Mental Illness in The Media: How Narrow Portrayals Invoke a System of Stigmatization

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Abstract

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The rates of mental illness are steadily increasing among young adults in the United States. Therefore, it's imperative that we understand the right treatment methods for the mentally ill. However, there is a profound lack of research regarding why only some at risk individuals seek and receive the help they so desperately need. Throughout my studies at Emory University in both the Psychology department and Interdisciplinary Studies department, I have begun to notice a connection between a lack of treatment and stigma. In fact, many studies suggest that labelling an individual as "mentally ill" impedes their treatment and chance at recovery. Therefore, it's crucial that we begin to address the stigma surrounding mental illness. While there are a multitude of influences on the stigma surrounding mental illness, I argue that one of the strongest influencers is the media. By looking at three popular televisual media texts released in the last twenty years, set in the 1950s and 1960s at psychiatric institutions, I can begin to assess and examine where these stigmas originate. Out of the three texts, two fall under the genre of horror. The last film is characterized as drama. I am also looking at a mix of films and television series to be able to generalize the information. The films I am using are *Shutter Island*, which was released in 2010, and *Girl, Interrupted*, which was released in 1999. The television series I am analyzing is *American Horror Story: Asylum*, which is the second season of the popular FX show. Drawing heavily from disciplines of psychology, media studies, women's gender studies, sociology, and cultural theory, this thesis project uses both film analysis, critical film reviews, and theory to showcase the different stereotypes of mental illness. This project does not seek to increase frequency of treatment and knowledge surrounding mental illness but aims to examine some of the ways that popular representations of mental illness shape broader stigmas. I refer to this cycle as a system of stigmatization due to false media portrayals. Concluding remarks are offered as an outline for future research regarding ways to approach this issue. This includes ways to change the media narratives about mental illness and discusses various education platforms to inform the public.

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CHAPTER 1: The Extraordinary Prevalence of Mental Illness and It's Media Portrayal

When I was 16 years old, I made a new best friend. We had a lot in common, ranging from superficial things to those more deeply significant. We both suffered knee injuries, we shared a love for the sciences, we were always on the lookout for new music, and we were both obsessed with *House, Lost*, and *Grey's Anatomy*; the list goes on. As the year progressed though, I sensed that something had changed. She started painting her nails black, wearing long sleeves every day, and had bags under her eyes as if she had not slept in days. I knew something wasn't right. I sat her down and urged her to tell me what was going on. At first she seemed shocked that I noticed anything at all. Little did she know that I was well aware of her 3am depressing music sessions on Spotify, or how little food she ate at lunch, or even the tiny things like the fact that her laugh always seemed forced.

"I'm here for you, and no matter what, we'll get through this," I told her. That's when she started shaking, and I saw the tears in her eyes. All at once I felt both proud of my ability to break through to her and afraid of what I had asked her to share. When she lifted her sleeve and I saw multiple scars up her arm, some fresh and some old, I shuddered; I was definitely not prepared for this. My heart was racing and I started to sweat, but I listened as she told me about the sleeping pills and her multiple attempts at suicide. How was I supposed to handle something like this? Though she was trying to get professional help, I knew it was not working, and looking back on it now, it seems silly that I thought I could give her what she needed.

There were many nights when I sacrificed sleep, choosing to keep my phone on and listen to her in case she needed me. Soon enough though, I recognized that my being her friend wasn't enough; I was faced with my own shortcomings as I tried, without training, to play therapist. I stopped feeling like I was helpful, and the pressure and responsibility I took on was taking its toll

on me. I began to grow tired of her depressed moods and felt guilty for not wanting to spend as much time with her. The worst part about it all is that I didn't really know what I was doing. I listened; I held her when she would shake and cry; I even helped her throw out the demonizing razors, lighters, and pills. At the time I felt ashamed for feeling a sense of relief when she went to the hospital; I felt like I had failed her. I felt responsible every time she hurt herself, and it seemed like my help was useless no matter how hard I tried.

Looking back on it, I definitely matured a lot in those few months. I took on the role of therapist, mother, best friend, and life-coach. But ironically, the most mature decision I made was to turn to my own mother for help. I needed it more than anything in the world. She called my friend's therapist, and my friend was checked into the psychiatric ward that night.

To this day, I still worry. Reflecting on it, I know I did everything I could. And I love the fact that I can say I'm part of the reason why she is smiling and back on her feet. Yes, she has bad days, but that doesn't mean there hasn't been progress. It's an unbelievable feeling to have helped save someone's life. But the next time I do, it will be with the proper education to actually make a change and difference.

This is just a glimpse of one story, of one of my friends, at one point in my life. However, this story is highly applicable because mental illness is prevalent in American society. It runs rampant among my generation, and yet, there are limited resources to combat this ever-growing problem. In fact, there are over 1,000 suicides on college campuses every year, which is primarily a consequence of mental illness. Further, suicide is the second-leading cause of death among people aged 25 to 34; thus, the prevalence of mental illness is a problem we need to do a better job of addressing (Drum et al. 2009).

I chose to help my friend instead of judge her, but findings show that this is not the norm. In fact, my friend easily could've been labeled as crazy, and thus the social stigmas surrounding mental illness would be applied to her. Studies suggest that stigmas surrounding the mentally ill are widespread (Davey 2013). A survey of over 1,700 adults in the UK shows that the most commonly held belief surrounding the mentally ill is that they are dangerous. Second, is that people believe that some mental health problems, like eating disorders and substance abuse, are self-inflicted. Lastly, the respondents in the survey think that people with mental health problems are hard to talk to (Davey 2013). Additionally, these beliefs are held regardless of the respondents' age, previous knowledge about mental health problems, and regardless of whether they know an individual with mental health issues (Davey 2013). So, where do all of these beliefs come from, and why do most people hold similar stereotypes surrounding the mentally ill? I aim to examine this question throughout this thesis.

It is important to note how I define the mentally ill within this thesis. Although mental illness is incredibly complex, the media creates a very narrow definition. This definition includes individuals who are out of the norm, exhibit behavioral problems, and show symptoms of some of the disorders within the Diagnostic Statistical Manual.

The stereotyped views regarding mental illness are often incorrect. For example, individuals believe the mentally ill are violent and dangerous, when in reality they are more at risk of being attacked or harming themselves rather than others (Mental Health Foundation 2017). This discrimination can actually worsen an individual's mental health problems, or delay and even impede their recovery. Further, "social isolation, poor housing, unemployment, and poverty are all linked to mentally ill health. So, stigma and discrimination can trap people in a

cycle of illness" (Mental Health Foundation 2017). Addressing this cycle of illness can only occur by examining the stigmas surrounding mental illness.

Furthermore, fixing the problem can only happen once we recognize that it is a problem. I intend to identify the differing stigmas surrounding mental illness through my thesis by looking at the role media representation plays. I argue that the media outlets exacerbate the stigma and stereotypes. To continue, media reports often link mental illness with violence; thus, showing individuals with mental health problems as "dangerous, criminal, evil, or very disabled and unable to live normal, fulfilled lives" (Mental Health Foundation 2017). For example, the media has described Nikolas Cruz, the perpetrator of the most recent shooting occurring at Stoneman Douglas High School as mentally ill. CNN reports:

> In September of 2016, Cruz was on two types of medication routinely
> prescribed for Attention Deficit Hyperactivity Disorder (ADHD). The records
> make repeated references to Cruz having the neurobehavioral disorder as well as
> the developmental behavioral disorder autism (Flores 2018).

The problem with this report is that it fails to acknowledge that the symptoms for both autism and ADHD are not characterized by violence and aggression (ADD Resource Center 2013). Connecting mental illness and a gun shooting in an article distributed through a popular news source like CNN suggests to the public that individuals with ADHD and/or autism have the potential to commit a horrific crime like Nikolas Cruz. In reality, this is highly unlikely. The non-fictional news reports are not the only problem though. Mental illness is often associated with danger and violence in fictional popular culture, such as television and film.

By recognizing the media's inaccurate portrayal of mental health issues, I can start to explore this issue. First of all, I would like to note that I do not believe it is the media's job to

accurately depict mental illness. However, since the media affects the stigma surrounding mental illness, I reason it should become the media's role to at least produce a more varied narrative, as the current dominant discourse is not beneficial to reducing the stigma. I will analyze three media texts throughout my thesis to emphasize the ways in which the media portrays mental illness. While these texts show mental illness in different ways, and in different narratives, they do not accurately depict the lives of those who suffer from mental illness. Further, these texts were all released in the last twenty years and are all set in psychiatric institutions during the 1950s and 1960s. The texts include *Shutter Island* (2010), *American Horror Story: Asylum* (2012), and *Girl, Interrupted* (1999). The 1950s and 1960s mark a significant moment in psychiatric history, in which the use of medicine began to be more of the norm. Additionally, the first Diagnostic Statistical Manual (DSM), which organized the diagnoses of mental disorders, was released in 1952. The field of psychiatry came to the forefront of medicine. The release of the DSM created ease of diagnosis; thus, more patients were diagnosed. This made mental illness more well-known and prevalent (Wikipedia, "Diagnostic and Statistical Manual of Mental Disorders"). To continue, the televisual media I'm focusing on were all released in the last two decades, making the stories seem more modern. By addressing these narratives, I can pinpoint the consequential stigmas and begin to think about how to change the narrative. Subsequently, we can begin to reduce the stigma surrounding mental illness.

Throughout this thesis, I intend to illustrate how the portrayal of mentally ill individuals in televisual media creates a system of stigmatization. The media often depicts the mentally ill as dangerous and violent, mystical and evil, and lastly, shows mentally ill women as weak. These stereotypes perpetuate stigmas about mental illness, which often leads to the hindrance of mental health recovery for the mentally ill. We must recognize that the limited narratives surrounding

mental illness produce corresponding stigmas. Hence, we should try to tell new stories so that the stereotypes and proceeding stigmas change. Shifting the narrative can affect the very strong stigma; the stigma which often inhibits people from seeking treatment because they do not want to acknowledge their illness. Not recognizing their illness means that they can avoid the stereotypes and stigma. So, while the role of televisual media is not to accurately depict mental illness, the media should at the very least produce non-monolithic narratives to reduce the unconstructive stigma.

CHAPTER 2: The Necessary Dissection of Media

<u>Cultural Theory Within Society</u>

People use media representation to understand what is going on in the world, implying that we take media claims at face value. Therefore, I will define media and representation to argue that media affects society. Media sources are a form of mass communication to the public, which we, the public, interact with intimately and consistently. Media is constituted as communicating via television, print, and radio, in both fictional and non-fictional ways. Moreover, in today's society, media can be expressed through the internet, which enables publication of massive user-generated content. Further, social media enables direct communication between individuals, as opposed to previous forms of media (Granados 2016). We must evaluate representations in the media, as many people form their worldview based on the information presented to them in these media platforms.

Using Stuart Hall's cultural studies approach, I will analyze representations of mental illness in the media. Cultural studies is a discipline that works to uncover the inner workings of representation, language, meaning, and power. It also discusses the idea that mass or popular culture can be "re-aestheticized, as a sort of 'supplement' to economic transnationalization" (Beverly 20). This insinuates that media sources can transcend boundaries between cultures by creating a new narrative or aesthetic that is understood and accepted by all. Therefore, the media benefits society at large by creating shared cultural understandings. If mass media creates a shared cultural understanding, then evaluating these cultural understandings is important because it shapes the majority of the world's paradigm.

Individuals evaluate representations in the media on a daily basis. A massive problem with representations in the media is what Hall refers to as the "standard view," which is when

individuals see representations as accurate without any doubts. Hall views representation in the media as creative and active, which is the approach I will be adopting in my analysis (Hall and Jhally). A creative and active media representation, in its essence, is a story. The representation is dramatized and curated to generate a clear narrative. Instead of viewing media through a face-value lens, in which we accept narratives told in the media as true, I will examine narratives in the media as stories. These stories include plot, character development, and setting, which are portrayed overtly. These stories have implications on humanity's paradigms.

