Portrayal of Mental Health Issues in American Movies and TV Shows : From Stigmatized to Sensationalized

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Portrayal of Mental Health Issues in American Movies and TV Shows: From Stigmatized to Sensationalized

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1. Introduction

The following master's thesis will mainly focus on the portrayal of mental health issues/disorders in American movies and TV shows over approximately the last decade, specifically on how they are represented, what they signify in certain contexts and how or if their depictions have changed throughout the years. However, in order to show the change in status mental health issues have gone through over the years, the time prior to the past decade needs to also be taken into consideration.

The first two chapters delve into the complexity of mental health disorders, focusing on the history of their classification and the changes in society's attitudes towards them. This includes the perception and treatment of mental health issues by the medical sector throughout the years, as those are partially connected to the ways the general public perceives mental health issues and the ways that those issues are portrayed onscreen.

The fourth chapter will take a closer look at how different mental health issues have been presented over the years in American movies and TV shows, particularly in the last decade or so. However, to truly showcase the shift in the portrayal of mental disorders on screens, this chapter will also draw comparisons to earlier instances of films and TV shows where their representation was predominantly different from today.

The fifth chapter will take a look at what lies ahead for mental disorders and their portrayal on American screens, specifically if there are any indications how and if society's attitude toward mental disorders will further change based on the current trajectory.

It is important to note that this thesis will not be able to encompass every single American movie or TV show in its analysis of the portrayals of mental health issues, but it does attempt to give a general overview of the tendencies noticeable in those portrayals. Furthermore, the terms "mental health issues", "mental disorders" and "mental illness" are used interchangeably throughout this thesis, unless indicated otherwise. Additionally, the abbreviations ASD and DID will be used throughout for autism spectrum disorder and dissociative identity disorder, respectively.

2. Defining Mental Health Issues

In order to be able to analyze the portrayal of certain mental health disorders on screen, one has to also look into the classification and history of treatment of those disorders, as this will provide a historical context. This chapter will not go into the medical side of mental disorders as much as it will give an overview of the shifts in societal attitude towards them.

When it comes to the classification of mental disorders, the first steps are to define what can be considered "normal" and to figure out where to draw a line between the normal and abnormal (Petz 329). "Normal" can be defined in different ways and is a term that has depended largely upon the cultural settings of a community throughout history, meaning that what is considered normal at a certain period and in a certain place shifts as people also change (ibid. 330). Distinctly separating the normal and abnormal, then, becomes a matter of factoring in multiple criteria such as the frequency and quality of behavioral change, as well as the context or situation in which the behavioral change occurs (ibid. 333). The current epitome of a classification

according to those criteria is the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) issued by the American Psychiatric Association. The DSM classifies mental health disorders objectively by detailing the symptoms of each of the disorders, but it does not focus on the cause of the disorder such as in the case of psychoanalysis (ibid. 333-334). This means that the DSM offers key elements by which to recognize a specific disorder and it is up to the mental health professionals to find the underlying cause. The debate surrounding the underlying causes of mental health issues centers primarily around the "nature-or-nurture" dilemma, where some psychiatrists consider the influence of genetic factors, while other psychiatrists trace the source to a certain environment such as early childhood (ibid. 334). Before the DSM was created, mental health disorders used to be classified as "mild" and "extreme" disorders, where "mild" disorders were classified as neuroses and "extreme" disorders as psychoses (ibid. 335). Emil Kraepelin, a German psychiatrist and "arguably the leading psychiatric taxonomist" at the turn of the 20th century, classified mental disorders into three categories: schizophrenia, depression, and paranoia (Graham 4). In that period it was common in the western part of Europe to apply the definition of a mental disorder "only to the most serious problems and pathologies of mentality, viz. those identified, in effect, with psychoses, severe manias or depressions" (ibid.). The DSM, however, today distinguishes between more than 200 different disorders and the most commonly known include anxiety disorders, obsessive-compulsive and related disorders, dissociative disorders, depressive disorders, schizophrenia spectrum disorders, and personality disorders (Petz 336).

As mental health issues often begin silently and only become apparent when they have significantly reduced a person's quality of life, recognizing and defining those issues hinges upon observing a broad and intricate spectrum of behavioral activities, or as George Graham puts it:

When a disorder as such is observed, it is observed only in the context of a broad range of human practices and with a proper storehouse of empirical and normative concepts and categories at the observer's disposal. No naked eye can spot the fact that a person has a mental disorder. Only one properly conceptually clothed and informed can recognize that fact (12).

In terms of looking at the "context of a broad range of human practices", it is important to consider the framework of what is considered normal and how those who do not fit inside that framework function. The behavior of an individual with mental health issues "is no mere performance error, judgmental lapse, regrettable personality trait, or character flaw like laziness or nosiness" (ibid. 13). What does this then mean for the portrayal of mental disorders onscreen? What do the representations of mental disorders relate to — the fear of the unknown, their "entertainment value", the supposed innate violent side of humans or something else? The limitations of the visual medium apply to all film- and showmakers: They are compelled to generalize in the name of concision (Conn and Bhugra 60). They are forced to cut corners, play on preconceptions, and return to presumptive cultural standards. Without a doubt, this has happened in the representation of mental illnesses throughout the history of cinema.

The discourse about the nature of human beings develops within a cultural setting rich in symbols and meanings that mold our conceptions of what it is to be human. As a result, the evaluative content of human conversation in relation to cultural norms is crucial, and people are extraordinarily sensitive to evaluations. Society can only comprehend the phenomenology of mental disorders, "in which the narrative and discursive essence of self is crucial in moderating the form and content of what is seen clinically", by exposing the evaluative and symbolic content of cultural notions of the abnormal (Gillett 140). This means that that which deviates from the

"normal", in this case mental disorders, can only be understood in comparison with what is considered "normal", however, this process also includes analyzing the notion of the "normal" in order to be able to compare the two.

The representation of mental illness in the form of visual media is a topic being discussed on a broad scale, including cultural studies, sociology, and psychology. As this thesis will focus predominantly on the cultural aspect, a very brief overview of the ways in which mental health issues were treated by society and the medical field up until recently is needed to offer some historical context to the tropes and stereotypes portrayed in American movies and TV shows.

2.1. Treatment of Mental Disorders Throughout History

As previously mentioned, at the turn of the 20th century it was a common practice for psychiatrists to deal with severe mental health problems. The less severe ones were handled by general medical practitioners, the rich could use health spas as a treatment method and those who had no other means to deal with their declining mental health had to turn to the clergy (Graham 4). A shift in the general perception of mental illness came with Sigmund Freud's insights into what later became psychiatry. His psychological theory included mental disorders of both severe and less severe conditions, as his thought was that all humans suffer from "manifestations of unconscious conflicts", and it is up to the psychiatrists to uncover the underlying causes for those conflicts (ibid. 5). Freud's psychoanalytical practice dominated psychiatric circles up until the 1960s, when his framework was scrutinized for weaknesses that it clearly had, mainly in terms of treating "truly severe psychoses" and the fact that it did not consider the differences between the

disorders a crucial factor in applying the specific treatment (ibid.). Around that time a growing consciousness of the "mental" part of the disorders resulted in an increase of research being done on pharmaceuticals as treatment for mental disorders, specifically in the emergence of drugs designed to address a specific mental disorder according to the underlying symptoms (ibid.). Today, a different approach to the research and treatment of mental health issues is underway. Psychiatry has turned its gaze to neuroscience, as it is considered to be the best option to get a better understanding of and to produce better treatment methods for mental disorders (ibid. 6).

Society's attitude toward those who suffer from mental disorders changed multiple times throughout history, as Graham states in his book *The Disordered Mind*:

> The history of medical treatment for mental disorder is a checkered affair. It is benevolent and sensitive on occasion, given the state of the medical knowledge at a time or in a culture. But other chapters in that history are characterized by superstition, ignorance, intolerance and inhumanity (4).

The natural consequence of such periods of (mis)treatment is that those with mental health issues developed a feeling of shame when it came to discussing their ailments with others. That feeling of shame is something that persists to this day when it comes to those having mental health issues and their close ones, which stems from the wider societal attitude towards mental illness. The degradation of people suffering from mental health disorders used to be much more common, as can be seen from the example of the St. Mary's of Bethlehem psychiatric hospital in London, also known as Bedlam, which once offered paid entrances to the public to look around their wards as a form of entertainment (Petz 331).

There were periods in which even mild indications of a mental health disorder were considered the work of the devil or a witch, such as in the Middle Ages, when the afflicted were tortured so as to rid them of the ailment, the devil (ibid. 331, 343). Later on asylums were created, where the patients would be chained up like animals and it was not until the end of the 18th century that the attitude towards those suffering from mental illness started to shift towards a more humane one, albeit in a very modest manner. The turn of the 20th century brought about a more noticeable shift when the medical echelon increased its research into mental health issues, however, by that time the prejudice towards and stereotypes of mental illness had already been heavily stigmatized (ibid. 343).

3. From Stigmatized to Sensationalized

The word "stigma" is of Greek origin and literally translated means "a mark". In sociology, it refers to prejudice and discrimination, "separating individuals from one another because they are seen as tainted and 'less than'" (Pescosolido 1). Stigma is ingrained in society and derives its meaning by defining what is deemed to be appropriate, conventional, "normal" or anticipated. It can appear in many forms, such as public stigma ("beliefs in the larger cultural context"), self-stigma ("the internalization of negative beliefs on the part of individuals affected by mental illness"), structural stigma ("laws and other institutional practices that bar individuals with mental illness from full participation in society") etc. (ibid. 1-2).

