



**A review of the literature
regarding fictional film and television
portrayals of mental illness**

Jane Pirkis¹, R Warwick Blood², Catherine Francis¹ and Kerry McCallum²

- 1. Program Evaluation Unit, School of Population Health, The University of Melbourne**
- 2. School of Professional Communication, The University of Canberra**

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Executive summary

Background

Fictional films and television programs may exert a powerful influence on community attitudes towards mental illness because of their broad reach and appeal. The current report reviews the available literature on the portrayal of mental illness in these media, in order to address three research questions:

1. What is the extent and nature of portrayal of mental illness in fictional films and television programs?
2. Is there evidence that portrayal of mental illness in fictional films and television programs can have harmful effects?
3. Is there evidence that portrayal of mental illness in fictional films and television programs can have positive effects?

Method

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

Key findings

What is the extent and nature of portrayal of mental illness in fictional films and television programs?

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

Is there evidence that portrayal of mental illness in fictional films and television programs can have harmful effects?

There is evidence that these pervasive negative portrayals can have harmful effects, perpetuating the stigma associated with mental illness and reducing the likelihood that those with mental

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

Is there evidence that portrayal of mental illness in fictional films and television programs can have positive effects?

There is a smaller body of literature regarding potential positive effects of fictional films and television programs. Various evaluations have shown mass media campaigns to be effective in improving mental health literacy, particularly when the viewer can identify with the person on the screen and the issues are not oversimplified, suggesting that dramatic fictional presentations may have a useful role to play. Several authors have suggested that fictional films and television programs may have potential as educational resources for trainee mental health professionals, although the effectiveness of this teaching method is as yet untested. The suggestion has also been made that films and television programs may have the potential to motivate help-seeking behaviour, but the evidence to date is limited and equivocal. Finally, there is a body of work that indicates that the use of films as an adjunct to conventional therapy for people with mental illness may show promise, but again this remains unevaluated as a form of treatment.

Conclusions

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

Chapter 1: Setting the context

Background

It has consistently been demonstrated that community attitudes towards mental illness are generally negative and based on erroneous beliefs.¹ Such attitudes stigmatise those with mental illness, and reduce their likelihood of seeking appropriate help.² One commonly-cited source of misinformation that may underpin these negative attitudes is the media, with most reviews of work in this area focusing primarily on non-fiction media.^{3,4} There is an argument, however, that fictional films and television programs may exert an even stronger influence because of their broad reach and appeal.⁵

Purpose and scope of the review

The current review was undertaken in order to examine the extent, nature and impacts of fictional on-screen portrayals of mental illness. It concentrated exclusively on fictional film and television depictions of suicide, ignoring portrayals in non-fiction media and in other fictional media (e.g., novels and music).

Research questions

The review was designed to answer three research questions:

1. What is the extent and nature of portrayal of mental illness in fictional films and television programs?
2. Is there evidence that portrayal of mental illness in fictional films and television programs can have harmful effects?
3. Is there evidence that portrayal of mental illness in fictional films and television programs can have positive effects?

Structure of the current report

The remainder of this report describes how the review was conducted and what it found. Chapter 2 outlines the method of the review. Chapters 3, 4 and 5 describe the review's key findings with regard to each of the three research questions. Chapter 6 presents a discussion of these findings, and provides some direction for how those in the mental health sector might work co-operatively and productively with those in the film and television industries to encourage positive on-screen portrayal of mental illness.

Chapter 2: Method

Search strategy

Searches of Medline, Psychinfo, Australian Public Affairs, Cambridge Scientific Abstracts (Communication Studies, SAGE, Sociological Abstracts), EBSCOhost (Communication and Mass Media Complete, Academic Search Premier) Dissertation Abstracts, WARC (World Advertising Research Center) and Emerald Full Text (Health, Sociology, Social Policy) were conducted from their respective years of inception to January 2005. A comprehensive Internet search was also conducted.

In conducting these searches, the following search terms were used:

- MENTAL HEALTH (MENTAL HEALTH PROMOTION, MENTAL HEALTH EDUCATION, MENTAL HEALTH LITERACY) or MENTAL ILLNESS (MENTAL DISORDER*, PSYCHIATR*, DEPRESSION, SCHIZOPHRENIA, ANXIETY, MOOD DISORDER*, OBSESSIVE-COMPULSIVE DISORDER*, EATING DISORDER*, ANOREXIA, BULIMIA); and
- MEDIA (MEDIA, TELEVIS*, FILM*, MOVIE*, PLAY*)

Potentially relevant articles were retrieved using this strategy, and their reference lists were scanned for any further salient texts, published prior to the article in question. In addition, the ISI Web of Science Citation Index was used to find subsequent texts that referenced the given article.

Critical analysis of the literature

Articles retrieved by the above method were first sorted by the research question they informed – i.e., whether they provided descriptive information on the extent and nature of portrayal of mental illness in fictional films and television programs, and/or evaluative evidence that such portrayals can have harmful or positive effects.

Next, the articles within each of the above groups were considered in terms of study design, in order that the methodological strengths and weaknesses of given designs could be taken into account in the appraisal process.

The findings from the individual studies were then synthesised, in order to formulate conclusions about the overall body of the evidence relating to each of the three research questions.

Chapter 3: What is the extent and nature of portrayal of mental illness in fictional films and television programs?

Numerous studies have examined the extent and nature of portrayal of mental illness in fictional films and television programs. Design-wise, these studies can be categorised into two groups, the first comprising small-scale descriptive studies, anecdotal reports and commentaries, and the second comprising larger-scale descriptive studies. As well as differing in design, these studies differ in emphasis – some consider portrayal of people with mental illness, some examine portrayal of mental health professionals, and some explore portrayal of treatments for mental illness. This chapter begins by discussing the methodological strengths and limitations of the different study designs, and then goes on to synthesise the findings of these studies according to their different foci.

Sources and strength of evidence

Small-scale descriptive studies, anecdotal reports and commentaries

The small-scale studies are limited to examinations of single films or small numbers of films, or discussions of particular themes that draw on examples of films chosen by unsystematic means.⁶⁻²⁹ Some are not much more than opinion pieces, while others employ formal content analytic techniques. In epidemiological terms, these studies are akin to case studies or case series designs. They also include commentaries, which use specific films to exemplify particular themes.