Our paradigms are affected by divergent perceptions of images, which stem from the unique nature of each image. In fact, images have no fixed meaning; they have a wide range of meanings based on how the image is presented. However, our society generally believes what the media reports, which is why image representation in the media is critical. While the media is not necessarily monolithic on a large scale, in relation to mental health issues, they tend to produce content in a monolithic manner. Monolithic, in this context, means rigid, strong, and uniform. The story stays fairly consistent throughout each media platform, even though the images vary. To complicate things, powerful entities have control over the way stories are told in the media, and therefore influence how society perceives the world around us. Hall and other scholars believe "the rise of mass communications and popular forms were permanently changing our relationship to power and authority, and to one another" (Hsu 2017). I agree and will argue that narrative itself, when expressed through mass communications, becomes selective, politicized, and dominant, which in turn, drives social habits of image interpretation.

Hall uses the following example in his lecture, which drives this point home. He analyzes the image of Linford Christie winning the Olympics with the Union Jack around his shoulders. This image can be interpreted in multiple ways: the captain of the British Olympic

team is black; this person (Linford Christie) isn't a normal representation of the British people because he is not white; it shows the contrast between what you expected to find in the first place with what is actually shown (Hall and Jhally). Images only show one side of the story, so certain aspects may be absent within each presentation. These absences also influence the audience's perspective. For example, this image of Linford Christie winning does not show who came in second place; does not highlight that there are many black individuals within British society; and certainly, does not tell the viewer how to perceive the image. The incomplete portrayal of images illustrates the risk of media as a communication platform.

If we follow Hall's approach of interrogating the image, then we can loosen the media's powerful hold on society. Interrogating the image is an approach in which individuals ask hard questions about the images presented to them rather than just accepting the image as reality. Such questioning is important because, "when we are immersed in something, surrounded by it the way we are by images from the media, we may come to accept them as just part of the real and natural world" (Hall and Jhally). Cultural studies urges us to see how representations of images shape our existence, which is what I will be doing to assess the media's portrayal of mental illness. A common example that appears throughout this thesis is the following: if a film represents a mentally ill individual as violent, then the viewers may associate mental illness with danger; thus, the viewers may introduce this notion to their paradigm and act under this perception in their everyday life.

Moreover, Hall claims representation presents a meaning that already exists. For example, a political representative of the United States stands to represent the United States on a global scale. However, deep down, there are a multitude of unique people who make up the United States, and this one political representative does not cover us all. This is why Hall argues

that representation is constitutive. He claims that events in the world do not have one essential, fixed, or true meaning until they are represented in the media; even then, the true meaning varies on who is extracting the image. To put it shortly, the meaning of an event does not exist until it has been represented. Representation is part of the event; we understand events only through representation (Hall and Jhally). Hence, media representation must be analyzed.

Additionally, using cultural studies is crucial as it provides the cultural context of each individual's view. Culture is the way we make sense of and give meaning to the world around us. Culture stems from what Hall calls "maps of meaning," which is meaning that arises from shared concepts and values (Hall and Jhally). Due to representations in the media and shared cultural understandings, many cultures have similar beliefs about mental illness. Therefore, these maps of meaning are crucial in addressing the inaccurate portrayals of mental illness in the media. Furthermore, meaning can be manipulated based on cultural representations. Thus, maps of meaning are highly relevant to the way in which people perceive events, or more specifically, perceive mental illness. If an event is represented in a specific way, the overall cultural belief regarding that event will be similar across culture, due to the map of meaning. If you change the way something is represented, it has the potential to change the map of meaning. In contrast, changing the map of meaning allows for the changing of a particular representation. To better understand representation of events, we must partake in classification.

Humans need classification, as it helps them make sense of the world around them. Each culture has its own unique classification system, thus, individuals who belong to the same culture usually follow the same classification system. Culture can also be seen as a system of classification and representation. This shows that the way in which an event is represented in the media can have a critical impact on the meaning of that event.

For example, days after Mark Anthony Conditt, the Austin bomber, blew himself up, a video was released in which he calls himself a psychopath. CNN reports, "In the cellphone recording, Conditt, 23, refers to himself as a 'psychopath' and shows no contrition for carrying out a nearly three-week-long bombing spree that left two people dead and spread fear across the city" (Chavez et al. 2018). There is no doubt that Conditt's actions were an atrocity; however, associating these actions with psychopathic tendencies suggests to the public that any individual with these tendencies can and will commit these types of crimes. Therefore, the presentation of this story creates a cultural meaning surrounding this event. If an event is represented undesirably, then the cultural meaning about this type of event in the future will remain negative.

To continue, if psychopaths are always represented as serial killers going on rampages with no remorse, like Conditt is, then people receiving this cultural representation will base their worldview about psychopaths accordingly. This all stems from the way information is presented and relayed to them through the media (Hall and Jhally). As I've mentioned, what we see in the media we add to our paradigm. Additionally, there is a cycle of accepting what the media presents to us and adding to our perspective. We accept the news' representation and add it to our perspective, which in turn influences the fictional media we produce. Further, what the news presents is influenced by portrayals in fictional media. The cycle repeats, building on top of each other and further influencing one another.

In order to break this cycle, we must analyze the different meanings of each portrayal. To do so we must look at language. Within the cultural studies framework, language is key to making meaning, because language externalizes the meaning that we make of the world. It also solidifies the meaning of certain events. Language is made up of discourse which allows for conversations regarding certain events. Therefore, discourse allows meaning to exist because

nothing meaningful exists outside of discourse. If you cannot communicate the meaning of an event through language, discourse, and representation, then meaning does not exist at all. As Hall puts it, "Without language – and I use language here in the broad sense, I remind you, different media using different sign systems, etc. but nevertheless without language, no representation; without language, no meaning" (Hall and Jhally). Language is absolutely critical in understanding the meaning of events derived from the media, specifically within the context of cultural identity. In this thesis, for example, the language used to describe the therapy implies a certain belief about psychoanalysis. In *Girl, Interrupted*, one of the patients says, "You lie down and confess your secrets and caching; you're saved" (*Girl, Interrupted*, 41:01). Clearly, she is making fun of psychoanalysis, which suggests to the public that this psychiatric treatment cannot be taken seriously, and therefore, does not help. We would not be able to derive this meaning without language.

Further, language is significantly impacted by cultural identity. Cultural identity is the feeling of belonging to a group and includes an individual's self-perception. Signification, an element of cultural identity that allows for communication through language and meaning, is a key part of cultural identity. Signification is the conveying of meaning. In the process of signification, meaning is produced. Further, the word or languages' existence produces one of the many meanings of an event or object. However, the production of meaning reinforces the idea that there is an activity or practice that must occur in order to give meaning to things and communicate that meaning to others. Hall describes this as signifying practices, which are involved in making meaning. Media studies and cultural studies rely heavily on this notion (Hall and Jhally).

Meaning derives from the conjunction of language and one's interpretation of a represented image. Images and media representations have no fixed meaning, which is why the way in which events are represented in the media matter. Images can elicit a wide range of interpretations, and thus, have various meanings. As Hall says, making meaning is always a process of interpreting what is represented. I will be using my own interpretation of various media images in order to describe how meaning is attributed to events surrounding mental illness. It is important to note, however, that the culture to which an individual belongs plays a large role in that individual's interpretation of images. Cultural identity in conjunction with dominant discourse can influence people who are receiving the images; therefore, we must acknowledge if the dominant discourse is hegemonic in nature. Therefore, hegemony plays an essential role in understanding how meaning is accepted by the mass population.

Hall defines hegemony as "dominance and subordination in the field of relations structured by power" (Master's session). It is a way of gaining and maintaining power, which makes it more than just social power itself (Lull 33). In the past, the strongest predictor of social differences and social class was economic position. However, with the technological developments that have occurred in the twentieth century, the manner of social domination has become much more complex. In fact, the most powerful predictor of social power stems from ideological influence (Lull 33). Ideological influence comes from Gramsci's theory of ideological hegemony. Gramsci claims that "mass media are tools that ruling elites use to 'perpetuate their power, wealth, and status [by popularizing] their own philosophy, culture and morality'" (Boggs 39). This claim implies that power structures use the media to influence individual consciousness. Then, the people who are influenced end up buying into their own oppression, as presented to them by the media. For example, women who are convinced that

being a housewife is good for them because they are protected and taken care of by their

husbands, are buying into a hegemonic idea. The hegemonic idea is that subordinate positions

are good for females. The media successfully reinforces hegemonic ideas like these, which is

highlighted in my analysis of the three televisual texts I am looking at.

To explain further, Lull says:

> Owners and managers of media industries can produce and reproduce the content,
>
> inflections, and tones of ideas favorable to them far more easily than other social
>
> groups because they manage key socializing institutions, thereby guaranteeing
>
> that their points of view are constantly and attractively cast into the public arena
>
> (34).

Therefore, the media can highlight an idea in any way that they choose so that the audience only

sees that one perspective. Some of the entities that have the power to affect the perspective of the

media include schools, businesses, political organizations, trade unions, religious groups, and the

military. Further, not all of the perspectives that are represented are dominant in the media. It's

important to distinguish that hegemonic ideas differ from dominant discourse. In fact, only some

hegemonic ideas become the dominant discourse in the media, but often times they are rooted in

the same notion.

For example, the NY Times reports that the firm, Cambridge Analytica, secured a:

> $15 million investment from Robert Mercer, the wealthy Republican donor, and
>
> wooed his political adviser, Stephen K. Bannon, with the promise of tools that
>
> could identify the personalities of American voters and influence their behavior.
>
> So, the firm harvested private information from the Facebook profiles of more
>
> than 50 million users without their permission (Rosenberg et al. 2018).

Clearly, the use of power and wealth allowed for this breach of data. Further, The NY Times reports that, "the breach allowed the company to exploit the private social media activity of a huge swatch of the American electorate, developing techniques that underpinned its work on President Trump's campaign in 2016" (Rosenberg et al. 2018). Some argue that Trump's campaign both promoted hegemonic ideas and became a dominant discourse during the political campaign in 2016. Through the use of power, Cambridge Analytica was able to breach the privacy of millions and was able to garner information about the public. They used this information to further exploit and influence the public. This story shows that powerful entities influence the ideology of the mass media, and thus promote hegemonic ideas through the media's dominant discourse.

Further, the controlling economic forces within society use the mass media to provide a rhetoric, or a sort of language, in which concepts that the economic and powerful forces care about, are labeled, evaluated, and explained. Everything illustrated in the media is represented in a specific way for a reason, all the way down to the camera angle and lighting. The specific meaning that the imposing groups are trying to get across will only be effective if the subordinated people accept the dominant ideology (Lull 33). Hence, analyzing media portrayals of mental illness is critical in understanding the discourse about mental illness. It's possible that mental illness is displayed in a certain light depending on the way powerful social groups want it to be represented. If these entities want to show mental illness in a harmful light, then they can influence the media to do so; then, the subordinate groups will believe that the way it is presented is true, and therefore spread the ideology. I argue that mental illness can and should be portrayed differently than it is now, in order to change the stigma and to represent mental illness in a more accurate manner.

Ideology and power work to close meaning, so that only one meaning can be expressed. Individuals in power aim to fix the meaning of images and language so that the meaning of a certain image is consistent with the beliefs of the culture that they promote. The ultimate aim of such interpretative domination is two-fold. By fixing meaning and only presenting one side of a story, powerful entities can influence the masses to support this one side of the story. This is the first aim. The second is to influence those who try to oppose fixed meaning; and in this case, reject the one-sided story. In the Cambridge Analytica example, the scandal between Cambridge Analytica and Facebook showcases the attempt of Trump's campaign to fix meaning. His campaign tried to present one side of the story, i.e., Trump's platform, to influence the masses; however, not everyone accepted what the campaign presented, which is opposition to fixed meaning. There will always be people who do not want to accept the meaning presented to them. I acknowledge this fact and will take into account the idea that there is always opposition to fixed meaning in order to best interrogate the images from the media.

One of the ramifications of media representations is that they create and perpetuate stereotypes. For example, as stated before, if the mentally ill are presented as violent, then the stereotype that the mentally ill are dangerous becomes prevalent in American culture. A stereotype is a widely held but fixed and oversimplified image or idea of a particular type of person or thing. Stereotyping fixes meaning, which implies that certain groups and people are confined by particular expectations. This idea will be absolutely critical when assessing mental illness in the media, as I will discuss the different stereotypes that are assigned to the mentally ill. Furthermore, there are always implications of stereotyping, such as discrimination, prejudice, and most relevant to this thesis, stigma. Media can also help society redefine concepts and images due to the power it holds. Redefining these concepts and images can help change

stereotypes. One of the best ways to do this is to replace negative images with positive images, i.e., show the mentally ill as productive members of society as opposed to locked in a psychiatric institution. This, in essence, is reversing the stereotype.

