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Madness through the Lens of the Beholder: The representation of mental illness in documentary films

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Abstract

Mental illness has long been stigmatized in society, not helped by generic and negative representations in the media. Previous studies have shown the printing press, broadcasting media, and popular cinema to largely depict the mentally ill as violent, dangerous, dysfunctional, and worst of all, mad. The purpose of this study is to determine if documentary films are any different in reproducing such images, or if they instead subvert the prejudices of mental illness. Through a qualitative content analysis of 70 scenes, taken from 6 observational documentaries, the results find that the sample of films expose the failings of institutional care and psychiatric practices. Rather than focusing on how mental illness functions, these films separate the behavior of persons with mental illness from their condition, showing them to be both mistreated and misunderstood.

Keywords: representations of mental illness, documentary films, observational documentaries, qualitative content analysis, psychiatry, institutional care

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Introduction

Since the deinstitutionalization of mental health in the late 20th century, the widespread closing of many psychiatric institutions has raised the question, where will the mentally ill be housed? Living amongst us, we needed to be reassured of our differences from them – reminded of our own sanity. When in truth, there is a banality to mental illness in that anyone can suffer from it. It has no face. But this realization is upsetting. The moment we say they are just like us, is the moment "we no longer know where lies the line that divides our normal, reliable world, a world that minimizes our fears from that world in which lurks the fearful, the terrifying, the aggressive" (Gilman, 1982, p. 13).

In light of the greater deinstitutionalization of mental illness, the media play an ever more crucial role in constructing the symbolic boundaries of 'us' and 'them'. As Gilman further puts it "we want – no, we need – the 'mad' to be different, so we create out of the stuff of their reality the myths that make them different" (Gilman, 1982, p. 13). Given that the mass media are the prominent avenue to disseminate those myths, their representation of the mentally ill has established firm interest from academic circles.

Mental illness has long been misrepresented and stigmatized in the media. From associations with violence, bizarre behavior and failure (Signorielli, 1989) to an almost unshakeable image of "wild, unkempt hair and tattered clothing" (Cross, 2004, p. 199), persons with mental illness continue to suffer as the abnormal 'Other' in society. Not only does the generic, negative imagery obscure the reality and severity of certain conditions, it detracts from the fact that the mentally ill are amongst the most vulnerable within their communities. Yet, if print media, television and popular cinema mostly fail to accurately present mental illness, documentary films possess the potential to subvert those negative images and deliver more nuanced representations.

After all, documentaries are works which implicitly claim to truthfully represent the world, whether it is to accurately represent events or issues or to assert that the subjects of the work are 'real people' (Beattie, 2004).

The extent to which documentary filmmaking can truthfully represent mental illness is the point of departure of this article. The need to (re)evaluate the subject is pressing given that existing literature focuses primarily on print and broadcasting media, with the research being rather outdated now. Little has been written on documentaries specifically and the devices/techniques used to represent the mentally ill. This article aims to rectify that through a qualitative content analysis of six documentaries – *Titicut Follies* (1967), *Warrendale* (1967), *The Silent Minority* (1981), *Children of Darkness* (1983), *Every Little Thing* (1996) and *'Til Madness Do Us Part* (2013) – with the focus being on the observational style of documentary filmmaking and how the audio-visual elements combine to portray mental illness.

Conceptualizing mental illness

Mental illness has largely occupied a negative position throughout history. Rather than being perceived and thus treated as a medical condition, it was misunderstood and associated to madness. This has not gone unnoticed by scholars and thinkers, with Foucault for instance, considering how mental illness, or 'madness', was negotiated during the Age of Reason. At the time, the mentally ill were largely seen as abnormal and unfit to exist in the normal, functional society. Instead, they were condemned to institutions and asylums. In these "houses of confinement" as Foucault puts it (1988), individuals were disciplined and brutalized much like how a beast would be. This understanding played into the theme of animality, the dominant view of the time that mental illness took away what was human in an individual. But in the time since

institutions were widely shutdown and community care adopted, questions have been raised about the on-goings within those institutions and whether it exacerbated patients' conditions rather than treat them.

