to by the will of others. These characters were commonly subjected to harassment, false accusations, manipulation, or exclusion due to their mental illness. Although originally shown as victims of verbal and/or physical abuse, when pushed ‘too far,’ they became dangerously aggressive and even violent, thus shifting from the victim to the perpetrator.

2.4.8 Sympathetic but Inaccurate Representations

Negative and inaccurate stereotypes do the most damage. But positive, yet inaccurate depictions can also be harmful. In such cases, although the character may be presented in a sympathetic way, the inaccurate depiction does nothing to further the public’s education. Instead, it hinders their understanding of mental illness and of people living with psychiatric diagnoses.

In his book Media Madness: Public Images of Mental Illness, Wahl (1995: 84) states “inaccurate information in the media about mental illness (even if the portrayal of the character is positive) results in misunderstandings regarding various mental illnesses and can have considerable practical consequences. Inaccurate depictions of, for example, schizophrenia (which is often confused in the media with multiple personality disorder) can lead to false beliefs, confusion, conflict, and a delay in receiving treatment.” Family members whose relative does not exhibit symptoms similar to what they have seen portrayed in the media (symptoms that they believe to be a true representation of schizophrenia) may be confused and may lose confidence in the diagnosing clinician.
2.4.9 General Classifications of Mental Illnesses

Specific diagnoses of a mental illness are commonly omitted when the media portrays an individual or fictional character with mental illness. When the media present a description of an individual or fictional character specific diagnoses of mental illness are commonly omitted. Rather, people are described in broad strokes as being a “psychiatric patient,” “mentally ill,” or “just crazy.”

It has been argued that in the absence of a clear diagnosis, audiences are left to generalise from one particular description of behaviours to all people with mental illness (Coverdale et al. 2002: 23; Wilson et al. 1999: 47). The likelihood of such generalisations is high, based on the general public’s pre-existing views of mental illness and the ways in which the media usually depict people with mental illness. Coverdale et al. (2002: 27) claim that “such generalisations, and subsequent stigmatisation, can be diminished through an illustration of specific psychiatric diagnosis, as well as by ensuring the relevance of such diagnoses to a reported incident.”

2.5 The Language of Mental Illness

Society’s misconceptions about mentally ill people are constantly being reinforced by disabling terms like ‘psycho’, ‘idiot’ and ‘nuts’. Of course there is nothing inherently wrong with these terms; it is simply that their meaning has been substantially devalued by societal perceptions of mentally ill people; in short they have been turned into terms of abuse. Their continued use contributes significantly to the negative self-image of mentally ill people and, at the same time, perpetuates discriminatory attitudes and practices among the general public.

In the same way that lesbians, gay men, black people, members of minority ethnic groups and women have identified the power of language in the promotion
of heterosexuality, homophobia, racism and sexism, so too mentally ill people are sensitive to the ways in which words cultivate institutional discrimination.

### 2.6 The Impact of Negative Media Portrayals on People with Mental Illness

Public attitudes have a demonstrable effect on the degree of adjustment achieved by a mentally ill person and his or her success in society. A report by NAMI (“Stigma Busting Network and Alerts” 2001), a U.K. mental health charity, asserts that negative media coverage has a direct and harmful impact on the lives of people with mental illness. NAMI surveyed 515 people suffering from a range of disorders about their feelings regarding media coverage of mental illness. Half of the respondents said that the media coverage had a negative effect on their own mental health, and thirty-four per cent said this led directly to an increase in their depression and anxiety. A total of twenty-two per cent of the participants said they felt more withdrawn and isolated as a result of negative media coverage, and eight per cent said that such press coverage made them feel suicidal. Almost twenty-five per cent of respondents said that they noticed hostile behaviour from their neighbours due to negative newspaper and television reports. A further eleven per cent said they required additional support from mental health services due to negative press coverage, and almost twenty-five per cent of all respondents said that they had changed their minds about applying for jobs or volunteer positions due to negative media coverage (BBC News Online: Health, 2000).

Stigma can lead to discrimination and negative outcomes for people with mental illness. People with mental illness are not oblivious to their portrayal. The images they see lead to alienation, isolation, and anger. They become afraid to seek needed treatment or disclose their condition to families or co-workers. They even fear that having normal emotional reactions to treatment (like depression or anger) could be misinterpreted as symptoms. In the end, they internalise stigma: "If no one is willing to give me a chance, then I don’t deserve a chance."
2.7 Negative Media Portrayals and the Public’s Negative Attitudes

Attitudes towards the mentally ill and public recognition of the signs and symptoms of mental illness have been a subject of considerable concern and research effort for several decades. Many studies (Coverdale, Nairn, & Claasen, 2002; Olstead, 2002, and Liddle, 2005) have found a connection between negative media portrayals of mental illness and the public’s negative attitudes toward people with mental health issues. There is evidence that these pervasive negative portrayals can have harmful effects, perpetuating the stigma associated with mental illness and reducing the likelihood that those with mental illness will seek appropriate help.

Studies (Coverdale, Nairn, & Claasen, 2002; Olstead, 2002, and Liddle, 2005) that have employed surveys and focus groups to examine the sources of community attitudes towards mental illness have found that: the media in general are perceived as the root of such attitudes (over and above real-world experiences); that entertainment media may exert a more powerful influence than news media; and that those who cite electronic media as their primary source of information have less tolerant attitudes towards those with mental illness than those who cited other sources. Experimental studies (Coverdale, Nairn, & Claasen, 2002; Olstead, 2002, and Liddle, 2005) that have examined the impact of particular films on attitudes towards mental illness have found that those who view negative content are more likely to demonstrate maladaptive attitudes towards mental illness than those who do not, and that these attitudes do not dissipate over time, even in the face of more appropriate screen portrayals.

According to Liddle (2005: 49) “forty per cent of the general public associate mental illness with violence and say their beliefs are based on the media.” The findings of these studies support the notion that, for individuals who receive their information about mental illness primarily from television, the greater the amount of television viewed the less tolerant their attitudes towards people with mental
illness.

The media’s representation of people with mental illness as violent, dangerous, and unpredictable has resulted in the “mentally ill suffering societal scorn and discrimination” (Corrigan 1998: 201, cited in Hottentot, 2000). It increases stigma by perpetuating the negative attitudes that people with mental illnesses encounter and fear. “Mistaken and negative depictions perpetuate the public’s damning image of people with mental illness and sustain continued intolerance and oppression. The media teach people to fear, devalue, and distrust people with mental illness. So people who need understanding are met with rejection and isolation” (Corrigan 1998: 201, cited in Hottentot, 2000).

Research on mental illness undertaken since 1960 suggests that while attitudes towards the mentally ill have become more positive because of the fact that the general public is now in a position of “having to interact with mentally ill individuals as they move into the community on an increasing basis to take up long-term residence” (Segal 1978: 216), the basic concept of mental illness prevailing in the mind of the public still appears to be that of a serious, unpredictable, dangerous disorder. “Such erroneous and negative associations are woven so thoroughly into the fabric of the public consciousness that sensationalism need no longer occur for the public to equate mental illness with dangerousness” (Allen & Nairn, 1997, cited in Hottentot, 2000).

2.8 Limitations of the Literature

There are a number of obvious weaknesses in the literature, in both the nature and extent of current evidence. While a large number of studies have investigated the portrayal of mental health and illness in the media, it is important to note that very few considered more than one form of mass media for analysis, and certain forms of media such as radio and the Internet were not included in any of the research. In addition, while the findings of different studies tended to
support each other, there were important differences in the methods of data collection and analysis used, which makes direct comparison of findings difficult. Studies investigating whether the media were an important source of public attitudes towards mental illness were generally cross-sectional in design. This has important implications for assessing causality, as it is not possible in cross-sectional study designs to determine whether the development of attitudes was actually preceded by media exposure. A common limitation of studies which focus on attitudes is that it is often not possible to determine whether stated attitudes correlate with actual behaviour. In addition, it may be questioned whether the participants’ reported attitudes correspond with actual attitudes, or whether there is a tendency to provide what might be termed “socially desirable” responses.

Overall, the literature was lacking in discussion of relevant theoretical issues. Few studies mentioned the application of communication theory and social psychology to research into the impact of media messages on attitudes. Most of the literature in the current review has focused on attitudes towards mental health and illness. The concept of attitude formation and change is one of the most important topics in social psychology. There are a number of ways of investigating and understanding attitude development and change, with the most influential being “learning theory”, “cognitive”, “functional” and “social influence” approaches.

2.9 Conclusion

Viewers of entertainment media are frequently confronted with negative images of mental illness, and these images have a cumulative effect on the public’s perception of people with mental illness. In turn, this has consequences for people with mental illness, who experience stigma and may be less likely to seek help as a result of this collective impression of what mental illness means. There is a need for the mental health sector and the film and television industries to
collaborate to counter negative portrayals of mental illness, and to explore the potential for positive portrayals to educate and inform, as well as entertain.

It is clear from the literature that the media portrayal of mental health and mental illness tends to be negative overall. Studies of both news and entertainment media have shown, with a small number of exceptions, that media representations of mental illness promote negative images and stereotypes. It is common for the media to link mental illness with violence, and the level of this portrayal in both entertainment and news media has been shown to be inappropriately high, as there is much evidence to indicate that people with a mental illness are not significantly more likely than the general population to commit violent crime.

The literature also suggests that the media may have an important influence on public attitudes towards mental illness. In particular, negative media images can contribute to an impact on attitudes, resulting in the development of more negative beliefs about mental illness. It was found that those who cited the media as the most important source of their information and beliefs tended to have more negative attitudes towards mental illness. There is a complex relationship between mass media depictions of mental illness and the public’s understanding of mental illness.

For change to occur, accurate and positive messages and stories about mental illness and people living with psychiatric diagnoses must become more commonplace. The myth regarding the inherent connection between violence and mental illness must be revealed, and accurate information must be disseminated to the public through the media. By unmasking mental illness and the fear of disclosing it, we can move towards becoming a more tolerant and accepting society that is willing to reach out and help those in need.

The findings have important implications for both mental health professionals and the media. The attitudes of the public towards people with a mental illness are
an important factor, and it is clear that while media depiction of mental health and illness continues to promote negative images and stereotypes, public attitudes will not improve.
3.1 Introduction

From the very beginning of time we as a human race have sought to classify not only the creatures around us, but also our fellow men (and women) into what a small number of us believes to be inferior or superior. In this 21st century, the media has achieved the unparalleled ability to shape our society. South Africa stands now as a reflection on the inaccuracies portrayed through television and cinema screens, magazine and newspaper articles, and the World Wide Web. People in general take in the images portrayed by the media and subconsciously imbibe it into their way of life. One group of individuals socially discriminated today are mentally ill people.