Reversing the stereotype can only occur by opening up representations. In doing so, we eliminate the closure that exists. Closure is the erasure of ambiguity; it is the suggestion that one interpretation is adequate, when in reality there are always multiple levels on which a story operates. As Hall says, "What closure in representation does most of all is it naturalizes the representation to the point where you cannot see that anybody ever produced it. It seems to be just what the world is. It's just how it looks; that is just what reality is" (Hall and Jhally). When the media only shows one representation, it fixes and closes meaning, which is why it is so important to resist the presentations. Few take a step back to understand why we believe the media's presentations and more specifically, why we struggle to resist the hegemonic ideas. This is why cultural studies is so helpful in understanding why we believe the things that we do (Hall and Jhally). Such actions create and reinforce the limited stereotyping of mental health issues. If we interrogate the images that present mental illness, we can begin to reverse stereotypes and begin to educate the public instead.

How Images Reflect Our Cultural Understanding

The presentation and expression of images within the media have the capacity to portray a historical background that influences the meaning of the image. Lipsitz discusses this in depth using the late Rahsaan Roland Kirk. Kirk was a famous jazz musician known for his ability to draw attention to his role as a black musician within a white society. He told the historical story of black culture within white society in a way that got people to listen. As Lipsitz explains "his stage antics played against the expectations of the audience" (4), which illustrates Hall's point

that an image can highlight the contrast between what you expect to find and what is actually

shown. Within the commercial context of commodified mass culture, Kirk used his musical

abilities to explain the story of black culture without having to articulate the story through

historical narrative (Lipsitz 4). In this way, he is able to tell a story and have influence without

being overt.

       The problem of historical inquiry and explanation that Kirk experiences in his musical

performances mirrors the problem of historical inquiry that exists within the mass media. Kirk's

"history" gives an impression that is interpretive and allegorical in nature, so his messages about

the past tend to become fictionalized within the commercialized nature of musical performances

(Lipsitz 4). The same idea rings true within the context of mass media. When the media attempts

to portray messages about the past, the information tends to get absorbed quickly, as the

audience just accepts the information, adds it to their paradigm, and moves forward. Through

this thesis, I will show how contemporary televisual texts depict psychiatric institutions in the

1950s and 1960s. It is my hope that the viewers begin to question these portrayals. If they don't,

mass communications could begin to dominate our discourse in the modern world; further, they

are highly commercialized. As Lipsitz writes:

> They supply us with endless diversion and distraction mobilized to direct our
>
> minds towards advertising messages. They colonize the most intimate and
>
> personal aspects of our lives, seizing upon every possible flaw in our bodies,
>
> minds and psyches to increase our anxieties and augment our appetites for
>
> consumer goods. Culture itself comes to us as a commodity (4).

The problem with commercialized discourse is that we don't ask about the origins and intentions of the discourse and images. We forget that images presented in the media are represented in a specific way and we often fail to ask why they're presented that way. Commodifying certain notions within culture presents grave consequences, because certain ideas, such as those regarding mental illness, struggle to be commodified. Mental illness is very individualized and contextual and should not be generalized into a singular cultural narrative.

The representation of images within the context of commodified culture suggests that every image is presented in the context of a historical background. Hence, acknowledging that images reflect our cultural understanding is vital in assessing how mental illness is portrayed. I must take into account the history of mental illness to best understand how and why mental illness is portrayed the way that it is in present popular culture. Popular culture is a form of commercialized leisure. It "has no fixed forms: the historical circumstance of reception and appropriation determine whether novels or motion pictures or videos belong to a sphere called popular culture" (Lipsitz 13). On a similar note, these popular culture texts have no fixed meanings. This highlights the fact that their meanings can change depending on who is consuming them. However, the majority of popular culture reflects the dominant ideology of the current day. Instead of looking for the hegemonic meanings within popular culture, I will be studying its transformations. Hall defines transformations as the active work on existing traditions and activities (Lipsitz 13). Therefore, I will study current contemporary popular culture. The effectiveness of popular culture depends heavily on its ability to engage the audience in an active way.

The term "popular culture" was originally introduced into the Western vernacular in the 19th century. It was traditionally associated with the poor education of the lower classes in

contrast to the high culture of the elites. Popular culture can be defined in a variety of different ways. One argument is that popular culture is utilized by the elites, who control mass media and popular culture outlets to manipulate those below them (Storey). This follows Hall's view regarding the influence of powerful entities. Additionally, this argument relies on a hegemonic representation of popular culture. The other argument is that popular culture is a method of rebellion against the culture of dominant groups (Storey). In the context of this paper, I will be defining popular culture as culture based on the tastes of the mass population in Western culture. Storey articulates this idea perfectly when he describes mass media as "a hopelessly commercial culture that is mass-produced for mass consumption by a mass of non-discriminating consumers" (8). Popular culture is constantly changing because what is "popular" is constantly changing, depending on what attracts masses. Popular culture's role in my thesis is instrumental, as I am assessing popular culture created in the last twenty years about mental illness.

<u>Mental Illness in Popular Culture</u>

The dominant discourse surrounding mental illness includes many pessimistic notions. Thus, mental illness is often portrayed through this narrative in the media. This is a common idea. As Otto Wahl says:

> I began to notice how frequently mentally ill characters appeared in the shows I was watching, and how commonly those depictions deviated from what I was learning about mental illnesses. I could not help but notice, in addition, how generally unfavorable television depictions of mentally ill persons seemed to be (Wahl xi).

The deviation is something that I have grown very aware of through my own personal experiences watching television in comparison with what I am learning in my undergraduate Psychology classes.

Many see individuals with mental illnesses as "dangerous and potentially assaultive as well as childlike and incompetent" (Wahl 2). These descriptive adjectives have unsettling connotations, which paint individuals with mental illnesses in a chilling light. This begs the question: why do we see mentally ill individuals in such an undesirable way? The reason for this stems from the platform from which people garner knowledge regarding mental illness, which is through mass media.

In 1991 the Robert Wood Johnson Foundation polled over thirteen hundred adults through a telephone survey (Wahl 3). These adults were all Americans who represented the population of the United States. One of the questions on the survey asked about how these respondents received information regarding mental illness. The most cited sources were mass media ones, such as television and news reporting (Wahl 3). Obviously, this is not a surprise as the media is ubiquitous in our lives.

To continue, the movies that we watch are another common source we use to learn about mental illness. As Wahl says, "The movies we watch, for example, have a long history of treatment of psychiatric topics" (3). There are many films that utilize the "subjective use" of the camera, which is a camera angle from the point of view of the main character. This cinematic device first appeared in the 1919 film, *The Cabinet of Dr. Caligari* and was used to express the inner emotions of the movie's characters. The film focused on the actions of a mad protagonist and Robert Wiene, the film director, used various camera angles to highlight the way the male protagonist, who is mentally ill, saw the world. This film created an impression of the "skewed"

inner world of mental illness, using a technique that has been imitated many times (Wahl 3). I will discuss this technique in the film analysis section, as it is commonly used in *American Horror Story: Asylum*, the television series.

Television is one of the most easily accessible mediums and plays a significant role in depicting mental illness. Wahl describes the questions he often gets from readers. Many questions begin with "I saw a program on TV the other night…" (5). Clearly, humans utilize television as a source to gather information and can perceive what they learn as true. For example, Wahl was discussing mental illness portrayals with a teenager, and the teen "explained that he had seen a villain on a Batman cartoon who had developed two brains and was said to be schizophrenic; he wondered if it were true that people with schizophrenia have mutated brains" (5). To those who are knowledgeable about mental illness, this seems a ridiculous question, however, individuals who are not educated in the field may believe this to be true. This highlights the importance of accurate mental illness representation within mass media. In sum, the narrative skew of mental illness presented by the media plays a critical role in reinforcing stereotypes and thus the stigmas surrounding the mentally ill. Acknowledging the media's shortcomings when it comes to the narrative of mental illness is the first step in addressing the stereotypes.

CHAPTER 3: Tracking Mental Illness Throughout History

<u>Mental Illness from Ancient Times to the 18th Century</u>

While my thesis will focus specifically on the connection mass media makes between mental illness and violence, weakness, and religion, grounding my paper in the overall history of mental illness is critical to understanding this space. Articulating how mental illness was understood, perceived, and received throughout the centuries is a necessary piece of background as it reveals the origins of the stereotypes. Additionally, it shows how media has changed our understanding of mental illness. Therefore, I will be tracing the treatment of the mentally ill over time until the modern day, so we are able to understand the roots of the stereotypes. After this, I will focus on mental illness specifically within the United States.

Throughout history, there have been radical advances and changes in how the mentally ill are treated and cared for. These modifications occurred because of changing societal views and an increase in knowledge about mental illness, and yet, there is still a lot of unknown. In the ancient world, mental illness was thought to be a result of supernatural forces. These forces included phenomena such as demonic possession, sorcery, and the evil eye (Stanley). The treatment to beat these supernatural forces was fairly radical, but it was practiced for many years. The most common treatment was called trephination, in which a healer would chip a hole into the patient's skull, by which "the evil spirits would be released" (Stanley). By "releasing the spirits" the supernatural forces and symptoms would dissipate, therefore healing the patient. Given our contemporary knowledge, we know this is not an effective way to treat individuals with mental illness. Upon reflection, it appears as though the mentally ill were tortured to be saved. Further, the perception that these individuals were possessed by the devil marks the root of the stereotype that the mentally ill are evil.

Trephination was not the only form of treatment in this era. The Persians took precautionary measures regarding personal hygiene and "purification of the mind" (Stanley). The Egyptians, on the other hand, tried to help the mentally ill by encouraging them to participate in recreational activities to relieve the symptoms (Foerschner). The Greeks were the first civilization, however, to make significant advancements in how psychological disorders were viewed. In around 400 BCE, Hippocrates, the philosopher and physician, discovered that mental illnesses stemmed from natural occurrences in the body, as opposed to supernatural spirits. He did this by stepping away from superstitious beliefs and focused on the medical side of things. By studying the pathology of the brain, Hippocrates was able to suggest that mental illness stemmed from various imbalances within the body (Stanley).

These imbalances came from the Greeks' beliefs in the four essential fluids, which Hippocrates studied in depth. These fluids included blood, phlegm, bile, and black bile. The Greeks believed that the blend of these fluids produced a unique personality in each individual. Therefore, in order to fix troubled and unnatural personalities, they had to rebalance the fluids. They did this by using techniques like "phlebotomies, bloodletting, purging, and imposing diets on the afflicted" (Foerschner). Other treatments included changing the occupation or environment of the patient. While these treatments gained recognition and popularity, the majority of cultures at the time still believed in supernatural causes of mental illness. In addition to the trephination, treatments included "amulets, talismans, and sedatives to 'ease the torment' of the afflicted" (Foerschner). It is evident that most of the treatments from this era stem from supernatural beliefs regarding mental illness.

Throughout the years social stigmas began to be attached to the mentally ill. These stigmas exist today. While the specific stigma has changed, the essence remains the same. As a

result of this stigma, many mentally ill individuals were forced to "live a life of confinement or were abandoned and forced to live on the streets" (Stanley). As noted, this same result exists today. Many of the individuals who were confined or kicked out of their homes were rumored to be "dangerous and unmanageable" and were put in jail or dungeons (Foerschner 1).

While the label of mental illness affected these individuals, many were subject to further discrimination because of other labels, such as their sex. In fact, according to Dr. Eve Leeman of the New York Presbyterian Hospital, the "social views on the sexes also affected the treatment of patients, particularly women." Women were subject to being sterilized and lobotomized, even though they were an unnecessary procedure. Society justified these procedures by claiming that having a mental illness was unladylike (Leeman).

These ancient beliefs lasted for thousands of years, therefore minimal progress was made between ancient times and the 15th century. During the 15th century, many people with mental and psychological disorders were placed in workhouses, madhouses, or asylums, due to the burden they placed on their families. These public institutions were deplorable. It's quite unsettling to hear that people placed in these madhouses were abused and abandoned, but it accurately describes many of the repercussions individuals with mental illnesses suffered from. The private madhouses had significantly better conditions, however. They were run by clergymen and included "regular church attendance, pilgrimages, as well as priests solacing individuals to confess their sins and repent" (Stanley). There was humane treatment within most private institutions, unlike the treatment in the public institutions. In the public madhouses, the patients were abandoned and treated like animals, with restrictions from shackles and iron collars. This inhumane type of treatment also appears in contemporary media portrayals of mental institutions, as we will see in my analysis of recent films.