These studies have the advantage of depth, permitting a detailed consideration of the film or films in question (although most do not use an explicit analytic method, and instead often rely on subjective judgements by a single investigator). However, they suffer from the problem of lack of breadth, since they focus on a limited range of stimuli which limits the extent to which their findings can be generalised.

Larger-scale descriptive studies

The second, methodologically superior group of studies involves systematic analyses of samples of films or television programs, typically identified by time period (e.g., a week of prime-time television programming) or by official listings (e.g., printed and electronic movie guides and databases). In the case of films, the most comprehensive selections have been made by Schneider,³⁰ Wahl,³¹ Fleming and Manvell,³² Rabkin,³³ Gabbard and Gabbard,^{34,35} and Trott-Paden³⁶ (each of whom considered films with a mental illness theme produced over a significant period, often from the advent of cinema to the time of the given study), McDonald and Walter (who considered all films depicting ECT), Wahl et al³⁷ (who examined all G- and PG-rated films released in 2000-01) and Beveridge³⁸ (who considered all of the films of Walt Disney). In the case of television, larger-scale studies have typically involved selection of programs from robust sampling frames. Some have used consecutive episodes of a given show or shows (e.g., Condren and Byrne reviewed 22 episodes of *Casualty* shown prior to April 2000 in the UK^{39,40}). Others have considered specific shows televised over a given period (e.g., Wilson and colleagues^{41,42} critically analysed all episodes of 14 prime-time dramas shown in New Zealand in 1995-96). Still others have examined particular types of programming transmitted over a given period (e.g., Diefenbach et al⁴³⁻⁴⁵ in the US and Rose in the UK considered single periods of prime-time programming ranging from one to eight weeks, Signorielli⁴⁶ used 17 week-long US prime-time program samples from 1969-1985, and Wilson et al⁴⁷ examined one complete week of children's television programming, shown over an unspecified period in New Zealand).

Over and above their more comprehensive sampling strategies, these studies have also tended to employ stronger and more explicit analytic frameworks than the small-scale studies. Typically, they have involved a combination of qualitative and quantitative methods, and have utilised multiple coders who have systematically, repeatedly and critically viewed each film or television program in order to identify themes and/or code content.

Having said this, various commentators have pointed out methodological problems with some of these studies. Francis et al³ have criticised the sampling strategies of some studies for their lack of completeness (e.g., television studies that have relied on published guides to identify programs with mental illness content may have missed programs where the program listing has made no explicit reference to mental illness, and film studies that relied on the viewing of videos may have missed some films that were not available in this format). Tam⁶ observed that many of the film studies have focused on American productions, noting, for example, that the study by Gabbard and Gabbard^{34,35} did not include the Australian films *Cosi* (1996), *Lantana* (2001) and *Shine* (1998). In addition, although most content analyses have been rigorous and transparent, Wilson et al⁴¹ have criticised some for concentrating too much on the accuracy of the portrayal and not enough on the significance of meaning, and Francis et al³ have criticised others for subjective descriptions of themes.

Key findings

Portrayal of people with mental illness

Many studies have explored the on-screen portrayal of people with mental illness. In the case of television, investigators in different countries have found portrayal to be extensive. In the UK, Condren and Byrne^{39,40} found 28 characters with psychiatric problems in 22 episodes of *Casualty*; and Rose⁴⁸ reported that 4% of prime time coverage involved material relevant to mental health. In the US, Deifenbach^{44,45} found that 2.2% of speaking characters on prime-time programs exhibited some evidence of a mental illness; Wahl and Roth⁴⁹ and Signorielli⁴⁶ observed that the proportion of all prime-time shows that involved a passing or major mental illness theme to be one third and one fifth, respectively; March⁵⁰ found that during a 2-week period there were over 50 programs that featured mental health themes; and Cassata et al⁵¹ found that mental illness was the health problem most likely to affect characters in 13 daytime soap operas. In New Zealand, Wilson et al⁴⁷ determined that half of all children's programs (and 80% of cartoons) broadcast in a given week contained references to mental illness. Fewer studies have quantified the absolute or relative numbers of films with mental illness content, but there are some examples. For instance, Wahl et al⁵² found that of 49 children's films released in 2000-2001 and available for study, 12 (24%) contained a character with a mental illness. Likewise, Lawson and Fouts⁵³ found that of 34 films produced by Disney between 1937 and 2001 and available on video, 85% contained verbal references to mental illness and 21% of the main characters were referred to as mentally ill.

Beyond the extent of fictional film and television program portrayal of mental illness, much work has been done on the nature of this portrayal. Overwhelmingly, the studies in this area have shown that such portrayal is negative, and that it perpetuates myths and stereotypes about mental illness. Various 'framing' techniques are used to indicate that characters with a mental illness are different from other characters. Filmic devices such as the individual point of view, close-up shots, discordant music, atmospheric lighting, setting selection and scene juxtapositions are frequently employed.^{7,8,41,48,54} Pejorative language – e.g., terms such as 'crazy', 'mad', 'losing your mind', 'psycho', 'deranged', 'wacko', 'loony', 'fruitcakes' and 'kooks' – is often used by

other characters in reference to the character in question.^{37, 47, 55} The characters themselves are often given distinctive and unattractive features, such as rotting teeth or unruly hair.⁴⁷

The negative portrayals have been classified by Hyler et al⁸ into the following common stereotypes:

