

MEMO – Module 1

DATE: October 26, 2010

TO: Dr. Angela Haas

FROM: Crystal Person-Tillman

SUBJECT: How Television (Mis)Represents the Culture of the Mentally Ill (Revised and Expanded)

In this report, I will expand upon my analysis of my investigative report “How Television (Mis)Represents the Culture of the Mentally Ill.” In that report, I explored the ways that television programs represent mentally ill people in ways that reinforce and undermine cultural stereotypes of the mentally ill. I focused on fictional television shows, ranging from children’s shows to mature dramas, that represent mentally ill people as either major or minor characters. I will combine this research and evidence in this report with a new focus on the ways anti-stigma and mental health awareness commercials try to counteract this negative representation by using, among other methods, codes of power and agency, self-empowerment, and identification in the commercials. I will be analyzing three of these commercials by using current scholarship on the impact of television on the representation of people with mental illness and visual rhetoric theories.

I will provide an overview of the research on how television impacts the representations of cultures, specifically the culture of the mentally ill; how television can impact stigma towards people with mental illness; the issues inherent in representing people with mental illness through television; and a detailed analysis of the ways three anti-stigma and mental health awareness commercials work to remove that stigma.

Television, Representation, and Culture

Since television has become a daily presence in the homes of people all over the world, it has been an important form of communication of ideas and values. The television is one of the ways culture gets communicated to vast amounts of people. It has a powerful impact on the ways that we view our own culture, and it also affects the ways that we view cultures with which we may not be as familiar: “The mass media are an important source of information about mental health and have an important role in cultivating perception and stigma” (Klin, Lemish 434). This includes everything from television programs to commercials.

As Slack and Wise point out in their chapter “Identity Matters,” technologies, like television, were created for the use of some people and not others (149). Therefore, some of the people who have historically been left out of the decisions in television programming are those who do not have a voice to stand up and represent themselves. Television programs and commercials could give them the opportunity to do that; whether it is through representations of people with mental illness in commercials or representations in television programs, people with mental illness can gain a voice through positive and ethical representations of people with mental illness.

People with mental illness, however, represent one of the cultures who historically have not been targeted viewers and producers of television programs. They have not had the opportunity to create an identity on television because of the stigma of mental illness and because of the ignorance and lack of openness about mental illness. As Slack and Wise explain, unrepresented cultures like the mentally ill have not participated in the innovation process because “[n]ot everyone, with their various agendas, values, and criteria, participates equally in making the decisions that matter,” and “[t]echnological decisions are made by some and then impinge on others” (152). For this reason,

the mentally ill have not only been left out of the decision making process, but those who do make the decisions have impinged on the public a representation of the mentally ill that has been almost entirely misrepresentative. Commercials on mental health awareness and anti-stigma, along with other positive and ethical television programming, can create a more positive representation of people with mental illness, a better understanding of mental health and illness, and advocates for mental health awareness and support.

Mental Illness and Stigma

When representing people with mental illness through a powerful communication tool like television, there is an ethical obligation to do so respectfully and with compassion, especially when the culture being represented has a stigma attached to it. As Betsy Gelb describes in her article “Fine-Tuning Advertising Designed to Reduce the Stigma of Mental Illness,” the stigma attached to mental illness and people who are mentally ill is, among other things, “the inappropriate and erroneous association of mental illness . . . with something disgraceful or shameful” (Gelb 79). She continues, “stigma encourages fear, mistrust, and violence against people with mental illness.” This means there is a great deal that television programming and commercials need to work against in order to work against this stigma. Everyone from reporters, to editors, to producers of news and entertainment programs have the power to change the stigma that exists for people with mental illness.

Many studies have shown that the overall representations of people with mental illness on television support stigma and stereotypes rather than work against them. In “Television and Attitudes Toward Health Issues: Cultivation Analysis and the Third-Person Effect,” Diefenbach and West cite multiple surveys about representations of the mentally ill in the media. They state that the representations that have existed in television and other forms of media came out of a misrepresentation of mentally ill people as violent and dysfunctional. They explain that a survey on the issue of mental illness representations on television “indicates that television is, in fact, a primary source of information about mental illness” (183). The surveys also states that “violence, unpredictability, and dangerousness [were] cited as common characteristics of mentally disordered characters in the media” (184). The people that were represented as mentally ill were “disproportionately portrayed as violent criminals and as having a significantly negative impact on society” (193). When it comes to broadcast media, it has also been found that “negative stereotyping of [mental disorder] images is more frequent than those of physical disability” (437). This evidence suggests that much stigma of people with mental illness comes from television representations. Whether it is the news or a fictional television drama, people with mental illness are represented as violent and unproductive members of society.

