Stereotyping Those Living with Mental Illness

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Mental illness is real and stigma is real. That's why we are here today. But in another sense, mental illness does not exist. It is a label. We attach meanings to labels, and these meanings are socially constructed. As a society, we have attached negative stigma to this label. In truth, we are individuals with differences. Some people need more support than others, and some people face more challenges than others, but when the need for support and additional challenges are labeled "mental illness," a lot of things change. Some of this change is positive. Support, care, insurance coverage, understanding, and empathy can come into our lives by adding a definition, by adding a label. But some of the change that happens with labeling is profoundly negative. The label of mental illness has sigma that brings stereotyping, discrimination, and social distance.

Our social reality is largely shaped by our social institutions, and in the case of "mental illness" it is not just the institutions of medicine, government, education, and faith communities, it is also a construction of another very powerful institution: the mass media.

Mass media of past generations and of this generation shoulder a great deal of responsibility for the negative stigma of mental illness that exists today, but, optimistically, I see positive signs, and feel the mass media hold tremendous power to shift the construction of mental illness in a positive direction in the future. I also believe that faith communities are in one of the best positions to bring positive change in reducing media stigma, and that your work is among the most important work there is.

I will present examples of early portrayals of mental illness including some landmark cases from cinema. I will review television, news media, and will conclude with thoughts on where we can go from here, and what we can do to help make a positive impact in the fight against stigma in mass media.

Stereotypical and stigmatizing portrayals of mental illness is nothing new. We can trace our western tradition of media portrayals to the ancient Greeks 2,500 years ago. The behavior of Euripides' Orestes, according to historian Bob Milns, "would probably be diagnosed as that of a schizophrenic, with his terrifying visions, his wild ravings interspersed with periods of sleep, his fits of despair, refusal of food or drink and repeated wishing for death." It is important to note that the play begins with Orestes murdering his mother. The stereotype of the mentally ill as violent and dangerous is one found elsewhere in ancient Greek history, and one which we have yet to put to rest. Euripides also authored a play entitled, The Bacchea, in which a group of woman suffering from a collective madness tear a person apart with their bare hands.

While symptoms of mental illness were usually attributed to retribution of the gods in Greek drama, history indicates that the medical community of the time leaned toward organic theories of mental illness, and there is evidence that the mentally ill in ancient Greece were treated humanely. But there is also evidence that stigma of mental illness existed in Greek society. In The Laws, Plato notes that, "the insane person must not be seen openly in the city."

By the 1400s there were graphic depictions of mental illness in Western Civilization including recurring iconography. One symbol, explored by historian Sander Gilman, is the "staff of madness" illustrated here in both religious and secular manuscripts of the early 1400s.

The ship of fools began as an allegory in Plato's Republic and it found graphic representation in the Middle Ages. This is a woodcut by Albrecht Durer in 1494, and here is Bosch's take on the theme from around the same period. Michel Foucault

argues that the ship of fools might have evolved into more than allegory in Medieval Europe. With the eradication of Leprosy by the middle of the 1400s, a new scapegoat emerged, and Foucault argues that "Deranged minds would take the part played by the leper." Foucault suggests that the Medieval ships of fools may refer to the efforts of towns to eradicate the mentally ill from their jurisdictions. Sailors may have been paid to take the mentally ill away, no questions asked.

The Stone of Folly, or the stone of madness, is also a theme of the late 1400s. Bosch presents this interpretation of such a surgery. Here is a portrayal by van Hemessen from around 1550. Fortunately this surgery only took place in art and literature. It was not an actual practice, at least not until the 20th century and the eerily similar practice of lobotomy.

The conditions within mental hospitals became the subject of artistic representation as well. A Rake's Progress is a series of eight paintings in the 1700s by William Hogarth. The series follows the journey of Tom Rakewell from youth and wealth to his confinement to St. Mary of Bethlehem Hospital in London. St. Mary of Bethlehem Hospital was ultimately given the infamous nickname of "Bedlam." We see Tom attended to in the foreground as well as other characters. Barely visible is a man who thinks he is a king, complete with crown and scepter. A man on the left appears to be in a state of melancholia, to use the terminology of the day. The two well-dressed women standing in the background are not patients. They represent spectators. Admitting the public for a fee to gawk at the mentally ill was a practice at Bedlam, and other institutions across Europe, that lasted for hundreds of years.