The entertainment media of film, television and a variety of print outlets serve many functions for people including entertainment, information, and escapism. One function less widely discussed is the formation of stereotypes for different classes of people, e.g. criminals, heroes, racial minorities and the mentally ill. Many people with serious mental illnesses are challenged doubly. On one hand, they struggle with the symptoms and disabilities that result from the illness. On the other, they are challenged by the stereotypes and prejudice that result from misconceptions about mental illness. “As a result of both, people with mental illness are robbed of the opportunities that define a quality life: good jobs, safe housing, satisfactory health care, and affiliation with a diverse group of people” (Corrigan 2001: 190). Although research has gone far to understand the impact of the illness, it has only recently begun to explain stigma in mental illness.
3.2 Stereotypes

3.2.1 The History of Stereotypes

The word “stereotype” itself comes from the conjunction of two Greek words: *stereos*, meaning “solid,” and *typos*, meaning “the mark of the blow,” or more generally “a model.” Stereotypes thus ought to refer to solid models, and indeed the initial meaning of the term in English referred to a metal plated used to print pages (Schneider 2004: 8). As Miller (1982: 9) points out, such a term is “likely to give rise to at least two connotations: rigidity and duplications or sameness. When applied to people, then, stereotypes are rigid, and they stamp all to whom they apply to with the same characteristics.” It should be noted that the actual term was used as early as 1824 (Gordon, 1962; Rudmin, 1989) to refer to “formalised behaviour, and by the early part of the 20th century it was regularly used to refer to rigid, repetitive, often rhythmic behaviour patterns” (Schroeder 1970: 12). But the most familiar use of the term refers to characteristics that we apply to others on the basis of their national, ethnic, or gender groups.

In that sense, the term was first used by the distinguished journalist and commentator Walter Lippmann in his book *Public Opinion* (1922). This term was used as a means of describing the way society set about categorising people – ‘stamping’ human beings with a set of characteristics. This was not a passing reference, either; he devoted a substantial portion of his book to a discussion of the concept. “Lippmann viewed stereotypes as general cognitive structures, and he used the term to account for errors and biases in our conceptions of the world” (Schneider 2004: 8).

Lippmann (1922: 88-89) also struck a modern theme by noting that such knowledge structures are useful:

> There is economy in this. For the attempt to see all things freshly and in detail, rather than as types and generalities, is exhausting, and among busy affairs and practically out of the question …
But modern life is hurried and multifarious, above all, physical distance separates men who are often in vital contact with each other, such as employer and employee, official and voter. There is neither time nor opportunity for intimate acquaintance. Instead we notice a trait which marks a well known type, and fill in the rest of the picture by means of the stereotypes we carry about in our heads.

These pictures in our heads are not inevitably based on experiences. Indeed, Lippmann saw them as “being driven by personality processes, functioning as rationalisations to maintain social standing. He also, however, made it perfectly clear that stereotypes are not, for that reason, inevitably false” (Schneider 2004: 9). Perhaps the most remarkable features of Lippmann’s treatment are the ways in which he anticipated much of what we now take to be the modern perspective on the topic, despite his lack of training in social science and psychology.

A stereotype is a generalisation about a person or group of persons. We develop stereotypes when we are unable or unwilling to obtain all of the information we would need to make fair judgments about people or situations. In the absence of the “total picture,” stereotypes in many cases allow us to “fill in the blanks.” Our society often innocently creates and perpetuates stereotypes, but these stereotypes often lead to unfair discrimination and persecution when the stereotype is unfavourable. Quite often, we have stereotypes about persons who are members of groups with which we have not had firsthand contact.

Several important characteristics of stereotypes are:

1. A stereotype is a standardised conception or image of a specific group of people or objects. Stereotypes force a “simple pattern upon a complex mass and assign a limited number of characteristics to all members of a group” (Schneider 2004: 12). Stereotypes are qualities perceived to be associated with particular groups or categories of people. “The definition does not place limitations on what these features might be; they could be traits, expected behaviours, physical
features, roles, attitudes, beliefs, or almost any other qualities” (Schneider 2004: 12). While we commonly use the term as it is applied to human beings, it is quite possible to stereotype objects as well.

2. The standardised conception is held in common by members of a group. Popular stereotypes are “images which are shared by those who hold a common cultural mindset – they are the way a culture, or significant sub-group within that culture, defines and labels a specific group of people” (Schneider 2004: 12). All of us have many narrow images of people, places, or things which are unique to our personal outlook.

3. Stereotypes are direct expressions of beliefs and values. A stereotype is a “valuable tool in the analyses of popular culture because once the stereotype has been identified and defined, it automatically provides us with an important and revealing expression of otherwise hidden beliefs and values. This means that stereotypes are especially useful in tracing the evolution of popular thought” (Nachbar & Lause 1992: 239).

Stereotypes are beliefs, and as such they are likely to have complex relationships with other important beliefs (Abelson 1988: 97). Beliefs have certain coherence, and there are abundant data to show that stereotypes are related to other political and cultural beliefs. There are two major implications.

The first is that beliefs about groups of people are likely to be learned as a part of a cognitive package that includes beliefs about political, religious, and cultural matter. Second, it means that some stereotypes are going to be easier for people to learn, just because they have so many connections to everything else. Belief structures are so complex that they have eluded our best efforts to understand them. However, if we take the time to listen to people, even people whose beliefs we abhor, we find that they generally have a fairly detailed and often sophisticated logic to their belief systems. (Schneider 2004: 364-365)

Despite the fact that stereotyping is a natural method of classification and despite
the fact that stereotyping has some useful functions under certain circumstances, all too often stereotypes are the festering rot in the South African mindset. Common stereotypes directly reflect our beliefs, and like other more pleasant beliefs, we must understand them if we are to understand ourselves.

3.2.2 The Uses of Stereotypes

Stereotyping is a natural function of the human/cultural mind and is therefore morally in and of itself. “A culture, however, endorses moral or immoral actions based upon the beliefs and assumptions implicit in the simplifying stereotype, and every culture seeks to simplify a complex reality so that it can better determine how best to act in any given circumstance” (Nachbar & Lause 1992: 240). Even though stereotypes are useful conventions in popular storytelling, this does not mean that we can ignore them as examples of significant cultural beliefs and values. Stereotypes in imaginary, created worlds are often valuable indicators of attitudes and feelings which are very real – “beliefs and values held quite deeply and sincerely by the audience, not merely by the author” (Nachbar & Lause 1992: 240).

Yes, stereotypes simplify. But in some ways they also enrich our mental lives (Hirschfeld 2001: 43). By being able to place a person in a particular group, we can draw on a rich mix of theoretical and empirically based knowledge about his/her behaviour and why he/she does the things he/she does. We divide the social world into categories not because we lack cognitive capacity, but because we want to create meaningful partitions of this world – ones that will facilitate our behaviour.

“Stereotypes are frequently negative, and because a culture bases its actions upon beliefs and values which characterise the cultural mindset, negative stereotypes can be associated with actions of an exceedingly negative, harmful nature – ugly emotions and even worse behaviour” (Giorgianni 2004: 66).
Stereotypes make reality easier to deal with because they simplify the complexities that make people unique, and this simplification reflects important beliefs and values as well. Stereotypes encourage people to act like the images a culture already has of them and to thereby fulfill their proper social roles. In other words, stereotypes encourage people to internalise a cultural image, as their goal – a task which may be convenient for the culture (and especially for the power structure status quo) but this proves to be both impossible and damaging to the individuals being asked to mold themselves in such a narrow manner.

(Nachbar & Lause 1992: 241)

Stereotypes also evolve out of fear of persons from minority groups. For example, many people have the view of a person with mental illness as someone who is violence-prone. This conflicts with statistical data, which indicate that persons with mental illnesses tend to be no more prone to violence than the general population.

One of the strongest operating factors that influence our perceptions of other people is stereotyping. Today speaking from a “perceptual point of view, a stereotype is the mental picture we form, and the corresponding behaviour we display, when we classify something or someone according to a general type, instead of attending to the specific characteristics of an individual example of that type” (Ellis & McClintock, 1990: 21). Therefore, our preconceived generalisations about certain groups of people tend to obstruct shared meaning when we communicate with individual members of those groups. Stereotypes strongly affect our communication.

3.3 Stigma

3.3.1 Understanding Stigma about Health

Although we certainly have stereotypes of groups that are positive, we seem to
reserve our strongest stereotypes for groups we do not like. Perhaps this occurs for the most obvious reasons: When we dislike certain groups, we are motivated to stereotype them in ways that give our negative affect a cognitive foundation or rationalisation. “We can dislike almost any group, but we have a cultural warrant for selecting certain groups as especially deserving of our disdain. Such groups are called ‘stigmatised’ groups” (Schneider 2004: 474). A ‘stigma’ can be defined as “an attribute or characteristic that conveys a social identity that is devalued in a particular context” (Crocket, Major, & Steele, 1998: 505). Note that this definition is quite broad and would include such conditions as cancer, AIDS, homelessness, mental illness, facial scarring, blindness, use of a wheelchair, obesity, or even tattoos and facial piercing.

Stigma (plural, stigmata) is a Greek word that in its origins referred to a kind of tattoo mark that was cut or burned into the skin of criminals, slaves, or traitors in order to visibly identify them as blemished or morally polluted persons. These individuals were to be avoided or shunned, particularly in public places. The word was later applied to other personal attributes that are considered shameful or discrediting.

Stigma is the English world most commonly used to describe the knee-jerk reactions of others and social distancing of an individual who has a discredited disease, condition, or illness. Stigma is classically defined as “an attribute that is deeply discrediting” (Giorgianni 2004: 4). Stigma is being recognised as “a powerful negative force that adds enormously to the burden of people who are coping with illness, often tipping the balance away from recovery. Individuals with stigmatised illnesses face the same challenges as anyone who is ill – and more, in the rejection and disdain they receive and perceive from others” (Giorgianni 2004: 4).

Stigma towards those with mental illnesses is often manifested through language, actions, and negative portrayals in the media. The stigma associated with all
forms of mental illnesses is strong but generally increases the more an individual’s behaviour differs from that of the accepted ‘norm’. The effects of stigma on those with mental illnesses can be extremely devastating, and may result in depression, low self-esteem, social anxiety, and suicide.

Beyond any definition, stigma has become a marker for adverse experiences such as shame, blame, secrecy, isolation, social exclusion, stereotypes and discrimination.

3.3.2 Accepting Those With Illness?

While compassion and acceptance of people with illnesses is often professed, all too often those with some illness have been shunned, isolated, or even subject to violence, as evidenced by the historical examples of people with syphilis, tuberculosis, or leprosy. Similarly, other human attributes and conditions are subject to disdain. “Even today, in both developed and developing countries, people with a stigmatised condition are caught in a terrific squeeze between their own shame and society’s disapproval, in a way that significantly affects their lives and diminishes their opportunities” (Giorgianni 2004: 5). Although its full effects are still being described and calculated, "stigma also profoundly affects successful health care in that it leads to delayed diagnoses, poor adherence to treatment regiments, and stress that undermines health further” (Giorgianni 2004: 5). According to Byrne J. (1997: 621), PhD of Harvard Medical School, in many ways “people with a stigmatised illness face problems on two fronts: the disease itself, and the shame and prejudice that come with the diagnosis.”

Those with stigmatised diseases, conditions, and illnesses are seen through the lens of a negative stereotype that disregards individual strengths and makes the person less worthy of respect in the eyes of others. But stigma is not only about the distorted image of a disparaging attitude toward people with these problems. It is also about the way they are excluded from the resources they need to recover. The effects of stigma are felt in one-on-one
encounters, but also reverberate in all the patient's social contexts: family and households, religious institutions, workplaces, schools, health care facilities, neighbourhoods, communities, and even legal and government policies.

(Giorgianni 2004: 6)

It is likely that the perceived origins of stigma play a major role in how we react to people so labelled. Perhaps the most important element is whether the person is seen as responsible for the stigma. Some conditions (such as obesity, a criminal record, or homosexuality) are generally seen, fairly or not, as matters of choice, and people who suffer from other conditions (such as mental illness) are seen as at least partially responsible for their condition. We are particularly likely to devalue those whom we think have some responsibility for or control over their condition.