In the US there was great interest shown by sociologists in the "nature, prevalence, and effects of stigma" between the 1950s and 1970s (ibid. 2). The research that resulted from that

interest showed that the American society had a lack of understanding and recognition of mental illness. By the 1990s, it was claimed that the stigma surrounding mental illness had decreased through innovations in treatments, "the transfer of mental health care out of long-term institutions, and the establishment of a consumer advocacy movement" (ibid.). However, new research in the 1990s suggested that while people were more open to "discussing mental health issues with family and friends", the majority of the public was still unwilling to work with or have intimate connections with people suffering from mental illness and was still perceiving those with mental illness as dangerous and unpredictable (ibid. 3). Other studies suggested that people were more likely to consider children showing signs of depression as "more serious and more in need of treatment" than the adults (ibid.). The research from 1996 to 2006 of sociologists from around the world who were looking for changes in the public perception of mental illness found "that positive changes in the public's understanding of the neurobiology of mental illness were not accompanied by a parallel decrease in stigmatizing attitudes" (ibid.). Studies continue to note that stigma has significant negative repercussions, such as loss of legal rights, reduced longevity, low self-esteem, prolonged stress, and discrimination in medical care (ibid. 4). As "criticism and rejection continue to be commonplace among communities, families, churches, co-workers, and caregivers", stigma also "continues to be cited in important scientific and public policy venues as a critical factor in low use of treatment services, inadequate research funding and treatment infrastructures, and hindered progress toward recovery from mental illness" (ibid.).

Given the history of society's perception and treatment of those suffering from mental disorders, it does not come as a surprise that negative depictions of mental disorders get translated into the visual media. Even in recent years, the cinematic portrayals of certain mental disorders are

infused with fear-inducing, supernatural abilities possessed by those with mental disorders, which begs the question why mental disorders are of particular interest to filmmakers and the audience.

One reason is the lack of knowledge about certain mental disorders and the fascination with them in general. The "staring gaze" of the movie or TV show audience is akin to that of spectators in American freak shows from centuries before, placing mental disorders on display in a cinematic setting (Murray 29). Their onscreen depictions are sometimes hyperbolized, as they are sometimes used as a means of bringing the disorder closer to parts of the audience which has no knowledge of the disorder. However, some argue that these portrayals are used for entertainment but also to entertain preconceived notions about people with mental disorders. While it is true that parts of today's society are more open to discussions of mental illness, according to some studies, the stigmatization of mental health issues is heightened by "their inaccurate Hollywood portrayals" (Conn and Bhugra 55). A movie theater makes for a secure, morally acceptable environment to satisfy society's curiosity when it comes to mental disorders. Such movies gratify an underlying urge that represents both the individual and societal fear of becoming mentally ill. If that curiosity meets a depiction of a violent individual who also happens to have mental illness, the end result is a stigmatization of mental health issues.

As previously mentioned, the dominant working theory for mental health issues in the Middle Ages was possession by demons or the devil himself. This notion is represented onscreen with characters with mental disorders taking on the role of the villain. They possess a violent side, are unreasonable and/or unpredictable, seemingly alluding that to be mentally ill means to be more prone to performing violent acts. In reality, it is much more complicated than that, as an increasing corpus of research demonstrates that there are frequently other elements at play than the mental

illness itself when people with major mental illness perform violent or aggressive behaviors (DeAngelis, par. 9).

The trope of violence inherent in people with mental illness is brought forth particularly in portrayals of dissociative identity disorder (DID; formerly known as multiple personality disorder). DID is a condition produced by trauma, the emotional weight of which cannot be borne by a single person, which results in the psychological fragmentation of that person. A result are alternative personalities or alters, which are not separate individuals but "fragmented parts of one person" (Ross et al. 58). It "frees a person from the unbearable suffering or anxiety of real or imagined memories of childhood sexual or physical abuse" (Graham 237). Using DID in movies/shows is also a reflection on the age-old question: Who are we? Through characters with DID the notion that "we ourselves are a figment, an illusion, of our cognitive system's or brain's mode of operation" gets to be explored (ibid. 240). The most prevalent depiction of DID falls into the genre of (psychological) thrillers or horrors, the most notorious movie among early works being *Psycho* (1960, dir. Alfred Hitchcock). Newer examples include *Secret Window* (2004, dir. David Koepp), *Split* (2016, dir. M. Night Shyamalan), *Identity* (2003, dir. James Mangold), *Hide and Seek* (2005, dir. John Polson), and *The Scribbler* (2014, dir. John Suits).

Antisocial personality disorder, known as psychopathy, sociopathy, or dissocial personality disorder, is also used as a narrative device in psychological thrillers. Probably the most famous portrayal is Anthony Hopkin's Hannibal Lecter in *Silence of the Lambs* (1991, dir. Jonathan Demme). The popularity of the movie led to a widespread misunderstanding of psychopathy among the general public. For many people psychopathy became to be intrinsically linked to superior charm and intelligence. Some academics have even termed this prevalent misconception "The Hannibal Lecter Myth" (DeLisi et al. 169). Scholarly research on the subject has yielded

conflicting findings on the link between psychopathy and verbal intelligence, which makes the widely held belief that psychopathic criminals possess greater IQ levels somewhat incongruous. The study done by DeLisi et al. found no relationship "between verbal IQ and four psychopathic features relating to superficiality, grandiosity, manipulativeness, and adolescent antisocial behavior" (174). A study done by Ullrich et al. discovered that the majority of personality disorders were connected to poor psychosocial functioning and overall failure in life, however, certain characteristics like narcissism and obsessive-compulsiveness were positively correlated with money and status. As a result of a highly motivated and driven work style that leads to increased earnings, narcissism, which is one of the basic psychopathy traits, can appear to be a source of intelligence (ibid. 174-175).

Disabled characters in general tend to be used to "propel filmic narrative" (ibid. 57). As such, movies that portray characters with mental disorders are the same, as they are often "driven by the protagonist's idiosyncrasies", meaning the character's condition is exploited for cinematic effect (ibid.). Not only that, but those characters are sometimes portrayed as having to be cured, which makes it seem as if their lives are not equally valuable as those without mental health issues. Characters can be seen to be seemingly stepping away from prior symptoms — known as the disability cure trope — such as in the case of touch-aversity being one of the symptoms of the neurodevelopmental disorder, autism spectrum disorder (ASD): With time the characters are able to embrace another character as a sign of their "recovery" or make a friend despite struggling with friendship, as in the 1998 movie *Mercury Rising* (dir. Harold Becker) or the TV show *Bones* (2005-2017). Their happy endings center around them "softening" or even "overcoming" their autism.

Rain Man (1988, dir. Barry Levinson) was the first Hollywood film that captured an individual with autism as the main character in a time when autism wasn't really known. From

there on out, movies portraying characters with ASD grew in numbers; partly due to the huge (financial) success of *Rain Man*, which grossed $354 million worldwide and won four Oscars (Conn and Bhugra 56). The main character, Raymond Babbitt, has ASD and what could be described as a childlike innocence. He also possesses savant skills, making him easily memorize huge amounts of data and do complex mathematical calculations. These two tropes, the savant syndrome and the childlike innocence, have been used in the majority of depictions of characters with ASD. The savant skills are what mostly constitutes the "worth" of portrayed characters with ASD. It is "by and large based on parallels with technology, computing, and an often-unarticulated sense of the potentially bewildering range and multiplicities of everyday life" (Murray 26). One study shows that half of the samples of movies and TV shows were examples of individuals with ASD who exhibited savant skills, which does not align with the actual figures, as savants are few and far between when it comes to ASD — only 0.5 % of people with ASD have "some form of exceptional ability" (Nordahl-Hansen et al. 352; Conn and Bhugra 58). The figure with ASD and savant-skills is a "peculiarly narrative-driven phenomenon, an excellent opportunity to modify plot or character relations, that invites the majority audience to wonder at the cognitive difference that could produce such exceptionality" (Murray 31). Therefore, characters with ASD depicted in movies and TV shows "might be better described as 'archetypal' in relation to diagnostic criteria" (Nordahl-Hansen et al. 352). ASD is, thus, portrayed in the form of a set of stereotypes that lead to the codification of people with ASD as one-dimensional; just by someone pointing out that the character has ASD, there is no need for a character of a psychiatrist to further explain what it means for the character with ASD and those surrounding them — the general perception of ASD and the "proliferation of autism stereotypes" fills in the blanks for the audience, should they require it (Draaisma 1476). It is also not uncommon to depict symptoms of ASD as character traits which

make them eccentric and quirky, as is the case in TV shows such as *Criminal Minds* (2005-), *The Big Bang Theory* (2007-2019), and the previously mentioned *Bones*.

The characters with ASD in all three shows have one or multiple doctorates, are socially awkward, often misinterpret social cues and conversations. Dr. Spencer Reid from *Criminal Minds* is the team's designated encyclopedia, however, his explanations, which tend to be lengthy tangents, are often mocked and receive eyerolls from some of his teammates. Dr. Temperance Brennan from *Bones* is shown to have emotional and social issues and takes things literally. Nonetheless, her character follows the "softening" trajectory of her mental health issues, which are never explicitly named in the show, only indicated: She goes from seeing herself as first and foremost a rational being, struggles forming and understanding the meaning of friendship to being able to love and care for others *despite* her "otherness" in comparison to the other protagonists of the show. Dr. Sheldon Cooper also finds love *despite* his "shortcomings" and "eccentricities", which are often used as gimmicks and to comedic effect. All of the characters mentioned are highly educated and valued scientists in their respective fields who are meant to be perceived as exceptional and inspirational for functioning within the framework which is not designed to be very acceptive of their "eccentricities" (Belcher and Maich 105).