- The homicidal maniac: The most commonly-cited negative stereotype perpetuated by films and television programs is that people with a mental illness are aggressive and dangerous to others or themselves. Numerous studies have shown that violent acts (e.g., murder, rape, robbery and assault) are far more likely to be committed by on-screen characters with mental illness than by others characters, and at a rate much higher than occurs in real life.^{39-42, 44, 45, 48, 49, 52, 55-57} Hyler et al⁸ provide classic film examples of this stereotype in their descriptions of the 'homicidal maniacs' in films such as *The Maniac Cook* (1909), *Psycho* (1960) and *The Exorcist* (1973). Philo et al⁵⁶ discuss similar examples from television, including an estranged husband in the British soap opera *Brookside*, who inveigles his way back into his wife's life by charming her neighbours, then threatens to kill her, her children and himself.
- The rebellious free spirit: Some commentators have observed that in both adult and children's films, eccentric, different or free-spirited characters are often labelled as mentally ill, and inappropriately treated (often incarcerated). Early examples occur in *The Manic Chase* (1904) and *The Escaped Lunatic* (1904), and later ones in *One Flew Over the Cuckoo's Nest* (1975) *Dumbo* (1941), *Beauty and the Beast* (1992), and *Mary Poppins* (1964). The outcome is typically one where justice is served, and the character's sanity is vindicated and he or she is welcomed back into the community, sending a message that characters who are 'nice' cannot be mentally ill, and vice versa.^{8, 9, 38, 58}
- The enlightened member of society: This stereotype is similar to the rebellious free spirit, but depicts people with mental illness as capable of creating a utopian society. This was evident in *King of Hearts* (1968), which tells the story of a group of fun-loving, pacifist patients who are released from an asylum by a soldier during WWII, only to witness the futile mass loss of lives in a major battle and return to the asylum in preference to remaining in society. Although this image is less negative than some others, it fosters misconceptions about mental illness.⁸
- The female patient as seductress: Under this stereotype, females with mental illness are depicted as nymphomaniacs with seductive powers that can destroy men. An example of this stereotype occurs in *Dressed to Kill* (1980), in which the female protagonist tries to seduce her psychiatrist, then has a liaison with another man whom she later discovers has a sexually transmitted disease, and is ultimately murdered. Such depictions stigmatise women with mental illness, suggesting that their problems are of their own manipulative making, and that they deserve punishment, rather than treatment.⁸
- The narcissistic parasite: This stereotype sees people with mental illness depicted as over-privileged, self-obsessed and over-concerned with their trivial problems, and occurs in *Lovesick* (1983).⁸
- The zoo specimen: This stereotype depicts people with mental illness as dehumanised, without rights, and open to scientific observation. In *Bedlam* (1946), for example, a woman enters an asylum so she can watch the 'crazies', and in *The Snake Pit* (1948) the

lead female character, who is an inpatient in a psychiatric facility, likens her fellow patients to animals in a zoo.⁸

Two other negative stereotypes that emerge from empirical studies but do not feature in Hyler et al's taxonomy are the simpleton and the failure or victim. The simpleton occurs frequently in children's films and television programs, and lacks comprehension, appears lost, and behaves in illogical, irrational or comic ways^{8, 31, 42, 52} The failure or victim is often unresponsive to treatment and incapable of making a meaningful contribution to society. Several studies have shown that people with mental illness are more likely than other characters to be portrayed as victims (e.g., of crime or exploitation), as having few skills, as being unemployed and/or as having a poor quality of life.^{37, 42, 44-46, 59}

According to the literature, fictional portrayals of mental illness on film and television are also often presented in a manner that fosters misconceptions about specific disorders. Firstly, as they create the impression that some quite rare disorders are in fact common, because they make for good visual melodrama. Key examples are dissociative identity disorder, gender identity disorder and anterograde amnesia, featured in films like *The Three Faces of Eve (1957)*, *Psycho (1960)* and *Memento (2000)*, respectively.^{10, 11, 44, 45} Secondly, they present misleading information about particular disorders, most notably schizophrenia. Audiences viewing *Me, Myself and Irene (2000)*, for example, could be forgiven for leaving the cinema with the view that people with schizophrenia have split or multiple personalities (some of which are violent).¹²

Although negative stereotypes dominate, there is evidence of some more sympathetic and accurate portrayals, particularly in recent fictional films and television programs.^{6, 7, 11-13, 31, 60} For example, the films *Cosi (1996)* and *An Angel at My Table (1990)* have been applauded for presenting people with mental illness as real characters, and even as role models,¹³ and the British television series *Takin' Over the Asylum* has been acclaimed for depicting people with mental illness as articulate and witty.^{60, 61} Having said this, commentators do not always agree on what constitutes positive portrayal. For example, Sieff,⁷ Tam,⁶ Byrne¹² and Flory and Darton¹⁴ have argued that the portrayals of mathematical genius John Nash in *A Beautiful Mind (2002)* and piano virtuoso David Helfgott in *Shine (1998)* were compassionate and constructive, demonstrating that not all people with mental illness are violent and that some achieve great heights in their chosen professions. By contrast, Greenberg,¹¹ Anderson,¹⁵ Wedding and Niemiec,⁹ Hyler,⁵⁸ and Rosen and Walter^{16, 17} have criticised the same films for reinforcing negative stereotypes and implying that those with mental illness will only 'make it' if they are exceptionally talented.

Portrayal of mental health professionals

Considerable interest has been shown in the portrayal of mental health professionals – primarily psychiatrists – on the big and small screen. Such portrayal is extensive, as is evidenced Gabbard and Gabbard's^{34, 35} identification of over 400 films that featured some kind of psychotherapist at work, and Diefenbach's observation that 10 (9%) of 107 US prime-time television programs in his one-week sample involved a mental health professional. These and other authors have suggested a number of reasons for the popularity of on-screen psychiatrists. They hold much fascination for the general public, and consequently their inclusion in a plot line augurs well for movie box office or television ratings success. Additionally, they are useful as a narration device, allowing the viewer to be privy to the internal thoughts of key characters, thereby giving insight into past events and clarifying motivations.^{18, 19, 34, 35}

The way in which psychiatrists and other mental health professionals have been portrayed in fictional films and television programs has been extensively studied. Schneider^{20, 30} developed a taxonomy which categorises on-screen mental health professionals into three types:

- Dr Dippy, who is a comic character – bumbling, idiotic, incompetent, often Austrian-accented and sometimes sanctimonious. Schneider took the name of this type from *Dr Dippy's Sanatorium*, which was released in 1906. Other examples of Dr Dippy occur in the films *The Front Page* (1931), *Harold and Maude* (1972) and *Deconstructing Harry* (1997) and in television comedy series such as *I Dream of Jeannie*, *The Bob Newhart Show* and *Frasier* and various cartoons.^{18, 20-23, 30, 43, 62-66}
- Dr Evil, who is a sinister scientist – often outwardly charming but inwardly malevolent, manipulative and trust-breaching. One of the earliest film examples of Dr Evil can be found in *The Cabinet of Dr Caligari* (1919), in which the character after whom the film is named is a malevolent psychiatrist who appears to be confining patients against their will (in fact, in a final twist, the character turns out to be an invention of the narrator, who is an involuntary inpatient). Later examples include *Dressed to Kill* (1980) in which the protagonist is presented as a deranged psychiatrist with gender identity issues who violently attacks women.^{32, 43} Still other examples can be found in *Spellbound* (1945), *Nightmare Alley* (1947) and *One Flew Over the Cuckoo's Nest* (1975).^{18, 20, 21, 30, 43, 54, 62, 64}
- Dr Wonderful, who is attractive, selfless, dedicated, always available (to the extent that he/she may transgress boundaries) extraordinarily skilful (e.g., often effecting dramatic cures by honing in on a single traumatic event occurring in the patient's past²⁴) and often appears not to have a life outside work. *Antwone Fisher* (2002) provides a Dr Wonderful in the form of Dr Davenport, who is likeable and warm, agrees to see Antwone (a naval officer with an anger management problem) in his own time to circumvent the navy's restriction on the number of therapeutic sessions available, and provides a cathartic cure by suggesting that Antwone make contact with his estranged mother.⁶² Similarly, Dr Melfi represents Dr Wonderful in the television series *The Sopranos*. Dr Melfi is readily available to the lead character (Mafia boss, Tony Soprano), and continues to see him and work through his problems for over four years, despite this sometimes compromising her professional ethics, threatening her career, jeopardising her marriage and even endangering her life.^{11, 25} The literature cites other examples of Dr Wonderful in *Captain Newman MD* (1963) and *The Three Faces of Eve* (1957).^{18, 20, 21, 30, 43, 54, 62, 64}