This was one of the criticisms that fueled the antipsychiatry movement of the 1960s. A movement built on further beliefs that psychiatry was a coercive practice and mental health institutions were sites to exert symbolic power. Cooper, Laing, and Szasz were all major proponents in the movement, challenging the psychiatric practice itself and everything wrong it came to symbolize at the time. Although he never identified with the antipsychiatry term nor saw himself as against the practice, Laing claimed that psychiatry "can so easily be a technique of brainwashing, of inducing behavior that is adjusted, by (preferably) non-injurious torture" (Laing, 1965, p. 12). He cites subtle lobotomies and tranquilizers as methods to enact social control over the individuals who have failed to adjust to society.

Laing (1964) saw the political in psychiatry, stating that after being subjected to a psychiatric examination, the individual is "bereft of his civic liberties in being imprisoned in a total institution known as a 'mental' hospital. More completely, more radically than anywhere else in our society he is invalidated as a human being" (Laing, 1964, p. 64). Simply put, psychiatry came to be a political order in the way those in a position of authority exercise power and control over others within the society. Those 'others' were social deviants and criminals of the state but Laing (1964) was of the belief that their behavior was merely a reflection of how they were labelled by others. This phenomenon was the basis of labeling theory (Lemert, 1951; Becker, 1963), which posited that labelling a person unlawfully deviant can result in poor treatment or conduct against that individual, who in turn acts out against their mistreatment.

The political in psychiatry was a view firmly supported by Cooper (1980) as well. He argued that modern psychiatry was a repressive device that developed as a result of and in conjunction with capitalism. Through the medicalization and persecution of disobedience, psychiatry's main purpose was to reign in society's non obedient and make them conform to the dominant ideologies and norms of the time. Cooper was evidently against psychiatry and even advocated for 'non-psychiatry', believing that a total political transformation was the only way to achieve the demolition of psychiatry (Cooper, 1980). Furthering the antipsychiatry discourse, Szasz took aim at the medical model of mental illness. He believed that "there is no medical, moral, or legal justification for involuntary psychiatrist interventions, such as 'diagnosis', 'hospitalization', or 'treatment'. They are crimes against humanity" (Szasz, 1961, p. 275).

Szasz (1974) reasoned that psychiatric diagnosis and care are coercive exercises simply because mental is a myth thus there can be no treatment. He justified his reasoning on the basis that the mind cannot be diseased in the same sense as the body since it is not an organ or part of the body. Instead he refers to the 'game model' in hysteria when speaking of mental illness. Within this model of behavior, persons with mental illness are intentionally malingering; their hysterics or feigning of a bodily illness are in fact a means to get attention or avoid responsibility over their actions. However, Szasz's framing of mental illness is more an attempt to discredit the psychiatric profession rather than arriving at a better understanding of the various conditions of the mind. That lack of belief in the existence of mental illness and antipsychiatry view is shared by Goffman.

Goffman (1961) was another scholar to address psychiatry, insanity and specifically, the institutions that housed the mentally ill. He came to refer to these establishments as 'total institutions', likening them to prisons and concentration camps. To him, these places regimented the social lives of their patients, who were "cleanly stripped of many of [their] accustomed

affirmations, satisfactions, and defenses, and [were] subjected to a rather full set of mortifying experiences" (Goffman, 1961, p. 148). But since the publication of his ethnographic study in the St. Elizabeth's Hospital, Goffman has come under much criticism from the wider sociology community. His methods were questioned and so too his clear antipsychiatry bias (though his later works would reflect a change in belief on mental illness due to personal experiences). Since the 1950s, much has changed in both the practice of psychiatry and how mental illnesses are understood and treated. But if institutions were a means to exert symbolic power rather than therapeutic care, perhaps the mass media has since taken on the role of isolating and confining the mentally ill.

Representations of mental illness in the Mass Media

In the time before the digital and social media era, the mass media had a problematic tendency to over-sensationalize and misrepresent mental illness. Across the various print and broadcasting formats, the image of mental illness perpetuated was of violence, dangerousness, and unpredictability (Wahl & Roth, 1982; Signorielli, 1989; Day & Page, 1986; Philo et al., 1994; Stout, Villegas & Jennings, 2004). Strong associations to crime and aggression coupled with generic portrayals disregarding the various conditions further contribute to the stigma surrounding mental illness. Such negative representations only harbor harmful misconceptions amongst the public, who could then be discouraged or even fearful of interacting with persons with mental illness. These individuals may, in turn, be dissuaded from seeking the support and medical assistance beneficial for them.