Another patient at Bedlam was William Norris. In 1815 a poster, or broadside, was produced to protest conditions and advocate for reform at St. Mary. It told the story of Norris, who was a passive patient confined for 12 years in chains with almost no mobility. Norris's case helped spark a parliamentary inquiry, which uncovered many systemic problems in the mental hospitals of the United Kingdom. In this relatively

early case, we have an example of the power of the media to help effect positive change.

By the mid 1800s technology took us beyond paintings, woodblocks, and etchings. The power to fix a photographic image was in place and psychiatric photography emerged. 1895's Psychiatry for Physicians and Students contains a collection of documentary photographs. When I look at these images I am impressed with feelings of both pain, and a recognition of the deep humanity of those portrayed. The text includes this set of photographs illustrating mood changes in a patient. The full impact of the woman's condition exists not in the images, but in the juxtaposition of the images, the magical space between frames tells her story.

Alber's Atlas of Mental Diseases of 1902 includes a series of photographs of a patient capturing his gestures, which gives us an even greater sense of movement. Individual frames became many images each second, and the motion picture was born.

The first entertainment film that contained a theme of mental illness is the slapstick short "Dr. Dippy's Sanitarium" of 1906. "Dr. Goudron's System" of 1913 took a darker approach. A visitor to an asylum discovers the inmates have murdered the staff and taken over the institution.

Freud's influence is prevalent in the work of Alfred Hitchcock. "Spellbound" of 1945 is Hitchcock's most direct homage to psychoanalysis. John Ballantyne suffers from a dissociative disorder, but traditional analysis by Dr. Constance Peterson quickly and successfully cures him.

Billy Wilder's "The Lost Weekend," also of 1945, has been generally held in high regard for its portrayal of the life of an alcoholic. 1948 brought us "The Snake Pit" based on Mary Jane Ward's semi-autobiographical novel. The story puts a spotlight on many systemic concerns related to mental hospitals. "The snake pit" is a reference

to the ward where patients considered beyond help are relegated as a group in a large padded cell.

The 1940s and 50s produced many stereotypical film portrayals of the mentally disordered as violent. Just a few commercially popular titles include: The Mad Dr. of Market Street, I Wake up Screaming, Arsenic and Old Lace, The Brighton Strangler, and Born to Kill.

The 1960s began with Alfred Hitchcock's "Psycho," and Norman Bates' famous line, "We all go a little mad sometimes."

But the 1960s also brought important developments in our fundamental concepts of defining mental illness. Erving Goffman initiated a modern conversation about stigma and mental illness, noting that sometimes the greatest pain of mental illness comes not from a disorder, but from the social identity of being "mentally ill," which leads to shame and concealment. Thomas Scheff articulated his "labeling theory of mental illness." Social majorities label behavior as deviant when it goes against dominant norms. This leads to stigma, which changes a person's self-concept and social identity.

The spirit of these disruptive viewpoints finds its way into film works of the later 1960s including "The King of Hearts" in which World War I soldier Charles Plumpick chooses to join the community of the institutionalized mentally ill rather than stay outside in the insane world of war.

"One Flew over the Cuckoos Nest" is likely to make most short-lists of films about mental illness, but while Ken Kesey's 1962 book portrays McMurphy in heartbreaking martyr imagery, the 1975 film reduces McMurphy, in the words of film critic Pauline Kael, "to a charismatic misfit guerilla."

In 1978, in the film "Halloween," Michael Meyers escaped from a mental hospital to murder hapless babysitters on Halloween night, making a fortune at the box office and inspiring more than 200 movies classified as "psycho films" in the 1980s alone.