3.3.3 The Components of Stigma

Stigma occurs when four elements – labelling, stereotyping, status loss, and discrimination – combine in a power situation that allows them to unfold as follows:

1. A condition that elicits a reaction of fear or disgust.
2. Identifying and labelling the group that has this condition (stereotyping).
3. Assignment of stigma to this group, and defining the group as “them” and not “us” and deviant.
4. Development of a response to the stigmatised person or group that communicates disapproval and results in discrimination or loss of status.

(Link BG, Phelan JC. 2001: 363-385)

The word stigma has evolved to mean more than just a mark of difference. According to Dr. Byrne’s (1997: 620) view, “Stigma is a prejudice based on stereotypes resulting in discrimination.” Dr. Byrne (1997: 620) furthermore states that “stigma is the real or perceived negative ramification on life and health
for an individual who has a specific attribute to which that society apportions shame and which is not justifiable or evidence based. Stigma is a social process of exclusion, rejection, blame, or devaluation that results from and adverse social judgment.”

Goffman (1963: 35) commented that the difference between normal and a stigmatised person is a question of perspective, not reality. “Stereotypes are about selective perceptions that place people in categories, exaggerating differences between groups (‘them and us’) in order to obscure differences within groups” (Townsend 1979: 211). The media perpetuate stigma, giving the public narrowly focused stories based around stereotypes.

In cinema and television, mental illness is the substrate for comedy, more usually laughing at than laughing with the characters (Byrne 1997: 619). As part of the ‘them and us’ strategy, mental illnesses have also been conferred with highly charged negative connotations of self-infliction, an excuse for laziness and criminality.

But the real problem with the world stigma is that it focuses on what is wrong with the people – their discrediting mark – rather than what is wrong with the way they are treated – the prejudice and discrimination.

3.3.4 Outside Rejection, Inside Shame

External stigma (how others act toward the person) can lead to internalised stigma (low self-regard and anticipation of negative responses). “The range of experiences for those with stigmatised illnesses can extend from feelings of alienation, to a sense of unworthiness that affects everything they do” (Giorgianni 2004: 6). Social psychologists talk of the “looking glass self” – how we see ourselves depends on how we think others see us.
3.3.5 Stigma Leads to Concealment

The proportion of all people with diagnosable mental illness who do not seek treatment for their symptoms is estimated to be nearly 2 out of 3. (Giorgianni 2004: 7). Further, families conspire to hide these symptoms. Half of parents and spouses reported making efforts to conceal a hospitalisation for mental illness.

Concealability is important, because immediately available cues allow for ready categorisation and often affect how much information we have about stigmatised individuals. If we avoid people we can easily identify as stigmatised, then we will not get to know them as individuals, and our stereotypes are likely to remain intact. By contrast, we may learn a fair amount about a given person before we discover that he or she has a hidden stigma, and knowledge of the stigma at that point may make little difference in our impressions of the person.

(Schneider 2004: 475)

Some conditions, such as inability to walk, facial disfigurement, and speech impediments, are usually readily apparent to anyone who interacts with the stigmatised target. On the other hand, conditions such as a history of mental illness, a prison record, or homosexuality can be readily concealed. Mild mental retardation and many physical illnesses are potentially observable, but only after some inspection of or knowledge about the target persons.

“To conceal the problem, stigma leads to secretive behaviour and social isolation, with the family avoiding interactions with anyone who may make them confront the condition. The family will first attempt to deal with the person with mental illness in the home. They will do almost anything, until the illness is too severe to be managed in hiding” (Byrne 2000: 69). Even when they seek care, they underreport the severity or downplay the symptoms.

“Stigma is a very real barrier to recovery” (Byrne 2000: 66). Even after patients have disclosed their symptoms and received a diagnosis, some individuals with
stigmatising condition, such as epilepsy or depression, for example, may seek to distance themselves from the stigmatising label by avoiding their providers or by becoming noncompliant with treatment regimens.

3.3.6 Stigma Affects Self-Esteem

People with stigmatised illnesses are not only battling external forces but internal ones as well. Most stigmatised people have in common the feeling that they are not as valuable as others. “The experience of having a stigmatised disease can lead to questions about one’s value as a human being and perceiving oneself to be less worthy than others” (Byrne 2000: 71). “The repercussions of feeling devalued, stereotyped, or disdained can lead to depression, anxiety, loneliness, and dissatisfaction within life – as well as a decline in self-care” (Giorgianni 2004: 10).

“The stigmatisation of mental illness is particularly profound with regard to schizophrenia. The unnecessary fear of people with schizophrenia who are taking medication and are between relapses, for example, increases the presence of guards, locked wards, and window gates” (Schneider 2004: 372). This produces very negative circumstances in treatment settings that could understandably make people want to avoid those settings. It also adds further to observers’ attitudes and concerns about being near a mentally ill person without such precautions.

According to the Fact Sheet No.218 (October 2006, Mental Health Organisation) because of stigma, persons suffering from mental illnesses are:

1. Often rejected by friends, relatives, neighbours and employers leading to aggravated feelings of rejection, loneliness and depression;
2. Often denied equal participation in family life, normal social networks, and productive employment;
3. Stigma has a detrimental effect on a mentally ill person’s recovery, ability
to find access to services, the type of treatment and level of support received and acceptance in the community;

4 Rejection of people with mental illnesses also affects the family and caretakers of the mentally ill person and leads to isolation and humiliation; and

5 A major cause of stigma associated with mental illness is the myths, misconceptions and negative stereotypes about mental illness held by many people in the community.

I will focus in particular on stigma and mental illness.

3.3.7 Stigma and Mental Illness

Mental illness is the most widely used term for those mental disorders, including the traditional ‘madness’ or ‘insanity,’ which are nowadays widely regarded as being generically linked with bodily illness. Mental illness and bodily illness are not sharply distinct. Broadly speaking, mental illness involves disturbances of higher mental functions, such as thought, belief, perception, volition, and emotion, either arising in their own right (e.g., respectively, obsessional disorder, delusion, hallucination, addiction, and depression) or operating as the causes of bodily signs and symptoms (e.g., hysterical paralysis).

(Fulford 1998: 214)

Stigma plays a negative role at every stage of mental illness: prevention, diagnosis, treatment, and outcome. Despite recent breakthroughs in the treatment of individuals with severe mental illness, lingering stigmatising attitudes hinder their full integration into society. “Damaging attitudes include that they are somehow personally responsible for their condition and its symptoms, that they are dangerous, and that their actions are unpredictable” (Biernat & Dovidio 2000: 57).

The myths about mental illness have made people uncomfortable or unwilling to interact with people who have these diseases. Byrne (2000: 71) pointed out:
Lack of social networks is in effect social exclusion – stigma. This social distancing is not just harmful to the many people with neuropsychiatric disorders; it affects health care spending on these conditions. The lack of access to mental health care in poor countries might be explained by budgets, but for middle-income and rich countries, it is the stigma.

“The less a person is isolated, the less stigma he or she encounters every day, the more integrated he or she is in society, the more the risk is reduced,” (Byrne 2000: 72). If we see a person with mental illness as a potential murderer, or likely to assault us at any time, the stigma adds to the stress of having the illness. As treatment advances “dealing with the stigma is becoming a new kind of problem as people with psychotic illnesses recover. Now that they have minimal symptoms, suddenly the issue of stigma becomes the largest problem facing them” (Biernat & Dovidio 2000: 74).

Persons with a mental illness have arguably been the most stigmatised and stereotyped group of people in history. Until comparatively recently, they have been treated with the kinds of disdain and hostility that can only be understood if we assume that they have been regarded as less than fully human. Attitudes towards the mentally ill are among the most negative for any stigmatised group, including persons with alcoholism, mental retardation, physical disabilities, or prison records.

Not surprisingly, a particular constellation of attributes is associated with mentally ill persons. Generally they are described as withdrawn, depressed, tense, unpredictable, dangerous and aggressive. The media often play up mental illness as a factor in violent crime, and negative attitudes toward mentally ill people are primed by well-publicised crimes committed by few such people. In any event, the common stereotype of mentally ill individuals as violent is exaggerated.

Several personality and demographic variables correlate with attitudes,
stereotypes and stigma about mentally ill persons. “Younger people and those with better education tend to have more favourable attitudes and stereotypes, but typically these are not strong predictors” (Morrison, de Man, & Drumheller 1994). With many negatively evaluated groups, attitudes, stereotypes and stigmas generally become more positive with more contact; as expected attitudes toward persons with mental illness are more favourable among those who have had more contact with them, although some studies (Schneider 2004: 388) show that superficial contact does not alleviate negative attitudes. Knowledge about mental illness is also associated with less negative attitudes toward the group and lessened perceptions that such persons are dangerous.

The stigma that is still attached to mental illness in the developed countries does not represent a simple or straightforward problem. Public health experts who have studied the stigmatisation of mental illness in recent years have noted that the general public’s perception of mental illness varies, depending on the nature of the disorder. The stigma related to certain types of mental illnesses has declined since the 1950s, most notably in regard to depression and anxiety disorders. It is thought that the reason for this change is that people are more likely nowadays to attribute these disorders to stress, with which most people can identify. On the other hand, the stigma associated with psychotic disorders appears to be worse than it was in the 1950s. Changes in public attitude are also reflected in age-group patterns in seeking or dropping out of treatment for mental illnesses.

In 2006, the types of mental illnesses that carried the heaviest stigma fell into the following categories (Fact Sheet No218, October 2006, World Health Organisation):

1. Disorders associated in the popular mind with violence and/or illegal activity. These include schizophrenia, mental problems associated with HIV infection, and substance abuse disorder.
2. Disorders in which the patient’s behaviour in public may embarrass family
members. These include dementia in the elderly, borderline personality disorder in adults, and the autistic spectrum disorders in children.

3 Disorders treated with medications that cause weight gain or other visible side effects.

3.4 Battling Stigma

Can stigmatised attitudes be eliminated with education, exposure or advocacy? Elimination of stigma may not be within reach, but many experts are convinced that stigma can be attenuated. Educating people will reduce fear, and less fear will remove some of the stigma. Another form of stigma-reducing education is to show that some diseases, epilepsy for example, have physical causes beyond any kind of misbehaviour.

There are several ways to fight stigma (Fact Sheet No218, October 2006, World Health Organisation):

1. Watch your language. Certain words can be extremely offensive and have negative connotations to those who suffer from a serious mental illness. Using negative terms in regards to people with mental illnesses robs them of their individuality and reduces them to cultural stereotypes. One must be extremely sensitive and careful when addressing those with mental illnesses.

2. Watch your behaviour. The majority of those with mental illnesses are regular people who just happen to have biological and chemical dysfunctions of the brain. They have family and friends, jobs, homes, interests, hobbies, likes and dislikes as much as everybody else does. Do not treat them any differently than you would treat anybody without a mental illness.

3. Get educated. Stigma and negative stereotypes can be reduced by learning more about mental illnesses, their symptoms, and the various ways that they can
be treated. Educate yourself about mental illness through the use of research, on-line resources, and contact with mental health professionals. Interact directly with those who have been diagnosed with a mental illness and try to understand what that person is struggling with. It is quite possible that you may already know somebody with a mental illness, such as a family member, friend, or co-worker, so try to understand and sympathise what with that person is going through.

4. Get involved. There are many things that you can do to take action in the fight against stigma. Speak up against negative media portrayals and stereotypes through the use of protests, letter-writing, public events, and advocacy. Do your best to educate others about the negative effects of stigma on those with mental illnesses.