The likes of cultivation theory (Gerbner, Gross, Morgan, Signorielli, & Shanahan, 2002) and social learning theory (Bandura, 2002) have shown that extensive exposure to media content

can shape an individual's perception and attitude towards real world issues. As such, there is an urgent need for the media to strive for more accurate and truthful representations on stigmatized issues such as mental illness. That need grows ever more urgent given that the similar connotations of "dangerousness [are] still widely attributed to people with mental illness… [amongst] many negative depictions reflecting stigma" (Ma, 2017, p. 98). A study of news coverage between 1997–2012 on the topics of serious mental illness (SMI) and mass shootings in the United States found that "a higher proportion of news stories mentioned dangerous people with SMI as opposed to dangerous weapons as a cause of gun violence" (McGinty, Webster, Jarlenski, & Barry, 2014, p. 411). As the majority of news stories failed to mention that persons with serious mental illness are not violent, they run the risk of associating mental illness to violence when in fact, lax gun laws are more to blame.

By framing mental illness as a cause of violent crimes, the mass media are complicit in influencing the public that the mentally ill are dangerous and a threat to society. However, the potential is there for the media to reduce stigma and advocate for greater acceptance and treatment of mental illness. It has been found that stories which "challenge stigma's legitimacy by promoting social inclusion, recovery, personal empowerment, and self-determination of people with mental illness" (Corrigan, Powell, & Michaels, 2013, p. 181) do in fact have positive effects on public attitudes. Other mediums such as social media and documentary films have proven the potential to challenge stigma can be fulfilled. The latter for instance, offers a way for viewers to acquire more knowledge on conditions such as schizophrenia, through the realistic and accurate manner of presentation (Kimmerle & Cress , 2013). With that, the following section explores documentary representations of mental illness.

Documentary representations of mental illness

Documentary films remain a valuable if understated mode of filmmaking; neither capturing the collective attention of mainstream audiences nor the box office successes of fiction films but possessing the ability to offer insightful depictions of real-world people and issues. Amongst other purposes, documentaries can "portray the political, social and economic realities of oppressed minorities and others previously denied access to the means of producing their own image" (Ruby, 1991, p. 51). Given this, the medium is in theory suited to representing vulnerable groups, such as the mentally ill, and challenging dominant narratives surrounding them. That has been the case with documentaries like *Warrendale* (1967), *Asylum* (1972) and *San Clemente* (1984), which illustrate the urgency of the psychiatric and social issues at stake through the inclusion of scenes depicting psychotic and distraught behavior. But these documentaries risk characterizing mental illness through psychotic and distraught behavior when conditions are more nuanced.

There are possibilities to utilize the medium differently though. Take for instance *Every Little Thing* (1996), which follows the progress of patients and staff at a psychiatric clinic as they rehearse and prepare for their annual summer play together. Here, the filmmaker, Nicolas Philibert, avoids the "familiar stereotypes and narrative strategies that characterize documentaries about mental illness, [as such] the individuals who feature… are not fixed to an identity, or situated by the filmmaker as being on the right or wrong side of madness" (O'Rawe, 2019, p. 16). Yet the ability for the filmmaker to situate their subject is a cause for concern, especially when dealing with individuals who are unable to provide their own consent. Ruby (1991) problematizes this through seeing the empowerment of the documentary subject as illusionary more than genuine.

When the empowerment works, it is 'speaking with' instead of 'speaking for' as Ruby (1991) puts it. In other words, "being able to hear people tell their stories and observe their lives

instead of being told what they think and the meaning of their behavior clearly offers subjects a greater say in the construction of their image" (Ruby, 1991, p. 54). However, the editorial control is still with the filmmaker. As long as it remains so, there may never be true empowerment on the part of the subject. This is the case for the infamously controversial documentary, *Titicut Follies* (1967). Although Frederick Wiseman's film sheds light on the inner workings and abuses taking place in the Bridgewater Massachusetts Correctional Institute, there is never the sense that the vulnerable subjects filmed are empowered. It fails to educate viewers on specific conditions and does little to alter the image of the mentally ill as anything other than manic individuals.