In the past ten years, however, the topic of mental illness and cultural representation of mental illness has become an issue that has been widely researched and written about. The introduction of the Diagnostic and Statistical Manual of Mental Disorders IV has changed and updated the descriptions of mental illnesses. This has not only enabled the psychiatric field to understand mental illness more fully, but it has opened up possibilities for accurate and positive portrayals of people with mental illnesses. Some of the old stereotypes and caricatures seem to be being replaced with main characters that are well-rounded, identifiable, and mentally ill. Examples of television programs that have been praised for accuracy, respect, or general positive portrayals are USA’s *Monk* and the Showtime’s *United States of Tara*.

There have also been a great amount of organizations have decided to make fighting this stigma a goal. Due to the negative effects of stigma and misrepresentation in the media (as well as many other parts of society) these organizations and other groups have made the reduction of stigma a priority (Gelb 80). For example, “the U.S. Department of Health and Human Services (DHHS) and the Advertising Council began in December of 2006 a multi-media \$3 million, three-year campaign (High 2006)” (Gelb 80). Another organization that has been created to fight stigma and create awareness through media is the Substance Abuse and Mental Health Services Administration (SAMHSA) through a campaign called “What a Difference a Friend Makes.” They have a website (<http://www.whatadifference.samhsa.gov/index.html>), a series of commercials, and web videos that “encourage, educate, and inspire people between 18 and 25 to support their friends who are experiencing mental health problems.” They state that the “prevalence of serious mental health conditions in this age group is almost double that of the general population, yet young people have the lowest rate of help-seeking behaviors.” The commercials and web videos are meant to encourage help-seeking behavior by these young people by targeting the friends and family of those who are mentally ill and demonstrating how they should behave toward their friends. For example, the image to the right is from a commercial (Mental Health Anti-Stigma PSA – Video Game) with a pair of friends sitting on a couch playing video games. One friend has just told the other that he has been diagnosed with a mental illness. After a pause, the other friend says, “I’m here to help man, whatever it takes.”



This commercial, and the other videos, work to do what Gelb suggests is an effective way of reducing stigma, by showing that “society is making progress in the area of mental health” (84). It does this by showing “average” people accepting one another as they are and helping one another out. It does this by asking young men to identify with the image of two friends sitting on a couch playing video games. It shows them as any average young man who likes to hang out with friends and play video games. It emphasizes the fact that the friend who has been diagnosed with a mental illness is exactly the same person he was before he was diagnosed. The audience must identify with this image in order for it to be effective in fighting stigma, and it accomplishes this (for many young men) by using a familiar scene.

Representation on Television

As previously stated, the representations of the mentally ill on television have been influenced by the stigma of mental illness and have perpetuated this stigma. This stigma has been changing, but there is still a disproportionate amount of misrepresentations of the mentally ill on television.

Purpose

The purposes for portraying the mentally ill in television programs have been largely for entertainment value. The mentally ill have fit into the categories of action and drama in television because they have been largely misrepresented as violent: in a study of television shows on major networks in 2003, thirty-seven percent of the characters described as mentally ill were portrayed as violent (Diefenbach 187). The mentally ill have been largely overrepresented as violent in all forms of media for the purposes of sensational entertainment.

Ironically, another purpose for representing mentally ill people has been for comedic effect. In the article “What’s So Funny about Obsessive-Compulsive Disorder?” Paul Cefalu states that, more than any other mental disorder, people with Obsessive Compulsive Disorder and Obsessive Compulsive Personality Disorder have been represented in comedic roles (46). Cefalu explains that a recent increase of knowledge available about OCD and OCPD has led to more attention of the disorders by the media; and television has given the disorders a great deal of the attention. For example, USA’s *Monk* created a main character with OCD that is likable and identifiable. *Monk* has been praised by organizations for the mentally ill and even won a Voice Award from the Substance Abuse and Mental Health Services Administration for its representation of mental illness.

Another rather new purpose for representing people with mental illness is in combatting stigma. As previously mentioned, one of the ways organizations are doing this is through commercials that promote mental health awareness and anti-stigma attitudes. The commercials I analyzed used codes of power and agency, self-empowerment, and identification in the commercials in order to combat this stigma. The purpose is to create a positive atmosphere for people with mental illness by showing people with mental illness and people who are close to people with mental illness that they have the power to stand up for themselves and their friends/family to combat negative images, encourage them to seek help when they need it (and encourage their friends to be there for them when they do seek help), and to identify with people with mental illness as members of your friends and family.

Power and Agency

Most of the people that write, create, produce and star in the fictional television programs that depict mental illness are not mentally ill. Some express that the reasons why they have portrayed mental illness is due to some personal experience with mental illness, through a family member, friend, or themselves. However, the majority of the people involved with the production are depicting mental illness for the purposes of entertainment without much concern for the accuracy of the representation or stigma attached to such a representation. This lack of knowledge or concern for the representations of the mentally ill is one of the factor in creating the media-related stigma of mental illness.