Schneider's^{20, 30} taxonomy has been widely quoted, and provides a framework within which to consider film and television portrayals of mental health professionals. Other authors, such as Pies,²¹ have used alternative nomenclature. Pies²¹ considered the archetypes of the Fisher King, the Vampire and the Zaddick (akin to Schneider's^{20, 30} Dr Dippy, Dr Evil and Dr Wonderful, respectively). Still others have offered alternative or additional categories of portrayal, but most can be 'rolled up' into Schneider's^{20, 30} classification. Fearing²⁶ identified a number of variants – the philosophical/whimsical psychiatrist (which can be considered a subtype of Dr Dippy), the insane therapist (which might be a form of Dr Dippy or of Dr Evil, depending on the characterisation), the criminal therapist (which is an incarnation of Dr Evil) and the fatherly all-wise therapist (which is a variation on Dr Wonderful). Fearing's²⁶ final subtype, the seductive female therapist, is the only one that does not map well to Schneider's taxonomy. Likewise, Wedding and Niemiec⁶⁷ added eight further categories to Schneider's^{20, 30} original list, but most of these can be viewed as subtypes of the original three – the arrogant and ineffectual therapist and the passive and apathetic therapist (both variants of Dr Dippy), the cold-hearted and authoritarian therapist, the shrewd and manipulative therapist and the dangerous and omniscient

therapist (all versions of Dr Evil), and the learned and authoritative therapist and the motivating and well-intentioned therapist (both adaptations of Dr Wonderful). As with Fearing's²⁶ classification, the only truly additional category is that of the seductive and unethical therapist.

Other authors (e.g., Macfarlane,⁶² Quadrio,²⁷ Gabbard,³⁵ Trott-Paden³⁶ and Sleek²⁸) have also commented on the subtype of the seductive female therapist, whom they have dubbed Dr Sexy. Dr Sexy is typically de-professionalised and her sexuality is presented as integral to the patient-therapist relationship, with the resultant message that any positive outcomes occur more as a result of the relationship than as a result of her competency as a mental health professional.

One further subtype, not adequately covered by Schneider's original taxonomy, and identified by Gabbard and Gabbard,^{34,35} is the mental health professional as 'rationalist foil'. This therapist typically comes up with scientific arguments and psychodynamic formulations to explain supernatural phenomena, only to be proved wrong as the plot unfolds.

Various authors have commented on the way in which the portrayal of mental health professionals has changed over time, at least in film. Gabbard and Gabbard^{34,35} noted that portrayal has changed with the times – in the 1930s and 1940s, films were inclined to portray psychiatrists as Dr Dippy, then there was a brief 'golden era' in the late 1950s and early 1960s where psychoanalysis was popular and there were many Dr Wonderfuls on the screen, and then, with the free speech movement, a number of Dr Evils appeared. Trott-Paden³⁶ also observed changes over time, commenting on a shift from older, bearded, white, male therapists to a younger, gender-balanced mix.

A number of authors have also considered the interaction between stereotypes of mental health professionals portrayed in films and on television, and the specific film or television genre. Gabbard and Gabbard³⁴ noted that the mental health professional has been used to advance the plotlines of films in all genres, and Schneider⁶³ commented that the psychiatrist has even been used to 'usher in' new genres (e.g., *The Cabinet of Dr Caligari (1919)* is widely regarded as the first horror movie). Diefenbach⁴³ employed the services of nine coders to rate the content of the sample of programs he identified as involving a mental health professional. The tone of the portrayal was consistent within genres, but varied across genres. Dramas presented some Dr Wonderfuls, but also some realistic, well-researched images, whereas situation comedies almost universally presented various depictions of Dr Dippy.

To summarise, on-screen mental health professionals have generally been depicted negatively. The Dr Dippys, Dr Evils, Dr Sexys and the mental health professionals as 'rationalist foils' have all been set up to be ridiculed, feared or otherwise treated with contempt. Even the Dr Wonderfuls, who might be admired for their professional skills and devotion, have fatal flaws like over-involvement with their patients and shambolic personal lives. In a personal communication to Grinfeld,²² Gabbard claimed that in the past 30 years only three films have portrayed mental health professionals sympathetically – *I Never Promised You a Rose Garden (1977)*, *Ordinary People (1980)* and *Good Will Hunting (1997)*. Even the latter of these is open to debate, since Gabbard himself and others²⁹ have observed that the therapist uses unorthodox methods (e.g., 'roughing up' his young patient) that would have ethical and legal sequelae if they were used in real life. As noted above, Diefenbach⁴³ presents a slightly more positive picture in the case of television, observing that at least some television dramas offer accurate, sympathetic images of the mental health professional. This may be consistent with the argument of Pies²¹ that television series can present the complexities of mental health professionals more readily than films because of the greater on-screen time available for character development.

Portrayal of treatments for mental illness

The portrayal of treatments for mental illness in fictional films and television programs is interesting for both its exclusions and its inclusions. Typically, only those treatments that serve a filmic purpose are depicted. So, for example, psychotherapy is common, for the reason noted earlier – i.e., it provides opportunities for the audience to learn what is going on inside the head of the character undergoing treatment. Likewise, electro-convulsive therapy is common because of its melodramatic potential. By contrast, drug therapies, which do not further the plot and are not visually interesting, rarely feature. In fact, Gabbard and Gabbard^{34, 35} observed that in the sample of over 400 films that they studied, none depicted a psychiatrist prescribing medication.