For all its faults, *Titicut Follies* did, however, contribute to a much-needed discussion on the poor treatment of persons with mental illness. Wiseman's documentary would also go on to inspire a host of other works addressing the state of institutional care, psychiatry, and mental illness in general. Any progress is welcomed yet caution needs to be maintained given that cultural representations of the mentally ill always hold the potential to reinforce their 'otherness'. That was certainly the case with TV documentaries in Great Britain, as Cross found in his study that television program makers were simply reproducing traditional images of madness when depicting mental illness. This was problematic because "televisual representations of mental patients carry a heavy burden for those who are assigned the role of being 'different'" (Cross, 2004, p. 212). Perhaps traditional images of mental illness have become so internalized and embedded in content producers and audiences alike, that attempting to portray the issue any other way seems futile. But that justification should not be applicable, not least in the documentary practice.

Ultimately, there remains a lack of research dedicated to feature-length documentaries and the tools/techniques employed to represent mental illness. This article looks to fill the gap by determining whether traditional cultural images are reproduced or if those images are subverted

by more nuanced and accurate portrayals. Furthermore, the findings here update our understanding on the issue as well as offer a framework for future studies of similar interests. Whilst documentaries may appear to the ideal medium to destigmatize mental illness, questions concerning the authenticity of images, people and actions filmed persist. Additionally, when considering the observational mode of documentary, there is the concern that the presence of the camera is an intrusion into the lives of its subjects rather than an ally. And given the lack of overt commentary or intervention, observational documentaries could well reinforce traditional images of 'madness' if they are unable to say anything explicitly.

Objective

The purpose of this study is to analyze and compare a select number of documentaries to determine how the mentally ill are represented. The sample of documentaries consists of *Titicut Follies* (1967), *Warrendale* (1967), *The Silent Minority* (1981), *Children of Darkness* (1983), *Every Little Thing* (1996) and *'Til Madness Do Us Part* (2013). These films were selected because they were most relevant to the study, addressing mental illness and, to a range of degrees, conforming to the observational mode of documentary. Documentary scholar Bill Nichols defines the observational mode as works that "abandon all of the forms of control over the staging, arrangement, or composition of a scene" (Nichols, 2010, p. 172). Instead, the camera captures and reflects the spontaneity of everyday life.

Nichols further believed the mode to influence the postproduction editing process, with "no voice-over commentary, no supplementary music or sound effects, no inter-titles, no historical reenactments, no behavior repeated for the camera, and not even any interviews" (Nichols, 2010,

pp. 172-173). How this mode of documentary handles the representation of mental illness is the core research problem here. As such, the research questions are:

1. In what ways do the selected documentaries represent mental illness?
2. To what extent does the observational style of documentary reproduce or subvert prejudices of mental illness?
3. What are the limitations of the observational style of documentary when employed to represent mental illness?

Data and Method

Qualitative content analysis was employed to interpret and analyze the audio-visual language of the selected documentaries. As a method, it is less concerned with statistical counts and more with interpreting the medium as a cultural object that communicates meaning that both reflects and influences society (Neuman, 2011). Although I followed a deductive reasoning design, deriving the protocol from the research questions and creating it before the analysis process, I allowed the process to be flexible and open to refinement. The protocol consisted of both open and closed categories, which consider audio-visual elements such as camera angle and movement, framing and composition, lighting, and diegetic and non-diegetic sound.

Further categories considered the identifying traits of individuals shown as well as their appearance. In the former, I looked for whether their mental illness, condition or disability was stated or if they were identified by other means, such as a given name, nickname or even a demeaning term. As for the latter, I was interested to see how the individuals on-screen appeared to be, if they were well dressed or shown to be fully or partially naked, and what attitudes they

displayed. In addition, I paid attention to the actions they performed. These categories were key to determining how the documentaries represented the mentally ill. Whether they fixated on strange, aggressive, and dysfunctional behavior, or favored respectful and dignified representations of their subjects.

The unit of analysis were scenes depicting persons with mental illness or psychiatric disabilities. I define a scene as composing a shot or several shots presenting a continuous action in one setting. A scene ends when the setting changes or when the individual(s) it follows changes. For a scene to be selected, it had to be a minimum of 30 seconds long, for a substantial amount of action to occur. The data collection procedure entailed a preliminary viewing of each documentary to identify appropriate scenes fitting my defined criteria. After selecting the scenes, I viewed them again and pre-coded according to the protocol. This pre-coding allowed me to test the categories, as well as adjust, refine or if necessary, develop more of them. Once the categories were set, the coding proper began.