This kind of horrific treatment lasted up through the 18th century. Finally, however, reforms began to gain momentum within the 1800s that changed the way mental illness was treated and discussed. The two main reformists were Philippe Pinel and William Tuke. Pinel thought that "mentally ill patients would improve if they were treated with kindness and consideration" (Stanley). This is the core of the Humanitarian Movement. William Tuke expanded upon this movement when he founded the York Retreat, where patients were treated in a humane manner (Foerschner). Following these momentous leaders came Dorothea Dix who in the 1840s advocated for the hospital movement. Within 40 years she was able to get the government of the United States to fund 32 state psychiatric hospitals and organized reforms in asylums worldwide (Stanley). Dix's main goal was to "protect society and the insane from harm, to cure those amenable to treatment, to improve lives of the incurable, and to fulfill the humanitarian duty of caring for the insane" (Dain).

History of Mental Illness and Mental Health Care in the United States

In the United States, the history of care and treatment of the mentally ill has been a battle between two extremes, hospital confinement versus living in the community (Grob 25-26). In the modern United States, the mentally ill are quite visible, thus they are a public concern. It was not always this way though. In fact, in the 1600s and 1700s, the mentally ill were considered to be "distracted" or "lunatics" and did not attract much attention (Grob 30). People ignored their issues and diseases, as mental illness was seen as an individual problem as opposed to a social one. Social policy is defined as "the conscious creation of public policies and institutions to deal with dependency and distress" (Grob 28). While the absence of these public policies contributed to the lack of treatment of the mentally ill within Colonial America, mental illness was still a widespread problem. Another reason for the lack of treatment stems from the fact that mental

illness did not fall under the category of medical jurisdiction; therefore, there was no official treatment.

Over time, there became a distinction between the supernatural and secular causes of insanity. In the 1700s, many individuals turned to Hippocrates' emphasis on biological and psychological elements, which changed the course of American thoughts regarding mental illness. The treatment of the mentally ill in Colonial America is not very different than the treatment administered by the Ancient Greeks and Egyptians. As Grob notes, specific therapies did not enter the conversation before 1800, so treatment often included bleeding and purging (Grob 32). Clearly, the line between magic, religion, medicine, and science was quite blurred, and no one knew what caused mental illnesses. For example, ministers throughout the colonies emphasized that "Satan could tempt individuals into madness by exploiting their moral weaknesses" (Grob 36). This link between mental illness and Catholic demonic possession is a recurring one. Overall, the idea is that if you have a mental illness, you are morally worse than others. This is another common stigmatization that still exists today.

However, people finally began to see the mind and body as mutually interdependent, which was a step in the right direction, as the idea of supernatural possession was no longer at the forefront. This change in understanding affected treatment methods during this time. Many physicians believed that "diet and climate shaped intake; behavior and clothing affected process; and urine and feces represented an effort to rid the body of potentially harmful wastes. Any imbalance would lead to illness; health was synonymous with balance" (Grob 47). The psychiatrists enacted a certain regimen for the patients.

Grob writes that the:

regimen–a balanced diet, exercise, and an avoidance of such substances as hard

liquors, tea, and coffee–played an important role in both prevention and treatment.

Buchan emphasized psychological factors; equally notable was the absence of any

hint that insanity had supernatural origins (Grob 47).

Therefore, the physicians of the 1770s were attempting to bring equilibrium back to the minds

and bodies of the mentally ill, which was a much more humane approach.

As the 1700s progressed, the mentally ill became more of a social and economic problem

than a medical one. As Grob says, "the care of the insane remained a family responsibility; so

long as its members could provide the basic necessities of life for afflicted relatives, no other

arrangements were required" (29). Something to note, however, is that the behavior of the

mentally ill sometimes threatened the safety and security of the rest of the population. For

example, James Otis Jr., a famous and important politician from Massachusetts, went "insane"

and began "madly firing guns outside of his window" (Grob 29). This is a terrifying action that

we still hear about in contemporary US society, which shows that this theme is not a new one.

For example, there have been a number of shootings at schools acted out by someone who "went

insane." Some of these include the school shootings at Columbine, Sandy Hook, and Parkland.

The danger of the mentally ill has always been a concern for society.

The Not So Insane Asylum

Care for the mentally ill changed in post-colonial America with the emergence of

asylums. America was heading towards a much more urban-industrial society, which made care

for the mentally ill much more difficult. Not only was urbanization occurring rapidly, but there

was a dramatic growth in population, which was accompanied by growth in the number of

mentally ill individuals (Grob 63). In rural communities, the mentally ill were left to be taken

care of by their families, due to the lack of infrastructure. When individuals began to move into urban communities, it became harder to control individuals with mental illnesses because the facilities could not handle all of the people who needed help. Therefore, the mental hospital was created. The hospital was similar to the previous psychiatric institutions in that it served as an establishment in more densely populated areas to "assume functions that previously had been the responsibility of families" (Grob 64). It is evident that changes were necessary; especially when Dr. William Battie writes:

> We find that Madness is, contrary to the opinion of some unthinking persons, as manageable as many other distempers, which are equally dreadful and obstinate, and yet are not looked upon as incurable … and such unhappy objects ought by no means to be abandoned, much less shut in loathsome prisons as criminals or nuisances to the society" (Quoted in Grob 66).

The mentally ill started to become a population in which society cared about and wanted to take care of. As aforementioned, Philippe Pinel and William Tuke also helped influence the essence of the asylum. Pinel and Tuke advocated for the patient's ability to self-restrain and self-control (Grob 84). More importantly, they influenced the notion that mental illnesses were not necessarily chronic illnesses. People could recover, which Tuke and Pinel showed by administering the right treatment. Therefore, a greater stress on finding the right treatment for the mentally ill became a main pursuit of medical practice.

Treatment could not have been possible without asylums. The first asylum does not match up with society's expectations about asylums. It was not meant to be a place where crazy people were locked up, and by no means mirrors the psychiatric institutions in many of the popular films that have been created regarding mental illness treatment centers. These asylums

were the first hospital-based treatment centers. The biggest goal of these asylums and hospital centers was to treat the mentally ill with care. Grob writes, "within this context madness lost its aura of permanence; appropriate therapy within a well-ordered asylum could in many cases lead to the restoration of sanity" (76). Interestingly, this is the main goal of mental illness treatments today. At the end of the day, the goal was, and still is, to return mentally ill individuals to being functioning members of society.

Background of American Psychiatry

With the emergence of asylums and the occurrence of the enlightenment era, came the introduction of American psychiatry. Psychiatry became a new medical specialty that was "not just a function of new discoveries or changes in the ways in which the nature of insanity was understood. Nor was psychiatry responsible for the establishment of asylums, which preceded rather than followed" (Grob 126). The physicians who went on to become psychiatrists worked more often than not in public institutions. This created a unique relationship between psychiatry and asylums that has still exists today.

This relationship helped influence and shape public perceptions regarding insanity as well as contributed to the differing types of care and treatment for mental disorders. The goal of society was not only to influence opinions and find the root cause of mental illnesses, but to find the cure and alleviate the symptoms. Some of these treatments in the mid-1800s included narcotics for active and violent patients, laxatives and baths for melancholic patients, and a variety of different tonics to try and "rebuild and strengthen the patient's general health" (Grob 144).

These institutions were meant to support and help the patients, but often left them feeling abandoned and alone because the treatment suggested by psychiatrists included a lot of

separation, specifically from home and friends (Grob 177). Moreover, the majority of the patients found the environment to be difficult. The asylum system was structured in such a way that the patients with similar behavioral patterns were grouped together. These different types of patterns ranged from total withdrawal to bizarre to violent to cooperative behavior. There were also individuals considered to be "filthy insane." Grob says "virtually all hospitals had their share of such persons." Upon entering their wards in the early morning, reported one New York State official, "the sight was most repulsive, and the odors intolerably sickening…. Some of the patients were literally wallowing in their own excrements" (180). This image of the soiled mentally ill patient is one that appears often within mass media, and stems from this era.

Furthermore, not all mentally ill individuals received the same access to treatment. Care and treatment differed based on the race of the patient. Individuals who were African-American were often denied admission to asylums or were segregated from the rest of the mentally ill population. While my thesis will not explore these differences in depth, it is critical to note this major difference as it highlights the unequal treatment of the mentally ill throughout history. Further, it emphasizes the hierarchy within the mentally ill population, showing that while all mentally ill individuals were scrutinized, those of minority races were further segregated from society.

Over time, these asylums changed their treatment methods. They were heavily shaped "in unexpected ways by unpredictable developments: the nature of and interaction among patients, as well as between patients and staff; the persistence of class, ethnic, racial, and gender differences; the inability of asylum physicians to impose their will; the growth of external public regulation; and policies relating to financing" (Grob 214). Further, Grob states that many mentally ill individuals failed to improve, thus this system failed to resolve the majority of the

problems associated with mental illnesses (266). Another fairly significant problem was that there were far more mentally ill individuals than beds. Hence, there were many people who suffered from mental illness and did not receive any type of treatment. There was a study completed in 1854 that indicated that the majority of "insane persons still remained outside of asylums" (Grob 268). This marks the beginning of how modern day mentally ill individuals are treated in the United States. Due to the rising prices of mental health treatment and limited access, many mentally ill individuals end up in the prison system, locked up in hospitals, or on the streets.

The history of mental illness within the United States from Colonial America until the 20th century highlights just how little improvement there has been. Many of the stereotypes and stigmas that existed between the 17th and 20th century still remain. Throughout the 1900s many elderly individuals as well as people with other psychosomatic symptoms began to be admitted into hospital settings. Further, there was a significant increase in the amount of chronic mental illnesses within the 20th century. Grob writes:

> In 1904, for example, only 27.8 percent of all patients had been hospitalized for less than a year, 26 percent from one to four years, 16.4 percent for five to nine years, and the remainder (29.8 percent) for a decade or longer. By 1923 the proportion of recent cases had fallen to 17.4 percent, and the trend toward increasing length-of-stays was evident (322).

As the number of mentally ill individuals rose, the percentage of people who sought treatment and didn't receive it rose as well. Therefore, many rejected individuals ended up on the streets or behind bars, suffering, as is common today. This is illustrated in contemporary media portrayals of the mentally ill, as we will see in my analysis of recent films.

<u>The Freudian Effect</u>

Sigmund Freud, the Austrian neurologist and founder of psychoanalysis, plays a pivotal role in the field of psychiatry during the 1900s. His provocative theories surrounding the development of the psyche mark the introduction of many of the stereotypes surrounding mental illness. Freud's lasting legacy exists due to his work on <u>The Interpretation of Dreams</u> (1900), <u>The Psychology of Everyday Life</u> (1901), and his <u>Introductory Lectures on Psycho-Analysis</u> (1915-1916). As Dvosrky (2013) writes:

> Freud's legacy has transcended science, with his ideas permeating deep into Western culture. Rarely does a day go by where we don't find ourselves uttering a term drawn from his work: Mommy and daddy issues. Arrested development. Death wishes. Freudian slips. Phallic symbols. Anal retentiveness. Defense mechanisms. Cathartic release. And on and on and on (2).

While critics argue Freudian psychology finds little basis in science, the themes and topics Freud discusses still find relevance nearly one hundred years later. For example, mentally ill individuals often suffer from suicidal thoughts, or death wishes. Additionally, many mentally ill people suffer from a dysfunctional interpersonal relationship, usually related to their mother or father, similar to "mommy and daddy issues." Moreover, the idea of the defense mechanism as a way to cope with everyday life is still a prominent thought. Evidently, Freudian themes are still applicable in today's society. These themes contribute to the stereotypes surrounding the mentally ill, which increase the likelihood of mental illness stigmatizations. For example, a female who is mentally ill and acts out, may be blamed for her actions due to her "daddy issues." This is an example that we will see in the contemporary portrayal of mentally ill in films, specifically in *Girl, Interrupted*. Clearly, Freud's legacy has effects even today.