No studies have systematically examined the portrayal of on-screen psychotherapy per se, although the authors of some of the above studies of the portrayal of mental health professionals have made passing reference to the nature of the psychotherapy being provided (see above). Typically, these comments relate to the lack of realism in the portrayal, noting either that the therapy involves a breach of ethics or that it involves an unfeasibly speedy identification of a repressed traumatic event that, once uncovered, results in a total reversal of symptoms.

By contrast, several studies have examined the way in which electro-convulsive therapy (ECT) is depicted on the screen. The largest of these studies is that of McDonald and Walter,⁵⁴ who observed a range of inaccurate, negative presentations of ECT, which worsened over time. ECT was most commonly prescribed as a treatment for antisocial behaviour, and then as a treatment for various psychotic illnesses; consent was rarely sought and often over-ridden; administration never involved the use of a general anaesthetic (the recipient was typically shown as fully conscious and terrified); treatment was always given bilaterally; the most common side-effect was metamorphosis into a zombie; and few films showed any positive outcome. These observations are supported by findings from small-scale studies. For example, Greenberg¹¹ discusses the lack of verisimilitude in the portrayal of ECT in *A Beautiful Mind* (2002), noting that it did not mirror the real-life experiences of the main character (John Nash, a mathematical genius with schizophrenia). In particular, Greenberg¹¹ observes that in the film, Nash's wife was witness to his experiencing dramatic convulsions during the administration of ECT, which, in actuality, did not occur.

In many films involving characters with a mental illness, the impression is given that widely-accepted treatments are irrelevant or ineffective, and that, instead, love will conquer all. This theme is repeated in films like *Benny and Joon* (1993) and *A Beautiful Mind* (2002).^{9, 45}

Chapter 4: Is there evidence that portrayal of mental illness in fictional films and television programs can have harmful effects?

There is a rich literature on the extent to which the negative portrayals described in the previous chapter can have a harmful effect on beliefs, attitudes and behaviour. This chapter begins by considering the overall weight of this literature, describing the strengths and weaknesses of the three types of studies that comprise it: small-scale descriptive studies, anecdotal reports and commentaries; larger-scale descriptive studies involving cross-sectional surveys and focus groups; and larger-scale experimental studies. The chapter then goes on to discuss what these studies show in terms of negative impacts, considering both perpetuation of stigma associated with mental illness and impacts on help-seeking behaviour by people with mental illness.

Sources and strength of evidence

Small-scale descriptive studies, anecdotal reports and commentaries

A number of small-scale studies and commentaries have been published.^{5, 8, 9, 12, 13, 15, 21, 22, 29, 35, 46, 68, 69} Typically, these have involved an analysis of the impact of a single fictional film or television program on an individual or a small group of individuals. These provide some insight into potential harmful effects of negative portrayals, but suffer from a reliance on subjective interpretation and/or lack of generalisability.

Larger-scale descriptive studies involving cross-sectional surveys and focus groups

Several larger-scale studies have also been conducted which have typically involved one-off cross-sectional surveys of particular population groups. These surveys have been designed to elicit information from respondents about their knowledge of and attitudes towards mental illness and the sources of these attitudes and knowledge. The earliest of these was conducted by Nunnally,⁷⁰ who obtained such information from US citizens and mental health experts. Nunnally's⁷⁰ study was followed by further US studies by Lopez and⁷¹ and Granello et al,^{72,73} which involved surveys of reasonably sizeable groups of adolescents and adults, respectively, who were typically asked to complete instruments like the Community Attitudes toward the Mentally Ill (CAMI) questionnaire, the Opinions about Mental Illness (OMI) scale or the Views about Mental Health (VMHP) scale, and then to provide details regarding their main sources of information about mental illness. Also in the US, Clothier et al⁷⁴ surveyed second year medical students about their attitudes towards ECT and the sources of these attitudes. In Belgium, Minnebo and Van Acker explored adolescents' television viewing habits and their attitudes towards people with mental illness. A Swiss study by Lauber et al⁷⁵ also examined knowledge and attitudes and the sources of both via survey, but involved presenting respondents with stimulus material in the form of two vignettes.

Philo⁷⁶ approached the question of sources of community attitudes towards mental illness from a different angle, conducting six focus groups in Scotland. Participants in these focus groups took part in various exercises, including answering questions regarding beliefs about mental illness, and the sources of those beliefs.

Taken together, these studies provide valuable data on the extent to which the media has an influence on community attitudes towards mental illness. However, these studies have been criticised for their reliance on self-report, their inability to determine whether media exposure

actually preceded knowledge about, or attitudes towards, mental illness.³, and their failure to consider the potential influence of other non-media sources of information, including personal experiences, available to audiences. In many cases, the studies do not distinguish between types of media that may be sources of attitudes towards mental illness, thus limiting the extent to which the influence of fictional films and television programs can be assessed (it should be noted, however, that studies reporting on non-fiction media only have been excluded from the current review).

Larger-scale experimental studies

Several more specific larger-scale studies have been conducted that have directly assessed the effect of one or more fictional films or television programs. All of these studies have adopted variants of the same methodology, assessing attitudes towards mental illness in a group of participants after they have viewed a particular film or television program, often via instruments like the CAMI. Some of these studies have assessed the attitudes of a single group post- (but not pre-) viewing, and have not involved any sort of control group. Sancho-Aldridge and Gunter,⁷⁷ for example, investigated the impact of *Shrinkers* (a UK television series about six psychiatrists and their patients) on community attitudes towards mental illness, 'piggy-backing' on an weekly survey of public opinion about television in the UK administered as the series was ending. They identified those who had viewed the series, and asked them a range of questions about their perceptions of the series' impact.

Other studies have improved on the above design by assessing attitudes pre- viewing as well as post-viewing, but have still not involved any control group. Walter et al,⁷⁸ for example, recruited a group of Australian and UK medical students and asked them to complete a questionnaire about their knowledge of and attitudes towards ECT. All of them were exposed to film clips from *Return to Oz* (1985), *The Hudsucker Proxy* (1994), *Ordinary People* (1980), *One Flew Over the Cuckoo's Nest* (1975) and *Beverly Hillbillies* (1993) (films depicting or making reference to ECT) at particular points during the questionnaire administration, and all were asked to indicate the effect the clips had on their attitudes. A single question about the advice they would provide a family or friend regarding ECT was repeated prior to and subsequent to the screening of the clips. Similarly, Schill et al⁷⁹ administered a questionnaire to college students pre- and post- their viewing of *Lovesick* (1983), in order to gauge their attitudes towards countertransference and psychiatric practice.