The late 80s to early 2000s brought us several landmark films that put specific disorders at the center of characterization. "Rain Man" and autism, "As Good as it Gets," and obsessive compulsive disorder. "A beautiful Mind" and schizophrenia. These films are generally sympathetic toward their characters and make considerable strides towards accuracy. These three films are listed among the best films about mental health by Laura Goldstein of the National Alliance on Mental Illness.

But these sympathetically natured films are not typical. Owen found that 83% of characters with schizophrenia in films between 1990 and 2010 exhibited violent behavior and one in four committed suicide. Fennell and Boyd looked at films from the 1970s to 2000s and found that 98% of characters with OCD demonstrated abnormal thoughts and urges, and more than half acted aggressively.

Much recent press discusses M. Night Shyamalan's "Split", released in January of this year. Split exploits all of traps of perpetuating stigma by portraying behaviors rare and extreme, bizarre and unpredictable, but framed as plausible, and playing to our deepest fears of victimization and violence. This is the promotional trailer.

And it's not just the film that is doing the damage. The trailer alone is horrifying, and just one link to this trailer on YouTube has over 17 million views.

Bethany Brand, a clinical psychologist and professor at Towson University, was an unpaid consultant to Shyamalan, the director of Split, during the development process. Dr. Brand contributed in hope of having a positive influence on the accuracy of the movie. When she saw the trailer that we just saw, she was concerned and contacted the filmmaker. Shyamalan replied that he and Universal Pictures were

interested in promoting information and support for people with dissociative identity disorder, but nothing ever came of it, except that Split has grossed a quarter of a billion dollars worldwide so far, and Shyamalan is planning a sequel.

I believe this recent feature film typifies the dominant social construct of mental illness in movies.

But does this negative construct really affect people? Don't people know better and aren't we able to separate artistic expression from reality? Do film portrayals really contribute to social stigma? The short answer is , "Yes they do."

Domino utilized a pre- and post-test questionnaire design to measure the effects of watching "one flew over the cuckoos nest". Attitudes toward mental illness, mental health professions, and mental health facilities changed <u>significantly</u> in a negative direction for subjects who saw the film.

Wahl and Lefkowits used a similar experimental approach to test the effects of exposure to a film called "murder by reason of insanity," with the same negative results.

And it's not just movies that perpetuate stigma.

One of the earliest systematic studies to examine stigma in media was led by Jum Nunnally. This National Institute of Mental Health project used surveys and content analysis to compare the opinions and attitudes of the general public, the image of mental illness portrayed by the mass media, and views of mental health professionals.

Nunnally found that the media were <u>not</u> a bridge pulling public opinion closer to the attitudes of mental health professionals, but rather the mass media displayed views of mental illness even further removed from mental health professionals than the lay public.

The second half of the 20th century ushered in the age of television, and we still live in an age of television. Today Americans watch an average of more than four hours of television content every single day, thus the role of television in perpetuating stigma is particularly troublesome.

Television shapes our view of reality. Television sits in our homes, is often our companion when we eat, lay in bed, and now it follows us everywhere, accessible on our phones.

George Gerbner began tracking the portrayal of mental illness on television in the 1950s and noted a boom in mental illness portrayals beginning in 1954. Gerbner also noticed a great deal of violence and other stereotyping practices on TV. He then launched a comprehensive research program to study television.

Based on their analyses over many years, Gerber and Gross presented a theory of television effects they named "cultivation."

Television cultivates our view of the world. The more television we watch, the more we believe the world outside our window is like the world of television. Half a century of research, combining content analysis and audience surveys, supports cultivation theory. The content analyses of television analyzed by Gerbner's team from 1969 to 1985 shows that 72% of television characters identified as mentally ill hurt or killed others and 75% were victims of violence. Other content analyses produce similar troubling findings, including my own work.

Using the DSM to identify characters by label or behavior, I found in a 1994 sample that 44% of characters identified as mentally ill were also violent criminals. Raters in my study judged characters identified as mentally disordered to have an even lower quality of life than violent crime victims. The labels used to describe the mentally disordered in my 1994 sample of television programing are shocking. Characters

were called, among other things, "crazy, sick, loony, mental, wacked, cursed, damaged, insane, mad, odd, weird, and stupid.