There are some people, however, that are trying to change this fact and remove the media-related stigma of mental illness. The Mental Health Media Partnership and the Institute for Mental Health Initiatives have made the move to change this stigma by working with producers to create more accurate, fair, and respectful portrayals of mental illness. Such shows as *Monk* and *United States of Tara* have retained medical expertise for exactly that reason. The growing concern for the representation of mental illness and the removal of stigma from mental illness has encouraged such television programs to be aware of the impact of their representations.

The commercials created by other mental health organizations have also helped to fight the stigma surrounding mental illness through the use of campaigns that incorporate visual elements that show people with mental illness and people who are close to people with mental illness that they have the power to stand up for themselves and their friends/family to combat negative images. For example, in the commercial by the group created by Glenn Close, “BringChange2Mind,” (“Change a Mind About Mental Illness”) everyone is wearing a t-shirt that identifies themselves as either having a mental illness or their relationship to the person with mental illness.

The image to the right shows Jessie Close wearing a t-shirt that says “Bipolar” while her sister Glenn is wearing a t-shirt that says “Sister.” This shows the power and agency each person with mental illness and each person who knows someone with mental illness has in representing themselves and their loved ones. Each of them can stand up in front of the television audience and represent themselves as one of the many faces of mental illness. The commercial shows a series of couples with t-shirts identifying themselves as having a particular disorder, which identifies themselves with people in the audience who may have this disorder. The commercial is also directed at those who have a relationship with people with mental illness in order to show them what they can do to fight stigma.



The commercial also uses visual elements to encourage self-empowerment of people with mental illness by using people who actually have mental illnesses rather than actors. For example, Jessie Close does actually have bipolar disorder. Other people in the video, a man with post-traumatic stress disorder and his friend from battle, a man and a woman who have bipolar disorder and depression, are also real people living with mental illnesses. Even if the audience does not know that all of these people in the commercial either have a mental disorder or are close to someone who does, the representation of people with these words on their chests gives that impression, which is effective in demonstrating that people with mental illness should feel empowered to stand up against stigma and not be ashamed of having a mental illness (and the same goes for those close to people with mental illness).

Accuracy

Inaccuracy is an important aspect of the stigma of mental illness. One of the most common inaccuracies in terminology is the conflation of the illnesses schizophrenia and dissociative identity disorder. The issues that have been raised about accuracy range from the portrayal of the symptoms to the medical treatment prescribed to people with mental illness.

In the article “On-Screen Portrayal of Mental Illness: Extent, Nature, and Impacts,” Jane Pirkis and her colleagues illuminate the ways television represent the treatment of mental illness can affect the stigma of mental illness as much as the representations themselves. They point out that not only do these negative stereotypes affect the way the public views mental illness, but the portrayal of treatments as violent, ineffective, and cruel, such as the common depictions of shock treatments and overfilled psychiatric wards, could actually cause people with mental illness to not seek treatment out of fear (524). The negative reactions by others that are often associated with getting treatment are also reasons why people with mental illness do not seek treatment.

The other side of this argument is that accuracy is not the primary purpose of a television program. The people involved in making these television programs are mostly concerned with entertaining their viewers, and this is not going to change nor should it. The issue becomes how to move towards more accurate and respectful representations that balance out the negative and stigmatizing representations. As Pirkis and her colleagues assert, “the film and television industries have a

responsibility to minimize negative portrayals and maximize opportunities to educate the public” (524). And, of course, advertising also plays an important role in portraying people with mental illness more accurately and respectfully in order to balance out the negative and stigmatizing representations. The commercials mentioned earlier attempt to do this through using power, agency, self-empowerment, and identification through visual elements in the commercials. These are powerful tools in television because sometimes words cannot carry the power of the idea as strongly as the images. The images also make the statement the advertisers and organizations they are trying to make more complex by combining words and images. For example, in the commercials with Glenn Close and her sister, they use the words normally we use to label and define ourselves and others and put a human face and relationship to those words.

Negative Effects

The large majority of mental health advocates, and most of the articles that are on the subject, argue that the effects of these representations are largely negative. As numerous studies have shown, those who stated that television was their only source of information about mental illness have reflected a higher negativity toward people with mental illness. A study of college students in 2000 gauged the responses of those who stated that their main source of information about mental illness was television. The study was based on a scale of attitudes from authoritarianism, which stated that the mentally ill were inferior and needed to be handled rather than treated, to benevolence and a community mental health attitude, which supports keeping mentally ill people in a community. In the article “Television Viewing Habits and Their Relationships to Tolerance Toward People with Mental Illness,” Darcy Granello and Pamela Pauley present the results of this study. It shows that “the more television they watched per week, the more likely they were to indicate attitudes of authoritarianism toward people with mental illness” and “the less likely they were to report attitudes of benevolence or community mental health ideology” (171).