More often than not characters with ASD are represented as high-functioning and can be thus viewed as "heroes" who can "solve problems that the average person may not" be able to (ibid. 106). What this boils down to is that there are "two options for an autistic person: either he is mentally handicapped (…) or he is a savant. (…) It is either diminished capacity or superhuman capacity, but nothing in between" (Draaisma 1477). Hollywood's portrayal of ASD shows that modern stories have a great propensity to portray disorders as social constructs, i. e. instead of having a neurological background, mental health issues are products of social, cultural, and

historical variables. The two stereotype sets depicted onscreen also "reinforce the myth of autistic persons having no true feelings", as the compartmentalization of feelings for savant-skilled characters with ASD and the "mentally challenged" portrayal of characters with ASD boil down to a very self-centered image of ASD (ibid. 1478). In general, ASD is "used as little more than an emotive tool", which is why the most represented genre are (melo)dramas (Conn and Bhugra 58). The portrayal of ASD also taps into the supernatural, which is not surprising, as it is closely tied to myths and legends. Some Scandinavian fairytales "depict children exhibiting sudden and dramatic behavioral changes" akin to being touch-averse, unable to emote, being unresponsive etc. (ibid. 59). The underlying connotation seems to be that ASD is additionally linked to violence, as characters with ASD also appear in the horror genre (ibid. 60). Another trope and a subcategory of the savant character used in portraying ASD onscreen is the "sentimental savant": The character exhibits savant skills "especially in the realms of creativity and an understanding of supposedly core human concerns, that are seen to inform and enrich the nondisabled" (Murray 27). This means that within a narrative, ASD attempts to establish a space precisely depicting the perceived function of the disorder, a space that does not allow for the presentation of the disorder in terms of the person with ASD and that consequentially reflects back upon the non-autistic world. The condition functions as a prop used to discuss a variety of topics, such as masculine identity, family unity, and adult responsibility, which ultimately have their significance in circumstances that do not involve disabilities (ibid. 40).

Conn and Bhugra point out that the "bizarre or unpredictable" characters, who are meant to titillate and/or frighten the audience, adopt "the role of the 'other', a pariah who the audience are encouraged to scrutinize and alienate" (54). By analogy, many movies are made in a way that makes us feel sorry for, laugh at, or mock those with mental illness. This makes it seem as if those

suffering from mental disorders are characterized solely through their disorder, as if it were a personality trait. Many psychologists often point out that people with mental illness do not choose the mental illness, but they are someone who "may require help or assistance from others or mental health professionals to be free of its incapacitation or to reduce its range or prominence" (Graham 47).

Efforts to humanize various mental disorders in film and TV shows and to move away from the stigmatization of mental illness in society have had the unintended consequence of sensationalizing/romanticizing them. Hollywood films in particular both reflect and influence cultural perceptions of people with mental health issues (O'Hara 45). Especially when it comes to depicting the world of teenagers, movies and TV shows tend to correlate teen angst with the desire to be edgy, to stand out, to be different. It can lead to the romanticization of and infatuation with mental illness, something that has been termed as the "Werther effect". The term describes the propensity for people to kill themselves out of compulsion to imitate others rather than out of their motivation. The term is derived from "the effect that Goethe's novel had on its reading public", *Die Leiden des jungen Werthers* (*The Sorrows of Young Werther*) in 1774 (Siebers 15). The novel was banned in Leipzig in 1775 because the university's theological faculty thought it would be successful in inciting suicide, and they were not wrong: After the publication of the novel, several young men donned on the dandy style of Werther and shot themselves in the head (ibid. 20). It is from Romanticism that the portrayal of depression in particular draws on "the suffering self as a work of art" (ibid. 18).

The tragic Romantic hero is one of the images that movies use from a set of cultural "norms, attitudes, stereotypes, expectations, and beliefs" and they can reinforce worldviews by "setting boundaries of normality and confirming typologies" (Stuart 99). Characters with mental illnesses

are frequently depicted as lovely, tortured souls. There are instances when their suffering is presented as a sign of profundity and complexity, which can romanticize their state, and there are also depictions of mental disorders as spectacles that the audience may feel enthralled by, as they deviate from their everyday, "normal" life.

4. Portrayals of Mental Disorders Onscreen: An Analysis of Three Stereotypes

The following part of this master's thesis will focus on the portrayal of three tropes in connection with mental disorders in American films and TV shows of recent releases. The first analysis will look into the frequent association between the neurodevelopmental disorder of ASD and superintelligence — a mind that brings the human race closer to the functionality of a computer — as well as the trope of "overcoming" the disorder. The second analysis focuses on the romanticization of depression and anxiety disorders, which are prevalent in visual portrayals aimed at younger audiences, as they are thought to be able to relate to those disorders in terms of the commonality of teen angst more easily. The third analysis will observe the codification of mental disorders as violent, particularly within the realm of DID.

4.1. *Please Stand By* (2017) and *The Good Doctor* (2017-)

As previously mentioned, ASD is a neurodevelopmental disorder that tends to be portrayed in two sets of stereotypes: with characters who are mentally handicapped or characters who are

savants. It "currently occupies a place in the public consciousness that is akin to a phenomenon", which is due to the fact that the contemporary cultural interest lies in cognitive exceptionality, whether it be the expanded "understanding of neurological impairment provided by neuroscientific research or the fascination with the alleged mysteries inherent within neurobehavioral conditions shown in many cultural, and critical, narratives" (Murray 25). Neurodevelopmental disorders "are characterized by onset early in development (…) and impairment in functioning" in key life activities such as learning, self-sufficiency, interacting with others, and working (Wedding and Niemec 20). People with ASD are typically described as quirky and weird. However, cognitive growth is not slowed down, and language abilities are typically unaltered (ibid. 27).

The figure of the character with ASD has garnered interest in cultural studies as diagnosis has improved and ASD has been better recognized and understood. The fascination centers on cognitive exceptionality, specifically on "the notion of creativity within impairment, of insight from a space of purported damage" (Murray 26). The major difficulties that surround autism serve as a reminder that thinking about it necessitates thinking about "the issues of being human" (ibid. 25). Movies and TV shows often depict the characters with ASD specifically as being able to find love despite the ASD traits that are portrayed as obstacles to "normalcy". Simply put, characters that have mental health issues are often coded through their otherness and ASD could be interpreted as a signifier of "possibly the most radical form of personal otherness" (ibid.).

The dramedy *Please Stand By* (dir. Ben Levin) follows Wendy, a 21-year-old with high-functioning ASD who lives in a group home in San Francisco. There she follows a strict and detailed daily routine, such as wearing specific colors of sweaters on specific days, including spots as a pattern. She works at Cinnabon, has a support dog named Pete, is a big *Star Trek* fan and spends her free time writing a script for a *Star Trek* script contest held by Paramount Pictures in

LA. When she realizes she can't mail the script in time for the contest deadline, she leaves the group home at the break of dawn and plans to take the bus to LA. On her journey to LA she gets thrown out of the bus for having Pete with her, gets mugged and sleeps on benches, but continues to find her way to Paramount Pictures. Her sister Audrey is hesitant to let her be a part of her own family, as she is afraid Wendy might hurt her daughter Ruby. Once she finds out that Wendy has left the group home, she tracks her along with the group home manager Scottie and her son Ben, as details of her journey are passed on by the police and a hospital. Wendy lands in a hospital after a car accident, and when she escapes the hospital to continue her journey, she also loses half her script. Having arrived in LA, she is chased by two police officers, as they recognized her from a missing persons report. One of the police officers manages to persuade her to come with them to the station by speaking Klingon. Once Wendy is reunited with Audrey and Scottie (and Ben), who have found the missing half of her script, they help her get to Paramount Pictures, where she manages to slip past security and drop the script into the turn-in box despite a rude mailroom employee turning her in-person drop-off down. Wendy tells Audrey that she did this to show that she was more capable than her sister believed after successfully completing her task. After a while, Wendy gets a letter from Paramount Pictures telling her that her script wasn't selected but urging her to keep writing. She is happy with her accomplishments, despite not winning the contest.

The movie does not heavily stigmatize nor romanticize ASD; however, it does put Wendy on a trajectory to "overcoming" or softening her ASD. Her hyper-fixation (in this case on *Star Trek*) is a common trait of ASD and, as such, her knowledge about the show exceeds the average person's knowledge. She is touch-averse, cannot make eye contact and experiences sensory overload without a coping mechanism such as her iPod. The police officer that is able to connect with her by speaking Klingon encourages compassion in his colleague's approach to Wendy. They

are able to form a bond through their shared love of the series, which results in Wendy not recoiling from him when he touches her shoulder and being able to touch his shoulder as well as make brief eye contact with him. At the end of the movie Wendy is wearing a striped sweater, even though her dressing routine did not include stripes as a sweater pattern up until then, signaling a breakout from the old routine. The movie ends with Audrey inviting her to her home to meet Ruby. Wendy asks to hold Ruby and embraces her, leaning her head on Audrey's shoulder, as she embraces Wendy, seemingly overcoming her touch aversion.