I checked back to see if things had changed by 2003. They had not. The violent offender rate for mentally disordered characters was similar to the sample a decade earlier with 37% of mentally disordered characters committing a violent crime. In both studies, mentally ill characters were ten times more likely to commit a violent crime than other television characters, and in both studies, mentally disordered characters were portrayed as having a negative quality of life and a negative impact on society.

In the second study, Mark West and I added <u>effects</u> research as well. We surveyed 419 respondents by telephone in Western North Carolina and found that media consumption was correlated with attitudes toward mental illness. Those who watched more television news are less likely to support living next to someone who is mentally ill. Those who read the newspaper more frequently and those who spend more total time watching television are more likely to think that locating mental heath services in neighborhoods endangers the residents.

Here is just one brief clip from my 1994 sample.

I think that sums up the problem pretty well.

But what about viewer attitudes today?

Quintero Johnson and Riles recently surveyed 359 college students about their media use and attitudes towards mental illness. TV use was a significant predictor of estimates of prevalence of mental disorders, and the prevalence of severe mental illness in the population. When asked to describe symptoms and behaviors they associate with mental illness, participants cited the most severe disorders and

symptoms. Terms frequently used describe "mental illness" in general were delusions, hallucinations, anger, and violence.

Despite this evidence of continued stigma, I believe the current landscape of television is much more encouraging than it was just 15 years ago. Before the late 90s, characters with mental illness on television were generally disposable. They were used for novelty in situations comedies. They were used to commit murders in crime dramas. They mostly came and went, killed off, sentenced to prison, or otherwise disappeared from the airwaves without comment.

Transitory characters with mental illness still exist on television, but we have crossed over into an era when <u>major</u> television characters live with mental illness, and this is appropriate since nearly 50% of real-world adults will develop a mental disorder at some point in their lifetime.

Tony Soprano joined the world of the small screen in 1999. Tony is a <u>major</u> character, the series <u>protagonist</u>, portrayed in a course of therapy, and that is a landmark move for television. But he's also a violent criminal responsible for eight on-screen murders and the ordering of many more. That is not good for stigma, but Monk joined us just three years later in 2002. Monk shed the violent stereotypes of Tony and instead works to solve crimes. Girls, You're the Worst, The Big Bang Theory, and others have made mental illness a component of the complex lives of our television heroes.

This is not to say these examples don't bring any issues of concern, they do, but by shifting some of the elements of dramatic storytelling around, contemporary television is breaking new ground in telling stories that involve mental illness.

In the age-old stereotype, the mentally disordered person is the villain. The villain is put in the story to get in the way of the hero. Furthermore, the identity of the character, as villain, is defined by the mental illness. But let's move this around. In the case of the contemporary television series Homeland, Carrie Mathison is the hero. Her

identity is <u>not</u> defined by her mental illness. She is a CIA agent, and her bi-polar disorder is a challenge, a complication, to use the terms of drama, in making her journey.

Writer Meredith Stiehm based clinical elements of the character, Carrie Mathison, on the experiences of her sister, Jamie. Claire Danes, the actor who portrays Mathison in Homeland, conducts research to understand her character's illness and motivations for her behavior. The show is widely praised for its portrayal of bi-polar disorder, and mental illness in general. Jeffrey Lieberman, Professor and Chair of Psychiatry at Columbia University Medical Center calls the show "one of the best fictional portrayals of mental illness." Courtney Reyers of the National Alliance on Mental Illness writes that Homeland portrays mental illness with "compassion, clarity, and responsibility." Let's hold on to those words as standards for portrayals of mental illness in the future: compassion, clarity, and responsibility.

But, you can find as many viewpoints on the series, Homeland, as there are tweets, posts, and opinion pieces. Critics point to the troubling messages in some of Mathison's behavior and choices. Others are concerned about the framing of mental illness in the series and call it sensationalized. Still others note that bi-polar disorder is portrayed on the show as a sort of "superpower," a damaging misconception of the realities of mental illness.