As previously stated, another concern about these negative representations is the effect they have on people who are mentally ill. Pirkis, in “On-Screen Portrayal of Mental Illness,” states that “such attitudes stigmatize those with mental illness and reduce their likelihood of seeking appropriate help” (523). Granello and Pauley make the further assertion that “negative stereotypes of people with mental illness lead to discrimination in housing, employment, and social interactions” (162). One commercial about mental health awareness (“Disability Discrimination: Depression”) deals with the issue of discrimination in employment.



The commercial depicts an awkward interaction between an employer and the man he is about to hire, who has just told him he has suffered from depression. In the image above, the employer tries to make jokes about the event and is shown as bumbling and awkward. This commercial demonstrates what Gelb identifies as another way anti-stigma commercials can effectively counteract stigma: showing that “smart and cool people, or sensible employers, recognize that this is just one more set of illnesses” (84). By showing the employer (the person in “power”) as a bumbling idiot, it demonstrates that employers who do not understand mental illness and are uncomfortable with people who are mentally ill are not “smart,” “cool,” or “sensible.” It also shows the person being

interviewed as being more likable and identified with than the employer, thus using identification to get the audience to support the person with mental illness and see the boss as a fool.

Granello and Pauley states that stigma is “the most debilitating handicap faced by former mental patients” (162). Although this is a startling claim, the fact that it is unexpected points to the misrepresentation of mentally ill people as people who have a handicap and cannot function properly in society, which is largely untrue. It makes a very important point about the power that television programming and other media can have over the functionality of life of mentally ill people.

Positive Effects

Although there were far fewer people willing to say that representations of the mentally ill can be positive and have positive effects, there are a few points of contention to the anti-stigma research. In “Media, Madness, and Misrepresentation,” Stephen Harper argues that anti-stigma research ignores the “ways in which factors such as media form, narrative conventions and mode of address of media texts nuance these messages [about mentally ill people] within particular media genres” (463). Due to the genre and narrative conventions of a television show, for example, not all characters (of any type) can be completely well-rounded, let alone those with mental illness.

Harper also points out the importance of recognizing that no representation is going to be wholly “accurate” because there is not one “true” representation of mental illness. He states that anti-stigma research “overemphasizes the importance of accuracy and verisimilitude” (475). Every person with mental illness is an individual and there is no way of representing every person with a particular mental illness in one portrayal. Also, one of his comments answers the criticism that mentally ill people are overwhelming represented as violent. He makes the point that negative images are always more likely to make the news and that “every group is likely to be overrepresented in the media as violent” (470).

Paul Cefalu, in “What’s So Funny about OCD?,” states the possible positive effects of characters like Monk on the perception of OCD: “such depictions, through humor, render OCD more understandable and less fearsome, no doubt prompting obsessives to come out of the closet” (56). Although he does point out the ways representing people with OCD as either comic or tragic creates a binary and simplistic view of OCD, he suggests that positive representations could help people think of their mental illness as less debilitating and decrease the stigma toward them.

Although Pirkis and her colleagues assert that the effects of the representations are mostly negative, they do state there could be positive effects of some portrayals of mental illness for health care workers: “television programs can be an entertaining way of teaching, offering realistic depictions of people with mental illness, and their experiences of symptoms, treatment, and stigmatization” (534). And one of the ways television can teach and offer these realistic, identifiable representations while encouraging people to get help and support one another are through the anti-stigma and mental health awareness commercials that are becoming more prevalent on television.

Conclusion and Implications

Overall, the studies and research that has been done on stigma and other aspects of mental illness representations have overwhelmingly demonstrated the negative effects of stereotypes and misrepresentations of mental illness on television. Unequivocally, it has been proven that “those

who cite electronic media as their primary source of information [about the mentally ill] have less tolerant attitudes toward those with mental illness than those who cite other sources” (Pirkis 533). This fact implicates all of the people that are involved in creating and producing television programming and commercials, as well as mental health professionals, advocates, and the public. This means that every person, in or out of the culture of the mentally ill, has the responsibility to understand and respect people with mental illness as individuals that deserve to be represented with respect and compassion. Not only television needs to adapt to this sensibility, but the public needs to be more respectful and knowledgeable in their television viewing habits. This means that one of the best ways organizations who are interested in creating awareness and fighting stigma is through television. With the help of more positive representations and a more knowledgeable public, a shift away from stigma and toward positive representations could assist mentally ill people to create identities, define their voice, and stand up to represent their culture.

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