Some things about human behaviour are so embedded in our nature that they are resistant to change. Stigma about health differences will be difficult to eliminate. “But stigma can be attenuated. Where misconceptions exist – such as the link between dangerousness and mental illness – education is appropriate. Reducing the amplification of these misperceptions in the media can also reduce stigma. Stigma can be addressed in health care, by improving access to care that is sensitive and free of bias” (Giorgianni 2004: 11).
CHAPTER 4
STEREOTYPES PORTRAYED BY MASS MEDIA

4.1 Method

4.1.1 Qualitative Study

This chapter will outline some of the principal characteristics of the representation of mental illness in film in order to suggest that there is evidence that the portrayal of mental illness is mainly negative. The focus will be on the description of selected films related to mental illness.

4.1.2 Procedure

To identify, evaluate and interpret the available stereotypes portrayed by mass media and to identify the dominant messages about people with mental illness presented in mass entertainment media, I will especially focus on theatrically released films and English language films. My selection is further restricted to those films in which an attempt to understand the mental condition of the protagonist either forms a major component of the diegesis or is an implicit aspect of the positioning of the spectator with respect to the diegetic material.

4.1.3 Analysis

The findings from the individual films were amalgamated, in order to put together conclusions about the overall body of the evidence relating to the negative representation of mental illness and the mentally ill in entertainment media. Selected films were also looked at according to Hyler’s categories of negative stereotypes. I argue that in Hollywood films mental illness is extricated from its concrete manifestation as a biological or mental condition and treated as a cultural sign. I do not claim that all films involving mentally ill characters portray
mental illness in a negative way. I have chosen only popular films, because they offer a greater contribution to the perceptions and opinions of many viewers.

4.1.4 Result

Entertainment media are an influential and largely non-cognitive source of information and emotionally arousing imagery. Films adhere more to the demands of dramatic license than to the accurate portrayals of mental illness. It is not surprising then, that the research shows that the mass media are highly influential in the formation of stereotypes of the mentally ill and that these stereotypes tend to be skewed toward inaccurate and negative characterisations.

The overwhelming conclusion from the research is that mental illness is portrayed negatively in entertainment media. The characters’ unpleasant and aggressive behaviours were presented as being caused by mental illness. A number of themes also presented characters with mental illness as abnormal, and as members of an inferior group. While a number of methodological issues are apparent, the research of entertainment media shows that media presentations of mental illness promote negative images and stereotypes. In particular, there was found to be a strong link between mental illness and violence in media images.

4.2 Discussion

For almost a century, the profession of psychiatry and many of its associated practices have been depicted in motion pictures produced throughout the world. It is a popular subject among filmmakers and their audiences as it tends to provide exciting and compelling opportunities to portray a struggle feared by most of humanity, namely, to retain or restore one’s sense of self and thus be able to control one’s own thoughts and actions.
Cinema’s fascination with modern psychiatry has been intense, with the two fields emerging at about the same time – movies were first demonstrated publicly by the Lumière brothers, Edison and others in 1895, the same year that Freud wrote *Project for a scientific psychology*, the prototype of his later theories (Schneider 2004: 615).

Mental illness or instability has been a traditionally misconceived and demonised phenomenon. Stereotypes of ‘madness’ are powerful and deeply rooted within Western culture. The mass audience has tended to view such individuals and institutions in a particularly negative manner because of representations proffered by the foremost purveyor of mass culture, Hollywood film. Due to the powerful position of film and its ability to affect audience perception and the narrow range of diversity in terms of representations of the mentally ill and the space of the asylum itself presented to audiences, widely held stereotypes abound in the public sphere. Subsequently, discrimination and misunderstanding are as commonplace as ignorance and hostility.

Negative stereotypes of people with mental illness have a long history in Hollywood. Inaccurate portrayals have an important and underestimated effect on the perception of people with mental illnesses – by the public, legislators, families and patients themselves. The negative stereotypes have been classified by Hyler et al into the following categories (Hyler 1991: 1044-1048): ‘homicidal maniac,’ ‘narcissistic parasite,’ ‘female seductress,’ ‘rebellious free spirit,’ ‘specially gifted/enlightened member of society,’ ‘victimised/helpless/depressed patient,’ and ‘the zoo specimen.’ In this chapter I will review some of the common stereotypes seen in film and discuss several films that perpetuate such myths.

4.2.1 Homicidal Maniac

This stereotype dates back to early one-reel films. Several years before his famous *Birth of a Nation* (1915), D.W. Griffith gave the American public *The
Maniac (1909). In this film, Griffith introduced the stereotype of the ‘deranged’ mental patient who is dangerously violent and requires incarceration lest he or she wreak havoc upon society. An early film that served as a prototype for horror films, Wiene’s The Cabinet of Dr Caligari (1919), established a precedent for setting macabre murders in institutions. Like dozens of films that followed, it linked insanity and the personal lives of psychiatrists and implied that mental health professionals are all ‘a little odd.’

Later versions of this stereotype can be found in the genre of horror films that first appeared in the 1960s, such as Psycho (1960), Halloween (1978), and the Friday the 13th series (1980 and later), and continue to the present. Recently, several popular films that reinforce this stereotype have appeared. Recent films of this genre include American Psycho (2000), adapted from the controversial book of the same name by Bret Easton Ellis. Christian Bale plays Patrick Bateman, the ultimate yuppie homicidal maniac. The film never resolves whether the character is actually committing the gruesome murders or whether they exist solely in his imagination. In any event, the title and the message are that psychosis is equivalent to homicidal mania. In actuality (with certain exceptions, e.g., substance-induced psychoses), “individuals with mental disorders are not more likely to commit violent crimes than is the general population” (Byrne 2001: 85). Hollywood’s equating mental illness with violence reinforces stereotypes that commonly appear as tabloid-press headlines that focus on the violent acts of the few individuals who have a mental illness.

Evidence of the enduring effects of these themes is found in the successful and highly acclaimed film The Silence of the Lambs (1991), in which Anthony Hopkins plays a mentally deranged and cannibalistic psychiatrist. Jonathon Demme’s award winning film, The Silence of the Lambs stars Jodie Foster and Anthony Hopkins and is based on a novel by Thomas Harris. In the film, Dr Hannibal “The Cannibal” Lecter, once a respected psychiatrist, is now imprisoned for murdering several of his patients. He is approached by Clarice Starling, an FBI agent-in-
training who must gain his confidence to get him to lead her to a psychopathic serial killer nicknamed “Buffalo Bill.”

The film presents us with the characterisation of two distinctly different serial killers. The first serial killer, known as Buffalo Bill, fits nicely into our perceived notions of a killer. He is a white male, mentally ill, gender-confused, and basically ‘creepy.’ He tortures, kills, and skins women. Despite this, Buffalo Bill is not the character that holds our interest, or awakens our fears. Dr Hannibal Lecter captures our attention from the moment he appears on the screen. “He is incredibly frightening as a character, but elicits no emotions of awe or worship. We see the power in him solely in his role as a killer. This role will ultimately be taken from him by the more powerful and more interesting character of Clarise Starling. Bill does not engage our emotions. His mental illness seems to control him” (Ney 2005: 84). His illness controls him, and he is therefore weak. This is in some way reassuring to us, as Wahl notes: “Presenting mentally ill characters as different and dangerous may serve as a self-protective function. Mental illnesses are frightening conditions … Media depictions of people with mental illnesses as distinctly different from others provide a reassuring message to the public that mental illness won’t happen to them” (Wahl 1995: 75).

“As a result of Lecter that has moved from doctor to incarcerated patient, he is also an example of the all-too-permeable boundaries dividing the normal and the abnormal, health and illness, the sane and the insane, reason and delusion. These figures of transgression not only mark the disturbingly porous bounds of disability and the abnormal; they also figure mental illness as a contagion” (Ney 2005: 84). Even if it is not true that mental illness is infectious, the figure of Lecter, the former doctor turned patient, illustrates the contagious creep of stigma. The stigma of mental illness becomes associated not only with the patient, but also with doctors, caregivers, family members, and anyone who has familiar contact with mental illness.
Lecter is dangerous on one level because of the sheer physical power of his jaw: he eats his victims. But this danger is also symbolic of Lecter’s power to manipulate people through conversation, and to divine, like any good analyst, the hidden vulnerabilities and motivations of others. Lecter’s methods of revenge and his interviews with Clarice illustrate this power. For example, on one occasion Lecter stays up all night talking with a fellow psychiatric inmate, Miggs, who has offended Clarice and angered Lecter. In the morning Miggs is dead, having swallowed his tongue evidently as a result of his night time conversation with Lecter. Likewise, during his conversations with Clarice, Lecter probes into her past childhood traumas. Even in scenes that clearly do not include Lecter, the camera reinforces this psychotherapeutic vision by revealing flashbacks to Clarice’s childhood and her close relationship with her father.

We first see Lecter in a maximum-security institution, where Clarice is warned by Dr Fredrick Chilton not to touch the glass of his cell or hand him any sharp objects. He refers to Hannibal Lecter as a ‘monster’ but also a great resource in the field of psychological research. Lecter’s cell is dark and desolate, lined with old bricks, much like a prison ward. He is at the end of the long line of mentally ill prisoners, all of whom are kept alone in their desolate cells like caged animals. Lecter’s cell is dimly lit, with the one source of light directly above his head giving his face a sinister appearance. Later in the film when Lecter is transported to Memphis, his living quarters are far from what one would expect for a psychotic serial killer. Lecter is promised a “room with a view” in exchange for information on Buffalo Bill, but his temporary habitat is a large room, with Lecter’s cage in the middle. The room itself is comfortable, and we see Lecter reading. “His conversation with Clarice at this time is intensely dramatised, contrasting Lecter’s insanity, his white clothes, his deep, cold eyes, his wrinkles, his almost crouched posture with Clarice’s ‘normal’ appearance” (Rodriques 2006: 12).

*The Silence of the Lambs* has made extensive use of violence to portray the central theme of mental illness. The victims’ bodies are shown completely
decapitated, with chunks of skin missing; their nails are sometimes broken, and bits of bone line the well in which Buffalo Bill imprisons his victims prior to brutally hacking them to death. In one scene Clarice describes the state of the body of a victim in extreme detail. This scene serves, I believe, simply to increase the audience’s hatred for the villain. “Since the villain is the ‘Psychopath,’ with none of his other traits focused on, it would not be unreasonable to expect the audience to transfer that feeling of hatred or at least ill will and fear onto mentally ill people at large” (Rodriques 2006: 19). It can be argued that their crimes are equated in the minds of the audience.

Another horrifying scene in the film was Lecter’s escape from his temporary quarters in Memphis, where he is kept under the constant and direct supervision of two security guards. We see him break into a murderous rage and kill both the security guards in his holding cell. As the blood splatters his face, we see the madness take hold. Here he bites the skin of one of the guards, and a bloodstained Lecter is seen thrashing the life out of the other, while soothing instrumental music is playing in the background. Lecter moves on to crucify one of the guards and peels off the face of the other to slip it on his own and pass himself off as a wounded policeman.