The movie explores themes of resilience, family, and the power of pursuing one's passions despite the obstacles that may lie in the way but uses Wendy's ASD as a catalyst for those themes. In the process of showing character growth, the film does depict Wendy stepping outside of her comfort zone and becoming more self-reliant. However, the ending implies that "overcoming" ASD is the end result of character growth.

Wendy's (mis)adventure pushes her outside of her comfort zone and forces her to face her fears. The movie uses Wendy's script to draw parallels between her and the character of Spock from *Star Trek* in terms of their incapacity to understand humor and human relationships, equating Spock's half-alien, half-human mind as Wendy's. It also draws on Spock's character growth, which results in him understanding humor and love and being able to form relationships with other characters on the show, particularly Captain Kirk. There are scenes of a barren land on a planet far away and two people in space suits that depict Wendy's progress in her script writing and simultaneously reflect the progress in her relationship with her sister, as the final scene shows Wendy as Spock and Audrey as Kirk, saying goodbye to each other. This symbolizes Wendy's wish to be seen as independent, however, despite Wendy's high functioning ASD, the feeling that she is

in some manner disabled lingers on up until the "happy ending". This makes it seem as if the character follows the plot rather than the other way around.

While *Please Stand By* focuses on the "overcoming" the mental disorder, the medical drama series *The Good Doctor* focuses more on the savant skills of its main character, Dr. Shaun Murphy who has ASD, though the "overcoming" of ASD also plays a role as the series progresses.

The 2013 South Korean TV show of the same name served as the inspiration for the American version, but instead of releasing only one season as the original show, the American version is currently working on the seventh season. The show centers on the young surgeon Shaun, working at the fictional San Jose St. Bonaventure Hospital. He has photographic memory and the capacity to notice small details and changes. The hospital board was divided over the decision to hire him at the beginning of the series and in episode 15 of the second season he is removed from the surgical ward and transferred to pathology. The transfer happens after Shaun tells the mother of a newborn with potentially deadly heart and bowel congenital abnormalities that the defects could have been brought on by her antidepressants. While the Chief of Surgery, Dr. Han, is impressed by Shaun's diagnostic abilities, Shaun's poor social skills and lack of empathy reflect poorly on the hospital, so he transfers him to pathology so that Shaun can continue saving people without directly interacting with them. This is something that people with mental disorders often face when seeking employment: The stigma associated with them makes it not only difficult to get a job but also to keep it (Stuart 148).

Throughout the first and second season Shaun's colleagues are struggling to accept him and to view him as more than a highly intelligent person with ASD. They think he does not belong with them. Like Wendy in *Please Stand By*, he is unable to connect with others easily and his bluntness is often not appreciated by his colleagues or friends. In fact, in the first episode of season

1 ("Burnt Food"), Dr. Glassman, a patron of sorts for Shaun, advocates to hire him on the basis that his savant skills are an asset, that his abilities can be used to help save people in ways that those without savant syndrome cannot even understand: "Yes, he has autism, but he also has savant syndrome" (06:00-06:02). The "Yes, but" construction marks the first step in the way that people with ASD are often dehumanized; given that Shaun is a savant, his status in society is immediately upscaled, as he is seen almost as a new piece of medical technology. His colleagues start out suspicious of Shaun's ability to communicate effectively and emphatically, not only to the patients but also within the team. Claire, one of his colleagues who becomes a close friend of his throughout the series, is the first and at first only one trying to "figure out" Shaun, and even gives him lessons on how to flirt after he realizes he likes Lea, his neighbor.

Their relationship is a tumultuous one, as Lea goes back home at the end of season 1 and reappears at the beginning of season 2, when Shaun asks her to move in with him, as he has already rented a two-bedroom apartment for them. Lea, after having kissed Shaun before leaving for her hometown, insists on their platonic friendship and later during the second season has a boyfriend, which Shaun struggles with. He tries to come to terms with it by dating Carly, a pathologist, however, she breaks up with him at the end of season 3 when she realizes he is still in love with Lea. Lea outright refuses to be in a romantic relationship with Shaun, as she admits in season 3's episode 16 ("Autopsy") that she is a mess and he cannot handle a relationship with her, as he cannot function without a routine and rules that she cannot follow. In the subsequent episode ("Fixation"), Shaun continues to pursue Lea, stating that they should go on a date, as he is very good at solving problems and can fix "this". Lea rebuts by stating: "Shaun, you're autistic. You can't fix that". As time progresses, Shaun's initial touch-aversity subsides, particularly when in contact with the people he loves, Lea and Glassman, allowing them to embrace him in a hug, and

this also results in him embracing sexual intercourse despite the amount of physical contact it involves. Shaun and Lea get married at the end of season 5 and have a baby at the end of season 6.

In episode 7 of the first season ("22 Steps") Liam, a patient with ASD, is admitted to the hospital, who is first described as psychotic, though Shaun recognizes immediately that he has ASD. Shaun admits to Claire he had never met someone else with ASD before and Claire suggests to Shaun that it must be nice to be spending time with Liam, implying that the two can connect better than Shaun can connect with people without ASD, to which Shaun laughs and asks why that would be the case. When Shaun is able to ultimately connect with Liam and states they are alike, he also diagnoses him correctly. Liam's parents don't want Shaun on the operating team, as they see him as incompetent to perform the surgery on their son, specifically because he also has ASD. For the first time, Dr. Melendez, the Head of the Surgery, stands up for Shaun and recognizes his extraordinary qualities. The parents are not persuaded to allow Shaun to perform the surgery, however, Liam wants Shaun to do the surgery. Liam's parents agree to Shaun performing the procedure after hearing their son out. Shaun saves Liam's life during a risky portion of the procedure thanks to Melendez's permission to participate more actively in it, even letting Shaun perform the initial incision. Shaun then assists Liam's parents in seeing how their obsessive and overprotective approach toward him resulted in Liam getting ill. As a result, rather than making decisions without consulting him, Liam's parents now solicit his input.

This is not the only episode in which Shaun encounters a patient with ASD, as episode 13 of season 2 ("Xin"; Chinese for "heart") portrays Lana and Javi, a couple who both have ASD and are in a non-committing sexual relationship and are also roommates. People with ASD often struggle with abstract concepts, one of which is love, and in this episode, the couple insists they

do not love each other, but both are there for each other. The other part of the episode focuses on a Chinese American mother and daughter, who are able to reconnect at the end after having been out of touch for a very long time. Shaun also explores what love means in his relationship with Glassman, who is the father figure in his life. Juxtaposing the concept of love between "normal" people and people with ASD, the episode tries to convey the universality of the messiness that is love.

Interestingly enough, Freddie Highmore, who plays Shaun in *The Good Doctor*, has played a character with ASD before in the 2007 movie *August Rush* (dir. Kirsten Sheridan). In the movie he also embodies a savant and is able to reconnect with his loved ones at the end. The seemingly end-all-be-all quest for love that is part of the characters' with ASD journey in movies and TV shows carries the connotation that love can "cure" a disorder. It is perhaps the underlying thought that everyone wants to be loved, including those who seem to have no ability to show empathy or connect on an emotional level with others, that permeates the myth that a disorder such as ASD can be "softened" by love, thus also softening the otherness of characters who have ASD.

ASD has recently emerged as one of the most frequently exaggerated, recognized neurodevelopmental disorders among children and adolescents. In line with media interest in developmental delay issues, Hollywood has also demonstrated interest in the condition (Butler and Hyler 518). Viewers may get a welcome reminder of their own "normalcy" after seeing these portrayals of people with ASD, however, examining these characters "also reveals the insidious process of othering, which excludes people by highlighting differences between those inside the group and those viewed as different" (O'Hara 54). Wendy's "othering" in *Please Stand By* is best depicted in her self-identification as half-alien, half-human. *The Good Doctor* depicts Shaun by exploring how Shaun's behavior, thinking, and personality deviate from the "normalcy" of those

around him because of his disorder and how that in turn reflects on the people without ASD in his environment.

4.2. *The Perks of Being a Wallflower* (2012) and *13 Reasons Why* (2017-2020)

The trials and tribulations of adolescents are a popular topic in Hollywood visual portrayals, and they often depict the different social pressures that teenagers and adolescents have to deal with (Butler and Hyler 512). Particular mental disorders such as depression seem to have undergone a favorable reinterpretation in the media, which portray people with depression as fascinating and special. Some mental disorders are consequently romanticized as "beautiful suffering", while other, "less desirable" mental disorders such as schizophrenia are instead associated with "being crazy" (Williams 2019). Films that venture into the depiction of mental health issues experienced by the young population often use images of alcohol or drug abuse, depression, social anxiety, and behavior motivated by teenage angst (Butler and Hyler 512).

