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The Psychopathology of Cinema: How Mental Illness and Psychotherapy are Portrayed in Film

Lauren Beachum

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> *"The mentally ill are often dangerous, unstable people that many feel aren't deserving of our help or attention…. People who are fighting not just poverty and a criminal record but voices in their heads and a host of terrifying phobias and paranoid thoughts, are incapable of seeking help on their own. In reality, the face of mental illness is often ugly and scary. Homeless shelters and correctional facilities are overflowing with seriously sick human beings, who couldn't get help for their mental illnesses if their lives depend on it—which often, tragically, is the case."*
>
> – blogger in Arizona

According to the National Institute of Mental Health (2009), one in four American adults suffers a diagnosable mental disorder, and even more experience symptoms. These problems are significant, but unfortunately the disability caused by mental illness has been considerably underestimated. The Surgeon General's Report on Mental Health describes the severity of disability experienced by those suffering from major depression as comparable to blindness, and psychosis as equivalent to quadriplegia (U.S. Dept. of Health and Human Services [DHHS], 2009). But the weight of this burden is not limited to the individuals suffering from these disorders; it impacts national health as well. Collectively, mental disorders are responsible for more of the damage to national productivity and years of quality life lost in the United States than cancer, substance abuse, and respiratory and infectious diseases (DHHS, 2009). When all of this information is taken into account, it becomes clear that these issues affect the entire nation, both directly and indirectly.

Perceptions and Policies—The Effects of Stigma on People with Mental Illness

Mental health problems are disabling, but even more crippling is the pervasive stigma attached to mental illness. Various public education campaigns have been applied in an attempt to reduce the stigma with the hope that knowledge might foster understanding and acceptance. In

fact, there is evidence that conceptions of mental illness have broadened over time, indicating that perhaps the public is becoming more informed. Phelan, Link, Stueve, & Pescosolido (2000) compared perceptions in 1950 to those in 1996 and found that whereas people typically associated only psychotic symptoms with mental illness in 1950, definitions in 1996 were expanded to include a range of non-psychotic problems as well. However, these results also demonstrated a very disturbing trend: although there seems to be improvement in the public's general understanding of the various issues related to mental illness, their attitudes remain unfavorable—and have possibly worsened. Despite having a broader conception of mental illness, people in 1996 were almost twice as likely to associate mental illness with violence, particularly when referring to psychosis (Phelan et al., 2000). The remark quoted at the beginning of this section serves as an example. The words used more than fifty years ago to describe people with mental illness, such as "dangerous", "weak", "crazy", "worthless", and "insane", are the same ones used today.

Public perceptions of mental health providers are also problematic. In 1997, the American Psychological Association (APA) conducted a study to assess public attitudes toward mental health providers that yielded several unsettling findings (Farberman). In the course of conducting telephone surveys and focus groups, the APA noted with disappointment that people were generally uncomfortable talking about mental illness, and that many still referred to those with mental problems as "crazy people". The study also revealed an overall lack in knowledge about mental health care. Most respondents were unaware of the differences between the various types of mental health providers and were doubtful of the efficacy of psychological services. Many expressed uncertainty about what might be appropriate reasons to seek mental health care, agreeing that they would consult a psychotherapist for suicidal thoughts or symptoms of a

serious mental illness but would be far less likely to do so for symptoms of depression, anxiety, or problems coping with serious life changes.

These studies illustrate two recurring patterns in the research regarding the public's perception of mental health. People may have an enhanced *awareness* or broader conceptualization of mental health care and mental illness, but they are not necessarily more *informed* about these topics. Secondly, although the public acknowledges that mental illness includes more than just psychosis, the stigma still makes people reluctant to seek help. There is a discrepancy between attitudes towards abstract mental illness, and how people perceive and react to mental illness when it becomes more salient. What people say and what they do regarding mental health are very different, which is partly why the stigma continues to exist and perhaps what allows it to become stronger.

For example, many Americans are dissatisfied with the current mental health care system, and agree that better insurance coverage and access to care should be national priorities (Farberman, 1997). Results from public opinion polls also show support for more insurance coverage of severe mental disorders (DHHS, 2009). But when it comes to actually paying more in taxes or insurance premiums, people are not willing to contribute. This means that people already struggling with mental health issues are left to shoulder the substantial costs of care. Mental disorders consistently rank among the top five costliest health conditions, with national expenditures nearly doubling since the 1990s (Soni, 2009). Medical costs are greater than what is spent for treating Alzheimer's disease, substance abuse, and asthma, and are the same as the costs for cancer. Of these five conditions, out-of-pocket costs are highest for mental disorders

(25%), and the proportions covered by public or private institutions continue to decrease (DHHS, 2009; Soni, 2009).

Given the expense, it's not surprising that two-thirds of those with mental health problems do not get the care they need (DHHS, 2009), but the deterrence is compounded by the severe social consequences for those with mental illness. They face employment discrimination, housing discrimination, and social alienation (Corrigan, 1998). They are regarded with fear, mockery, misunderstanding, and even anger—often they are the victims of violence. The stigma attached to mental illness impairs the opportunities for many people with mental health problems to form relationships, support themselves, or contribute to their communities, and makes them less likely to comply with treatment. When researchers asked participants about their willingness to interact with a person who had a mental illness, nearly 70% indicated they would not allow that person to marry into their families, almost 60% said they would not want that person in their workplace, and over half would refuse to even interact with such a person (Martin, Pescosolido, & Tuch, 2000). If the attitudes demonstrated by these statistics were applied toward people with physical disabilities, there would likely be a public outcry and call for change. The stigmatization of mental health issues permits and perpetuates discriminatory attitudes against people who could benefit the most from the public's support.

Stereotypes of people with mental illness as dangerous and incompetent reduce these individuals to nothing but the most exaggerated, caricaturized versions of their diagnoses. These caricatures are the products of how mental illness is represented by arguably the most influential institution of our culture: the media.