Freud successfully influenced the paradigm shift to focus more on the psyche and experiences of the patient. This concept was new to the field of psychiatry and helped introduce new therapies such as talk therapy, which remains a widely used treatment today, as we see in the modern films I will discuss. Regardless of Freud's shortcomings, his influence in both the understanding of the human brain and the treatment of mental illness cannot be compared. I acknowledge that this section on Freud is limited in detail due to the scope of my project; however, if time and space permitted, I would discuss his ideas surrounding the unconscious mind and go into further detail describing the influential paradigm shift he created.

The 1950s and 1960s

The essence of psychiatry during 1950s and 1960s plays a critical role in grounding my thesis in background. The field changed significantly with the introduction of the Diagnostic Statistical Manual (DSM), which was released in 1952. This manual organized the diagnoses of mental disorders and became the prominent method of mental disorder diagnosis. Additionally, in the 1950s and early 1960s, new medications began to change the face of psychiatry. Medications like thorazine; this medication actually gets administered to patients in *American Horror Story: Asylum.* Thorazine and other anti-psychotics were incredibly impactful on institutionalized psychotic patients as they acted as a tranquilizer. In fact, "state mental hospitals rapidly emptied as medicated patients returned to the community (Reidbord). This comes in contrast to what is presented in the media I looked at. However, it does show a glimmer of progress. The effects of deinstitutionalization were expressed in the films I looked at, by showing incredibly packed institutions with many suffering patients.

CHAPTER 4: The Violent Portrayal of Mentally Ill in Televisual Media

      The violent portrayal of the mentally ill creates the stereotype that mentally ill individuals are dangerous. I argue that this stereotype comes from the aggressive portrayal of the mentally ill in modern, televisual media. By focusing on three highly popular media texts that have been released in the last 20 years, are all set in the 1950s and 1960s, and occur in psychiatric institutions, I can stress how the mentally ill are stereotypically and consistently represented through narrow and distorting stories. These stories range from showing the mentally ill as dangerous and violent to showcasing the intersection between horror, religion and mental illness, and lastly, emphasizing the stereotype that women with mental illness are weak. Through my analysis of the texts, *Shutter Island, American Horror Story: Asylum*, and *Girl, Interrupted*, I aim to show the flawed portrayal of this subgroup and highlight how flattened stories create a monolithic narrative which invokes a system of stigmatization surrounding mental illness.

      Out of these films, the mentally ill are portrayed as most perilous in *Shutter Island*. The film, released in 2010, was directed by Martin Scorsese and written by Laeta Kalogridis. Based on the novel of the same name by Dennis Lehane, *Shutter Island* is an American neo-noir psychological thriller set in the 1950s at a psychiatric institution called Ashecliffe. With a star-studded cast including Leonardo DiCaprio, Mark Ruffalo, Ben Kingsley, and Michelle Williams, it comes as little surprise that it grossed over $294 million at the box office and received favorable reviews from critics (Box Office Mojo). The main plot occurs at Ashecliffe Hospital, which is an institution for the criminally insane on Shutter Island in Boston Harbor. The film begins in 1954, with U.S. Marshals Edward "Teddy" Daniels and his new partner Chuck Aule, on their way to investigate the disappearance of patient Rachel Solando, who was incarcerated for drowning her three children.

Not only are the patients seen as deranged at Ashecliffe, the psychiatric institution itself seems to only house "evil" people, who are locked up for committing some of the most unimaginable crimes. The first glimpse we, as viewers, get of Ashecliffe is from the position of a moving camera angle, as if you were driving up to the institution. The hospital is completely gated off, with barbed wire, guards policing the gate, and an electrified perimeter. *Shutter Island* presents psychiatric institutions as fixed, when in reality they do not all look like this. It is clear that the hospital screams danger, and I acknowledge that we must interrogate the image to see why it is portrayed as such. I argue that it reinforces the stereotype of the patients as being dangerous individuals. Therefore, the eerie perception elicits a sense of foreboding danger and marks the first representation of the psychiatric institution within the film.

Shutter Island does not accurately depict psychiatric institutions because the element of horror makes the hospital seem unrealistic. However, the representation of mentally ill within this institution drives home a very significant stereotype–mentally ill are vicious, and thus a risk not only to themselves, but to society at large. The horror genre suggests that the audience should fear the patients even before we see them in the film. Further, even though we do not see this film in everyday life, the horror and fear surrounding inmates and psychiatric patients is implicitly present and available for leverage by such a film.

Another example that aids the stereotype is when the two marshals are arriving at the institution. Chuck Aule, one of the two characters says, "All I know is that it's a mental institution." Teddy Daniels, his partner, replies with, "For the criminally insane." Chuck then says, "Well, if it was just folks running around hearing voices and chasing butterflies, they wouldn't need us" (*Shutter Island,* 3:38). Chuck's statement draws attention to the belief that patients locked in Ashecliffe are not just so-called crazy. They have the potential to destroy

innocent people in society. However, there is a benign contrast between these criminal patients and regular mentally ill people. Most mentally ill people are not just "hearing voices and chasing butterflies." Instead they tend to suffer from other symptoms. In addition, most are not a danger to society. Further, Chuck points out that there are guards at Ashecliffe, which reiterates the notion that the patients are dangerous. Chuck says, "Correctional officers at a mental institution, that's a weird sight isn't it?" (*Shutter Island*, 8:27). By posing this question, the film implicitly suggests that the answer is no, most mental institutions do not have correctional officers. So, indeed it is an odd sight to see correctional officers here, but it adds to the broader image of this institution and informs the viewer that there are incredibly unsafe individuals here on Shutter Island.

What sticks out to me in Chuck's statement is that he calls them correctional officers instead of guards or security officers. By unpacking the image of the correctional officer, we realize that we have only seen correctional officers in relation to prisons. Therefore, by acknowledging the image of correctional officers outside of a psychiatric institution, we adjust our paradigm and include the connection between the mentally ill and correctional officers; thus, we assume the notion that the patients are actually equivalent to prisoners. In fact, there is a scene with Teddy Daniels, one of the marshals, who actually refers to the missing female as a prisoner instead of a patient. He says to the psychiatrist, Dr. Cawley, "So this female prisoner…" Dr. Cawley interrupts, "Patient" (*Shutter Island*, 11:13). This scene effectively illustrates a critical fact surrounding the mentally ill today, which is that many prisoners suffer from mental illness. However, not all mentally ill individuals commit crimes and become prisoners, as the film suggests. To a viewer with limited knowledge about the field of mental illness, it's easy to assume that there is a connection between mental illness and crime, and thus, danger. Therefore,

moments like this suggest to the viewers to adjust their paradigm regarding the mentally ill, which reinforces the stigma surrounding mental illness.

Shutter Island is not the only film that aids the stereotype surrounding mental illness. The other texts I interacted with including *American Horror Story: Asylum* and *Girl, Interrupted* also show a version of the stereotypical mentally ill patient. However, both *Shutter Island* and *American Horror Story: Asylum* illustrate one of the more common stereotypes, which as I've noted, is a violent, deranged, disheveled individual, who is often madly laughing to themselves or screaming about things. The individual seems uncontrollable. The danger of this stereotype is that it invokes a social stigma surrounding mental illness patients. This social stigma, consequently, alienates the patients further, as they become feared by society.

To make matters more complicated, the viewers lose trust in the narrator of the story in *Shutter Island*. The main narrator is Edward "Teddy" Daniels, or so we believe at the beginning of the film. As the story continues on from the first few scenes of the film to some of the more intense scenes, we start to question whether or not Teddy Daniels is really telling us the truth. This sentiment strengthens as his character development progresses. I'm going to outline the story briefly to highlight how and why we begin to distrust Teddy.

At the beginning of the film, Teddy Daniels, one of the marshals, is called to Ashecliffe to follow up on a missing patient, Rachel Solando. Rachel Solando, apparently a psychotic patient, somehow escaped and is somewhere on the island. Rachel's story, though seemingly irrelevant at first, foreshadows the end of the film. Her story is that she lost her husband in Normandy, causing her mental health to decline rapidly, culminating in the murder of her three children. Apparently, she is living in denial, and no one knows how to get through to her; she is an extreme risk to the island and to society, because they are afraid that she might kill others or

even herself. Therefore, her escape, which eludes the authorities of the institution, poses a great risk to the island (*Shutter Island*).

While we learn more about Rachel Solando's past, we also learn about Teddy Daniels' history. He fought for the United States in World War II and was at the Dachau concentration camp when the Allies won the war. This subtle history sets the cultural identity of the media. The film presents the story from this specific point of view. After these horrific events, he returned to his wife, Dolores Chanal, and proceeded to drink away his days, turning to alcohol to cope with the severity of the war. During their post-war years together, Dolores dies in a tragic apartment fire, started by a man named Andrew Laeddis. Teddy still struggles with her loss, which affects his mental and physical health. In fact, a recurring scene throughout the film is of Teddy falling to the floor with severe migraines. At first, the migraines do not seem like a key plot point, but as they become more frequent, the viewer pieces together that the migraines are probably a symptom of something more serious, perhaps withdrawal. We, as viewers, easily look past this as we become more immersed in the film. In fact, in the middle of the film, when Teddy searches the island for Rachel Solando he has dreams of his wife saying that Rachel is still on the island, as is Andrew Laeddis, the man who killed his wife.

At the beginning, the doctors exclaim that they have found Rachel Solando, and Teddy interacts with her. It turns out though, that she isn't the real Rachel Solando. She is an imposter. The doctors tell Teddy that his job as marshal is complete, and he is free to leave the island, but it turns out that he cannot due to an impending storm. So, with nothing to do on the island but roam the halls of Ashecliffe and talk to the patients, Teddy discovers why the institution seems so eerie and why the patients seem bizarre. He hears that the doctors are performing experiments on the patients. He leaves Ashecliffe in search of the lighthouse, where the supposed experiments

take place. This moment demonstrates further distrust in the characters, but this time the lack of trust is in the doctors. The viewer may now begin to question who the doctors are working for, the patients or themselves. Further, are the patients actually prisoners to the doctors not the institution?

On the lighthouse escapade, Teddy runs into the real Rachel Solando, and they have an extraordinarily important dialogue. Rachel says to Teddy, "You think I'm crazy." Teddy replies by saying, "No, no I don't." Rachel continues, "Even if I say I'm not crazy? Well that hardly helps, does it? That's the Kafkaesque genius of it. People tell the world you're crazy and all the protests to the contrary just confirm what they're saying." This stumps Teddy and he says he doesn't follow her, so she continues, "Once you're declared insane, then anything you do is called part of that insanity. Reasonable protests are denial, valid fears, paranoia" (*Shutter Island*, 1:24:45). Here, as Hall would suggest, the meaning of insanity is fixed and limiting when placed as a label. This scene zones in on the stigma surrounding mental illness and its repercussions. Once you're labeled mentally ill or insane, people tend not to trust you and proceed to blame all of your actions on your illness.

Further, distrust is a significant consequence of the label, and it's how we feel about Teddy Daniels once the rest of his story unfolds. After Teddy's discussion with Rachel Solando, he goes to the lighthouse and runs into the doctor, who confronts Teddy with his reality. The doctor tells Teddy Daniels that he is actually Andrew Laeddis, and that Rachel Solando is actually not real, but is a figure of his imagination. Andrew Laeddis is an anagram for Edward "Teddy" Daniels, and Rachel Solando is an anagram of Dolores Chanal. It seems as though Teddy, also known as Andrew, created a story that not only deluded himself, but also deluded the viewers. The truth is that Andrew was married to Dolores, who was a manic-depressive who

killed their three children, and then Andrew proceeded to kill Dolores. Andrew is actually a patient at Ashecliffe, and the entire trip was an orchestrated role play of Andrew's delusions, in an effort to bring him back to reality to confront what actually happened in his life. The viewers lose faith in the narrator and begin to question the images presented to them. In a way, *Shutter Island* forces the viewers to interrogate the image and ask questions. Questions like whether or not Teddy or the doctors are sane. Further, the elaborate plan to return Teddy to sanity fails, which invokes further distrust of not just the mentally ill, but the entire field of psychiatry.