The Perks of Being a Wallflower (dir. Stephen Chbosky) is a coming-of age romantic drama which centers on Charlie, a sophomore in high school who was recently discharged from a mental health facility and has been suffering from clinical depression since childhood. He had lost a friend to suicide the year before and his aunt in a car accident when he was little. He is socially awkward and therefore has trouble making friends at school. In fact, the only friend he seems to have is his English teacher until he meets Patrick and Sam, who are seniors, at their school's football game. Patrick is queer, sarcastic and loves putting on a show (quite literally, as he plays Dr. Frank-N-Furter in a theatre group installment of *The Rocky Horror Picture Show*). He is also keeping his

relationship with the school's quarterback Brad a secret, as Brad is not openly gay. Sam, who might at first glance appear to be the image of the manic pixie dream girl — a trope of a vivacious girl juxtaposed with the main bland character, who can rekindle a fire thought to be long burnt out in said main character — is actually masking as one, as she is trying to hide her own abuse and pain. Charlie slowly starts to socialize more, go out more and tries drugs for the first time, which is when he starts to have flashbacks to his childhood which increase over time. After realizing that his aunt had sexually molested him when he was a child, Charlie suffers a mental breakdown and is brought to a hospital, where he is treated by a psychiatrist. Once he gets better and gets discharged, he meets with his friends and realizes he is glad that he is alive.

The movie deals with vulnerability, particularly how to survive as a teenager in a world in which "there is so much pain", as Charlie puts it. He fills the role of the tragic hero, who even at one point beats up the jocks who are beating up Patrick after he got into a brawl with Brad in the cafeteria, though Charlie blacks out before throwing the first punch and only comes to when all of the guys are lying on the floor. In a scene towards the end, when he realizes he had repressed certain memories about his aunt, he disassociates on his way home from Sam. This is shown by there being multiple Charlies walking at different speeds and times. Once he gets home, he starts banging his head on the front door, replacing the emotional pain with physical pain, which is set off by the traumatic trigger. He calls his sister, having concluded that he was the one who killed their aunt as she was picking up his birthday present when she died in the car accident, and tells her that he is crazy again.

The word "crazy" gets repeated multiple times throughout the movie and Sam even tells Charlie after beating up the jocks to go be psychos together. The implication here is that being mentally unwell sets you apart from others and makes you better than others. This othering on the

basis of one's mental health being compromised is reflected in Charlie's world as bringing people together in the form of a close circle of friends, who support each other emotionally. This form of friendship can be seen as glorified, as it implies that having close relationships is an easy way to deal with sadness. Charlie also has a strong sense of empathy and emotional sensitivity, and although this is one of his core personality traits, it could be viewed as romanticizing depression by implying that those who experience depression have special traits or insights that make them stand out. Additionally, relationship issues and Charlie's mental health issues are interwoven, which represents the trope that love is cure for mental health issues, thus oversimplifying the difficulties of mental health recovery.

13 Reasons Why is a TV show based on a book by the same name by Jay Asher. The show's first season centers on Clay Jensen, a Liberty High student who receives a box of seven double-sided cassette tapes recorded by Hannah Baker, a former Liberty High student who committed suicide after being bullied and sexually assaulted. On these tapes, Hannah listed thirteen reasons for her suicide. Students Justin Foley, Jessica Davis, Alex Standall, Tyler Down, Courtney Crimsen, Marcus Cole, Zach Dempsey, Ryan Shaver, Sheri Holland, Clay himself, Hannah herself, Bryce Walker, and guidance counselor Kevin Porter are all mentioned in each tape along with their connections to Hannah's death. Each of the first season's 13 episodes dealt with one side of each tape. The finale of the first season included a gory scene of Hannah's suicide which was removed two years after the show had initially aired due to concerns about the too graphic depiction of Hannah slitting her wrists.

The second season's main focus is the suit brought forth by Hannah's parents against the school district, as they blame the school for their daughter's death. However, it also further demonstrates how the consequences of the first season's events have affected the students at

Liberty High. Clay anonymously releases the tapes online, which have up until then been only circulated between the people Hannah recorded tapes about. Hannah's parents lost the suit and Bryce Walker, Hannah's and Jessica's rapist, walks free.

Eight months have passed since the events of the second season as the third season begins. The season is told from the perspective of Ani Achola, a new student at Liberty High, as Clay and his friends try to keep Tyler's attempted school shooting a secret and to support him during his recovery. After Bryce is killed and Clay is implicated in his murder, tensions among the tapes' subjects increase. Following his passing, Bryce's prior behaviors and the man he was trying to become since Hannah's tapes were made public are discussed.

In the fourth and final season, while the other Liberty High students prepare for their imminent graduation and future, Clay's mental health deteriorates following the deaths of Bryce and Monty.

Since its debut, the highly regarded and popular series has stirred up a lot of discussion and controversy, partly because of worries that it would spread suicide-related stigma and increase suicide contagion (Bridge et al. 236). Strong affinity with the main female character was substantially connected with the idea that the show increased suicide risk, according to data on the watching habits of young people (Bridge et al. 237).

A study done in 2019, right after the second season of the show aired on Netflix, showed that viewers aged 18 to 29 who stopped watching the second season showed higher suicide risk and lower future optimism than those who stuck with it to the very end. Unexpectedly, however, second season viewers who were students at the time reported lower rates of self-harm and suicidal ideation than those who did not watch any of the episodes (Arendt et al. 496). Additionally,

compared to those who quit watching, individuals who finished the complete second season were likewise more inclined to indicate a desire to assist a suicidal person (Arendt et al. 489). Another study showed "the overall suicide rate among 10- to 17-year-olds increased significantly in the month immediately following the release" of the show, particularly among male participants, though that study has several significant restrictions (Bridge et al. 236). The quasi-experimental nature of the study, however, prevented the authors from inferring any links between the release of *13 Reasons Why* and rising rates of youth suicide in the US (ibid. 242).

Nonetheless, a spike in Google searches about suicide in the days after season 1's release, reports from doctors that, for instance, several children made lists of their top 13 reasons for wanting to end their lives, and an increase in the number of children being admitted to one hospital with suicidal behavior are all signs that the show may have had negative effects (Arendt et al. 490). The show remarkably resembles the German TV show *Tod eines Schülers* (*Death of a Student*), which aired in the 1980s. Similar to *13 Reasons Why*, it focused on parents, friends, and teachers as the key causes of the 19-year-old high school protagonist's death by railway suicide. Researchers also discovered a statistically significant rise in railroad suicides among men between the ages of 15 and 29 in West Germany following the broadcast of the series (ibid.). Some people who are vulnerable, such as those with depressive disorders, those who have attempted suicide previously, or those going through a psycho-social crisis, may learn through the media that personal issues can be "solved" by suicide. This indicates that, because people have a tendency to identify with others who are like them, people who share similar emotional states or go through problems or crises similar to the suicidal victims depicted in the media may form an attachment "that encourages them to imitate suicidal behavior" (Domaradzki 2). Therefore, identifying with a fictional character can be seen as a type of narrative transportation in which a viewer (or reader) enters the character's

first-person psychological point of view and adopts his or her goals, objectives, and mental states (Broom et al. 542).

It is important to note the shift in content between the first two seasons. Compared to season 2, season 1 contained a lot more "Werther-related" material features. In contrast, Season 2 had more "Papageno-related" content features, including characters "overcoming their suicidal crises and promotion of the prevention website", increasing the likelihood that watching would have positive effects (Arendt et al. 497). The "Papageno effect" denotes "a positive preventive effect of media reporting on suicidal behaviors" (Domaradzki 2). The name of the phrase is a nod to a character in Mozart's opera *The Magic Flute* (1791), who survived his suicide crisis after speaking with three boys. Nonetheless, characters with mental disorders are shifted into being the "other", being crazy or freaks. Even those who are dealing with their own mental health issues can be observed as stigmatizing suicidal ideations, as Skye does. She is a character that could be described as edgy, donning an alternative dress style, having piercings and tattoos, but who also thinks that self-harm is virtuous compared to committing suicide, which she sees as weak. Clay also has an idealized perception of Hannah, stating multiple times she was different and special, a perception that crumbles with learning more sides to the stories she recorded on the tapes in the second season. Hannah's suicide is used as a catalyst especially in the second season; other characters like Clay are able to find meaning even in her death, strive for self-improvement and self-awareness, which makes it seem as if her suicide has a silver lining.

While viewers are free to interpret films and TV shows as they see fit, critical viewpoints can help deepen simplistic conceptions of uneven power structures "that exist outside of their cultural orbits" and films and shows that recognize the universality of power relations can be emancipatory for both spectators and those who are branded as having the condition(s) depicted

in the films (O'Hara 55). Depression and suicidal ideations are, as previously mentioned, often romanticized, seen as aesthetically beautiful and a condition that only the "special" ones are privy to. Alex tells Jessica in the first episode of season 2: "You're pretty and sad. People love that," indicating that suffering is beautiful and something almost idolized. In a similar vein, Ani, the new girl in season 3, says to Winston, the new guy in season 4: "I came to this town, and I got to know all of them, and they were fucked up and messy and human, and I loved them right away." Hannah is not the only one whose depression gets depicted in the series, as both Clay, Alex, Jessica, and Tyler struggle with depression and the latter two also with sexual assault related PTSD. That each character's depression is different but still relies on common motifs, is connected with the pain behind the depression, or as Matthew Ratcliffe puts it:

> Depression, I maintain, involves a change in the kinds of possibility [sic] that are experienced as integral to the world and, with it, a change in the structure of one's overall relationship with the world. (…) Despite the heterogeneity of depression, most depression experiences have in common a number of broad themes, including a feeling of being disconnected from the world and other people, a sense that depression is timeless and therefore inescapable, an experience of inability, and—more generally—a sense of the world as devoid of certain kinds of possibility that are more usually taken for granted (17, 24).