Stereotypes and Socialization—How Media Images Influence Attitudes

Portrayals of mental illness are prevalent in the media, and studies show that they negatively influence public perception while sustaining the stigma (Pirkis, Blood, Francis, & McCallum, 2006). Representations in the entertainment media and news media interact to shape community attitudes by mimicking them. Changes in mental health care policies have paralleled the changes in media portrayals throughout history, for better or for worse. During the 1990s, when political actions focused on issues regarding deinstitutionalization and community mental health care, the media was flooded with stories involving mental patients committing homicides (Anderson, 2003). The media attention devoted to the homicides suggested an incidence rate that was disproportionate to how frequently they actually occurred, but the public responded to this perceived threat by redirecting attention to policies aimed at preventing such violence. Media sensationalism successfully impeded political progress and strengthened the stigma by inducing a sense of panic. Portrayals of mentally ill people as dangerous, violent, and unpredictable dominate the entertainment media as well. According to Stuart (2006), violent representations are becoming more common in films and television—one in four mentally-ill characters kill someone, and half of them inflict harm on another person. These acts of violence are also more graphic and disturbing than the ones perpetrated by other characters (Penn, Chamberlin, & Meuser, 2003). While mentally-ill characters are usually relegated to plot devices and background roles, if they are given a speaking part they become ten times more likely to act violently than other speaking characters (Stuart, 2006). Phelan et al.'s (2000) observation that the public's association of mental illness with violence has doubled since 1950 seems hardly coincidental. The interrelationship between entertainment media, news media, and social

perception contribute to persistence of negative attitudes and demonstrate the complexity of the problem facing mental health advocates.

Media socialization begins at a young age, when impressionable children spend more of their time watching television than participating in any other activity—even school (Stuart, 2006). Stereotypes are no less prolific in children's media either; Lawson & Fouts (2004) found verbalizations regarding mental illness in 85% of feature-length animated Disney movies. The mentally-ill characters in these movies are usually generic representations, without demonstrating specific disorders or symptoms but merely serving to elicit fear, anger, or amusement (Stuart, 2006). Not only do these characters encourage children to make generalizations about the negative attributes of the characters and apply them to all people with mental illness, but these movies also model social responses and teach children how to react to mental illness.

These learned social responses are reinforced by on-screen portrayals in adult media, with mentally-ill characters generally represented as incompetent and isolated, without families, jobs, or social identities. They almost never indicate signs of recovery nor hope for future improvement, and they rarely make any sort of productive contribution to their communities. Audiences often identify with the responses they see on the screen and carry those attitudes into real life. Evidence shows that people who draw their knowledge from the media are generally more intolerant towards people with mental illnesses, advocating more socially restrictive attitudes and policies and being less supportive of community treatment (Pirkis et al., 2006). This is concerning, as the majority of the population report that their information about psychotherapy and mental illness comes primarily from what they see in the movies (Orchowski, Spickard, &

McNamara, 2006). The fear and aversion that media images impart to the public serve to justify discrimination, coercion or forced legal actions, unfair treatment, bullying, and other acts of victimization against people with mental illnesses.

Unfortunately, the way that mental health professionals are presented in the media is equally inaccurate and negative. On-screen psychotherapists are consistently portrayed as oppressive, malevolent, inhuman, and often acting upon questionable or evil motives. In many cases, they appear as bumbling fools who seem even more "insane" than their patients; one might imagine the doubt, suspicion, and fear this instills in people who may need help for mental health issues. Actual psychotherapists have spoken out about the inaccuracy of their unethical, exploitative, and manipulative filmic counterparts, but they have yet to shed the reputations projected by the media. In addition to deterring people from seeking help, the negative stereotypes make it difficult for therapists to properly treat their patients. Even though mental health treatments are subjected to extensive and rigorous testing and are often well-supported by research as efficacious, policy-makers remain hesitant to offer support and funding. This is partly why mental health services are difficult to access, and clinicians are usually deeply scrutinized and monitored in their treatment methods. It comes as no surprise to learn that the public's beliefs about mental health treatments are also misled by the media, and stigma often prevents people from receiving the most effective option. For example, one of the most controversial treatment methods, electroconvulsive shock treatment (ECT), is also perhaps one of those most misrepresented in the media. Early portrayals of ECT depicted the procedure as a severe albeit effective treatment strategy, but more recent representations in the movies negatively portray it as a cruel, abusive means to punish or control unruly patients (McFarquhar & Thompson, 2008). People are generally wary of ECT even if they have some knowledge of it;

when surveyed, both medical students and members of the general public reported worry about what others might think of them if they were receiving ECT (McFarquhar & Thompson, 2008).

Headlines and Hollywood—the Interaction of News and Entertainment Media

Most people understand the difference between media sources which function to inform and those which function to entertain. This difference may seem so obvious that it is easy to dismiss, but the assumption that the two types of sources are mutually exclusive is a fallacy. To the contrary, fact and fiction media are interactive and mutually reinforcing, and the interaction allows movie images to implicitly influence public perception through news sources under the guise of objectivity (Anderson, 2003). The structures of news articles and broadcasts reinforce stereotypes by relying on them to provide the context for their narrative frames (Stuart, 2006). Audiences interpret stories about mental illness by drawing from existing knowledge, but this knowledge comes largely from what is presented in the movies. Negative stereotypes are emphasized further by a bias in the material presented by the news media; sensational stories are exaggerated to get more attention, and psychotherapists and people with mental illness are rarely given a voice with which to offer their perspectives. Stuart (2006) found that fewer than 15% of newspaper articles dealing with mental illness include input from mental health professionals, and only 0.8% from people with a mental disorder.

Images in entertainment media overtly influence public perception as well. Films are artfully designed to engage and stir the audience and elicit emotional reactions. These can be so powerful that the negative attitudes they impart override and outlast exposure to positive movie portrayals, corrective information, and even personal experience. Some studies suggest that the degree of influence on public attitudes increases with exposure to media portrayals of mental

illness, but other studies have indicated that the perceived realism of the movie is more important (Pirkis et al., 2006). It is likely that realism and exposure are both significant. Representations that are particularly vivid are stored in memory longer and are easily recalled, so people generalize any previous memories of similar examples to resemble the atypical experience (Wahl, 1992). When people have little real-life experience with mental illness, they draw more of their knowledge from films, resulting in more inaccurate and negative perceptions. In turn, the stigma persists and discrimination continues, and people become less likely to interact with others who suffer from mental illness, leaving fewer opportunities for personal experiences to contribute to how mental illness is perceived.