This ending also makes you question who is telling you the truth, and if Teddy really suffers from a mental disorder. Due to the essence of the plot, in which the viewers see a functioning marshal instead of a mentally ill patient, it's hard to figure out reality. The opposite stories confuse the viewer. As Jeremy Clyman puts it, "Initially, we think we are watching a well-intentioned U.S. Marshal named Teddy enter an insane asylum/prison hoping to uncover the whereabouts of a recently-disappeared patient/inmate." He continues, "Only during the final act (unless you've connected the foreshadowing dots), when our barometers fall off the charts, do we realize that the narrative is really about tragic psychosis and elaborate role play" (Clyman 2010). I agree with Clyman when he claims that *Shutter Island* is not the most encouraging cinematic portrayal of mental illness because the film does not accurately show mental illness symptoms, treatments, and facilities. In reality, elaborate role plays are not conducted to return patients to sanity, but viewers may not know this. Therefore, this portrayal, while not accurate, is risky because it emphasizes stereotypes surrounding mental illness. Further, the inaccurate knowledge may be added to the viewers' paradigms, which strengthens the stigma. Finally, the majority of mentally ill patients are not violent. Although studies do suggest a link between mental illness and violence, the "contribution of people with mental illnesses to overall rates of

violence is small, and further, the magnitude of the relationship is greatly exaggerated in the minds of the general population" (Mental Health Reporting). Contemporary films like this provide a very singular narrative about mental illness. Unfortunately, the viewers may believe that parts of this portrayal mirror reality. As Hall suggests, there is no image that represents reality, but viewers don't necessarily know this, which is why I point this out. We must show multiple stories to showcase the most real portrayal of mental illness.

Shutter Island does not present accurate information about mental illness because it is a horror film instead of a factual account, therefore its primary operation is to incite fear in the viewers. The patients at Ashecliffe are supposed to be the most dangerous mentally ill patients in the world; however, there is little evidence of this in their actions. Many seem drugged, which adds to the illusion that these patients are crazy and need to be sedated. This elicits a type of anxiety in the viewer, in which they fear the mentally ill due to their alleged violence and danger to society. *Shutter Island*, while scary, only tells one exaggerated story about mental illness. As Clyman puts it, "Mental illness is presented in the archaic medical model format in which a psychic 'virus' arises, sneaks up on the mentally healthy mind with relative ease, causes irreversible damage and refuses to ever let go" (Clyman 2010). This is illustrated in the film when Teddy Daniels says to Chuck, "You act like insanity is catching" (*Shutter Island*, 7:09). I argue that this statement shows that the film is promoting the idea that insanity is catching, as viewers tend to believe what they hear. Further, viewers may believe that individuals cannot get better if they become mentally unstable; and, through the use of camera angles, eerie music, significant quotes, and most importantly, character development, *Shutter Island* becomes a perfect example for showing the general public that we can and should fear the mentally ill.

CHAPTER 5: Horror, Religion, and Mental Illness

As noted, many mentally ill characters in televisual media show up in horror films, eliciting a sense of fear surrounding mental illness. However, there is also a strong connection between the horror, religion, and mental illness. The series I am analyzing, *American Horror Story: Asylum* illustrates this relationship. *American Horror Story: Asylum*, the second season of the series created by Ryan Murphy and Brad Falchuk aired on FX from October 2012 to January 2013. Each season of *American Horror Story* is envisioned as a self-contained miniseries with different characters, settings, and storyline. *American Horror Story: Asylum* begins in 1964 at a mental institution called Briarcliff Manor, following stories of the staff and patients who are retained there. The widespread success of this season is in large part due to the impressive cast including: Zachary Quinto, Sarah Paulson, Evan Peters, Lily Rabe, Jessica Lange, Dylan McDermott, Frances Conroy, Joseph Fiennes, Lizzie Brocheré, and James Cromwell. This season, like the first, is intended to be creepy and at first appears quite camp to the audience. As the season progresses though, the intersection of religion and horror, becomes more apparent and adds to the terror. Reviews suggest the same conclusion:

> Asylum starts out as a basic loony-bin horror story, but even in its first two hours (written by Tim Minear and James Wong) it contains so much more: evil, Dr. Moreau-like research; science fiction (a possible alien abduction); religious mania (look for the "Exorcist" homage); a lesbian crisis borrowed from Lillian Hellman's "Children's Hour"; and a second present-day story line that's a cross between a ghost-busting reality show and Eli Roth torture porn (Hale 2012).

As Hale implies, the series starts off as a classic mental illness horror story that follows someone who has gone crazy; therefore, implying that *Asylum* is more comical than terrifying. That being

said, many of the themes represented throughout the series mimic issues that the field of

psychology and psychiatry have struggled with for years. These include the psychological stance

on homosexuality, the use of electroshock therapy as treatment, the field's stance on promiscuity,

and the relationship between doctors and patients. Additionally, the intentional campiness adds

to the absurdity of the plotline, and yet, is incredibly enticing to the viewers. It is almost like a

train wreck; it is unsettling to watch and yet you cannot look away. As Rust says, "*American

Horror Story: Asylum* challenges the structure of mental health by questioning accepted

behaviors and showing that reality is not a universal concept and varies person to person" (Rust

1-2). This idea will be crucial throughout my analysis.

American Horror Story: Asylum is set in 1964 in a psychiatric institution called Briarcliff.

Briarcliff was an institution owned by the Catholic Church and was turned into a sanitarium for

the criminally insane in 1962. This information is shared with the viewer right at the beginning

of the first episode, setting the stage for the rest of the season. It is known as one of the twelve

most haunted places in America, and while it was turned into a sanitarium, it is still run by

Catholic nuns.

The majority of patients at Briarcliff seem to be confined to the institution unnecessarily.

They were either falsely accused of a crime and thus committed to the sanitarium or were locked

up for ludicrous reasons. This absurdity, in combination with the camp element, makes the

viewer not take the text very seriously, which has consequences for our understanding of mental

illness. It's possible for viewers to compare the portrayal of the mentally ill at Briarcliff to how

the mentally ill are treated in today's society, even though the film is not necessarily a serious

one. This possibility is threatening because it is not true. If viewers believe that individuals are

locked up in sanitariums for no real reason, then it becomes reasonable for people to fear

psychiatric institutions. This apprehension surrounding the sanitariums adds to the stigma surrounding the mentally ill. If the mentally ill are placed in an institution that many fear, then maybe we should fear the mentally ill too.

The first episode begins with a flashback to 1964, showing Kit Walker, one of the main characters, being committed to Briarcliff. He is accused of being the infamous serial killer called "Bloody Face." While Kit tries to defend his innocence, he fails to because he blames the murders on aliens. Kit, like the characters in *Shutter Island* is portrayed as an inmate. Interestingly, there is a similar purposeful blurring of the lines between patient and inmate in this film, just as there was in *Shutter Island*.

About halfway through the first episode, Lana Winters, a journalist, trespasses onto Briarcliff with the intent of exposing the mistreatment of inmates. She does this so that she can move up in her career, both for herself and her partner, Wendy. As soon as Lana enters Briarcliff and begins to go up the "Stairway to Heaven," or stairs to the main entrance, she is approached by Sister Jude (*American Horror Story: Asylum*, "Welcome to Briarcliff"). Sister Jude is a tyrannical and troubled sister who is out to spite Lana for no known reason; therefore, she commits Lana to the asylum because of her homosexuality. This moment marks the first abuse of power by one of the sisters. Further, it emphasizes the idea of madness as a spiritual crisis. The use of Catholic nuns as administrators in the sanitarium suggests that madness may be due to a spiritual crisis and thus, can be cured through religion and spirituality. This theme is recurrent through this season of *American Horror Story* and in other texts that link mental illness and religion.

One of the biggest problems with the connection between mental illness, religion, and horror films, is that it promotes a damaging stereotype surrounding not just the mentally ill, but

also the psychiatric institution. It introduces the idea that the mentally ill cannot be helped by psychopharmaceutical medicine, which is the most common treatment today. Further, this text shows the abuse of power of administrators. For example, the sisters restrain some of the sane patients to emphasize their authority and torture them through electroshock sessions. Why is there such a struggle for power? I ask this question to further interrogate the image of Sister Jude strapping down the seemingly sane Lana Winters. By asking hard questions such as: why Lana was chosen to be shocked, why the shocks are being done by Sister Jude, and more importantly, why do these power struggles exist, we are able to loosen the media's powerful hold on the viewers. I suggest that the administrators feel threatened by the mentally ill patients and want to keep the patients under their control, which is why they "torture" them. By acknowledging the different possibilities, we can begin to change the discourse and question the portrayals' validity.

To continue, there are some significant moments in the first episode that highlight the religious approach to treating mental illness. Sister Jude, for example, says, "Mental illness is the fashionable explanation for sin" (*American Horror Story: Asylum,* "Welcome to Briarcliff" 14:08). When Sister Jude verbalizes this notion, viewers add this thought to their paradigm and may begin to believe that the mentally ill use their illness as an excuse for their immoral actions. In reality, the majority of the mentally ill do not commit crimes, especially violent crimes like the ones expressed in *American Horror Story: Asylum* and *Shutter Island.* Studies suggest that "people with psychiatric disabilities are far more likely to be victims than perpetrators of violent crime" (Hiroeh et al 2002). The portrayal of the mentally ill as criminals adds to the stereotype and further segregates the mentally ill from the rest of society.

Additionally, Sister Jude implies that the mentally ill have diseased minds, when she says, "The tonic for a diseased mind lies in the 3 P's: productivity, prayer, and purification"

(*American Horror Story: Asylum, "*Welcome to Briarcliff" 14:40). Viewers who have not been

educated in psychiatry may think that productivity, prayer, and purification really is the recipe

for helping the mentally ill because it seems like a clear-cut way to cure them. More often than

not, the mentally ill require psychopharmacology and therapy to return to their baseline and

normal levels of health. Therefore, showcasing this notion in the film poses another danger.

       Another critique of the connection between mental illness and religion in the media,

actually stems from the psychiatric institution itself, where the plot of *American Horror Story:*

Asylum occurs. When mental illness is represented in the media, it is often set in psychiatric

hospitals. The conditions of the institutions often say a lot about the type of treatment the

patients receive. The conditions of Briarcliff Manor are alarming at best. Dr. Thredson, one of

the visiting psychiatrists, approaches Sister Jude and says, "May we speak privately about the

conditions here?" Sister Jude replies with, "The conditions? What conditions might those be?"

(*American Horror Story: Asylum, "*Welcome to Briarcliff" 13:10). Clearly, Sister Jude dodges

the issue at hand, which shows that she does not really care about the proper treatment of the

patients because she doesn't want to hear about the bad environment. This implies that she

doesn't care if the patients are living in clean quarters, are in sanitary conditions, and are making

progress. This suggests to the viewers that maybe we shouldn't care about how the mentally ill

are treated, since the nuns, who are supposed to be held to the highest moral standard, don't care.

       Dr. Thredson pushes the issue, however, and highlights some of the horrific things he,

and the viewers, have witnessed in the first two episodes. He says, "In just the short time that

I've been here, I've witnessed appalling things: abuse, malpractice. Candidly, I'm shocked."

Sister Jude replies with, "It's a mad house, doctor. What did you expect?" Dr. Thredson contrasts

her comments with some sort of reason by saying, "I expected some form of treatment, therapy.

Sister, your hospital still administers electroshock therapy to treat homosexuality: it's barbaric. Behavior modification is the current standard" (*American Horror Story: Asylum*, "Welcome to Briarcliff" 13:40). Dr. Thredson's description of Briarcliff paints a very specific and horrific picture. The language and discourse used to explain the conditions help to create a specific meaning about the sanitarium. As Hall notes, language is necessary for meaning. Therefore, this language helps identify the meaning of the horrible conditions. These conditions pose a problem, because humane treatment is imperative in mental health recovery.

Furthermore, while the camp element allows the viewers to believe that modern day psychiatric institutions are different than how they are presented here, they may begin to believe that this is exactly how religious psychiatric institutions operated in the 1960s. The accuracy of this depiction can only be understood by looking at accounts of psychiatric patients from the 1960s.

So, I turn to Carney's experience as a patient during this time. As shown by Carney, *American Horror Story*'s depiction is not completely accurate. He says that "Bellevue Hospital was a nightmare – extremely crowded with many patients' beds in the hallways. The conflicts among the patients were never ending. My treatment consisted of my old standby, chlorpromazine, with Stelazine (tri-fluoperazine) added" (Carney 2005). While the conditions may have been crowded and overwhelming, not once did he mention brutal treatment by the psychiatrists. If this is the case, then why is Briarcliff shown as a place operated by evil doctors? I suggest that it is for two reasons. The first is to make the story more creative and interesting to the viewers, which falls in line with Hall's definition of a story. The second reason is to promote the stereotype that religious institutions are evil and barbaric, when in reality this not true.