In another scene “Hannibal goes into one of his crazy-man trances, his eyes seem to slide upward into his skull. Such pernicious stereotyping with all the grotesqueness bears little resemblance to real human beings. Lecter is both dehumanised by the way he is treated and by the way he behaves. It gives the impression that mental illness has the ability to take away one’s very humanity“ (Ney 2005: 85). Such distorted and formulaic images of the ‘homicidal maniac’ impoverish the lives of people diagnosed with mental illness, who are overwhelmingly not violent. The effect of such media stereotypes is to create for people identified as mentally ill a pariah status in a world made increasingly hostile to them.
A constant barrage of violence committed by mentally ill people would undoubtedly lead us to associate these people with violent acts. The book Media Madness by Dr. Otto Wahl (1995: 73) suggests that the “public’s association of mental illness with violence is not only destructive to our society but also lacks any foundation”. The book further suggests that “while some people with mental illness are dangerous, these people are extremely rare, and that mental illness alone does not account for violence by the mentally ill.

The film The Silence of the Lambs serves two purposes: it provides entertainment for its audience, but more importantly, it contributes to the way the audience will think about mental illness after watching the film. The use of excessive violence in the film can influence some people to believe that the mentally ill are indeed violent and not human.

4.2.2 Female Patient as Seductress

Since their earlier years, the Batman series has been intensely psychological. Over the years plotlines have explored the motivations, drives and significant experiences of Batman, as well as the major criminal characters that variously populate the halls of Arkham Asylum and the streets of Gotham City. As a series with the concept of mental illness at its core, it is perhaps one of the most popular and enduring representations of madness.

In the Batman series, madness is more a convenient and commercial plot device to explain away the motivations of Gotham’s flamboyant offenders. “Batman’s Gotham maintains both the element of fraudulence and foolery as it exists as a playground for spandex-clad criminals who have invariably escaped from, or are destined for the City’s sanatorium, Arkham Asylum. Here, madness is no mere excuse for the telling of fantastical tales, it is an important pivot on which rest layers of plot and counterplot” (Siedman 1999: 41).
The portrayal of madness in the Batman series is equally as dark and often as gothic as the portrayal of Gotham's main criminal psychiatric facility – on its blackest days it is truly a house of horrors, more dungeon than hospital, emphasising its sinister past rather than its supposed therapeutic function. Although it is clear that Arkham is intended to depict a special facility for a subset of the mad (the criminally insane), not as a general facility for the treatment for mental illness, madness and evil are often linked in Gotham. Madness is often a metaphor for human nature’s darker side.

Poison Ivy (Batman and Robin 1997) is a classical example of Hyler’s identified stereotype of the female patient as seductress, who is most often violent as well. Dr Pamela Lillian Isley (Poison Ivy), a promising botanist from Seattle, is seduced by her professor Marc LeGrande into assisting him with the theft of an Egyptian artefact containing ancient herbs. Fearing she would implicate him in theft, he attempts to poison her with the herbs, which are deadly and untraceable. She survives this murder attempt and discovers she had acquired immunity to all natural toxins and diseases and that her touch is deadly. Ivy is a manipulative, red-haired seductress.

When an American-owned corporation tested his weapons out on a desert island in the Caribbean where Ivy transformed the barren wasteland into a second Eden, she returned to Gotham with a vengeance, punishing (killing) those responsible. After being imprisoned for six months in a chamber under the park’s lake by Clayface, Poison Ivy ensnarled Clayface in the branches of a tree and fatally kissed him. She then proceeds to sink him down into the ground, defeating her oppressor.

This stereotype of the female patient as seductress also appeared in the films Spellbound (1945), The Caretaker (1963), Lilith (1964) and Dressed to Kill (1980).
A recent film character illustrating this stereotype is Lisa Rowe (played by Angelina Jolie) in *Girl Interrupted* (1999). In one scene, Lisa casually mentions that she has had sex with several of her previous therapists. “This certainly reinforces the stereotype of male therapists acting out their own counter-transferential impulses by sleeping with their attractive female patients” (Hyler et al 2003: 41). The possible effect of the stereotype of the female mental patient as seductress on a “woman with real emotional problems or a past history of abuse is that it can result in her postponing or deciding against seeking help for a clinically significant depression, anxiety disorder or posttraumatic stress disorder” (Hyler et al 2003: 41).

### 4.2.3 Rebellious Free Spirit and representation of a mental hospital

Representations of this stereotype are found in the successful and anti-authority film *One Flew over the Cuckoo’s Nest* (1975) in which Jack Nicholson plays a heroic rebel who lives free or dies, “as well as in many of the patients (peripheral characters) in films such as *The Dream Team* (1989) and *The Couch Trip* (1988). These films portrayed psychiatric patients who were ‘free spirits’ and who attempted to escape from the institution” (Butler 2005: The Methods of Madness: Representation of Inmates, Authorities and the Asylum in *One Flew Over the Cuckoo’s Nest*).

*One Flew over the Cuckoo’s Nest*, based on the popular 1962 novel by Ken Kesey, allegorical theme is set in the world of an authentic hospital (Oregon State Hospital in Salem) and dramatises rebellion and insubordination against oppressive bureaucracy and an insistence upon rights, self-expression, and freedom.

According to Butler (2005) representation of the asylum in film has been a recurrent theme. “The institution has traditionally been vilified in these representations, both in the space itself, as well as the inhabitants – the inmates
and employees. The asylum, by its detachment from mainstream society is a place that has been otherised. One film that offers distinct manifestations of this realm is *One Flew Over the Cuckoo’s Nest* directed by Milos Forman. The film represents the institution in the more routine negative manner” (Butler 2005).

Butler continues to say that “*One Flew Over the Cuckoo’s Nest* is looked to as one of the primary documents representing the asylum. The film launched hundreds of imitations and every film about a hospital seemingly contains a reference to it. In fact, since its release in 1975, there have been over thirty films that have made allusions to *One Flew Over the Cuckoo’s Nest*. Every film involving mental illness or institutions has their own Nurse Mildred Ratched and Randle Patrick Murphy. The film laid the foundation for representing all facets of the asylum” (Butler 2005).

Typical asylum elements in the films includes:

- high fences, window-locked screens outside every room, stark locked wards, large sleeping rooms devoid of privacy and limited activity areas. The camera’s eye focuses on repeated line-ups of patients for medication, therapeutic community sessions, strong aides restraining patients and electric-shock treatment.

  (Seger 1992: 62)

Seger continues that the setting of *One Flew Over a Cuckoo’s Nest* is generally static and adds to the feeling of confinement.

As head nurse in a mental institution, Nurse Ratched should be promoting her patients’ sanity, but instead her tyranny directly subverts their mental health. She keeps the patients docile, medicated, dependant, and childlike.

There is an obsession with routines, an almost rabid desire for adherence to some unspoken order, control and confinement. Medicine time, music time, recreation time – each is strictly segmented and designated, and deviation from this structure seems sure to be the end of everything. In this space of strict control, order and regulation, archetypal figures begin to emerge. Most prominent in Forman’s film is the rebellious free spirit and
over-sexed alpha male McMurphy, played with rabid enthusiasm by Jack Nicholson and the unfeeling and diabolical medical worker Mildred Ratched, played convincingly by Louise Fletcher. These characters are all removed to some extent from the outside world by way of the isolationist character of the asylum. The institution operates as an exclusionary bubble, keeping out the widely accepted version of a healthy social reality.

(Butler 2005)

The film argues that when a person conforms to authoritarian rule, he or she jeopardises not only his or her physical freedom but also their mental freedom. That is exactly what happens in *One Flew Over the Cuckoo's Nest*. The inmates have no freedom and are not allowed to think for themselves. Everything is done according to a strict routine. Nurse Ratched’s authority, however, extends from the television to the term of McMurphy’s commitment, and her authority will not bear rebellion.

The film underscores the loss of personal freedom with recurring patterns of barriers, gates, fences, bars, locks, and shackles. Throughout the film, faces are filmed behind wired mesh and bars to emphasise the hopelessness of captivity.

The glass of the nurse’s station can be seen as the barrier between the individual and power – a barrier the patients are forbidden to cross. McMurphy first crosses the barrier when he attempts to turn down the music so he can think, but Nurse Ratched escorts him out, unwilling to tolerate independent thought. Later he shoves his hand through the glass, shattering the boundaries maintained by the authoritative state, with dire consequences.

In one scene the patients are watching a television news broadcast where an announcer speaks about the “possible opening of the Berlin Wall during the upcoming Christmas holidays”. This draws a parallel between their own walled-in imprisonment and their powerlessness.
Its limitations and barriers, both physical and psychological, characterise the institutional space. The asylum seems unable to reach and effectively treat its patients and at the same time, the space is defined by its boundaries. In this film especially, the hospital is represented as a labyrinthine prison of doors and locks and cage-like structures. With a focus on the patients strapped down in the beds, an overarching sense of repression pervades the scene. Even the music, operating under the guise of calming patients, operates as a means of insidious domination. The sound is ever present and controlling. The music, like the staff, function as unceasing surveillance, and the inmates cannot ever escape this sense of constant regulation and confinement. (Butler 2005)

According to Seger (1992: 61) McMurphy is an interesting man and the audience identifies with him as a man from the ‘real world’ entering the space of ‘the loony bin;’ he functions as a credible guide for us as at some level. His credibility in actuality is questionable as an individual who is a petty criminal escaping a prison work detail by doing time in a mental hospital, a statutory ‘rapist’ and is self-described as someone who “fights and fucks too much.” McMurphy’s position presumed as a mentally health or sane person has a certain degree of irony to it for it may be possible to postulate that, in fact, he displays evidence of being, ‘a psychopathic deviant resenting societal demands and authority figures. Though charming and confident, he cannot function outside, so he is thrown in jail. He cannot function there and is moved to a mental hospital, where, within the terms of that social organisation, he cannot function either.’ (Seger 1992: 61)

"Despite his inability to function, McMurphy is presented as consistently aware and in control, even while laughing. This all changes of course, with his lobotomy, but for the majority of the film, McMurphy ‘wears the pants.’ He exercises a fair amount of power as he wages a battle, albeit ultimately futile, against the tyranny of Nurse Ratched. McMurphy makes decisions and actions that allow the story to happen. If he weren’t there, the patients would continue playing cards, going to therapy meetings and taking their medication – thus, no story” (Butler 2005).

In an evaluation session with Dr Spivey after a four-week stay at the hospital, McMurphy responds to a question about whether he likes it at the hospital. He
explains how he has been antagonized by an emasculating and domineering female Nurse. The doctor then offers his diagnosis of McMurphy’s mental health state: “I do not see any evidence of mental illness at all. And I think that you have been trying to put us on all the time.” To prove a point about the fine line between normality and abnormality, McMurphy demonstrates some stereotypical “crazy” behaviours and then asks: “Is that crazy enough for you?”

McMurphy’s last bold victory over extends his reach, when he plans a pre-escape party with prostitutes and alcohol. After bribing the night watchman he smuggles two girlfriends, Candy and Rose into the ward for a wild drinking party after the Nurse has left. McMurphy persuades Candy to sleep with the innocent, childlike Billy Bibbit.

“The theme of the ‘bad mother’ pervades One Flew Over the Cuckoo’s Nest in the character of Nurse Ratched. Billy Bibbit becomes the victim in this scheme as Ratched takes on the mother role. She reduces him to a child with her threats to inform his real mother of his activities involving Candy - McMurphy’s girlfriend” (Sodowsky and Sodowsky 1991: 37). She emasculates him and knows how to exploit his weaknesses and torment him. There are disastrous results – Billy feels so guilty and self-hating that he commits suicide by slitting his throat.