Netflix commissioned a global research study with Northwestern University's Center on Media and Human Development in an effort to better understand the discussion related to the show between teens and parents. The study discovered that the majority of the participating teenagers from five countries claimed they related to the characters and thought the series was an accurate representation of high school life. 63 to 74 percent of viewers thought the intensity of the portrayal was appropriate, and 63 to 79 percent thought Hannah's death's gruesome nature was required to

convey how awful and painful suicide is. The teenage participants concluded that the show made them more conscious about how their peers may be affected by depression (Strause 2018).

The hopelessness experienced by the main characters during the show leads some of them to suicide or attempted suicide. Alex, blaming himself for Hannah's death, shoots himself in the head in an attempt to kill himself, instead he is left physically impaired. Clay's grief results in hallucinations in which he sees and talks to Hannah, leading him to having a mental breakdown and nearly shooting himself in the head in the second season. His hallucinations of Hannah in season 2 and of Bryce and Monty in season 4 following their deaths serve as plot devices, as they symbolize the deterioration of Clay's mental health and simultaneously serve to question Clay's reliability as a storyteller. Tyler, battling PTSD and depression after incessant bullying and a sexual assault, feels driven to commit suicide by proxy, as he prepares to shoot the students at the school dance. According to Wedding and Niemec, the link between feeling hopeless and suicidal ideations "is stronger and more stable than the association of suicidality with the presence of depression and substance use disorders" (77).

As the group is nearing their final year at Liberty High, the series moves away from the (overdramatized) teenage angst and delves into more serious problems, such as school shootings and the trauma connected with them. The third season revolves around Bryce's supposed road to redemption and his death draws on a similar motif as the first season in that the story of each of the possible murder culprits gets analyzed, as each of their actions ultimately contributed to his death.

Clay, who starts out as a sort of vigilante, trying to help Hannah take revenge and mostly take revenge for his own sake, ends up becoming the tragic hero as the series progresses. In season 4 his complete mental deterioration is portrayed in the form of him having an alternate personality

which purposefully causes trouble such as revealing the secret that Clay has been struggling with — that they framed Monty for Bryce's death when Monty had already been killed in jail — and setting a car on fire during a student riot at school premises.

The series' creator Brian Yorkey maintains that the series' aim was to help eradicate the stigma associated with the turbulent experience of growing up in todays interconnected society by depicting horrifying images of the pain that kids can endure, including depression, anxiety, bullying, (sexual) assault, and suicide. He also addressed the editing of the highly controversial scene of Hannah's graphic suicide by saying that they felt "like it would be too easy for us to make her suicide look glamorous and peaceful. (…) We wanted to confront the fact that suicide is messy, ugly, and it's incredibly painful" and that there is "nothing peaceful or beautiful about it at all" (Goldberg 2019).

4.3. *Split* (2017) and *Moon Knight* (2022)

When it comes to serious mental disorders and/or mental disorders which have not yet been fully grasped, the media tend to construct characters suffering from such disorders as "monstrously 'other'" (O'Hara 44). A misrepresentation of mental illness, for instance, may be exacerbated by the captivating sights and scenes that the film depicts. Media representations regularly receive criticism for their exaggerated depictions of psychiatric diseases and the beliefs and demonized stereotypes they perpetuate. False representations have "pervaded our consciousness and have doubtless added stigma to an already misunderstood range of disorders", however, one has to ask why movies about mental disorders keep fascinating the audience (ibid. 52). The portrayals of

serious mental disorders such as DID continue to inspire intrigue and terror in particular and the connection between mental disorders and violence is something that both fascinates and worries the public (Elbogen et al. 1).

The evidence is conflicting as to whether those who suffer from mental illness are more or less likely than the general population to retaliate violently. In fact, there is more reason to believe that mental illness alone cannot be the cause of violence but there have to be multiple factors included in the equation, such as the environment, trauma, and social status (ibid. 7). However, because this stereotype offers a clear grasp of what is frequently ineffable and perplexing, filmmakers frequently employ it to dispel ambiguity and explain human psychology (Wedding and Niemec 47). The popularity of films such as *Psycho* and the *Halloween* franchise shows that the perhaps subconscious stigmatization of people with mental disorders as dangerous and/or violent remains lucrative for the media (Anderson 298). Audiences will always seek symbolic representations of concepts they may not be very familiar with and may even be afraid of and will seek comfort and security in their feeling of normalcy (ibid. 200).

Split (dir. M. Night Shyamalan), a psychological thriller/horror, depicts Kevin, a character with DID. He has 23 alters, though not all of them are shown onscreen. The first one to appear is Dennis. He kidnaps three teenage girls, Claire, Marcia, and Casey. He has OCD, and seemingly has trouble keeping his sexual desires in check, as he tries to make one of the girls dance for him. The second one to supposedly appear is Barry, visiting the system's psychiatrist Dr. Fletcher, however, given that he keeps rearranging things around the Dr. Fletcher's office in a neat order, she soon realizes that it was Dennis pretending to be Barry, the flamboyant designer. The third to appear is Patricia, a proper and prim caretaker alter with a British accent, who forbids Dennis from touching the girls. The fourth is Hedwig, the little alter, who is 9 years old, is a big fan of Kanye

West and speaks with a lisp. As the girls are trying to figure out what is going on, they also need to determine which alter they are dealing with every time he enters the room that they are being held in. It is revealed that Kevin suffered physical and emotional abuse by his mother when he was little and developed DID at 3 years old as a coping mechanism. An incident at the zoo where Barry worked involving a prank done by two girls served as a trigger for Barry and Patricia to take charge. Dennis kidnapped the three girls to sacrifice them to the emerging, monstrous 24th alter: The Beast. The three girls are separated following two failed attempts to flee. As The Beast surfaces, he kills Dr. Fletcher, Marcia, and Claire. Upon realizing that Casey has suffered like him after seeing her self-harm scars, The Beast proclaims that those who have suffered will inherit the world and spares her life.

The movie uses the mental disorder as a catalyst for violence, but not before setting the groundwork for the connection between DID and the supernatural. Dr. Fletcher asks in her speech at a conference: "Have these individuals, through their suffering, unlocked the potential of the brain? Is this the ultimate doorway to all things we call unknown? Is this where our sense of the supernatural comes from?" These questions are left unanswered by the end of the film, however, the supernatural that Dr. Fletcher was talking about morphs into the image of evil. The monstrous 24th alter, The Beast, is weaponized by three other alters, Patricia, Dennis, and Hedwig, as they share the same goal: To make the world aware of their existence and to make people understand the suffering they had to endure. The reason why he spares Casey is because he sees her as pure due to the trauma she has endured and tells her that the broken are the more evolved ones.

Even before the invention of movies, the possible danger and violence thought to be hidden in mental disorders such as DID garnered interest. *The Strange Case of Dr. Jekyll and Mr. Hyde* (1886) by Robert Louis Stevenson is essentially a study of possibilities of violence and DID.

Stevenson denied that the story was based on any true events, but the same year a paper on "multiplex personality" was published that Stevenson supposedly read along with a scientific paper on the subconscious at the time (Rose 2017). Movies such as *Psycho* and *Split* embody DID as a violent mental disorder in the form of thrillers, in fact the stereotype of the homicidal maniac is present in many of the slasher/horror films (Wedding and Niemec 10). However, the stigmatization and villainization of mental disorders such as DID is present in movies that feature, for example, werewolves, demonic possessions, even superheroes. The Incredible Hulk is essentially a more modern, comic book version of Jekyll and Hyde (Rose 2017).

The viewers "must draw on negative cultural stereotypes and commonsense understandings of what it means to be mentally ill to co-create the message" in the communication between the media and themselves (Stuart 89). As the viewers depend on this accumulated stockpile of cultural preconceptions, intentionally vague or generic portrayals subtly associate mental disorders with violent and unpredictable behavior (ibid.). This myth that mental disorders and evil "overlap in their presentations" has also frequently been the theme of many Disney movies, as a study shows; the characters that can be diagnosed with a mental disorder serve sometimes as a comic relief, but more often than not as a source of terror — Hollywood instills the idea that mental illness is something to be feared early on and far too frequently (Butler and Hyler 519).

Moon Knight is a TV miniseries based on the Marvel Comics character of the same name and is part of the Marvel Cinematic Universe. It revolves around a man with DID, who has three alters: Marc Spector, Steven Grant, and Jake Lockley. Marc Spector is a former US marine and ruthless mercenary who, nearly killed on a job in Egypt, becomes the avatar for Khonshu, the Egyptian moon god. Steven Grant works at the gift shop at the British Museum and has a mild and

kind, nerdy personality. Jack Lockley is given only a glimpse in the mid-credits scene of the final episode, but he is shown to be even more ruthless than Marc.

The first episode introduces the viewer to Steve, who wakes up and checks the shackle on his leg, the circle of sand around his bed and duct tape on his door. Immediately, the audience is struck with the bizarreness of the scene and later learns that he has memory lapses, which is why he goes to such lengths to make sure he doesn't do anything during the night. One night after going to sleep, he awakens in the Austrian Alps and finds himself at a cult gathering where Arthur Harrow is demanding a scarab that Grant inadvertently has in his possession. Harrow wishes to revive the Egyptian goddess Ammit so that she can eradicate all evildoers from the world. Before waking up at his home, he experiences many blackouts while trying to flee and hears an enigmatic voice in his head. Trying to put the pieces together, he hears an additional voice in his head, his alter Marc's voice.