A total of 70 scenes across the 6 documentaries were coded and analyzed. Along with the categories in the protocol, research notes on general impressions and extra observations of each scene were recorded. The dataset was then interpreted to identify similarities and patterns before being categorized into themes. Establishing themes was crucial for linking the underlying meanings between the dataset and allowed the results to be summarized. Through this analysis I made qualitative inferences on the various audio-visual elements that contributed to constructing the representation of mental illness.

Results

As seen in the table below, of the 70 scenes analyzed, only 6 scenes were found to have stated a mental illness, condition or disability experienced by the individual filmed. The illness, condition or disability was stated either through a voiceover narration, interview commentary or spoken by an individual in the scene. In 47 scenes, the person being filmed was identified by name either through another individual in the scene or a caption. The respective documentaries also largely avoided degrading representations of their subjects, with only 10 scenes depicting fully or partially naked individuals. They also mostly conformed to the observational style, as only 13 scenes utilized non-diegetic audio, such as voiceover narration or interview commentaries edited over the footage in post-production. The scenes that utilized non-diegetic audio were taken from television format documentaries, which typically set out to inform the viewer through more overt means.

Field	Number of scenes	Percentage of total number of scenes
Mental illness, condition or disability stated	6	8.57%
Subject(s) name(s) provided	47	67.14%
Subject(s) filmed fully or partially naked	10	14.29%
Non-diegetic audio used	13	18.57%
Subject(s) filmed displays aggressive or disturbed behavior	11	15.71%

Table 1 Results from qualitative content analysis

Additionally, the chosen documentaries tended not to fixate on aggressive or disturbed behavior displayed by the subjects filmed. Aggressive or disturbed behavior was seen in 11 scenes out of the 70 analyzed. This took into account physical or verbal aggression (e.g. lashing out, hitting others, pulling another's hair or swearing and shouting at others) whilst disturbed behavior considered acts such as rambling on incomprehensively at no one in particular or hitting out at non-existent objects. However, it should be noted that the representation of the individuals filmed cannot simply be reduced to a statistical figure. Although there were scenes depicting aggression or unusual behavior, in many cases the documentaries would justify such behavior by providing insights into the subject's condition or state of mind.

(a) Individuals as more than their mental illness

The first research question asked, in what ways do the selected documentaries represent mental illness? To which the analysis found that persons with mental illness were shown to be much more than what their conditions define them to be. Some documentaries, namely *The Silent Minority*, *Children of Darkness* and *Every Little Thing*, went as far as showing their subjects to be functional individuals with personalities, talents, hopes and dreams. They dissociate the individuals from their mental illness by presenting them as individuals with names, imploring the viewer to empathize and see them as no different from oneself.

Given that all but two of the selected documentaries largely adhered to the conventions of the observational style, a mental illness, condition, or disability being stated in 6 out of 70 scenes

is understandable. Without the use of voiceover narrations or interview commentary segments, there is little opportunity, if any, to explicitly state an illness, condition, or disability. If in line with a pure observational style, the filmmaker and their camera should not provoke or interfere with the events they seek to capture. If the need never arose for a mental illness, condition, or disability to be mentioned in the conversations or events being recorded, the filmmaker can do little else but comply.

The two documentaries that utilized voiceover narration and interview segments (*The Silent Minority* and *Children of Darkness*) were created in a television format to be broadcasted. For this reason, they purposely set out to inform the viewer rather than simply observe events as they occur. Their use of non-diegetic audio helped in identifying and providing details of various mental illnesses and disabilities; conveying the difficulties the individuals experience in daily life; as well as communicating information on treatment and the history of hospitalization an individual has been through.

A pattern throughout the documentaries was identifying the individuals filmed by name, either through another individual in the scene, a voiceover, or a caption. In providing names, the subjects are better represented as individuals. Names are personal and may express a level of individuality that viewers can more readily empathize with. The mentally ill and disabled are people too, no less than anyone else. Their representation in the selected documentaries conveys this message, rather than depicting them as nameless bodies who exhibit strange behavior or individuals who come to be defined only by their mental illness or disability. Dissociating them from their mental health condition and presenting them primarily by their name is a simple yet effective way to deconstruct their ‘Otherness’.