This presents quite an obstacle for mental health advocates to overcome in order to improve community attitudes, which are remarkably resilient to change. Research has focused on campaigns and studies designed to counteract the powerful influence of the media, but few of these have been found successful. Actual experience with mental health professionals or with people suffering from mental illness can lessen the intensity of media stereotypes, but only slightly. Bram (1997) presented participants with two hypothetical scenarios in which a client (a) insulted a therapist or (b) indicated sexual interest in a therapist, and asked how they expected the therapist to respond. Participants who had prior therapy experience were more likely to suggest favorable responses than participants with no such experience, but among both groups, the predominant expectation was that the therapist would act on negative countertransference, insult the client back, pursue the relationship, or abandon the client by transferring him or her to a different clinician. The participants, including those with prior therapy experience, also estimated on average that 20% of male therapists and 14% of female therapists pursue romantic

relationships with their clients—a proportion far greater than what actually occurs. Even people who have encountered psychiatry in their own lives are still misled by the media.

Education and Electroconvulsive Therapy—the Endurance of Cinematic Stereotypes

Prior experience may mediate the influence of media stereotypes, but the effect appears rather weak. Unfortunately, many attempts to directly educate people about mental illness have not proven any better at countering inaccurate depictions in the movies. The negative attitudes inspired by these images are remarkably resistant to factual information, especially among people who have little prior knowledge of mental illness.

As noted earlier, electroconvulsive therapy is one of the most controversial treatments for mental illness. Enns, Reiss, & Chan (2010) describe ECT as "a medical procedure in which a brief electrical stimulus is used to induce a cerebral seizure under controlled conditions" (p. 1), and it is only administered after patients given their informed consent. ECT has been well-established as a safe and effective treatment for major mental disorders (Enns, Reiss, & Chan, 2010), but movies have increasingly portrayed it as brutally painful and completely lacking therapeutic value. After reviewing 22 American movies depicting ECT, McDonald & Walter (2009) found that on-screen ECT has very little in common with the actual procedure. Earlier representations presented ECT as a dramatic but relatively effective treatment, but more recent movies have turned it into an institutional device to control or punish individuals who stray from convention. The controversy over ECT is not surprising, considering that more than two-thirds of the general public derives their knowledge of the procedure from the movies (McFarquhar & Thompson, 2008). When asked to describe on-screen ECT, 20% of respondents used words like "torture", "negative", and "cruel", yet only 2% acknowledged these representations as

inaccurate or outdated. Among those who get their information about ECT from movies, perhaps the most frequently referenced film is Milos Forman's 1975 adaptation of "One Flew Over the Cuckoo's Nest"(McFarquhar & Thompson, 2008). The movie features a scene that has since become famous for its depiction of ECT being used to punish or control unruly patients. Prior to its release, Domino (1983) surveyed students about their knowledge and attitudes towards ECT, then again three months after the movie was released. Initially there were no significant differences among participants, but the 85 students who saw the film later reported significantly more negative attitudes than the 39 students who had not. Eight months later, Domino (1983) assigned half the participants to watch a documentary that paired clips from "One Flew Over the Cuckoo's Nest" with more realistic reenactments of institution life filmed at the same hospital, while the other students watched an unrelated film. Results showed that the documentary had no effect on the participants' attitudes toward ECT. The students who had previously watched "One Flew Over the Cuckoo's Nest" continued to report the same negative perceptions, even after being presented with the documentary. These findings strongly suggest that the influence of negative images in movies is both long-lasting and resistant to corrective information.

Even when people were shown an informative disclaimer *before* watching a film about a violent, mentally ill killer, they still expressed significantly less favorable attitudes towards mental illness (Wahl & Lefkowits, 1989). Compared to participants who watched a control film, students who watched the target film advocated more for hospitalization, were less sympathetic and less supportive of people with mental illness in the community, and were more likely to regard patients as dangerous. The inclusion of a trailer before, during, and after the target film reminding viewers that violence is not typically characteristic of mental illness had no effect; the participants who saw the film with or without the disclaimer showed almost identical attitudes.

Remarkably, movie images are strong enough to persuade even people who have been formally educated about psychiatry. Although psychiatry students demonstrate a fairly accurate and informed understanding of ECT, research shows that the majority of medical students, despite having covered ECT during their training, nonetheless cite movies as their primary source of knowledge (Walter, McDonald, Rey, & Rosen, 2002; McFarquhar & Thompson, 2008). Compared to the general public, they are more informed about how the procedure is administered and what it is used to treat. But they hold equally inaccurate perceptions about the effectiveness of ECT and the risks involved. Most say they would refuse to even consider ECT as a treatment option (McFarquhar & Thompson, 2008). Evidence shows that images of ECT in the movies are likely responsible for these negative attitudes and misperceptions. In one study, medical students viewed movie clips depicting ECT and then were surveyed to determine how the clips affected their perceptions (Walter et al., 2002). One third of participants were less supportive of ECT, saying that the clips reduced their understanding of the procedure, and the proportion of students who would dissuade a friend or family member from undergoing ECT jumped to 25%.

Portraying mental illness more positively and accurately in movies does not seem reduce stigma or improve attitudes either. Penn, Chamberlin, & Mueser (2003) showed participants "I'm Still Here", a documentary depicting mental illness very realistically as it follows different people in their experiences with schizophrenia. The characters demonstrated varying degrees of severity of the disorder, and showed their different living situations. One high-functioning character was married with children and had a job, one was psychotic and homeless, and one was living with and cared for by her parents. The individual stories of schizophrenia were intended to reduce stigma by personalizing the disorder and encouraging the audience to view the characters

more sympathetically. The documentary influenced viewers' attributions about the disorder. They expressed less blame toward the subjects in the film and they were more likely to acknowledge the disorder as changing over time. However, the viewers still maintained negative attitudes towards people with mental illness, remained unwilling to interact with them, and continued to perceive them as dangerous. The film may have succeeded in educating people about schizophrenia, but it did not change their negative associations. Even accurate, humanizing film examples of mental illness could not negate the stigma attached to it, which seems to be deeply engrained and difficult to access.