“McMurphy, in a very strong sense, acts like an attention-seeking child with his antics throughout the course of the film. Many of the other patients seem childlike with their neediness and tantrums. The staff members assume the position of substitute parents, Nurse Ratched, the cruel mother, and Dr. Spivey, the impotent father” (Sodowsky and Sodowsky 1991: 37).

“The film relies on old stereotypes that are self-perpetuating towards discrimination against these figures. The audience is presented with the horrors of mental institutions translated into a microcosm of the complex suppression exercised by society upon its dissident members. The film fails to emancipate its
patients or the stigma attached to the institution itself in its representations. *One Flew Over the Cuckoo’s Nest* makes the case that psychiatric hospitals are simply prisons in which there is little or no regard for patients’ rights or welfare” (Butler 2006: 13).

### 4.2.4 Specially Gifted/Enlightened Member of Society

The ‘specially gifted mental patient is another stereotype that appears in a number of recent films.

This is a person with an identifiable mental illness who happens to possess special powers that are either related to the mental illness or serve to compensate for the disorder. The character of Raymond Babbitt (played by Dustin Hoffman) in *Rain Man* (1988) presents a Hollywood portrayal of some sort of pervasive developmental disorder or autistic disorder. His autistic persona is accompanied by his prodigious powers of memory and calculation, which are of sufficient capacity to break the bank playing blackjack in Las Vegas. (Hyler et al 2003: 43)

In *A Beautiful Mind* (2001), Russell Crowe portrays John Nash, the man who won a Nobel Prize, despite being afflicted by terrifying psychotic experiences. Even though this is a more positive portrayal of mental illness there are many inaccuracies apparent which can lead to misinformed stereotypes. In his book *Media Madness: Public Images of Mental Illness*, Wahl (1995: 84) states that “inaccurate information in the media about mental illness (even if the portrayal of the character is positive) results in misunderstandings regarding various mental illnesses and can have considerable practical consequences. Inaccurate depictions of, for example, schizophrenia (which is often confused in the media with multiple personality disorder) can lead to false beliefs, confusion, conflict, and a delay in receiving treatment.” *A Beautiful Mind* is a film about a schizophrenic subject: by narrating the experience of psychosis the film imitates this loss of perceptual control and then, to various degrees, order to the narrative is restored through a psychiatric gaze.
Nash is able to mentally decipher a complex encryption of an enemy’s telecommunication. After various late night drops of “top secret Soviet codes” and being confronted with the never-opened “top secret” documents by his wife, Nash is finally convinced that he has been hallucinating. Nash’s deviant psychotic vision, which has earlier seemed nothing more than a reflection of a collective Cold War paranoia, is thereby corrected through the eyes of his ‘normal’ wife. The Department of Defense agent William Parcher and Nash’s secret assignment to decode Soviet messages was in fact all a delusion. Even more surprisingly, Nash’s friend Charles and his niece Marcee are also only products of Nash’s mind.

In a sense the audience is included in Nash’s psychosis as they are initially also unclear who is real and who is not. This disruption of the concrete is designed obviously for dramatic effect, but also elicits in the audience a fear of mental illness. After all, what is more frightening than not knowing what is real and what is not? “Even the film reality – which while the audience knows it to be fictional, they also expect to follow defined rules – is undermined by the psychosis; it does not ‘behave’ as it should and our eyes lie to us” (Hyler et al 2003: 43).

After a painful series of insulin shock therapy sessions, Nash is released on the condition that he agrees to take antipsychotic medication. However, these drugs create negative side effects that impact his relationship with his wife and, most dramatically, his intellect. This creates the impression that a mentally ill person is better off not using medication and continuing treatment for their mental illness, because this will ‘destroy’ their special gift. This special gift is linked to their specific mental illness. Frustrated, Nash secretly stops taking his medication, triggering a relapse of his psychosis.

The idea that individuals with mental illnesses are actually gifted (or at least compensated for their disorders) with special powers suggests that they can fend for themselves provided that they have the appropriate handlers to steer them toward harnessing their powers. That their special gift is linked to their illness suggests that treatment of the illness
will destroy the gift (and power) that accompanies it. Many patients who might identify with such characters may be led to believe that they would be better off discontinuing their medication and forgoing treatment for their mental disorders, lest they, too, have to give up their ‘gift’ as would happen if they take medication to control their symptoms. 
(Schneider 2004: 64)

Caught between the intellectual paralysis of the antipsychotic drugs and his delusions, Nash and his wife decide to try to live with his schizophrenia. Nash attempts to ignore his hallucinations and not feed “his demons”. Although *A Beautiful Mind* is one of the few more positive portrayals of mental illness, its inaccuracy can still lead to misunderstanding and stigmatisation. For example, the film views the love and dedication of Alicia Nash as the primary constituent of the recovery of her husband John from his debilitating schizophrenia. The impression is given that widely accepted treatments are irrelevant or ineffective, and that, instead, love will conquer all.

Furthermore, the imaginary characters seen by Nash are portrayed as real people who he can see and physically interact with, while “for most people with schizophrenia, the delusions and hallucinations are mostly auditory” (Schneider 2004: 65). The film is profoundly misleading about the nature of schizophrenia.

This problem is compounded by the second flaw: the imagined characters start off serving benign or even helpful functions for Nash at the start of the film, and only later do they make his life more difficult. They help to reduce his isolation and console him in his social awkwardness and rejection by others.

It is true that not all voices heard by schizophrenics are persecutory, and it is even true that when the sufferer for the hallucination gets used to the voices, they can keep him or her company, and he or she may even miss them if the voices go away. But to portray the voices as fulfilling roles of imaginary friends is to perpetuate the confusion between schizophrenia and multiple personality and dissociative disorders. It is in dissociation that the different personalities play a functional role, while this does not happen in
schizophrenia.

Yet the film does not imply that these are part of his own personality, but rather manifestations outside of himself that interact with him. In schizophrenia, the schism occurs between the internal ego of the person and the exterior world; the connection with reality is lost and the person comes to live in a world of falsehoods and mirage (Schneider 2004: 67).

4.2.5 Victimised/Helpless/Depressed Patient

David Cronenberg’s (2003) adaptation of the Patrick McGrath novel Spider, can in many ways be seen as an update on The Snake Pit (1971) inasmuch as it presents a twin focus on the mental state of the protagonist and the conditions of care provided for him. There are important differences, however. Spider (Ralph Fiennes) has been discharged from the asylum – presumably a special hospital for the criminally insane – into the community. “Little narrative effort needs be expended on this latter factor: the bleak mise en scene of the hostel and its surroundings – especially in its contrast with Spider’s childhood memories of the same area, and even with his adult recollections of the countryside surrounding the hospital, provides its own comment” (Rodriques 2006: 47).

Spider is the bleak portrait of one man’s live viewed through the lens of his delusional mental illness.

Cronenberg opens his movie with giallo visuals of the Rorshach test plates, which vacillate between vague outlines of the human brain and peeling paint chips that camouflage hidden faces – indicative of something or someone gradually falling apart. And in a commendable attempt to circumvent stereotypical portrayals of schizophrenia, Cronenberg avoids the use of inflammatory and volatile labels such as, ‘schizophrenic’ or ‘mental patient,’ which are standard elements in movies of this type. In fact, if the viewer had no prior knowledge of the movie’s premise, he or she would not know that Ralph
Fiennes is portraying ‘a schizophrenic.’ Apparently Cronenberg was confident that the audience would know, by Spider’s behaviour, that he was ‘schizophrenic.’ (Rodriques 2006: 47)

Played masterfully by Ralph Fiennes, Spider himself is a shuffling, mumbling man who has just been released from a mental hospital into a halfway house in the grim London neighbourhood where he grew up. Elements of his past and present intermingle as he investigates the pivotal event of his childhood: the murder of his saintly mother by his father, who then replaces her in the household with a prostitute he met down at the pub. He exhibits a "lack of emotions and his expressions are flat, which are textbook symptoms of schizophrenia. And, true to the trademark tradition of Cronenberg’s obsession with insects, Dennis (Spider), like ‘the Fly on the wall’ is ‘the Spider on the wall’ observing his younger self while vicariously slipping in and out of reality in a dismal attempt to unravel his past" (Schneider 2006: 48). If returning to ‘the scene of the crime’ triggers Spider’s memory of past events, then the events unfolding for Spider are in fact flashbacks (however vivid or distorted) and not hallucinations, and the younger Spider – who believed that his father had murdered his mother and had replaced her with a prostitute – is the one who was delusional, not the older Spider, who was merely recalling the events.

The bulk of the narrative employs the ‘psychiatry as detective work’ thematic, aiming to uncover the events that led Spider to become what he is today. The chief detective is not, however, a therapist, but Spider himself, who we see revisiting scenes of childhood memory in both his child- and adult personas. We come to realise that some of these scenes, crucially those depicting the relationship of Spider’s father with the prostitute, and their joint murder of Spider’s mother, represent ‘impossible’ memories, constructions derived from information to which the young Spider could not have had access. In short, they represent delusions. “People who suffer from Post Traumatic Stress Disorder have vivid flashback, but are not schizophrenic. They do not hear voices or see
people that do not exist” (Edney 2004: 37).

The film is about versions of memories, rather than, and occasionally opposed to, actualities of history. The event of the murder of Spider's mother Mrs Cleg (Miranda Richardson) is the one intersection at which the various trajectories of memory cross. "By positioning Spider as the character to which our identification is sutured, Cronenberg troubles the ease with which we can distance ourselves from and hence pathologise this man" (Rodriques: 2006: 47).

In one scene Spider discovers he has killed his mother, whose first 'death' was the death of the marternal woman in exchange for the sexualised 'whore' from which he thinks he has saved himself.

“There are frequent allusions to the younger Spider having an Oedipal complex, such as his annoyed reaction when he sees his father embracing his mother through an open window, and his fleeing when she asks him if he thinks his father will like her new undergarment. Then there is the scene where the father is involved in an intimate embrace with the prostitute (who is also the mother) and when he turns around, he has become the older Spider, who was initially observing the event, not involved in it” (Rodriques 2006: 47).

The conclusion of this narrative, in which the adult Spider ‘witnesses’ the ‘truth’, that it was he who murdered his mother, resolves the puzzle of what happened, but explains very little. The events lend themselves to an Oedipal explanation – but this only amounts to fitting one pattern into another.

The film can be seen as far more resonant with Oedipal sexuality and the navigation of heterosexual desire in male children. This is clear in the positioning of the mother/whore played by the same actress, as being the genesis of all Spider’s problems. It is not he himself but the outside world which splits apart for Spider.
“There are also indicators that Spider may have suffered from Obsessive Compulsive Disorder, evident by his obsessive and meticulous note taking which is hieroglyphic and unintelligible to the viewer, legible only to himself” (Rodriques 2006: 47).

Obsessive-compulsive disorder, often referred to as OCD, is a mental illness in which an “individual experiences endless cycles of repeated thoughts and rituals, known as obsessions and compulsions which she feels she/he cannot control” (Edney 2004: 38). Although many people possess habits and routines that help them organise their daily lives, people with OCD form patterns of behaviour that are extremely time-consuming and interfere with their daily lives. “Once believed to be a rare and incurable disease which people kept hidden for fear of embarrassment, OCD is now recognised as being far more common than previously believed, affecting both men and women, and people of all races and socio-economic backgrounds equally” (Edney 2004: 39). Though OCD is a chronic illness that can take over a person’s life if left untreated, a strict regiment involving proper medication and effective treatment can vastly improve the OCD sufferer’s condition.