The unusual portrayal of the mentally ill within *American Horror Story: Asylum* stems from the overt and bizarre camera angles used to demonstrate character development. For example, when Lana receives electroshock therapy, you can hear the buzzing of the electricity, and the camera zooms in from a bird's eye view just to her eyes, where you can see her excruciating fear. Then, the camera quickly switches to Lana's point of view, looking up at Sister Jude about to shock her (*American Horror Story: Asylum*, "Tricks and Treats"). This is where the "subjective use" of the camera is used to show Lana's perspective. The camera angle from Lana's point of view makes her seem crazier than we originally thought. Another example where the camera angles reinforce the 'craziness' in the patients is when Grace, another patient, is told she is going to be sterilized in the morning. In this scene, Grace is shown lying on her bed, kicking, screaming, and pulling at her hair. Then, suddenly, as if to show the viewers what is occurring in her head, the camera angles flip quickly and spins around. Thus, Grace begins to look madder and madder, and ultimately, she seems trapped in a spiral of fear and desperation (*American Horror Story: Asylum,* "I am Anne Frank Part 2").

In the same episode that features Grace's sterilization, the true innocence of Kit's past comes to light. The viewers begin to see that, in reality, Kit is being framed as Bloody Face, and the true serial killer is actually Dr. Thredson, who has had the surgical training necessary for the kind of murders that were committed, according to the detectives on the show. Further, Dr. Thredson, Kit's doctor, told him that if he just admitted to the murders on a tape recorder and played it back, that maybe he would believe he did it, and he would be released on the basis of insanity. Instead, Dr. Thredson uses this tape to frame Kit and save himself, further illuminating the uneven patient/doctor relationship. Dr. Thredson has the power to keep Kit in the psychiatric institution for the rest of his life, showing that the sanitarium in this film really is evil, given the

people who work there. To the viewers, this situation brings to light a possibility that in the real world, namely, doctors may take advantage of their patients. While this is not the norm, as Carney attests, emphasizing this within televisual media makes it seem like more of a norm and potentially adds to the stereotype of the patient and doctor relationship.

Not only is evil a common theme within the institution, but it frequently comes up in relation to the Catholic church and horror. There have been many films released regarding exorcism, which is the action that must be completed when an individual becomes possessed by the devil, according to Catholicism. *American Horror Story: Asylum* shows the connection between the Catholic church and horror, when a patient who is possessed by the devil comes to Briarcliff. This occurs in the episode entitled "Nor'easter." This title, referencing a Nor'easter storm, which is often deadly and destructive, foreshadows the death and destruction headed for the patients. In this episode, the possessed teenage boy cackles, screams, spits on people, and starts speaking in tongues. Dr. Thredson does not believe that he is actually possessed, obviously, as the patient is still admitted to an institution instead of going to a church. This shows that in contemporary times, people will choose to follow the medical route for treatment.

Briarcliff, I believe, is used as a platform to examine the issues regarding the mental health field in the 1950s and 1960s. Those issues include the use of electroshock therapy to treat homosexuality, the sterilization of mentally ill females, and the brutal treatment of patients. By setting the film in the 1950s and 1960s, we are able to distance ourselves from those treatments, therefore shirking the blame. Moreover, the text illustrates the intentional blurring of the lines been normal and abnormal. As Rust says, "'Asylum', examines mental illness as constructed both as a form of sin, by the church, and as abnormal behavior, within the field of psychiatry" (Rust 1). The line between normal and abnormal begins to shrink as we continue to watch this

season of *American Horror Story*. The intersection of immoral nuns, corrupt doctors, and

relatively normal-seeming patients (with the exception of the 'exorcist' patient) depicts the fear

and destruction that occurs in these psychiatric institutions in these films, and strengthens the

relationship between horror, the Catholic church, and mental illness. Because of the blurring of

the line between normal and abnormal, *American Horror Story: Asylum* suggests that most

people fall somewhere on the spectrum of mental illness. This is in large part due to the character

Lana, who is locked up in a psychiatric institution because of her sexuality. Further, the use of

religion creates a disconnect between the viewer and the characters, making the mentally ill of

the 1950s and 1960s seem like a completely different time, when in reality it is still considered

contemporary mental health. The dramatic storyline of *American Horror Story: Asylum* shows

that there is a strong relationship between mental illness, religion, and horror. Upon further

dissection, this film suggests greater issues regarding the psychiatric institution and treatment

methods. The issues brought to light create an unproductive narrative about mental illness.

CHAPTER 6: The Hysterical Female

The oppressing opinion that women are the weaker gender is a prevalent stance in the portrayals of the field of mental health and is intensified by the representation of women as weak within the media. This deep-rooted yet false viewpoint stems from the 1800s with the origination of the psychoanalytic field by Jean-Martin Charcot and Sigmund Freud. From 1885 to 1886, Freud and Charcot worked closely together on understanding hysteria. Charcot focused on the mental factors of hysteria, which mesmerized Freud and soon became a main focus in his studies (Bougousslavsky 2014). The critical piece of information here is the connection between mental illness and the word hysteria. Hysteria, in colloquial terms, means emotional exaggeration. In the past, though, hysteria denoted a type of psychiatric disorder which included somatization issues. Somatization is the physical manifestation of psychological issues (GoodTherapy). Hysteria was thought to manifest itself through symptoms such as anxiety and nervousness, fainting, insomnia, shortness of breath, irritability, and sexually promiscuous behavior (Taska et al. 2018). Additionally, it was a disorder only females were diagnosed with.

Historically, there were two main approaches towards mental disorders, the magic-demonological and the scientific views in relation to women. Women were not only seen as vulnerable to mental disorders, but they were also seen as weak and easily influenced, either by the "supernatural" or by biology. Therefore, they were blamed for their disorders (Taska et al. 2018). In the 1800s, most diagnoses were hysteria. Therefore, the majority of mentally ill patients seeking treatment were females. Hysteria originates from the Greek word for uterus, hystera. Therefore, looking at just the etymology of the word, it is apparent that mental illness, weakness, and women have been linked for hundreds of years. Hence, it comes as no surprise that the stereotypical woman with mental illness is shown as weak, sexually promiscuous, and

uncontrollable. This is a significant contrast to ways mentally ill men are portrayed, which is as a danger to society. There are few instances in which women are portrayed as dangerous too, such as Rachel Solando in *Shutter Island,* but this is the only instance in which I saw a female being portrayed as dangerous. Thus, while hysteria is no longer thought of as a real disorder according to the DSM, women are still portrayed as weak in the media, which is a recurrent theme among the films I am analyzing.

In *Girl, Interrupted* the main character, Susanna, is shown as the epitome of a weak woman with a mental disorder. This film, released in 1999 and directed by James Mangold, stars Winona Rider, Angelina Jolie, Brittany Murphy, Clea DuVall, Whoopi Goldberg, Elisabeth Moss, and Vanessa Regrave (Wikipedia). *Girl, Interrupted* is a psychological drama film based on Susanna Kaysen's 1993 memoir of the same name. The story chronicles Susanna's stay at a mental institution, and like the previous films, *Girl, Interrupted* also takes place in the 1960s in a psychiatric hospital. This institution, though, is in much better condition than the others I've analyzed so far. First of all, the institution, called Claymoore, is pristine, with white walls, windows, and lights. The image denotes a feeling of hope and progress within the institution. Although it may come off to the viewer as sterile and cold, the hospital is not shown as a place to fear like Briarcliff Manor and Ashecliffe are in *American Horror Story: Asylum* and *Shutter Island* respectively. The positive images of the psychiatric institution aids in the portrayal of the female patients at Claymoore. Since Claymoore seems like a place where patients have the real potential to get better as opposed to a place to hold prisoners, we understand that the patients are not a danger to society, which is a stark contrast to the patients shown in *Shutter Island.*

Susanna, the main character does not seem dangerous, and yet she is still labelled as the aggressor for the problems in her life. These problems are rooted in her failing interpersonal

relationships and lack of life plan after college. What's worse, her psychiatrist pushes the idea that she is the root of the problem by blaming her for the lack of solid relationships in her life. By doing this, her psychiatrist attributes her problems to the symptoms of her illness. This shows the audience that people who are mentally ill may have unstable relationships; further, it shows that we, as viewers, may not benefit from a relationship with a mentally ill individual, because they cannot have a solid relationship; or so the film suggests. Her psychiatrist, Dr. Crumble, says, "Susanna, you're hurting everyone around you" (*Girl, Interrupted*, 7:15). This is an unfair burden to place on anyone, let alone someone who is suffering from a mental disorder.

On a similar note, the cultural context of *Girl, Interrupted* affects the viewers' opinions regarding mental illness. Following the lead of Chouinard, I will explore the "contradictory cultural narratives" about the lives and places of women with mental illness constructed throughout this film (2009). Further, this approach highlights that:

> Representations of 'mad women' and their places in society and space involve contradictory, tension-laden relationships between spectator and cultural product, complex discursive negotiations of meaning and gendered processes of meaning-making, in some ways affirming mad women's lives and in others perpetuating negative stereotypes about women with mental illness and where they belong (Chouinard 2009).

The characters in this film exhibit issues ranging from promiscuity, severe insecurities, and dependency issues, to a lack of empathy. While none of these constitute mental illness, many are symptoms of different mental illnesses. In each case and with each symptom, the female is automatically portrayed as weaker due to their illness, and at an even further disadvantage given the symptoms of their disorder. Susanna, who gets diagnosed with Borderline Personality

Disorder, suffers from emotional instability, feelings of worthlessness, insecurity, and more. These symptoms make her seem more pitiable than the average female because she relies on others to make her happy. Additionally, she looks to men to repair her self-esteem, which is demonstrated when she contemplates running away with Tobias, her love interest. She does this to make him happy, even though it isn't what she wants. Susanna also hooks up with him at the psychiatric institution when he comes to visit her, which makes her seem desperate and promiscuous. Looking at Susanna as a stereotypical female through a masculine lens, she is called 'crazy' due to her emotional instability and erratic actions, and is often shown as insecure, which makes the man, in this case, Tobias, angry. In this film, Susanna shows many of these symptoms, further emphasizing the stereotypical attributes of females to the viewers.

While this film tells a different story than the previous texts, it still shows an unfair and demeaning narrative about the mentally ill. Moreover, it suggests destructive stereotypes about females. Susanna and the other patients are portrayed as catty, promiscuous, and dependent on others. Susanna is an 18-year-old who has a nervous breakdown, overdoses, and gets checked into Claymoore. Once she is on the ward, she becomes friends with Polly, Georgina, Daisy, and Lisa, who all have different ailments. Polly is a childlike schizophrenic; Georgina is a pathological liar; Daisy self-harms and suffers from obsessive-compulsive disorder, and Lisa is an incredibly charismatic sociopath (*Girl, Interrupted*). These characters are important because their roles as patients re-emphasize the notion that women are portrayed as fragile. All of these females suffer from mental disorders and are reliant on others to survive. For example, Polly acts like a child, demanding the attention of the nurses as if she were a real child. The nurses who are also female are illustrated as weak. Occasionally, the patients have more power than the nurses, which suggests something interesting about the power dynamics in this institution. It insinuates

that women can gain power over one another, regardless if they are the original one with authority. This is in contrast to *American Horror Story: Asylum* where the male psychiatrists and administrators were always in power. Curiously, there are some cases in which the nurses and patients derive strength and power from their reliance on each other, highlighting the complex power struggle between those with mental illness and those without.

At the beginning of the film, Susanna is drawn to Lisa, due to her charm. Lisa is a stereotypical female flirt who uses people and needs attention. Lisa, who has been a patient of Claymoore for many years, easily manipulates the staff. She also convinces Susanna to escape with her, and they run away to Daisy's apartment, which was provided by her father. This seemingly insignificant plot point shows that Daisy is dependent on men, therefore, reiterating that women need men to survive. Further, when Lisa and Susanna run away to Daisy's, Lisa taunts Daisy for the sexual abuse that she experiences from her father, and Daisy commits suicide. This moment, though hard to watch, is important because it demonstrates the uneven power dynamic between men and women, specifically between Daisy and her father. Daisy hits a breaking point when her situation becomes public knowledge and hangs herself, which is incredibly difficult for the viewer to see. We don't even see her father's reaction to her suicide, which suggests to the audience that her father does not care much about his own daughter. So, while Daisy is weak in one way, she exercises scorching revenge on her father, who is himself depicted as horrible.