The prevalence and significance of the overwhelmingly pejorative representations of mental illness in the media are not lost on people suffering from mental disorders, or on their families. Many find the media images profoundly damaging, and family members report the effects of these images as saddening, discouraging, enraging, and hurtful. Primarily what is the most problematic are their inaccuracies, the language used to refer to mental illness, and the disrespectful treatment of mentally-ill characters. In turn, actual individuals with mental problems are disrespected as well. According to Stuart (2006), half of mental health service users say that movie representations negatively impact their own mental health. About one-third of them said that family and friends treated them differently because of their mental health, and 25% experienced hostility from neighbors. The expectation of stigmatization can be devastating for their self-esteem, and the fear of disclosing to other people drives many to limit their social contact. Nearly one in three people with mental problems find that media images discourage them from applying for a job or volunteering within their communities. Ultimately, they dissolve into social dysfunction and disability beyond the degree of their illness.

Mental health professionals also blame the media for the stigma that makes people with mental problems less likely to acknowledge symptoms, seek psychiatric help, or comply with treatment. Not only do media portrayals discourage people from pursuing the help they need, but they also establish erroneous beliefs and false expectations about therapy (Pirkis et al, 2006). Participants surveyed before and after viewing "Lovesick", a movie about a clinician who violates the boundaries of a therapeutic relationship and romantically pursues a client, were significantly more likely after watching the film to consider such a relationship to be acceptable (Schill, Harsch, & Ritter, 1990). In particular, those participants with greater psychological distress indicated after seeing the movie that they would have less reservation seeing a psychotherapist. Evidently, the film not only instilled erroneous beliefs in these individuals, but their increased willingness to seek help was based on these misconceptions.

Stereotypes and stigma create a double-bind for those who are the most mentally vulnerable. The people who need mental health care the most are also the most affected by on-screen representations. Similarly, entertainment media that portrays mental illness targets audiences between 15-24 years old, but this is also the age group with the greatest risk of developing mental problems. But the shame of having such problems and the fear of the social consequences keeps people from getting treatment, and often they deteriorate even further. Unless this stigma is publically addressed, nearly a quarter of the population may be condemned to loneliness, low self-esteem, and incapacitation. Evidence indicates that representations of mental illness and mental health professionals in the media, especially in movies, significantly influence public attitudes. What gives film this kind of power? How can movies impart such intractable impressions on the audience that withstand change or correction?

Freud and Film—the Similarities of Psychiatry and Cinema

The silver screen has featured prolific images of madness since the dawn of cinema at the turn of the twentieth century. Incidentally, this was also when the ideas and practices of Freud and modern psychology had begun to spread westward from Europe. The disciplines of filmmaking and psychiatry share more than similar origins; they both focus on perception and interpretation, individual subjective experience, and the motivations of human behavior. Hollywood was naturally drawn to psychiatry for its cinematic utility as a plot mechanism, and psychiatry took notice of film as a powerful medium with the potential to influence its audience. Domino (1983) mentions a psychologist named Hugo Munsterberg who recognized film's persuasive possibilities in 1916, and called for further study to determine how melodramatic on-screen representations might affect the audience. Other psychiatrists wanted to film their patients in order to better document and study their experiences. Filmmakers, on the other hand, seized the opportunities that psychiatry offered to tell stories and entertain the audience. Their reciprocal relationship began almost immediately, with the first depiction of a psychiatrist gracing the screen in 1906, and continues today.

It is possible to chart the changes in psychiatry through their reflections in the movies at the time. For example, the terms given to psychiatrists in movies have shifted, from early uses of "mind specialist" and "alienist" to later references of "psychiatrists", "shrinks", "analysts", "psychologists", "therapists", and "counselors". As psychiatry grew and developed, cinematic psychiatry also became more complex. Gabbard's (2001) review of some of the major paralleled shifts throughout history demonstrated how "the way that psychotherapists have been portrayed in the cinema is a direct reflection of how society regards psychotherapy" (p. 366). Beginning in

1906, movie psychiatrists were portrayed as bearded, bumbling, bespectacled “specialists” who spouted jargon-riddled diagnoses in heavy European accents but were largely ineffective and inept. In the 1930s and 1940s, Hollywood moved towards depictions that more closely resembled doctors in their medical knowledge and motivations. The following decade witnessed a Golden Age for movie psychiatrists, with more of an emphasis on psychoanalysis, discussions of the unconscious or subconscious mind, dream analysis, and the notion of love as the primary human motivation in life. Movie psychotherapists fell from their idealized position in the 1960s, when psychiatry came to represent a repressive societal institution seeking to enforce conformity and exert control. This harsh motif lessened after the 1970s, and more sympathetic portrayals have since emerged. As science turned its attention to understanding perception, identity, memory, and consciousness, these topics simultaneously became more frequent in the movies. The techniques used to portray these subjective experiences have changed over time as well, as we continue to learn more about how the mind works.

Both psychiatry and film share an interest in human behaviors and motivations. Filmmakers rely on interesting characters and unique stories to entertain an audience, while psychiatrists and psychologists work to understand how the mind works and how to treat people with mental illness. Both fields also focus intensely on emotions. The film audience can relate to characters because they can identify how the character is feeling, and some seek the movie-going experience simply for the emotional reaction that movies can inspire in us. Psychiatrists, too, understand the motivational power of emotion, and how emotion can affect behavior. Specifically, psychiatry and film both specialize in unusual cases. Films rely on strange or extraordinary characters or behaviors to attract interest and build the plot. Psychiatry provided a convenient device to explain or excuse these kinds of abnormalities. Psychotherapists, with their

insight into other characters' minds and behaviors, served as narrators for the audience. Or, in less positive portrayals, they have been used to control other people and to make them behave in ways they normally wouldn't.

The similarities among subject matter between film and psychiatry are fairly easy to identify. More subtly, filmmakers take cues from psychology to construct believable "realities." Butler (2004) describes how even aspects of the film-viewing atmosphere are designed to lull the audience into a reprieve from their ordinary lives. The theater environment induces almost a hypnotic response from the viewer; the lights dim, the curtains part, and the giant film screen lights up in order to silence the audience and draw their attention. Even the placement of the technical equipment, with the projector stationed behind the audience and out of sight, contributes to the illusion. Once the film begins, the filmmakers use techniques that mimic or cater to the mind's capabilities. One technique, called suturing, is the process of creating fluid transitions between scenes so that the audience willingly accepts the discontinuities. Suturing relies on the audience to suspend their disbelief, even their knowledge of reality, in order to present jump-cuts or lapses in time and space in a manner that does not draw attention to itself.