Other studies have used a control group, but have only assessed attitudes post-viewing. For example, Wahl and Lefkowitz⁸⁰ split their participants into three groups in their US study that considered the effect of a made-for-television film called *Murder: By Reason of Insanity* (1985) (which linked mental illness to violent murder). The first group saw the film in isolation, the second saw the film with a trailer that promoted the message that most people with mental illness are not violent, and the third group watched *Murder on the Orient Express* (1974) (a film about murder but not mental illness). The CAMI was administered to all three groups after the screening.

The strongest studies have used before-and-after designs and have employed control conditions. Domino,⁸¹ for example, used this methodology to investigate the impact of *One Flew Over the Cuckoo's Nest* (1975), which, as noted in the previous chapter, perpetuates various stereotypes about mental illness and psychiatrists. Domino⁸¹ surveyed the attitudes of a group of US university students at baseline, prior to the release of the film. After its release, he surveyed them again, using the same instrument and specifically questioning whether they had seen the film or not. Eight months later, all participants were randomly assigned to two groups, one of

which watched a television documentary designed to balance the portrayal of mental illness and its treatment in the original film. Subsequently, all participants were re-surveyed.

Collectively, these studies provide sound insights into the impact of fictional films and television programs on beliefs and attitudes towards mental illness. However, they have some methodological problems, in addition to the design issues identified above. Francis et al,³ for example, have criticised many of them for relying on samples from which generalisations cannot be made. Sancho-Aldridge and Gunter's⁷⁷ fares best in this regard, with a sample that included almost 3,000 members of the public and was nationally-representative. The other studies have tended to draw on much smaller samples of students.

Key findings

Perpetuation of stigma associated with mental illness

Numerous commentators have observed that representations of mental illness in fictional films and television programs can negatively influence public images of mental illness, which in turn can perpetuate stigma.^{5, 8, 13, 15, 22, 46, 68}

These observations are supported by the findings of the relevant studies that have explored sources of attitudes towards mental illness, described above. With the exception of the study by Nunnally,⁷⁰ all of the studies that have looked at sources of community attitudes towards mental illness have found: that the media in general are perceived as the root of such attitudes (over and above real-world experiences); that entertainment media may exert a more powerful influence than news media; and that those who cite electronic media as their primary source of information have less tolerant attitudes towards those with mental illness than those who cite other sources.⁷¹⁻⁷⁶ Granello et al⁷³ found that those who cited the electronic media as their main source of information were more likely than others to have authoritarian and socially restrictive views about people with mental illness, and less likely to view moves towards community treatment in a positive light – findings echoed in the study by Lopez.⁷¹ Granello et al⁷² demonstrated a dose-response effect, whereby the strength of negative attitudes increased as a function of amount of exposure to films or television programs, but this finding was not supported by Lauber et al,⁷⁵ who found that amount of exposure was less important than perceived realism. Lauber et al⁷⁵ found that an interest in the media was predictive of respondents being unable to correctly recognise a person described in a vignette as having schizophrenia, and instead considering them to be 'in crisis'. Participants in Philo's⁷⁶ focus groups commonly held negative beliefs, and made frequent references to films such as *The Silence of the Lambs* (1991), *Psycho* (1960) and *Fatal Attraction* (1987) and television soap operas such as *Coronation Street* and *Brookside* as the source of these beliefs. Even medical students, who presumably had access to more accurate information about mental illness and its treatment, held erroneous beliefs about ECT on the basis of film portrayal according to the findings of Clothier et al's⁷⁴ study.

Results from relevant studies that have examined the impact of particular films or television programs on attitudes towards mental illness also point in the same direction. Domino⁸¹ found that students who viewed *One Flew Over the Cuckoo's Nest* (1975) demonstrated less positive attitudes towards mental illness than those who did not, and that these attitudes did not dissipate over time, even in the face of more positive screen portrayals. Likewise, Wahl and Lefowits⁸⁰ found that those who viewed *Murder: By Reason of Insanity* (1985) were more likely to hold negative attitudes towards mental illness than their counterparts who saw *Murder on the Orient Express* (1974), regardless of whether the former film included the trailer containing educative

information. Medical students' attitudes towards ECT were strongly influenced by viewing the film clips in Walter et al's⁷⁸ study, to the extent that the proportion who indicated they would try to dissuade a family member or friend from having ECT increased by 150% from pre-viewing to post-viewing. The only study that is at odds with this body of evidence is that of Sancho-Aldridge and Gunter,⁷⁷ which found no evidence to support the hypothesis that watching *Shrinkers* resulted in misconceptions or stereotypical views.

Impacts on help-seeking behaviour by people with mental illness

A number of authors have commented that one of the by-products of negative portrayals of mental health professionals and mental health treatments in fictional films and television programs may be a reluctance on the part of viewers with mental health problems to seek or continue treatment.^{5, 8, 9, 13, 29, 35, 46, 69} Gabbard³⁵ and Pies,²¹ for example, quote the example of patients of their own revoking their consent for ECT after seeing *One Flew Over the Cuckoo's Nest* (1975), despite reassurances that the method depicted in the film is not consistent with current practice. Some commentators have expressed concern that this may be a particular problem for certain groups. For example, Byrne¹² observes that *Me, Myself and Irene* (2000), with its implication that schizophrenia equates to a violent split personality, misinforms those it specifically targets – 15-24 year olds with the highest incidence of schizophrenia.

There is less evidence from scientific studies regarding impacts on help-seeking behaviour than there is on perpetuation of stigma, but one study provides some insights. The study by Schill et al⁷⁹ found that participants' beliefs were affected by watching *Lovesick* (1983), which involves a male psychoanalyst unethically acting upon his feelings for a female patient. Specifically, the participants were more accepting of intimacy between mental health professionals and patients. Such beliefs could conceivably lead to erroneous expectations about what might be likely to occur in therapy, and might therefore influence treatment decisions of those with mental illness.

Chapter 5: Is there evidence that portrayal of mental illness in fictional films and television programs can have positive effects?