There will always be wide range of reactions to a television drama that reaches millions of viewers. And there will always be pitfalls of stigma in drama. Stories for the screen are larger than life, must engage the audience, and must compete in a marketplace where viewers have countless choices. This will always invite the sensational, the stretched, and the inaccurate. But I believe we can be encouraged by the shift in television portrayals we have seen in the last 15 years, and I think the gradual move to make mental illness a part of the lives of many of our major characters is important. The only way to avoid all risk of getting it wrong is to steer clear of the topic of mental illness in entertainment portrayals altogether, and that

solution is no good. Symbolic annihilation of mental illness from the lives of our heroes would simply tell the audience that "heroes don't have these issues," and "your story is not worth telling."

Other programs on television address mental illness in the format of non-fiction. The programs : Obsessed, Hoarders, and Treatment provide an insight into the lives of people living with mental illness and their courses of therapy.

But what about news media more generally?

The news is a primary source of information about mental illness for the both the general public, and for people with mental disorders. Unfortunately, the stereotypes of violence, unpredictability, and dangerousness permeate the news media as well. Also of concern, is a pattern of framing that tends to minimize the effectiveness of treatment.

Day and Page examined news articles from 1977-1984 and found dangerousness and unpredictability to be the labels most frequently used to describe mental illness. Wahl, Wood, and Richards studied print media in 1999 and found "dangerousness" remained the most common theme. McGinty and colleagues looked at articles between 1995 and 2014 and found that violence was the most frequently mentioned topic, occurring in 55% of stories while only 14% of stories discussed effective treatment. The literature shows that these portrayals influence public perceptions. Patrick Corrigan, who we heard from earlier today, with his colleagues Karina Powell and Patrick Michaels, found that negative stories about mental illness increased stigma and decreased affirming attitudes.

While there will always be the tabloid media, which will disregard efforts to report responsibly, professional journalists are generally sympathetic toward mental health issues Wahl and Axelson concluded that that "journalists have positive attitudes toward the mentally ill and are aware of and concerned about negative stereotyping

of mentally ill persons in news programs." The journalists in their study pointed to systemic constraints on their efforts. Matas and colleagues conclude that media reporters are no less accepting of mental illness than mental health professionals, and put forth a list of some of the constraints in journalism that perpetuate stigma: sensationalism sells; cost and time factors prevail; reporters' knowledge is limited on the subject, and superiors have editorial control.

There are some noteworthy efforts to push back against these constraints. Some news organizations and outside agencies offer training on mental health issues for reporters. The Associated Press Style Guide, which is the handbook for professional journalists, added an entry on mental illness in 2013 to help journalists report on mental health issues more accurately and fairly.

There is use of solution-based and success-based frames to tell mental health stories, as these recent headlines show, but stigma still abounds. This is from CNN just few weeks ago, promoting a series about comedy and an episode entitled, "A Spark of Madness." Also earlier this month, the front page of the Washington Post featured this story front and center. This example illustrates the challenges of reporting about mental health issues, and the dangers of stigma. What will most readers take away from this headline? The linkage is Mentally ill, Gun, Tragedy. For readers who make it past the headline and read the lede they will see, "Janey Delana had called the police, the ATF, and the FBI. Finally, she pleaded with a manager at the gun shop. Even so, Colby Sue Weathers – a paranoid schizophrenic – was able to buy a gun, and soon her father was dead." What if you were not trained in recognizing the pitfalls of stigma? Or educated on the <u>facts</u> about mental illness and violence? What if you were an average reader who went on to the next story after skimming only this much? The complexity of the issues at play in this newsworthy event are lost to the stereotype, and the stigma of all those who are mentally disordered, is reinforced. For people reading the whole article, they will see two dominant frames to the story. One frame is the issue of gun control. The other frame is the problem of a failed mental health system. The article tells the story of Colby Sue Weathers' progression through time to

receiving a prescription for a powerful medication that worsened her condition, followed by a recommendation to go off the medication shortly before the murder. The author includes this transition in the article, "Tex Delana knew the ravages of mental illness, his wife said." <u>This</u> statement is <u>not</u> a direct quote. It is a characterization by the journalist given without providing the exact words used by Janey Delana, with attribution. This statement leaves a global impression that "mental illness is ravaging." Even in the Washington Post, Even in March of 2017, this is a front-page portrayal of mental illness in the news.