Spider is covertly stigmatising in that it subtly equates schizophrenia as synonymous with the notion of a split-personality and OCD. This is evidenced by the fact that whenever the young Spider appears on the screen, the older Spider is right around the bend or right alongside him watching his every move. Yet, contrary to popular opinion, this common misconception is based on stereotypes about schizophrenia.

“Confusing schizophrenia with dissociative identity disorder (split personality) is unfortunate, but the violence these films depict adds misunderstanding to misinformation. That misunderstanding equates ‘split personality’ with nice ‘guy/murderer’. The perceived association between violence and schizophrenia has serious consequences, both for people with schizophrenia (and their
families) and society in general” Edney 2004: 41). These misrepresentations of schizophrenia invoke the belief: ‘schizophrenics are either a violent threat or figures of fun. In addition to the distress such stereotypes cause, these misconceptions have a bearing on negative attitudes in the community towards the mentally ill living in their locality, with high levels of fear based on perceived threat.’

4.2.6 Narcissistic Parasite

Beginning with classic Hollywood melodramas of the 1940s, cinema has maintained a profile output of films with their own take on mental illnesses – none more so than the rare syndrome of dissociative identity disorder (DID). “DID films are a popular and enduring genre, whose influence can be seen throughout mainstream cinema. Some films confuse DID with schizophrenia, and many reinforce two other misconceptions within film psychiatry: mental illness as violence and the belief that every mentally ill persons harbours one ‘great dark secret’” (Edney 2004: 40).

Unfortunately, however, “the great interest shown by the cinema in this disorder has not fostered a correct understanding of the condition: quite the opposite, DID has perhaps been one of the most inaccurately portrayed mental illnesses. This is mainly because the power of attraction of multiple personalities has tended to eclipse other characteristics and symptoms of the disorder, such that with few exceptions what the viewer sees is a stereotyped and biased version of the disturbance based merely on the presence of several different personalities, leaving aside any other symptom/sign also typical of the illness” (Edney 2004: 41).

“The different personalities that emerge from a single individual with DID coexist and relate to one another as though the whole were some kind of family” (Edney 2004: 41). Most films addressing this disorder have done so through the
portrayal of extremely conflicting and violent individuals, involving murder and massacre. The violence these films depict adds misunderstanding to misinformation. The perceived association between violence and schizophrenia has serious consequences, both for people with schizophrenia (and their families) and society in general.

"DID is undoubtedly the one that has been most exploited by script-writers and film directors. The reason for this is very simple: the circumstance of DID enables the director to surprise spectators with unexpected endings and surprising twists in the plot, since the peculiar manifestation of this disorder allows special effects and intellectual tromps to be woven into the story, while the director only reveals the true nature of what has been going on at the end of the film" (Edney 2004: 42). Thus, the change from one personality to another offers enormous possibilities for DID to be reflected through the use of different characters portrayed by different actors; this is very noticeable in more recent films such as Fight Club (1999) by David Fincher.

*Fight Club* begins literally and figuratively, in the narrator’s brain, at the level of the neuron. The camera speeds across the interior nerves of the brain as if it were following the path of neurotransmitters through synapses. The camera eventually pierces through the scalp and runs out along the barrel of a gun stuffed into Jack’s (Edward Norton), the narrator’s mouth.

"The interior of the landscape of the brain is a fitting place for the film to begin because Tyler Durden, the man holding the gun, is the narrator’s hallucination, though this fact is not revealed until much later in the film. The film offers an alternate, hypermasculine version of group therapy" (Hyler et al 2003: 39). Jack, who has not slept in six months, suffers from an undiagnosed disease. When he seeks treatment for his insomnia, his doctor tells him to “lighten-up” and chew valerian root. This portrayal of the psychiatrist as unhelpful and uncaring reinforces the idea that helping others is an unworthy vocation requiring little skill
or expertise. Depictions of mental health professionals in this way can contribute to the stigma of mental illness and in such prevent people from seeking the necessary help. Jack, who clearly wants medication, presses the issue and complains of his pain, but the doctor replies: “You want to see pain? Swing by the First Methodists Tuesday nights. See the guys with testicular cancer. That’s pain.”

Jack follows his prescription and attends “Remaining Men Together,” a support group for men with testicular cancer. There he meets “Bitch Tit Bob,” a former steroid-bodybuilder whose body has responded to his testosterone treatment by manufacturing more estrogen, which causes him to develop breast. During this group therapy, Jack buries his head between Bob’s breasts and cries like a baby. Later that night he sleeps like a baby, for the first time in six months. Jack immediately becomes addicted to support group meetings: he ‘passes’ as a patient, attending the meetings with names like “Free and Clear,” “Seize the Day,” and “Hope.” He is addicted to these sessions because they allow him a healing release.

Here the stereotype of the mentally ill “as self-centred attention-seekers involved in a narcissistic relationship with their therapists [or those being of help to them]” (Hyler et al 2003: 39) is being reinforced. Although not as overtly noxious as the homicidal maniac, this stereotype serves “to stigmatise actual patients by ridiculing them and trivialising their problems. This stigma makes it unlikely that patients will reveal to others their positive experiences with psychiatric treatment” (Hyler et al 2003: 39).

This feeling of catharsis ends when Marla Singer, a woman who is probably another one of Jack’s hallucinations, starts attending “Remaining Men.” Marla eventually drives Jack away from these group sessions and he becomes increasingly dependent on “Fight Club,” a network of secret meetings organised by Tyler Durden (Brad Pitt). “Fight Club,” where men meet in order to fight each
other, is a spontaneous grassroots group therapy for masculinity in crisis, in the tradition of Randall Patrick McMurphy.

The most noteworthy aspect of *Fight Club* as a mental illness film, however, is the revelation that Tyler Durden is not ‘real.’ Tyler is a character in an elaborate delusional world that Jack has created. It is sometimes difficult to understand Tyler Durden as a personality of Jack because throughout the film Jack communicates with Durden as though he (Durden) really exists.

Interference with the existing elicits in the viewers a fear of mental illness. The unknown is seen to be extremely frightening.

### 4.3 Conclusion

Fictional portrayals of mental illness in films are often presented in a manner that fosters misconceptions about specific disorders. Firstly, as they create the impression that some quite rare disorders are in fact common, because they make for good visual melodrama. Key examples are dissociative identity disorder, gender identity disorder and anterograde amnesia, featured in films like *The Three Faces of Eve* (1957), *Psycho* (1960) and *Memento* (2000), respectively. Secondly, they present misleading information about particular disorders, most notably schizophrenia. Audiences viewing *Me, Myself and Irene* (2000), for example, could be forgiven for leaving the cinema with the view that people with schizophrenia have split or multiple personalities (some of which are violent). Many motion pictures portray mental illness in inaccurate ways leading to misunderstandings and heightened stigma. Oftentimes these portrayals are inaccurate and reinforce existing stereotypes, thereby increasing stigma associated with mental illness. Common ways that movies can generate misunderstanding and fear are by depicting the mentally ill as medically non-compliant, violent, and/or intellectually challenged.
In all of human perceptual experience, nothing conveys information or evokes emotion quite as clearly as our visual sense. Filmmakers capture the richness of this visual sense, combine it with auditory stimuli, and create the ultimate waking dream experience: the movie. The viewer enters a trance, a state of absorption, concentration, an attention, engrossed by the story and the plight of the characters (Schneider 2004: 79).

Film has become such an integral part of our culture that it seems to be the mirror in which we see ourselves reflected every day.

When someone is watching a movie, an immediate bond is set up between the spectator and the film, and all the technical apparatus involved with the projection of the film becomes invisible as the images from the film pass into the spectator’s consciousness. With the best films, the viewer experiences a sort of dissociative state in which ordinary existence is temporarily suspended. No other art form pervades the consciousness of the individual experiencing it to same extent and with such power. (Schneider 2004: 76)

Films are especially important in influencing the public perception of mental illness because many people are relatively uninformed about the problems of people with mental illnesses, and the media tend to be especially effective in shaping opinion in those situations in which strong opinions are not already held. Although some films present sympathetic portrayals of people with mental illness and those professionals who work in the field of mental health (e.g., The Three Faces of Eve, David and Lisa, A Beautiful Mind and Ordinary people), many do not. The mentally ill are portrayed most often as aggressive, dangerous, and unpredictable; psychiatrists, psychologists, and other health professionals who work with these patients are often portrayed as “arrogant and ineffectual,” “cold-hearted and authoritarian,” “passive and apathetic,” or “shrewd and manipulative” (Schneider 2004: 82).

The role the media plays in shaping our conception of the world cannot be underestimated. When it comes to portraying people with mental illness, the
media all too often resorts to stereotypes that are prejudicial and stigmatising. Such negative representations affect not only the way in which society views people with mental illness, but the way people come to see their own mental illness.

The profession of psychiatry has always been, and still remains, a rich source of inspiration for many makers of films. But film, as art, is not, and can never be, a flawless mirror of real life, so movie ‘reality’ is often distorted to varying degrees, whether the movie is set in the past or not, with the aim of ensuring that a condensed, engaging, relevant, entertaining storyline – especially one with a powerful message – is not obscured by getting bogged down in too much mundane detail.

Film and the visual representation of people with mental illness will continue to be important venues for constructing knowledge of mental illness and the relationship of mental illness to society.
CHAPTER 5
CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusions and Recommendations

This research has demonstrated how the vast majority of information about mental illness in the entertainment media, more specifically film, is extremely negative. Disabling stereotypes which medicalise, patronise, criminalise and dehumanise mentally ill people abound in films. They form the bedrock on which attitudes towards, assumptions about and expectations of mentally ill people are based. They are fundamental to the discrimination and exploitation which mentally ill people encounter daily, and contribute significantly to their systematic exclusion from mainstream community life. It is also clear that recent attempts by some elements in the media to remedy the situation and ‘normalise’ mentally ill people will only partly resolve the problem.

The media is frequently cited as a common source of information for the general public on mental illness, yet its coverage of people with mental illness remains remarkably consistent conjuring stereotypical images of the violent, unkempt, dangerous, unpredictable ‘others’ who remain incomprehensible, incurable and a burden on society.

The negative effects of the media can delay help-seeking for people with mental illness, thus increasing the risks of further depression. This issue is a political one because the media’s influence both shapes and reflects our values.

In light of this, this research recommends that:

1. There should be further exploration of the issue of stigma related to people with mental illness and strategies to combat this amongst both service providers and the general public. It would be important to look at how others have come to terms with identities that are stigmatised.
2 Other factors that influence the health of the mentally ill such as their financial circumstance, their living conditions as well as the health risks of the violence and discrimination they face, should receive further attention.

3 There should be policies in place to protect the mentally ill from violence and discrimination.

Battling the societal stigma that enshrouds mental illnesses is difficult, and the ability to overcome centuries-old biases is often thwarted by the stereotypical representations of mentally ill individuals, as well as psychiatrists, psychologists and other therapists.