The majority of the ‘media effects’ literature surrounding portrayal of mental illness in fictional films and television programs concerns negative effects (see Chapter 4), but there is a small body of work that considers positive effects. This chapter begins by considering the sources and strength of evidence for these effects, noting that the literature is largely based on small-scale descriptive studies, anecdotal reports and commentaries. The chapter goes on to discuss what the evidence shows with regard to positive impacts of on-screen portrayal of mental illness, splitting these impacts into four groupings: promoting mental health literacy in the community, educating trainee mental health professionals, encouraging help-seeking behaviour in people with mental illness, and providing an adjunct to conventional therapy for people with mental illness.

Sources and strength of evidence

Small-scale descriptive studies, anecdotal reports and commentaries

As noted above, most of the literature on positive effects of on-screen portrayal of mental illness comprises small-scale studies and commentaries. In particular, there are a number of references that describe how fictional films and television programs with mental illness themes might be used as an educational tool for trainee mental health professionals^{11, 19, 82-89} or as an adjunct to therapy for people with mental illness.^{9, 67, 90-92} There are also commentaries on the capacity of fictional on-screen portrayals to increase mental health literacy,^{13, 93-96} and encourage help-seeking behaviour.¹³ None of these references provides systematic evaluative evidence for the effectiveness of these measures, but some offer anecdotal support for their impacts.

Larger-scale descriptive studies involving cross-sectional surveys

Two larger-scale descriptive studies – both conducted in the US – have explored the role of the media in promoting help-seeking behaviour among people with mental illness. MacHaffie⁹⁷ surveyed a sample of people with serious and persistent mental illness to determine their sources of reliable health promotion information, and Kato et al⁹⁸ conducted a cross-sectional survey of people with panic disorder, in order to investigate the media which motivated them to visit the clinic. Some caution must be exercised in generalising the findings from these studies, since the former employed a relatively small convenience sample and did not specifically explore the role of fictional media, and the latter considered people with a specific diagnosis.

Larger-scale evaluative studies

Some larger-scale evaluative studies have considered the potential for media portrayals of mental illness to increase the mental health literacy of the community, typically using population-based survey methodologies.⁹⁹⁻¹⁰⁶ However, all of these have focused on mass media campaigns or on individual documentaries, rather than on fictional portrayals in films and television programs. These studies are included here because there may be some lessons regarding the way in which fictional portrayals could maximise their positive impact in terms of community education.

Key findings

Promoting mental health literacy in the community

As noted, a number of studies have evaluated the effectiveness of media campaigns designed to improve mental health literacy. Some have considered mass media campaigns, including the Defeat Depression Campaign in the UK,^{93,99,100} the Norwegian Mental Health Campaign,^{101,102} and the Like Minds, Like Mine project in New Zealand.¹⁰³ Others have considered specific documentaries, such as *Back Wards to Back Streets*, (a US program about deinstitutionalisation)¹⁰⁴ *You in Mind* (a UK series of seven short documentaries about ordinary people's experiences of mental illness)¹⁰⁵ and a 12-part mental health program campaign in the UK.¹⁰⁶ All of these evaluations have found the campaigns to be effective in improving mental health literacy, at least in the short term. Various commentators have noted that such campaigns are most likely to be successful in instances where the viewer can identify with the person on the screen,⁹⁴ and when the issues are not oversimplified.⁹⁵ The corollary of this is that dramatic fictional presentations may have a useful role to play in increasing mental health literacy, given that they provide unique opportunities for character and plot development.

Educating trainee mental health professionals

A number of authors have considered the potential of fictional films and television programs as educational resources for trainee mental health professionals. These authors are divided, with some arguing that the potential is considerable, and others arguing that it is minimal and, indeed, that relying on on-screen depictions to inform trainees may misinform them.

Those in the former camp contend that films and television programs can be an entertaining way of teaching, offering realistic depictions of people with mental illness, and their experiences of symptoms, treatment and stigmatisation.^{82,85,87,88,107} The most extensive work in this area is that of Robinson,⁸⁴ whose book, *Reel Psychiatry: Movie Portrayals of Psychiatric Conditions*, illustrates DSM-IV-TR diagnoses with characters from films, and explicitly discusses the degree of accuracy of the given portrayal. Wall and Rossen⁸⁹ have also described a psychiatric nursing course where various media (including films) were included as teaching strategies. Neither Robinson's⁸⁴ book nor Wall and Rossen's⁸⁹ course has been formally evaluated, but the former has been given positive reviews^{83,86} and the latter has received encouraging feedback from students.⁸⁹

Those who disagree do so because they fear that the overwhelming array of negative portrayals of people with mental illness, mental health professionals and mental health treatments (discussed in Chapter 3) may do more harm than good. Greenberg,^{11,19} for example, warns that such teaching tools should not be regarded as a substitute for real-world experience.

Encouraging help-seeking behaviour in people with mental illness

The studies by MacHaffie⁹⁷ and Kato et al⁹⁸ produce equivocal findings regarding the ability of fictional films and television to encourage help-seeking behaviour in people with mental illness. On the one hand, MacHaffie's⁹⁷ study found that health professionals provided the greatest health promotion information, in terms of both quantity and quality, far outweighing the impact of any information provided by the media. On the other hand, Kato et al's⁹⁸ study suggested that of the different forms of media that were likely to motivate help-seeking behaviour, television programs were among the top two (second only to books).

Providing an adjunct to conventional therapy for people with mental illness

Several authors have noted the potential benefits of using fictional films (or television programs) as an adjunct to conventional therapy, including introducing patients (and family members) to specific disorders, creating a therapeutic alliance between therapist and patient, and helping patients work through problems by reframing issues, providing role models, offering hope and encouragement, triggering emotional responses, improving communications and prioritising values.^{9,67,90,92} Various resources have been made available, including a book by Hesley and Hesley⁹⁰ entitled *Rent Two Films and Let's Talk in the Morning: Using Popular Movies in Psychotherapy*, which presents an in-depth listing of films that might be used in therapy, detailing each in terms of the way it might be used and the type of patient who might benefit. The Association of Directors of Medical Student Education in Psychiatry has published a similar listing, organised by diagnosis.⁹

There is an acknowledgement that 'cinematherapy' is unlikely to work for all patients, since it requires a certain level of sophistication on the part of both the mental health professional and the patient.⁹ In addition, it has been suggested that it will be more appropriate in cases where the patient is dealing with a specific issue which the mental health professional wants to expand upon, and the mental health professional can brief and debrief the patient about the film in a timely fashion.⁹² It has also been noted that the therapist must take care not to allow the therapy session to deteriorate into a discussion of the film.⁹¹