The second episode follows Steven as he tries to come to terms with being fired and hearing voices. He receives a visit from Marc's wife, Layla, serving him divorce papers. After two police officers arrive, she escapes his apartment. The police officers turn out to be Harrow's followers and they bring him directly to him. Layla shows up at Harrows HQ and together with Steven and Marc they fight a jackal summoned by Harrow.

In the third episode, which takes place in Cairo, Steven, Marc, and Layla try to find Ammit's tomb before Harrow. As a last resort, Khonshu calls a meeting of the Egyptian gods to warn them of Harrow, however, Harrow convinces the gods that he is innocent. Khonshu defies the court of the gods and is in turn sealed by them, which also seals away Steven and Marc's powers.

Steven refuses to let Marc take control in the fourth episode and goes into Ammit's tomb with Layla. As Layla is told by Harrow that Marc is responsible for her father's death, she confronts Steven who lets Marc step forward. Harrow corners them and shoots Marc. The scene transitions to a mental health care facility with the antagonists embodying the roles of the staff and Harrow plays the role of the psychiatrist treating Marc. At the facility Marc encounters Steven as a separate person.

The fifth episode begins with a flashback to Marc's mother, who was verbally and physically abusive to Marc, blaming him for his brother's death, which triggered his DID and he created Steven as a coping mechanism. Marc and Steven find out they are in the Egyptian Underworld and need to balance the scales, i. e. retrace their memories to make their hearts ready to be weighed before either moving on to the Field of Reeds (paradise) or remaining in the Underworld forever. Steven, who believed he was speaking to his mother over the phone the entire time, comes to realize his mother is dead. When Steven and Marc reconcile, the unbalanced souls attack them, taking Steven with them and he transforms to sand. Marc finds himself in the Field of Reeds after the scales have balanced.

The sixth and final episode sees Steven and Marc reunite as they acknowledge and accept each other as parts of the same person. They are revived and fight Harrow and his followers together with Layla while Khonshu fights Ammit. During the fight, Marc disassociates, indicating that there is a third alter, of whom neither Marc nor Steven are aware of. Marc forces Khonshu to let them be free of their duties to him, which he reluctantly agrees to. As it turns out, their third alter, Jack Lockley, is still working for Khonshu without their knowledge.

The series uses mirrors and reflections on water surfaces such as puddles as a plot device. Almost every time before a switch between Steven and Marc occurs, they look at their reflection

on a nearby surface. When characters are shown to be looking in the mirror, "it often represents self-reflection, insight, a new identity emerging or changing, or even a narcissistic preoccupation with oneself" (Wedding and Niemec 7). Reflections are frequently used in movies and shows as a symbol "that a character's mental state has become fragile" and "to imply fragmentation" (Goodwin 226). According to psychoanalytical theory, when humans are young, they cannot perceive their mirror-self as a distinct image, but as they grow older, they come to understand that the mirror-self is distinct. In an ideal world there would be no "other", and the self and the mirror-self would be united once more. Goodwin writes that cinema can be seen as a representation of this ideal world "as the "other" is seen on screen, and viewed as whole and unfragmented; these characters represent the whole self we have lost" (229). The final scene in the first episode shows Steven talking to Marc as his reflection in the bathroom mirror, while a jackal is clawing at the door. The camera spins from Steven to Marc and back, ending its movement with a close-up of Steven as he agrees to let Marc save them. Marc brutally beats up the jackal, but it is not the last time he is seen using such violent force to fight their adversaries.

Moon Knight is also not the first comic book character whose superpower is defined by a mental disorder. Marvel's Tony Stark's (Iron Man) narcissistic personality disorder more often than not leads him into conflicts and David Haller's (Legion) DID, initially diagnosed as schizophrenia, helps him alter reality and time as he sees fit. DC's Batman comic books frequently trivialize mental health issues. Whether in comics or movies, the stories often center on Batman's attempts to apprehend an escaped prisoner and bring them back to Gotham City's mental hospital, Arkham Asylum (Goodwin and Tajjudin 385). Kevin Feige, president of Marvel Studios, describes Moon Knight as brutal and comments on the violence depicted in the series:

It's been fun to work with Disney+ and see the boundaries shifting on what we're able to do. There are moments [in the series] when Moon Knight is wailing on another character, and it is loud and brutal, and the knee-jerk reaction is, 'We're gonna pull back on this, right?' No. We're not pulling back. There's a tonal shift. This is a different thing. This is Moon Knight (Travis 2022).

Though the stereotype that trauma and subsequently mental illness begets violence is the central plot device of the series, it also displays the act of acceptance within oneself and of the parts of oneself.

5. The Future of Mental Health Issues on American Screens

Mark O'Hara contends that strong impressions on a spectator, particularly one misinformed and/or of unfavorable views of mental disorders, lead to profoundly ingrained stigmatization, the target of which are actual people who suffer from psychological problems (53). The media continue to highlight negative incidents such as homicides or shootings involving people who have mental health issues, while movies and TV shows continue to utilize psychiatry and mental disorders as a justification for showing violence and horrifying acts. These elements therefore form the core of the communication process involved between the audience and the visual arts, as well as the nature of mental health issues and the visual arts (Anderson 304).

This is especially true when violence and danger are considered. Movie portrayals of mental illness, like all forms of media, rely on the audience's prior awareness of the condition (correct or wrong: it frequently involves danger and violence). In this way, audiences participate

actively in the creation of texts and the meaning(s) included in media messages about mental illness (ibid.).

When filmmakers choose which mental disorder can be best used as a plot device, they frequently consider whether it is explosive, shocking, dangerous, or painful enough. Consequently, mental disorders in films and TV shows are most frequently portrayed in dramas, horror movies, and thrillers (Wedding and Niemec 8). Why mental disorders get coded they way that they do has little to do with the entertainment industry raising awareness of them. Additionally, for actors there might not be a better way to showcase the range of their acting abilities than to play a character with mental health issues (Rose 2017). It frequently pays off for them. Joanne Woodward received an Oscar for her performance in *The Three Faces of Eve* (1957) and Fredric March for his performance in *Dr. Jekyll and Mr. Hyde* (1931). Toni Collette won, among other awards, a Golden Globe and an Emmy for *United States of Tara* (2008-2011), and Rami Malek and Christian Slater have received an incredible amount of nominations and awards for *Mr. Robot* (2015-2019). Sally Field also received an Emmy for the TV film *Sybil* (1976). Halle Berry was nominated for a Golden Globe for *Frankie and Alice*.

According to psychiatrist Peter Byrne, a director's/creator's primary responsibility is to produce a movie or TV show that will bring in money for investors and producers; it is not always their responsibility to inform the general public. He outlines five guidelines for portraying mental health issues onscreen: Number one, filmmaking is a commercial industry and in order to sell its product, it may falsely portray certain topics. Number two, every new movie references earlier works in the same genre. Number three, more films are hidden via skewed distribution than by censorship. Number four, there are only films about mental health issues and not about mental health. Number five, violence, injury, and death frequently guarantee prominence of a narrative in

both news, movies and shows (Wedding and Niemec 3). While there are increasing demands for portraying mental disorders with accuracy and sensitivity and there are some efforts to humanize the portrayal, the American film industry seems to still be leaning toward using shock value and romanticized perspectives to depict characters with mental health issues.

6. Conclusion

Despite the fact that movies and TV shows have become an integral and ubiquitous part of our society, most people are often unaware of the enormous influence that the visual medium has. Because many people are relatively ignorant of the issues that affect those with mental disorders and because the media is generally particularly effective at swaying public opinion in situations where strong opinions are not already held, movies and TV shows play a particularly significant role in influencing how the general public views mental illness.

One must actively become engaged in the roles and mental states of the characters in order to internalize their experiences; simply being immersed in the narrative events as a viewer is not enough. Filmmakers tend to use mental disorders as plot devices, trying to create comic relief and plot twists and to portray terror. There are many ways that mental disorders are codified in American movies and TV shows, as this paper shows. Some films and shows will juxtapose the character's disorder and the "normalcy" of the character's surroundings in order to create a narrative that "overcoming" the disorder leads to a more normal life, softening or even erasing the symptoms of the disorder. Some films and shows will play into the troubles of their young audience, exploiting their fears and desires to fit in and stand out at the same time. Some films and shows

will codify a mental disorder as evil and monstrous, taking advantage of the audience's fear of the unknown, stigmatizing the disorder further.

Many films will "other" characters with mental health issues, as the exploration of what it means to be human and "normal" can be more easily undertaken if one has something to compare it to that is not considered "normal". The role of movies and TV shows in combating the stigmatization and romanticization of mental health issues is becoming more and more important as time goes on. By utilizing its influence and reach, Hollywood can help explore the way that the human mind copes with the fragility of life by not utilizing terror, sensationalism, and voyeurism to create a more accepting and informed society where people who struggle with mental health issues are valued as valuable members of the human experience deserving of understanding and support rather than being "othered".

Works Cited

Anderson, M. "'One flew over the psychiatric unit': mental illness and the media." *Journal of Psychiatric and Mental Health Nursing*, no. 10, 2003, pp. 297-306.

Arendt, Florian, et al. "Investigating harmful and helpful effects of watching season 2 of *13 Reasons Why*: Results of a two-wave U.S. panel survey." *Social Science & Medicine*, vol. 232, 2019, pp. 489-498.