To persuade the audience that what they experience on the screen is reality, at least for the duration of the movie, is an extraordinary feat and is largely what makes movies such a popular form of entertainment. Camera techniques and cinematic tricks do more to convey emotions, reactions, or thoughts than words on a page. Although literature can offer similar introspection into the mind of another, film is unique in its capacity to recreate or simulate subjective experience through multi-sensory stimuli. It is the senses which give experiences meaning, and film can construct the illusion of meaning by appealing to multiple senses at once.

The audience can relate and react, and soon the difference between the projected world and the real world falls away. In order to be so convincing, cinematographers draw from processes of perception and emotion when creating their scenes. Butler (2004) lists many examples of how traumatic experiences portrayed in film imitate perceptual responses to such experiences in reality. Filmmakers might alter colors, distort sound, manipulate time, or switch points of view for emphasis. For instance, although time does not actually change speed in real life, most people can relate to feeling as though the hours slipped away or recall minutes which seemed like eternities. These illusory perceptions are usually associated with strong emotions. Time flies when chatting happily with an old friend or when late for an important appointment, but drags on when stuck in traffic or when anticipating an exciting event. During surreal or traumatic experiences, time stands still, things seem to move in slow motion, and every moment of shock and horror is felt in its entirety. Through editing technology and special effects, filmmakers can imitate how emotions influence our perception of events so that the audience members, drawing from their own perceptual experiences, can then infer the character's feelings. Bolstered by dramatic music, carefully written dialogue, and superb acting, these perceptual imitations can be quite effective. The emotional interaction between the material and the viewer, based on the viewer's interpretation of the material, is the underlying mechanism that gives film its persuasive power. Comparable to countertransference within a client-clinician relationship, the viewer projects himself or herself onto the character and then reacts accordingly. It is a remarkable phenomenon; viewers react authentically to synthetic experiences.

Reality is relocated once the credits begin to roll and the trance lifts as the lights brighten to reveal the movie screen, the rows of seats, and kernels of popcorn ground into the aisles. The illusion breaks and the mise-en-scéne dissolves, reminding the audience who and where they are.

They leave the theater believing themselves aware of the distinction between movies and real life, but this is a dangerous assumption. The viewer now recognizes the experience as synthetic, but the emotional responses during the film remain unaddressed and implicitly shape the viewer's attitudes. Skeptics may argue that rational-minded audience members can differentiate between movie scenes and real life, and acknowledge negative stereotypes as inaccurate representations intended to entertain. However, as Gabbard (2001) notes, "media images work on us unconsciously throughout our lives, even if we consciously reject the film stereotypes that we see" (p.368).

Consider how audiences might respond after viewing negative presentations of characters with mental illness. They are usually framed in the shot alone, with extreme camera angles or lighting to emphasize them as different, isolated, and bizarre (Pirkis et al., 2006). These techniques are so distinctive that Stuart (2006) cites one case in which it was possible to track discernable differences in cinematographic style as a mentally-ill character progressed toward recovery. Additionally, physical features of the characters' appearances, such as disheveled hair, rotten teeth, and dirty faces or clothes, often serve as visible cues to their mental state (Pirkis et al., 2006). Such characters are often rejected or scorned, and are referred to using depreciatory labels such as "crazy", "loony", "psycho", "madman" and others. Gabbard (2001) points out that if the average audience member cannot prevent the subconscious influence of negative media stereotypes, individuals whose mental health is already compromised will certainly be less capable of doing so.

In their shared exploration of individual experience, film has always been fascinated with psychology. Filmmakers have taken advantage of psychiatry for its usefulness as a plot

mechanism and have developed filmmaking techniques that mimic perceptual process to draw emotional responses from audiences. Every scene is carefully designed and edited to be as powerful as possible, and every minute is rich with sensory and emotional stimuli. In this way, the average minute spent in a movie theater can be more influential that the average minute of daily life, where time moves at a consistent pace and dull moments are not left on the cutting room floor. Movies select to show only the most entertaining events, presenting life as a glorified and mythical experience.

Studies examining movie portrayals of psychopathology have found specific recurring stereotypes among the presentations of people with mental illness and mental health professionals. Myths concerning treatment methods or outcomes and the therapeutic relationship have also been identified. These myths, along with descriptions of the most common archetypes of mental patients and practitioners, will be briefly discussed.

Myths and Misrepresentations—How Movies Depict the Mentally Ill and Those Who Treat Them

As previously discussed, movies incorporate mental illness for its cinematic value as a plot device, for its comedic potential, and for the dynamic characters it can construct. Several character stereotypes have emerged over the last century in depictions of mental illness. The *rebellious free spirit* (Hyler, Gabbard, & Schneider, 1991) can be traced back to 1904, and is illustrated by eccentric characters whose unusual behaviors are mistaken for insanity. Often these characters are wrongly incarcerated, and are released once their mental health has been verified where they are welcomed back into the community (Pirkis et al., 2006). This stereotype emphasizes the incompetency and imposing agendas of mental health professionals, and implies

that likable characters cannot be mentally ill (they are merely misunderstood), and vice versa. The *enlightened member of society* (Hyler et al., 1991) is similar to the *rebellious free spirit* in that this character is also misunderstood for having non-traditional views or behaviors. The *enlightened member of society* is painted as a creative revolutionary capable of envisioning a utopian society, and is more "sane" than the societal institution that restricts him. This stereotype implies that mental illness does not exist but rather is a device constructed by society to implement strict conventions and control nonconformists. The *homicidal maniac* (Hyler et al., 1991) is the most common stereotype of mental illness, and perhaps the most destructive (Pirkis et al., 2006). With the first example surfacing in 1909, this stereotype relates mental illness with violence and dangerousness, and is particularly common among some of the most popular horror films of all time. These characters are ruthless and unfeeling, are described by others as "evil" or as the embodiment of the devil, or are perceived as being possessed. They prove completely impervious to psychiatric help, again undermining the efficacy of psychiatry, and should they be deemed "cured" and released, they always revert to homicidal tendencies. Hyler et al. (1991) points out that these characters are also frequently diagnosed with schizophrenia but demonstrate split, Jekyll-and-Hyde personas, which perpetuates the incorrect association between schizophrenia and multiple personalities. The *female seductress* (Hyler et al., 1991) is similarly evil with her nymphomaniac, manipulative behaviors and inappropriate attempts to seduce her male therapist, and she eventually ends up destroying the lives of the men she pursues. This discredits female patients as nothing more than temptresses who have no problems other than their obsessive desire for their male therapists. Additionally, it suggests that women bring their problems upon themselves and often deserve punishment, rather than help (Pirkis et al., 2006). The *narcissistic parasite* (Hyler et al., 1991) shares the selfish nature of the female *seductress*,