Proponents of 'cinematherapy' have provided numerous case studies that indicate that it shows promise.^{9,90} However, no formal evaluation of its effectiveness has yet been undertaken.⁹¹

Chapter 6: Discussion

Summary of findings

The current literature review has shown that portrayal of mental illness in fictional films and television programs is extensive and dominant, perpetuating myths and stereotypes about mental illness. People with mental illness are most commonly shown as being violent and aggressive, but they are also frequently depicted as eccentrics, seductresses (in the case of women), self-obsessives, objects for scientific observation, simpletons and/or failures. Mental health professionals are variously portrayed as incompetent, sinister, unrealistically selfless or seductive (again, in the case of women), or as 'rationalist foils' who come up with scientific arguments to explain supernatural phenomena, only to be proved wrong as the plot unfolds. A skewed picture of mental health treatments is presented, with an emphasis on those treatments that serve filmic purposes – e.g., psychotherapy and ECT are commonly (though usually unrealistically) portrayed because they give the audience an entrée into the mind of the character undergoing treatment and have melodramatic potential, respectively, whereas drug therapies, which do not further the plot and are not visually interesting, are rare.

There is evidence that these pervasive negative portrayals can have harmful effects, perpetuating the stigma associated with mental illness and reducing the likelihood that those with mental illness will seek appropriate help. Studies that have employed surveys and focus groups to examine the sources of community attitudes towards mental illness have found that: the media in general are perceived as the root of such attitudes (over and above real-world experiences); that entertainment media may exert a more powerful influence than news media; and that those who cite electronic media as their primary source of information have less tolerant attitudes towards those with mental illness than those who cite other sources. Experimental studies that have examined the impact of particular films or television programs on attitudes towards mental illness have found that those who view negative content are more likely to demonstrate maladaptive attitudes towards mental illness than those who do not, and that these attitudes do not dissipate over time, even in the face of more appropriate screen portrayals.

There is a smaller body of literature regarding potential positive effects of fictional films and television programs. Various evaluations have shown mass media campaigns to be effective in improving mental health literacy, particularly when the viewer can identify with the person on the screen and the issues are not oversimplified, suggesting that dramatic fictional presentations may have a useful role to play. Several authors have suggested that fictional films and television programs may have utility as educational resources for trainee mental health professionals, although the effectiveness of this teaching method is as yet untested. The suggestion has also been made that films and television programs may have the potential to motivate help-seeking behaviour, but the evidence to date is limited and equivocal. Finally, there is a body of work that indicates that the use of films as an adjunct to conventional therapy for people with mental illness may show promise, but again this remains unevaluated as a form of treatment.

Methodological issues

There are three methodological issues that should be considered in interpreting the above findings. The first is the fact that the sources of evidence upon which the current literature review drew varied in strength. A large segment of the literature comprises small-scale descriptive studies, anecdotal reports and commentaries, which provide some in-depth insights into the portrayal of mental illness in fictional films and television programs, but are limited in terms of their generalisability. This would represent a significant problem if there were no

scientifically robust studies, and/or if the literature presented an inconsistent picture. However, there are a number of methodologically sound, larger-scale studies designed to answer questions about the extent, nature and impacts (primarily negative) of such portrayal, and taken together, the evidence from the overall body of literature shows remarkable agreement.

The second methodological issue relates to the dominant approach taken in the current literature. With a few exceptions, the current literature relies on the media 'effects tradition', which views communication as a process of linear transmission of information (sender to receiver). Contemporary media research looks beyond effects and examines the importance of social, cultural and historical contexts, relying on qualitative methods such as discourse analysis to explore meaning^{108, 109} The current literature informs questions relating to the extent, nature and impact of fictional films and television programs depicting mental illness, but does not clarify the interactions between characteristics of the screening and characteristics of audiences which may influence the likelihood of harmful or positive impacts, and reveals little about the complex and often changing dynamics of how various audiences interpret and negotiate meanings about mental illness from on-screen presentations. These types of reception studies are clearly needed.

Finally, assumptions about uniformity in fictional media representations of mental illness can be misleading. The current literature review examined work conducted over a considerable time period, which has encompassed varied historical and social developments in television content programming and film genres. As Cross¹¹⁰ argues, 'The movement from incarceration to care in the community requires that we view representations of mental illness historically ... [and research must acknowledge] ... 'the shifting relationship between images of madness and changing contexts of mental health care policy'.

Future directions

The knowledge base regarding portrayal of mental illness in fictional films and television programs is considerable, and it is timely to start using this knowledge to inform action. The mental health sector (policy-makers, mental health professionals, people with mental illness and their families) should collaborate with the film and television industries (producers, directors, script-writers and actors) to minimise negative portrayal and maximise positive portrayal.

The mental health sector should not embark on this collaboration in a naïve fashion, and should recognise that the primary imperative of the film and television industries is to entertain and achieve box office or ratings success, not to educate the public (although the two are not mutually exclusive).^{11, 22, 60} In addition, the mental health sector should recognise that the idea that people diagnosed with mental illness *should* look different (or 'mad') in television programs or film finds expression historically in the artistic imagination. Cross¹¹⁰ notes that Gilman,¹¹¹ among others, has argued that the way in which society conceptualises and deals with illness is indicated by the iconography of that illness. Cross¹¹⁰ observes that, despite its inaccuracy, key icons of mental illness are used to convey to the audience the notion that mental illness is being portrayed: 'Wild, unkempt hair and tattered clothing have long provided influential visual signs of madness'.

Within this context, the mental health sector should seek to develop fruitful relationships with the film and television industries, to understand their processes, to comment on inappropriate portrayals, and to provide advice on appropriate portrayals.^{5, 8, 60, 112-114} There are documented precedents for this. For example, Reveley,¹¹⁵ a British psychiatrist, collaborated with the team producing the soap opera *EastEnders* to develop a plot line about a character with schizophrenia.

As a consequence, over 10 million people were exposed to the idea that schizophrenia is a treatable illness that affects ordinary people.

Alongside this collaborative action, there is a clear need for ongoing research. This should be conducted systematically and strategically, in order to fill gaps in current knowledge. One obvious area for further work, for example, is that of positive impacts. The potential of fictional films and television to increase mental health literacy, educate trainee mental health professionals, encourage help-seeking behaviour and provide an adjunct to conventional therapy needs to be adequately tested.

Conclusions

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

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