So what can we do? There are three primary avenues for reducing media stigma and its effects. Regulation, Education, and Advocacy.

The pathway of <u>regulation</u> has proven to be limited in reach and impact. The First Amendment protects mass media content, even when the content perpetuates stigma. Broadcasters, who use the public airwaves, are bound by law to serve the "public interest, convenience, or necessity," but even with broadcasters, who are regulated by the FCC, we have seen little over the years in terms of regulatory pressure. This is not to say we should abandon the regulatory option. Our elected representatives should know our concerns, especially when public resources and harmful social effects are involved.

<u>Education</u> is an area where we can make a significant impact. A major way we can use education to reduce media stigma is by promoting Media Literacy.

Media literacy is simply teaching people how to critically engage media, and to understand how media systems work.

We need to reach <u>consumers</u> of mass media, which is essentially everyone. <u>We</u> know that mass media perpetuate stigma, and that this stigma is damaging. Media literacy can take this message further. Consumers need to understand not only that there <u>is</u>

media stigma, but <u>why</u> there is media stigma. Stigma in mass media is perpetuated because

Our media systems are profit-driven, and this makes drawing a large audience an industry imperative, and this can lead to sensationalism.

Our mass media tell stories. This can lead to the use of heroes and villains, drama and tension.

And, while some producers and writers have mental health expertise, this is the exception, and this leads to inaccuracies in content. <u>You</u> know more about stigma and mental illness than most people who create media content for a living.

And, the history of stigma in our culture has roots dating back at least 2,500 years. Changing the fiber of those beliefs and assumption will take time. I am encouraged by some recent changes, but consumers need to know the deeply ingrained historical context of false and negative portrayals.

This is my call to you: Bring this conversation of media literacy to your congregants, your clients, your students, and the people in your lives. Integrate film and television; readings of news media. You can help your communities understand <u>why</u> media stereotyping is happening. You can help your communities engage in active, thoughtful, critical, media use, and you can help them see the fallacies. This will break the cycle of us projecting harmful stereotypes on others, and internalizing these stereotypes within ourselves.

But reaching out to media consumers is only part of it. We need to address stigma at its source, and this is where the component of <u>advocacy</u> comes into play. Mass Media are no longer a one-way, top-down enterprise with no real opportunity for feedback. When you spot errors, when you spot content that causes concern in journalism, click on the name in the by-line and voice your concerns directly to the author. Encourage

others to do the same. That feedback to journalists will often be more powerful than you might think. It can lead to immediate corrections to a current story, and the broadened perspective you have put in the mind of the journalist can lead to changes in the stories of the future.

Our role is powerful in shaping entertainment programming as well. Television viewing and social media are converging. Audiences are discussing television content through social media, a synergy called Social Television. Writers and producers are monitoring this content, and using audience feedback to inform their process. It is becoming more common for television writers and producers to have a personal twitter presence. This is a doorway to express our concerns. Writers are quite concerned about being called out in a public forum for factual errors. We absolutely can help in shaping the television episodes of the future.

We must also show media producers that stigma is unwanted in the marketplace: that stigma is not as profitable as compassion. Writers and producers will turn away from stereotypes when they recognize the stereotype is stale, predictable, uninteresting, and unappealing. They will change their ways when we deny them an audience. For example, in 2000 ABC premiered a series called, Wonderland, set in a psychiatric hospital. The first episode opened with a man with schizophrenia going on a shooting spree and later stabbing a pregnant physician in the stomach. The ratings were abysmal; the pushback from mental health advocates was intense. The public said in force, "We don't want this," and the show was pulled from the air by the second week.

You can do so much to fight stigma and to promote media literacy. Faith communities bring a dimension of understanding and insight that is greater than that of academics and mental health services alone. Stigma is wrong, and you are armed with the knowledge, faith, and compassion, to help make the situation right.

Thank you.

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