and depicts outpatients who seek psychotherapy as self-obsessed, over-privileged attention-seekers who have nothing else to do but spend their time and money complaining about trivial issues to anyone who will listen. Like the *female seductress*, these patients don't have any diagnosable disorder or significant problems and the stereotype stigmatizes the large percentage of people who do seek outside help as whiners and weaklings. Hyler et al. (1991) also describes the portrayal of mental patients as nothing more than depersonalized *zoo specimens* who are subjected to the public to gape at or to psychiatrists for scientific observation. Pirkis et al. (2006) lists two additional stereotypes: *the simpleton* who is characterized by silly, irrational behavior, and *the failure*, who is irreparably incompetent and for whom treatment or hope for recovery are pointless.

Movie psychiatrists, too, are represented by an array of stereotypes. Throughout history, people have regarded psychiatry with ambivalence. On one hand, the public admires psychiatrists for their mastery of the mind and its complexities, but at the same time people are suspicious of this perceived omniscience (Gabbard, 2001). These conflicting attitudes are manifested in movies, where psychiatrists are either portrayed idealistically with curative powers or else are ridiculed, demonized, or mocked. Other professions are negatively stereotyped in the movies (the corrupt politician, the chubby donut-loving cop, the dishonest lawyer, etc.), but the psychiatric profession arguably suffers the most from on-screen portrayals (Orchowski, Spickard, & McNamara, 2006). Nonetheless, filmmakers and filmgoers are fascinated by psychiatry. Gabbard & Gabbard (1999) managed to identify over 400 American theatrical films that involve some sort of psychiatrist, psychologist or therapist. Sympathetic portrayals have only recently begun to emerge and are by no means frequent; in the last thirty years, only three films have presented positive representations of psychotherapists (Pirkis et al., 2006). Even these

more positive portrayals are flawed, while the negative stereotypes are downright deterring, and the overwhelming majority of cinematic psychotherapists promote inaccurate expectations of therapy.

The first movie psychiatrist appeared in 1906 in a film called *Dr. Dippy's Sanitarium*. Versions of the *Dr. Dippy* character (Schneider, 1987; Orchowski et al., 2006; Pirkis et al., 2006) have appeared quite often since—bearded, incompetent, and often with a European accent, the stereotype depicts psychiatrists as frivolous, clownish buffoons who sometimes act "crazier" than their patients. Contrary to *Dr. Dippy*, *Dr. Wonderful* (Schneider, 1987; Orchowski et al., 2006; Pirkis et al., 2006) is almost miraculous in his curative abilities. Attractive, likeable, and caring, *Dr. Wonderful* is devoted to his patient at the cost of his own career, his home life, and the boundaries of the patient-client relationship. At the other end of the spectrum is *Dr. Evil* (Schneider, 1987; Orchowski et al., 2006; Pirkis et al., 2006), the sinister evil scientist who is deceptively charming but motivated by malevolent intentions. Another harmful stereotype is the *Societal Agent* (Orchowski et al., 2006), the psychiatrist who uses any means necessary to force the patient to comply with societal norms. Usually presented as a foil to the *enlightened member of society* or the *rebellious free spirit*, this psychotherapist is primarily interested in controlling the unruly patient and punishing dissenting behavior. Drugs are administered not for therapeutic purposes but to sedate inpatients, and ECT or lobotomies are the painful punishments in store for those who cross the line. A milder stereotype, *The Romantic* (Bram, 1997; Orchowski et al., 2006), engages in client-clinician romantic or sexual relationships and promotes the false notion that love conquers all. *Dr. Sexy* (Pirkis et al., 2006), like the *female seductress*, discredits women in psychiatry as a female therapist who falls for a male patient and is usually "rescued" as a result. This stereotype sends the message that women are incapable of professional psychiatry,

that they are lost without a man, and that any benefit the male patient receives from their encounter occurs as a result of her sexuality rather than her skills as a therapist. One of the most sympathetic portrayals, called *Dr. Flawed* (Orchowski et al., 2006; Pirkis et al., 2006), is a well-meaning therapist who may be largely helpful to the patient but who acts inappropriately on countertransference and transgresses professional boundaries within the patient-therapist relationship. Although *Dr. Flawed* is arguably a more positive representation of psychotherapists, it still inspires incorrect beliefs about appropriate client-clinician relationships and the professional expectations of the clinician. Finally, the psychiatrist as a *Rational Foil* (Gabbard, 2001; Gharaibeh, 2005; Pirkis et al., 2006) is another common theme. In this scenario, the protagonist usually believes or experiences something that others do not. The *Rational Foil* offers logical explanations for the phenomenon, only to be proven wrong in the end by the existence of supernatural forces or extraordinary anomalies. This undermines the abilities of even competent psychotherapists and refutes the reality of mental illness.

Several studies of movie portrayals have classified and analyzed the various stereotypes of psychotherapists, but there is little measurable data to determine their extent and prevalence. However, researchers have taken preliminary steps toward exploring film representations quantitatively. Gharaibeh (2005) studied 106 movies and recorded the characteristics of the 118 psychotherapists that they portrayed. The characters were mostly male (71%) and middle-aged (50%), and saw clients in an outpatient setting (46%). Although the majority of characters were portrayed as friendly (63%), they were largely incompetent (47 %) and rarely used pharmacotherapy (6%). The characters frequently violated sexual (24%) and non-sexual (30%) boundaries, with the outcome of therapy equally likely to be positive, negative, or undetermined. While it is encouraging that on-screen psychotherapists are usually friendly, the rest of these

statistics are unflattering at best. One important implication of these results, though, is that they provide a better understanding of precisely which misconceptions are the most prevalent. Clinicians should be aware of the ways these misconceptions might influence how they might be perceived by their clients, and what assumptions or expectations their clients may have for therapy.