As most would be, Susanna is appalled by Lisa's actions and realizes that she shouldn't have run away, so she returns to Claymoore. During this next stint at the institution, Susanna makes significant progress. She cooperates with her therapy and medicine and works on her art skills. Before she is released, Lisa returns to the institution. On the night before Susanna is set to

be released, Lisa steals Susanna's diary and reads it for the other patients. This moment shows the pettiness of the patients, as most of them egg Lisa on and encourage her to read Susanna's diary aloud. As this scene unfolds, the patients appear crazy and immature. This gives an impression to the audience that most women with mental illness act like this; further, it suggests that such behavior is characteristic of mental illness.

Girl, Interrupted successfully portrays the stereotypical female with mental illness, by highlighting the characters' weak nature. While the mentally ill are often shown as fragile, being a female makes the women with mental illness seem even more disadvantaged. The relationships between the patients further strengthens the stereotype. The stereotypical attributes are that the females are seen as crazy, weak, dependent, and catty. When a popular contemporary film shows women like this, it reinforces the common hegemonic discourse that women cannot become successful in a male-dominated world. Further, the females in this film mimic much of the hysterical females expressed during the Freudian era. Many of the patients at Claymoore suffer from hysteria and are shown as weak because of this. Additionally, I want to note that this film is set in the 1960s, prior to the Women's Movement in which women tried to break free of the stereotype to garner more power and success in the male-dominated society. Unfortunately, the hysterical female patients reinforce the notion of the weak female, and places women back in their stereotypical maternal role in society, suggesting to the viewers that women, specifically hysterical ones, are not productive members of society.

Chapter 7: Concluding Remarks

<u>Final Observations</u>

As I reflect upon my analysis of *Shutter Island*, *American Horror Story: Asylum*, and *Girl, Interrupted*, I acknowledge the different stories that each film produces about mental illness. It's important to do this because the differing stories, when combined, create a singular, monolithic narrative. This narrative is a problem and must be expanded upon because the portrayal of mental illness cannot and should not be commodified. In summation, the prevailing tropes and insights of each text add significant value to our understanding of mental illness portrayals. From the analysis of *Shutter Island*, we see that the mentally ill are often shown as dangerous and violent, thus inciting a sense of fear within the viewer. *American Horror Story: Asylum* suggests two things. First, that we have made significant progress in the treatment of the mentally ill since the 1950s and 1960s. While we have made progress, as we no longer treat homosexuals with electroshock therapy and do not sterilize patients, there are still instances of malpractice within the field of psychiatry. Second, the show suggests that we should distrust the psychiatrists due to their evil portrayal. In *Girl, Interrupted*, we see that female mentally ill patients are often depicted as distressed, overly emotional, and irrational. These narrow stereotypes shape our mental illness paradigm, which is why understanding varying perspectives and gathering factual information is so critical.

Hall argues for the interrogation of the image so that we do not take these portrayals at face value, which is what I aimed to do throughout this thesis. These televisual texts should not have closed meanings. We can, and should, oppose the meaning and depictions of these mentally ill characters, as they feed into the stereotypes that people believe today. I hope that throughout my thesis I was able to clearly identify some of the stereotypes and highlight the repercussions of

these stereotypes, which is often a very harsh stigma. The analysis, in juxtaposition with many studies about stigma, shows us that we cannot accept the current narratives about mental illness, as they are limited in their representation of the mentally ill population. There is no easy way to fix this problem but acknowledging that it is a problem is the first step in change.

Further, the films I chose are just examples of some of the stories that exist surrounding mental illness. Through these stories, I focused on the following three stereotypes: the mentally ill as dangerous and violent, the mentally ill as connected with religion and horror, and of females with mental illness as weak. However, there are plenty of other stereotypes about mental illness, psychiatric institutions, therapy, and the entire field of Psychiatry. These stereotypes must be brought to light so that they can be diminished and therefore, reduce the stigma surrounding the mentally ill. As I've continuously argued, the media is a delicate platform for relaying narratives, and it is time to change the story.

The psychiatric institution plays a significant role in the context of mental illness narratives, which is why I only chose texts that take place in psychiatric institutions. In *Shutter Island*, Ashecliffe, the psychiatric institution, acts as a prison. The patients seem to be prisoners of the institution due to their illness; thus, the film suggests that some mental disabilities can be overlooked, but some you have to incarcerate. While I disagree with this notion, it must be noted that viewers may add this belief to their worldview, due to the portrayals. In reality, the majority of mentally ill individuals do not and should not get admitted to psychiatric institutions unless they need to. Further, they certainly should not become prisoners unless they have committed a crime.

The representation of Ashecliffe as a place for criminals insinuates that mentally ill people are violent. The psychiatric institution in *American Horror Story: Asylum*, Briarcliff,

elicits a similar notion that the mentally ill are dangerous. In this film though, Briarcliff is shown as a house for evil. From Nazi doctors to tyrannical Sisters of the Catholic church to patients who act as if they are possessed by the devil, Briarcliff is filled with the most terrifying figures typical of horror. The evil nature of the institution makes it seem as though the patients are victims of the institution. This reinforces the link between mental illness and horror, but also emphasizes the fact that the mentally ill are often seen as weak and helpless. *American Horror Story: Asylum* portrays the mentally ill sympathetically, while the doctors and the institution are seen as perpetrators of terror.

The portrayal of these institutions in the 1950s and 1960s institutions play a significant role in the context of our cultural understanding of mental illness. The texts I analyzed are all set in the late 1950s and early 1960s, a time where many people kept to themselves, choosing to live private, repressed lives. Following the Freudian notion of repression as a defense mechanism, many homosexuals, promiscuous people, individuals suffering from PTSD, and those who fell out of the "norm" chose to remain silent about their issues and desires, as this was a way to avoid being stigmatized. Lana Winters avoiding a discussion about her sexuality in *American Horror Story: Asylum* illustrates this point. Lana tried to avoid labelling herself as homosexual, or in any way different than the stereotypical white, heterosexual individual, because then she would have been discriminated against. Sister Jude finds out and locks her up anyway for treatment. This comes in contrast to today's society, in which minorities are encouraged to be their true selves and be open. However, there is still significant opposition to these minorities.

By setting these films in the 1950s and 1960s, the directors successfully create a distance between the viewer and the actions of the characters. The distance grows as the viewers watch the psychiatrists treat the patients with brutality in some of the texts. In *Shutter Island*,

correctional officers beat the patients to keep them in order. In *American Horror Story: Asylum*, the psychiatrists use electroshock therapy to try and treat homosexuals and make active efforts to sterilize the mentally ill females. In *Girl, Interrupted* there is a scene in which one of the patients verbally attacks an African-American nurse, which draws in the racial context of the time. By creating this distance, the viewer associates the actions of the characters with the past, and therefore avoids feeling responsible for the horrific treatment of minorities, namely the mentally ill, during this time. The seductive techniques of these texts make us, as viewers, think we've made significant progress from this time period, and therefore aren't to blame. While we may not be to blame for the treatment of the mentally ill in the 50s and 60s, we are responsible for the current treatment of the mentally ill, in which there is a lot of work to be done. I argue that it starts with changing the narratives and thus the stereotypes so that individuals can get the right kind of help without being stigmatized.

Overall, the narratives surrounding mental illness in the media often promote the same stereotypes. The danger of a single narrative is that it does not accurately relay the right information to the viewer. The films I analyzed have differing stories, but all allude to the same narrative, which is that the mentally ill are people to simultaneously pity and be afraid of, due to their illness. The single narrative about madness is dangerous, especially because it has become the dominant discourse. This single narrative makes it difficult for people to understand mental illness in real life because viewers often accept what the media portrays as true. Hence, why interrogating the image and unpacking the stories is so critical. Further, the power of the narrative is incredibly strong. Therefore, the biggest way to make a difference in the mental illness narrative is to change the stories to more wholesomely depict mental illness.

<u>Changing the Narrative</u>

New Tactics in Human Right's writes:

> People and communities use stories to understand the world and our place in it.
> These stories are embedded with power – the power to explain and justify the
> status quo as well as the power to make change imaginable and urgent. A
> narrative analysis of power encourages us to ask: Which stories define cultural
> norms? Where did these stories come from? Whose stories were ignored or erased
> to create these norms? And, most urgently, what new stories can we tell to help
> create the world we desire? (New Tactics in Human Rights 2013).

I could not articulate this better myself. This is exactly why I am examining stories about mental
illness and why I am looking towards shifting the narrative. Currently, the contemporary
portrayal of mental illness in nonfiction media surrounding tragedies tends to mimic the
portrayal of mental illness in fictional media. For example, the Parkland shooter is written about
as dangerous and violent, which there is no doubt he is. This is similar to how the mentally ill are
depicted in *Shutter Island*. Both sources show the mentally ill as threatening and unstable.

However, there is an interesting dichotomy between the discussion about mental illness
in the news and the tragedies committed by mentally ill people. For example, I just went to
Google and typed in 'mental illness' in the search bar; the top results are all about ways to
progress the mental health field. The first article is called "Mental illness in seniors under-
diagnosed." This title both highlights the prevalence of mental illness and implies that we need to
do a better job of diagnosing and treating the mentally ill, therefore, working toward
improvement in the field. The second article is called "Indianapolis initiative aims to avoid
jailing the mentally ill." This is another optimistic article, actively working towards giving the

mentally ill a chance at getting better with the right treatment. The third top story is called "Man trying to break mental illness stigma" and is trying to accomplish similar things as me. These stories contrast significantly with the gun violence, bombing, and murder stories that we often see in the news, and with the storylines that exist in the fictional media.

For example, an article was released earlier this month titled "Nanny finally goes on trial, but why she killed 2 children may remain mystery." The article details the horrific crimes the female committed and blames the actions on her untreated mental illness. Crook III and Levenson write, "Ortega's lack of a motive is evidence, the defense argued, that she suffers from untreated severe mental illness and belongs in mental health care rather than behind prison bars" (2018). While this is most likely true, blaming the murders on her mental illness suggests to the readers that the symptoms of her mental illness are uncontrollable. Moreover, by not acknowledging the specific illness she has, the writers generalize all mental illnesses and imply that any mentally ill individual could commit an act like this, further inciting fear.

There are some stories that show the positive side of mental illness discourse, where hope, progression, and truth exist; however, the dominant discourse is characterized by the thought that mentally ill are unstable, weak and dangerous. We must change the narrative to reduce the stigma surrounding mental illness. There are two definitive areas in which I would like to explore further that would aid in changing the story. First, is introducing more positive mental health stories in the media. A great example of this is *The Good Doctor*, a new show on ABC that follows the story of a young surgeon who falls on the spectrum for Autism and has savant syndrome. The premise, which highlights some of the surgeon's interpersonal difficulties, often shows him saving lives and doing good in the world. This narrative differs greatly from those in *Shutter Island*, *American Horror Story: Asylum*, and *Girl, Interrupted* because it paints a

mentally ill individual in a much better light. The doctor not only saves lives, which speaks to his brilliance as a physician, but also implies that he is a productive member of society, which contrasts from the media I analyzed.

In addition to adding more positive stories, I suggest we begin educating the general public about mental illness. Given the prevalence of mental illness in today's society, it is my belief that we should educate young children first, because that is when symptoms begin to appear. If we provide information to children about the symptoms of mental illness and how to stay in control of personal mental health, we will begin to reduce not only the prevalence of mental illness, but we will also reduce the stigma at a very young age. Talking about mental illness in a more wholesome and varied way, will aid in shifting the narrative.

I hope that my thesis brings attention to this ever-growing problem facing the mental health field. It is my belief that change will occur, and I am optimistic that it begins by acknowledging the media's influence on our worldview. I see no other way to conclude than to bring it full circle back to my friend who struggles from mental illness. My friend is not the stereotype and never will be. In fact, she is not weaker because she is a female with mental illness and she certainly isn't someone to fear; she is stronger than anyone I know. Her strength alone gives me hope that changing the narrative and reducing the stigma can occur. It won't be easy, but it is a necessary first step in improving the overall mental health of modern society.

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