Belcher, Christina, and Kimberly Maich. "Autism Spectrum Disorder in Popular Media: Storied Reflections of Societal Views." *Brock Education*, vol. 23, no. 2, 2014, pp. 97-115.

Bridge, Jeffrey A., et al. "Association Between the Release of Netflix's 13 Reasons Why and Suicide Rates in the United States: An Interrupted Time Series Analysis." *Journal of the American Academy of Child & Adolescent Psychiatry*, vol. 59, no. 2, 2020, pp. 236-243.

Broom, Timothy W., et al. "Becoming the King in the North: identification with fictional characters is associated with greater self-other neural overlap." *Social Cognitive and Affective Neuroscience*, 2021, pp. 541-551.

Butler, Jeremy R., and Steven E. Hyler. "Hollywood Portrayals of Child and Adolescent Mental Health Treatment: Implications for Clinical Practice." *Child and Adolescent Psychiatric Clinics of North America*, no. 14, 2005, pp. 509-522.

Conn, Rory, and Dinesh Bhugra. "The portrayal of autism in Hollywood films." *International Journal of Culture and Mental Health*, vol. 5, no. 1, 2012, pp. 54-62.

DeAngelis, Tori. "Mental illness and violence: Debunking myths, addressing realities." *American Psychological Association*, vol. 52, no. 3, 2021, https://www.apa.org/monitor/2021/04/ce-mental-illness.

DeLisi, Matt et al. "The Hannibal Lecter Myth: Psychopathy and Verbal Intelligence in the MacArthur Violence Risk Assessment Study." *Journal of Psychopathology and Behavioral Assessment*, no. 32, 2010, pp. 169-177.

Domaradzki, Jan. "The Werther Effect, the Papageno Effect or No Effect? A Literature Review." *International Journal of Environmental Research and Public Health*, vol. 18, 2021, pp. 1-20.

Draaisma, Douwe. "Stereotypes of autism." *Philosophical Transactions of the Royal Society B*, no. 364, 2009, pp. 1475-1480.

Elbogen, Eric, et al. "Beyond Mental Illness: Targeting Stronger and More Direct Pathways to Violence." *Clinical Psychological Science*, 2016, pp. 1-13.

Gillett, Grant. "Form and content: the role of discourse in mental disorder." *Nature and Narrative. An Introduction to the New Philosophy of Psychiatry*, edited by Bill Fulford et al., Oxford University Press, 2003, pp. 139-154.

Goldberg, Lesley. "Netflix Alters Graphic '13 Reasons Why' Suicide Scene After Controversy." *The Hollywood Reporter*, 2019, https://www.hollywoodreporter.com/tv/tv-news/netflix-alters-graphic-13-reasons-why-suicide-scene-controversy-1224489/, last accessed: 10 Sept. 2023.

Goodwin, John. "The Horror of Stigma: Psychosis and Mental Health Care Environments in Twenty-First-Century Horror Film (Part II)." *Perspectives in Psychiatric Care*, vol. 50, 2014, pp. 224-234.

Goodwin, John, and Izzat Tajjudin. ""What Do You Think I Am? Crazy?": The Joker and Stigmatizing Representations of Mental Ill-Health." *The Journal of Popular Culture*, vol. 49, no. 2, 2016, pp. 385-402.

Graham, George. *The Disordered Mind*. 2nd ed., Routledge, 2013.

Jadayel, Rola, et al. "Mental disorders: a glamorous attraction on social media?" *Journal of Teaching and Education*, vol. 7, no. 1, 2017, pp. 465-476.

Murray, Stuart. „Autism and the Contemporary Sentimental: Fiction and the Narrative Fascination of the Present." *Literature and Medicine*, vol. 25, no. 1, John Hopkins University Press, 2006, pp. 24-45.

Nordahl-Hansen, Anders, et al. "Mental health on screen: A DSM-5 dissection of portrayals of autism spectrum disorders in film and TV." *Psychiatry Research*, no. 262, 2018, pp. 351-353.

O'Hara, Mark. "Cinema of the Monstrous: Disability and "Eye-Feel"." *Journal of Curriculum Theorizing*, vol. 34, no. 5, 2019, pp. 44-57.

Pescosolido, Bernice A. "Mental Illness and Stigma." *The Wiley Blackwell Encyclopedia of Health, Illness, Behavior, and Society*, edited by William C. Cockerham et al., John Wiley & Sons, 2014, pp. 1-5.

Petz, Boris. *Uvod u psihologiju: Psihologija za nepsihologe*. Naklada Slap, 2001.

Please Stand By. Directed by Ben Lewin, performances by Dakota Fanning, Alice Eve, Toni Collette, and Patton Oswalt, Magnolia Pictures, 2017.

Ratcliffe, Matthew. *Experiences of Depression. A Study in Phenomenology*. Oxford University Press, PDF, 2015.

Rose, Steve. "From Split to Psycho: why cinema fails dissociative identity disorder." *The Guardian*, 2017, https://www.theguardian.com/film/2017/jan/12/cinema-dissociative-personality-disorder-split-james-mcavoy, last accessed: 10 Sept. 2023.

Ross, Colin A., et al. "Maladaptive Daydreaming, Dissociation, and the Dissociative Disorders." *Psychiatric Research and Clinical Practice*, vol. 2, 2020, pp. 53-61.

Shore, David, creator. *The Good Doctor*. Sony Pictures and ABC Studios, 2017-present.

Siebers, Tobin. "The Werther Effect: The Esthetics of Suicide." *Mosaic: An Interdisciplinary Critical Journal*, vol. 26, no. 1, 1993, pp. 15-34.

Slater, Jeremy, creator. *Moon Knight*. Disney+, 2022.

Split. Directed by M. Night Shyamalan, performances by James McAvoy, Anya Taylor-Joy, and Betty Buckley, Universal Pictures, 2017.

Strause, Jackie. "'13 Reasons Why' to Address Suicide Controversy With New Warning Video." *The Hollywood Reporter*, 2018, https://www.hollywoodreporter.com/tv/tv-news/13-reasons-why-season-2-address-suicide-controversy-warning-video-1096070/, last accessed: 10 Sept. 2023.

Stuart, Heather, and Norman Satorius. *Paradigms Lost, Paradigms Found. Lessons Learned in the Fight Against the Stigma of Mental Illness*. 2nd ed., Oxford University Press, 2022.

The Perks of Being a Wallflower. Directed by Stephen Chbosky, performances by Logan Lerman, Emma Watson, Ezra Miller, Mae Whitman, Kate Walsh, Dylan McDermott, Joan Cusack, and Paul Rudd, 2012.

Travis, Ben. "Marvel's Moon Knight Is 'Brutal', Says Kevin Feige: 'We're Not Pulling Back' – Exclusive Image." *Empire*, 2022, https://www.empireonline.com/movies/news/marvel-moon-knight-brutal-kevin-feige-not-pulling-back-exclusive/, last accessed 12 Sept. 2023.

Wedding, Danny, and Ryan M. Niemiec. *Movies & Mental Illness: Using Films to Understand Psychopathology.* 4th ed., Hogrefe, 2014.

Williams, Alyson Zetta. "We need to stop making mental illness look cool on social media." *i-D*, 2019, https://i-d.vice.com/en/article/a35de4/we-need-to-stop-making-mental-illness-look-cool-on-social-media, last accessed: 9 Sept. 2023.

Yorkey, Brian, creator. *13 Reasons Why*. Netflix, 2017-2020.

Abstract

This master's thesis explores the portrayal of mental disorders in American movies and TV shows, examining how they utilize mental disorders to shape the narrative and the perception of the disorders themselves. While the visual arts have the potential to educate, destigmatize, and foster empathy towards individuals with mental health issues, it also has the capacity to perpetuate stereotypes, sensationalize these issues, and inadvertently romanticize them.

Through the detailing of the historical context pertinent to the perception of mental disorders by the general public, this thesis sheds light on the power of the trends, medical advancements, and societal shifts in shaping societal attitudes towards mental health and mental disorders. It underscores the connection between the depictions of mental disorders and the historical context that shaped and shifted the perceptions of them.

An analysis of three mental disorders via recent American movies and TV shows details the tropes that characterize their portrayals. The examples of *Please Stand By* and *The Good Doctor* show that the "othering" of characters with disorders happens perhaps nowhere as frequently as in terms of ASD. The trope of "softening" or "overcoming" the disorder through love and perseverance is used at its fullest when depicting characters with ASD. That young people are a disheveled version of adults who are in constant battle with the world around them and that that is something admirable, is a trope best portrayed by the depiction of depression and anxiety in *The Perks of Being a Wallflower* and *13 Reasons Why*. Romanticizing suicide as revenge and revenge out of love that leads to mental deterioration, as well as finding solace solely in other people who also have mental health issues can make depression seem desirable despite the pain it brings with it. Finally, equalizing mental disorders with being evil, violent, or monstrous, as can be seen with the DID portrayal in *Split* and *Moon Knight*, further stigmatizes the disorder, especially when purposefully used to create interest around the film or show.

While Hollywood profits off of sensationalized portrayals of mental health issues, it is important to keep in mind that it can only do so thanks to the interaction between the audience and the medium. The fear of the unknown, the romantic view of suffering, and the division between

"us" and "them" are themes that should be explored artistically, as they have been explored for a long time, however, with a less stigmatizing approach.

Key Words: *American Movies and TV Shows*, *Media*, *Mental Health*