Beyond propagating character archetypes, movies also endorse certain myths about mental illness. In *Psychiatry and the Cinema*, Gabbard & Gabbard (1999) explain how movies function to mythologize national issues or problems by presenting them in an idealized context and examining them according to cultural attitudes or beliefs. Frequently, movies illustrate stories with identifiable heroes, familiar themes, predictable patterns, and satisfying endings. On-screen psychiatry is shaped to fit this mold, even at the expense of accuracy. Common myths in the movies involve miraculous "cures" for mental distress. The *cathartic cure* (Gabbard & Gabbard, 1999, Gabbard, 2001) shows a patient suddenly recovering after a therapist uncovers a repressed memory of a traumatic event in the patient's past that is supposedly the root of his or her distress. The cathartic cure is perfect for captivating audiences with dramatic recollections and emotional dialogue, but bears very little resemblance to real life. This Freudian psychoanalytic technique has largely been out of practice for the past century, along with the idea that recovering traumatic memories will heal the patient (Gabbard, 2001). In addition to being wholly unrealistic, the cathartic cure plants the idea that all mental distress is caused by past traumatic events and implies that the patient need only remember such events to instantly become well again. The therapist does rather little aside from coaxing the memory from the client, but the solution has been inside the client all along where only he or she can access it. This suggests that psychotherapists do not have to be skilled or trained, but merely need to be

able to probe their clients, who are ultimately the only ones that can bring about their own mental relief in a miraculous moment of self-discovery. The cathartic moment may be a crowd-pleaser and provide a satisfying conclusion for a movie plot, but probably never happens this way in real life.

Similarly, the *love cure* is another popular myth in movies about psychiatry. Usually, this occurs when a pretty but lonely female therapist begins to see a handsome male client and eventually falls in love with him (Gabbard, 2001). In these stories, the female therapist leads an unsatisfying, lackluster life and seems even more distressed than her patient, whose love allows her to blossom into a happier and fulfilled woman. Not only does this myth deny the existence of capable female mental professionals, but it glorifies the client-clinician romantic relationship while ignoring the fact that such a relationship would be a serious transgression of ethical and professional boundaries. It may seem like a harmless idealistic fantasy, but it appears that audiences really do internalize the "love is all you need" message. One might recall the participants in Bram's (1997) study who believed therapists would act on negative countertransference and overestimated the actual proportion of client-clinician romantic relationships, or those who endorsed intimacy between therapist and patient after watching such a scenario play out on the movie screen (Schill et al., 1990). Evidently, the love cure is not always fully recognized as the appealing fiction that it is.

The cathartic cure and the love cure are related to another common myth, the idea that psychotherapists are essentially ineffectual. Like many of the other myths and tales celebrated in our culture, problems are conquered only through determination, strong will, thoughtful introspection, or true love, and not by seeking the help of others. Or, similarly, mental illness is

nothing more than the complaints of a cynical existentialist, distressed by the world's deep flaws and misunderstood by society. The trivialization of mental illness and the heroic ideal that the solution to personal struggles lies not within psychiatry but within one's own heart discourage people with mental problems from seeking help.

Other movie myths concerning mental illness involve the etiology, symptoms, prevalence, and treatment of mental disorders. Firstly, films depict mental illness as the result of earlier traumatic experiences, or the product of a dysfunctional relationship with a cold and aloof parent (Wedding & Niemec, 2003). Another misconception is that schizophrenia is characterized by split personalities, occurs at a rate far higher than the actual incidence in the population and, as previously discussed, is overwhelmingly associated with violent and dangerous behaviors. Other disorders, such as Dissociative Identity Disorder or Gender Identity Disorder, are also favored by filmmakers for their dramatic potential and appear in movies more frequently than they appear in real life. Similarly, diagnoses and treatments are generally inaccurate and Hollywood appears to be unaware of the differences between various mental health professionals. Lastly, movies often show people with mental illnesses undergoing rapid and dramatic recoveries, with symptoms miraculously disappearing shortly after entering therapy. This promotes the expectation the process will be brief, with immediate results and noticeable progress. In some cases, specific behavioral techniques can result in quick improvement for people suffering from certain anxiety disorders, but not all who enter therapy will experience fast recoveries. Clients who seek mental help with this expectation are likely to become frustrated, discouraged, and possibly angry at the therapist for being unable to rapidly effect change. Such negative feelings early on in the therapeutic relationship will only impede progress further, and may lead to noncompliance or premature discontinuation of therapy.

It is imperative to understand how these myths and stereotypes influence public attitudes, behaviors, and policies. Firstly, movie stereotypes become symbolic representations of mental illness, reinforced by multiple examples, and create a template for the interpretation of other sources of information—such as news stories (Anderson, 2003; Stuart, 2006). News stories rely on the public to have a fundamental understanding of mental illness, but if this understanding is constructed from fiction, then the factual information presented by news reporters and journalists is interpreted according to these fictional beliefs. As Anderson (2003) notes, "this is not to say that audiences (the public) cannot differentiate between fiction and reality, but that both are used together in juxtaposition to interpret and understand the message about mental illness" (p. 303).

Cinematherapy and Clinical Training—Conclusions and Future Directions for Improvement

Film and psychiatry have been intertwined for the last century, and the stereotypes of mental illness and mental health professionals that have arisen from this relationship have become firmly established in our culture. They have become symbolic representations that influence how the public interprets information relating to psychiatry and even how people perceive their own personal experiences with mental illness. The misperceptions of the mentally-ill as violent, incompetent, bizarre, or incapable of recovery stigmatize mental illness and discourage help-seeking and treatment compliance. People suffering from mental problems are discriminated against and socially rejected. Media portrayals of psychotherapists contribute to the negative attitudes towards mental health. Vilified, discredited, or idealized repeatedly in the movies, perceptions of psychotherapists can deter people from entering therapy or bolster unrealistic expectations from clients. As previous research has demonstrated, the stigma and

stereotypes of mental illness are influenced by movie images and are resilient to corrective information or positive portrayals.