Some of the stereotypical depictions of people with mental illness include the following: rebellious free spirit, violent seductress, narcissistic parasite, zoo specimen, enlightened member of society, helpless and depressed patient, and homicidal maniac. Examples of the ‘rebellious free spirit’ stereotype were found in films including *One Flew Over the Cuckoos Nest* (1975) and *The Escaped Lunatic* (1904). These films portrayed psychiatric patients who were ‘free spirits’ and who attempted to escape from an institution. The ‘homicidal maniac’ stereotype was exemplified in films such as *Psycho* (1960), *Halloween* (1978) and *Silence of the Lambs* (1991), where characters with a mental illness were portrayed as violent and dangerous, and often as serial killers. Examples of the female patient as ‘seductress’ stereotype were described in films such as *Lilith* (1964), *Dressed to Kill* (1980) and the *Batman* series. These films portrayed the female patients a ‘nymphomaniacs’ attempting to seduce their male therapists. ‘The enlightened member of society’ stereotype conveys the view that those with a mental illness are actually more enlightened than the rest of society. An example of this was found in *A Beautiful Mind* (2001). ‘The narcissistic parasite’ stereotype portrays psychiatric patients as self-centred and attention seeking, examples are the comedy films *Annie Hall* (1977) and *High Anxiety* (1977). The final stereotype of ‘zoo specimen’ was described by the authors as a ‘dehumanised’ mental patient, used for scientific observation. Examples of this
stereotype were found in films including *Bedlam* (1946) and *Zelig* (1983).

When looking at the public’s attitude, the research indicates that the media were considered by participants to be an important source of their attitudes towards mental illness. It was found that those who cited the media as the most important source of their information and beliefs tended to have more negative attitudes towards mental illness. It is important to note that negative media images of mental illness can have a significant impact on attitudes. It was found that the presentation of negative images in entertainment media contributes to the public’s attitudes, resulting in the development of more negative beliefs about mental illness.

The findings from the research have important implications for both mental health professionals and the media, though more definitive research needs to be conducted. The attitudes of the public towards people with a mental illness are an important factor in the stigma surrounding mental illness, and it is clear that while media depiction of mental illness continues to promote overwhelmingly negative images and stereotypes, community attitudes will not improve.

Whatever the mentally ill person might think of himself/herself, he/she is attributed a negative identity by society, and much of his/her social life is a struggle against this imposed image. It is for this reason that we can say that stigmatisation is a by-product of mental illness than its substance. The greatest impediments to a person’s taking full part in society are not his/her flaws, but rather the tissue of myths, fears, and misunderstandings that society attaches to them (Murphy 1987: 113).

The recurring theme of extreme violence at the hands of mentally ill characters is the norm in mass media portrayals. Thus, asserts Rose (1998), “mental illness threatens common assumptions and behaviours in that people with psychiatric diagnoses (or those assumed to be mentally ill) are generally portrayed as
unsafe, dangerous, and violent”. The media continuously generate fear, suggesting that living with mental illness is a life shattering experience, and often deny mentally ill people the self-confidence to overcome discrimination. The media also plays on public ignorance by suggesting that mentally ill people have something wrong with them, maintaining the social barriers between the two groups.

Negative and inaccurate stereotypes do the most damage. But positive, yet inaccurate depictions can also be harmful. In such cases, although the character may be presented in a sympathetic way, the inaccurate depiction does nothing to further the public’s education. Instead, it hinders their understanding of mental illness and of people living with psychiatric diagnoses.

From the research the media appears to contribute to the public’s negative attitudes toward people with mental illnesses. The attitudes of the public towards mental illness are an important factor in the stigma experienced by people with mental illness. Respondents commonly perceived people with schizophrenia, dissociative identity disorder and personality disorder as unpredictable and dangerous. A great deal of the general public associates mental illness with violence and say their beliefs are based on the media. However, the public’s belief about mental illness is not entirely negative.

All of these beliefs are portrayed in the entertainment media featuring mental illness. Although it is not possible to draw a direct casual link between the representations by the media and the negative attitudes towards the mentally ill, it can be said that the mass media contribute to the public’s perceptions of the mentally ill. It is important to note that it is impossible to make a direct causal link between media representation of the mentally ill and the public’s attitudes towards people with mental illness. One can only undertake to investigate the contribution such representations have on people’s perceptions of the mentally ill. The attitude towards people with mental illness, then, must not be considered in
isolation. To a large extent, it is shaped by individual (as well as collective) value systems and political beliefs that are beyond the influence of the media’s interventions.

Entertainment media are a more influential and largely non-cognitive source of information and emotionally arousing imagery. Films adhere more to the demands of dramatic license than to the accurate portrayals of mental illness. It is not surprising then, that the research shows that the mass media are highly influential in the formation of stereotypes of the mentally ill and that these stereotypes tend to be skewed toward inaccurate and negative characterisations. The overwhelming conclusion from the research is that mental illness is portrayed negatively in entertainment media. The characters’ unpleasant and aggressive behaviours were presented as being caused by mental illness. A number of themes also presented characters with mental illness as abnormal, and as members of an inferior group.

The use of excessive violence in films can influence some people to believe that the mentally ill are indeed violent and not human. The *Silence of the Lambs* concentrate on the negative and violent. It thus reinforces the stereotype that the mentally ill are violent and therefore needs to be feared by the public.

Entrenched prejudices against those with mental illnesses are often aided by negative and stereotypical images of psychiatrists, mental health treatments, and mental health facilities. Guimón (cited in Freeman et al., 2001) asserts that the “media present inaccurate and unflattering stereotypes of the psychiatric profession that misinform the public and undermine the credibility of mental health care practitioners.” “Such portrayals reinforce the idea that helping others is an unworthy vocation requiring little skill or expertise. Depictions of mental health professionals as exploitative, mentally unstable, and unethical may do irreparable harm to people who are already hesitant to seek treatment, by making the prospect of getting help appear frightening and the help itself appear likely to
be ineffective” (Freeman et al., 2001; Healthweek, 2003).

The film relies on old stereotypes that are self-perpetuating towards discrimination against these figures. The audience is presented with the horrors of mental institutions translated into a microcosm of the complex suppression exercised by society upon its dissident members. The film fails to emancipate its patients or the stigma attached to the institution itself in its representations. *One Flew Over the Cuckoo’s Nest* makes the case that psychiatric hospitals are simply prisons in which there is little or no regard for patients’ rights or welfare.

While *Spider* is not overtly stigmatising like the 1977 movie *Schizo*, whose promotional poster dared to shout “Schizophrenia: when the left hand doesn’t know who the right hand is killing,” it is covertly stigmatising in that it subtly equates schizophrenia as synonymous with the notion of a split-personality and OCD. This is evidenced by the fact that whenever the young Spider appears on the screen, the older Spider is right around the bend or right alongside him watching his every move. Yet, contrary to popular opinion, this common misconception is based on stereotypes about schizophrenia. Confusing schizophrenia with dissociative identity disorder (split personality) is unfortunate, but the violence these films depict adds misunderstanding to misinformation.

It is essential that people working in the mental health field combat negative media portrayals and encourage public education programmes. The myth regarding the inherent connection between violence and mental illness must be revealed, and accurate information must be disseminated to the public through the media. It is important to highlight stories of successful recovery. Such stories of resilience and hope, if presented properly, can both educate and entertain audiences. Ultimately, the struggle of advocates for more accurate and positive representation of mental illness and of the mentally ill in the mass media is analogous to the struggle of other minority and disenfranchised groups. Wahl (1995: 47) sums it up best when he says, “the civil rights movement offers one
big lesson, speak up.”

According to Linda Markman and Johan Friedemann, both psychologists from the Nelson Mandela Metropole, stigmatisation and stereotyping of the mentally ill can be eradicated as follows.

Firstly, face the assumptions, notions and presuppositions regarding the mentally ill. Secondly, ask how your own mind operates when having to deal with the mentally ill. For example: What do you believe? What is your reasoning? How does your logic sound? Are you self-conscious in the presence of the mentally ill? What comprises human dignity? Lastly, ask yourself the question, what do you base your competence on? Are you competent in your understandings and assumptions?

As mentioned earlier, this research recommends that various factors such as financial circumstances, living conditions, and health risks should be taken into consideration when looking at the mentally ill. Furthermore, it is important for policies to be put in place to protect the mentally ill from violence and discrimination.

The knowledge base regarding portrayal of mental illness in entertainment media is considerable, and it is timely to start using this knowledge to inform action. The mental health sector (policy-makers, mental health professionals, people with mental illness and their families) should collaborate with the film industries (producers, directors, script-writers and actors) to minimise negative portrayal and maximise positive portrayal. There is a need for ongoing research. This should be conducted systematically and strategically, in order to fill gaps in current knowledge. One obvious area for further work, for example, is that of positive impacts.

Viewers of entertainment media are frequently confronted with negative images
of mental illness, and these images have a cumulative effect on the public’s perception of people with mental illness. In turn, this has consequences for people with mental illness, who experience stigma and may be less likely to seek help as a result of this collective impression of what mental illness means. However, there are many gaps in knowledge despite the research completed to date and this report recommends areas for further inquiry. Nonetheless, there is a need for the mental health sector and the film industries to collaborate to counter negative portrayals of mental illness, and to explore the potential for positive portrayals to educate and inform, as well as entertain.

There are several strategies that might be useful in combating the effects of the negative stereotypes presented by Hollywood that stigmatise the mentally ill. A letter-writing campaign to producers of films may be effective. Other remedies include: public information campaigns such as the Mental Health Awareness Week that has been observed for the past several years; encouraging public testimonials by respected celebrities who have experienced mental illness such as Patty Duke, Mike Wallace and William Styron; encouraging recognition of accurate depictions of patients with mental disorders that portray the suffering of the patients and their families; and enhancing communication between mental health professionals and clinicians in other medical fields.
APPENDIX A: REPRESENTATIONS OF MENTAL ILLNESS IN FILM

Schneider (2003) developed the categories used here. Examples have been gathered from that source and several others: Byrne, 2001; Grinfield, 1998; Healthweek, 2003; NAMI, Dec. 21, 2001; Wahl, 1995.

√ Positive but inaccurate representation
X Negative and inaccurate representation

Rebellious free spirit
√ K-Pax (2001)
√ Shine (1996)
X Lunatics: A Love Story (1992)
X The Dream Team (1989)
X Nuts (1987)
X Down and Out in Beverly Hills (1986)
X One Flew Over the Cuckoo's Nest (1975)

Homicidal maniac: most slasher/horror films, including the following examples
X Hannibal (2001)
X Dark Asylum (2001)
X American Psycho (2000)
X Freak (1999)
X Kiss the Girls (1997)
X Seven (1995)
X Silence of the Lambs (1991)
X Psycho (1960)

Seductress (most often violent as well)
X Swimfan (2002)
X The Hand that Rocks the Cradle (1992)
X Fatal Attraction (1987)
X Dressed to Kill (1980)
X Lili (1964)
X The Three Faces of Eve (1957)

Enlightened member of society
√ A Beautiful Mind (2001)
√ Shine (1996)
√ A Fine Madness (1966)

Narcissistic parasite
X Analyze Than (2002) and Analyze This (1999)
X What About Bob? (1991)
Comedic relief
- *Analyze That* (2002) and *Analyze This* (1999)
- *Bandits* (2001)
- *Me, Myself and Irene* (2000)
- *Something about Mary* (1998)

Mad scientist
- *Young Frankenstein* (1974)

Sly manipulator
- *The Cable Guy* (2001)

Victimised/helpless/depressed female
- *Crazy/Beautiful* (2001)
- *Don’t Say a Word* (2001)
- *Sybil* (1977)

Portrayals of mental health practitioners/facilities/treatments
- *Good Will Hunting* (1997)
- *Asylum* (1996)
- *Disturbed* (1990)
- *High Anxiety* (1977)
- *One Flew Over the Cuckoo’s Nest* (1975)
- *A Fine Madness* (1966)


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Flew Over the Cuckoo’s Nest. In Literature/Film Quarterly. 5: 132-141.