The options for change seem limited. Hollywood and the movie industry are unlikely to stop using these character stereotypes for the sake of accuracy. The industry's primary motive is to provide entertaining movies that will draw crowds and succeed at the box-office, not to correct society's perceptions. However, the mental health sector has a responsibility to seek out collaboration with filmmakers to encourage positive portrayals while commenting on inaccurate ones. For such partnerships to be fruitful, mental health professionals must be conscientious of the filmmakers' objectives and processes instead of trying to impose their own. Psychotherapists could offer their support and expertise, perhaps serving as consultants to direct films towards more accurate representations. After all, film has proven to be a powerful medium for influencing public opinion, and perhaps more emotionally-charged, positive portrayals of mental illness in the future could begin to eliminate the stigma.

One of the ways that psychiatry and film could work together towards a greater public understanding of mental illness is to formally recognize authentic portrayals in the media. For example, the Scottish Mental Health Arts and Film Festival, started in 2007, celebrates the contributions that people with mental illnesses can offer to society by showcasing their creative works (Dingfelder, 2009). The festival includes film, literature, poetry, music, performance art, and comedy, and holds a competition for movies that depict mental illness realistically and holistically. Similarly, Division 46 of the APA began a Media Watch Committee that annually offers two awards for positive portrayals in the media of competent psychotherapists who practice ethically and respect professional boundaries (Orchowski et al., 2006; Young, Boester,

Whitt, & Stevens, 2008). This brings publicity to media producers while at the same time raises public awareness about the misinformation that might be conveyed by existing portrayals. Psychotherapists could also unite with public broadcasting television stations to produce accurate and informational movies about mental illness. Unlike the movie industry, public broadcasting media are more focused on education than providing sensational entertainment. Additionally, public broadcasting is easily accessible and could potentially reach a vast audience. Hyler et al. (1991) also suggest that mental health professionals encourage popular and respected celebrities to publically share their own experiences with mental illness.

Further public education campaigns would require people in the mental health sector to become activists and advocates in their communities. They could develop programs to help and guide people with mental illness to serve as spokespeople (Stuart, 2006). Anti-stigma or education campaigns should focus on the competence and normalcy of people with mental illness, as well as providing the public with more information about what various mental health professionals do and how to access mental health services. Psychotherapists could also work to facilitate more communication between the mental health sector and other medical fields (Hyler et al., 1991). This might draw attention to mental health as a medical concern, and could perhaps garner more financial support from insurance companies for those with mental health problems.

Better education should be emphasized not only among the public, but among those training to become psychotherapists as well. Current psychotherapists should teach their trainees or the professionals that they supervise about media images, countertransference issues, and ethical behaviors (Bram, 1997). These topics should also be discussed in introductory psychology courses for high school and undergraduate students, as they are often required

courses and may be an opportunity to formally educate people who might not pursue a mental health profession. Movies could also be used in classrooms, not only as an entertaining and effective way to teach future clinicians about the experience of mental illness, but also to point out flaws in the presentation (Pirkis et al., 2006).

Similarly, psychotherapists have already begun to use carefully-selected movies in their clinical practice. “Cinematherapy” could be an excellent means of “introducing patients (and family members) to specific disorders, creating a therapeutic alliance between therapist and patient, and helping patients work through problems by reframing issues, providing role models, offering hope and encouragement, triggering emotional responses, improving communications, and prioritising values” (Pirkis et al., 2006, p. 535). Additionally, cinematherapy could give clients insight into their own lives and personalities, coax patients to open up about sensitive issues that they might otherwise have difficulty discussing with others, and model effective client –clinician relationships (Wedding & Niemec, 2003; Lampropoulos, Kasantzis, & Deane, 2004; Orchowski et al., 2006). This method would not be applicable for all patients and scenarios, and the clinician must exercise judgment about when cinematherapy would be appropriate, which patients would benefit from it, and which films should be used. Movies could be used as adjuncts to therapy or within the therapy session. Therapists must always adequately prepare the client, give the client things to look for or to take away from the movie, and discuss the film with the client afterwards. This technique could also be helpful to educate family members and to guide them towards a better understanding of mental illness.

A preliminary study by Norcross et al. in 2000 (as cited by Lampropoulos et al., 2004) found that almost half of the 400 practicing members of the APA that were surveyed used

movies with their clients, and nearly 70% of those who used the technique found it to be helpful. Lampropoulos et al. (2004) conducted a similar survey of APA members, and results suggest that the trend is becoming more popular. Sixty-seven percent of respondents agreed that carefully-selected movies would be useful in therapy, and the same percentage of respondents said that they had recommended films for their own clients. 90% had discussed a movie with a patient at some point, without necessarily recommending it, which suggests that movies may naturally come up in therapy sessions quite frequently. More research is needed to determine the efficacy of the procedure, but it seems that "at best, cinematherapy can be a major catalyst for change in psychotherapy; at the very least, it is a valuable tool and useful adjunct to treatment" (Wedding & Niemec, 2003, p. 214).

In conclusion, the effects of inaccurate movie representations of mental illness on public perception are well-documented and have been quite negative. Further research is necessary, however, to identify precisely which factors of these representations most strongly influence attitudes. Although many studies qualitatively examine specific movies for the authenticity of their portrayals, there have been almost no quantitative evaluations to determine their degree of inaccuracy. Wahl (1992) has suggested the development of specific criteria for coding media depictions, rather than relying on individual judgment. It might also be useful to examine the different diagnostic categories to identify whether all mental disorders are misrepresented or only some of them. Research should also focus on studying the influence of multiple exposures to stigmatizing movie images as well as their long-term effects. In the meantime, clinicians and mental health professionals must strive to continue practicing ethically, and serve as examples to counter negative media stereotypes. Furthermore, as Young et al. (2008) observed, clinicians should understand that stereotypes are rarely complete fabrications. With reflection, movie

representations “may come to seem less threatening and more revealing, shedding light on real professional motivations—the noble, the ignoble, and everything in between” (Young et al., 2008, p. 96). In the meantime, it is important to be aware of the judgments that society passes on groups or individuals, and to acknowledge how these attitudes are developed. The media has a profound influence on public opinion and public policy, and audiences may find it difficult to consciously monitor this influence. Instead of focusing only on reversing inaccurate and negative attitudes specifically towards mental illness, perhaps it would be better to educate people about the power of movies and how they can affect perception. Training audiences to be more critical and thoughtful after leaving the movie theater could potentially prevent the public from being so deeply influenced in the future.

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