As mentioned above, *The Silent Minority*, *Children of Darkness*, and *Every Little Thing* further show their subjects as individuals with personalities, talents, hopes and aspirations. One scene in *Children of Darkness* sees a young patient speak of his ambition to make a life for himself once he leaves the mental health institution. Another sequence follows a patient, Brian, on the one day of the week he can return home to spend time with his father. Brian is shown to be a cheerful individual whose father hopes can live a fulfilling life. In *Every Little Thing*, the residents of the La Borde institute are shown preparing for their annual summer play. The various mental health conditions these residents may suffer are never known but rather, their talents instead. Some are capable actors; others are musicians and visual artists. The documentary's cinéma verité approach prompts its subjects on their preparation for the play, to which they express their feelings and doubts.

Every Little Thing's cinéma verité approach, with the filmmaker actively interacting with and engaging his subjects, effectively gives them the opportunity to speak for themselves rather than being spoken for. This 'speaking with' approach, as Ruby (1991) posited, is also seen in *Children of Darkness*, allowing the young patients to speak about their personal stories. In some instances, the viewer can begin to understand why these individuals are the way they are. Through this, the traditional images of the mentally ill as violent or deranged persons unfit for society are subverted. They are instead characterized as individuals rather than reduced to their mental illness or dysfunctional behavior.

(b) Critiquing psychiatric institutions and practices

The sample of documentaries were found to further represent mental illness not necessarily by providing information on specific conditions or disabilities but instead by bringing to light the poor

treatment and ill-suited care, or lack thereof, for those in need. Focusing on the system of institutions and practices that have failed the mentally ill, relieves them of their status as different or dysfunctional. In essence, the documentaries challenge the viewer to rethink any preconceived beliefs of mental illness by asking, what if the problem lies not with the mentally ill or disabled but with the system that is incapable of providing the necessary care for them? The critique of psychiatric institutions and the practice of psychiatry itself is a common theme across the sample of documentaries, with *Titicut Follies*, *The Silent Minority*, *Children of Darkness* and *'Til Madness Do Us Part* all showing the poor living conditions and the mistreatment of patients within mental health institutions.

These documentaries capture the psychiatric methods doctors, nurses and orderlies resort to when handling the mentally ill and disabled. What they uncover is a lack of specialist treatment, crammed and unsanitary living conditions, and neglect and abandonment. Patients are seen physically restrained to pillars or beds for hours on end, locked in cells for solitary confinement, or left in a vegetative state after being administered psychotropic drugs. Such methods only seem to worsen the conditions of patients, prompting the argument that any sane individual would see their mental health deteriorate if put through a similar experience. Here, the documentaries subvert the stigma of mental illness not by presenting the symptoms and complexities of specific conditions but by emphasizing the lack of positive care such individuals experience as well as their misunderstood nature.

In *Warrendale*, *The Silent Minority* and *Every Little Thing* the viewer is presented with what therapeutic care should strive to be. The institutions and care centers shown reveal that given the right environment, patience and attention, individuals with mental illness or disability can and do in fact improve and even thrive. In *Warrendale*, viewers are introduced to a group home of the

same name in Ontario, Canada. At this home for emotionally disturbed children, they are subjected to a progressive approach that allows them to release their frustration and aggression in a safe environment. The care workers in Warrendale hold the children as they scream, cry, or lash out, ensuring that they do not harm themselves or others. *The Silent Minority* too captures the specialist methods employed in Beech Tree House Hertfordshire. The children at Beech Tree are given one on one care from staff who are trained to handle them according to a detailed guideline, and who reward the children for improved and/or good behavior.

As for *Every Little Thing*, at the La Borde psychiatric clinic, in the Loire Valley of France, the patients are virtually indistinguishable from the staff. There are no uniforms, patients and staff socialize and spend time together, and the patients are even allowed to run the facility. They are shown to be more than capable of performing menial tasks such as answering the receptionist phone and assisting in the kitchen. The documentary does not exoticize or construct an 'otherness' out of its subjects but emphasizes and even embraces the normality and banality of their existence. It leans into the idea that persons with mental illness or disabilities are not a threat to society nor should they be feared. They are people too, who given the care, attention, and specialist treatment, can lead functional lives.

The critique of psychiatric care within the confines of institutions doubles as an answer to the second research question, to what extent does the observational style of documentary reproduce or subvert prejudices of mental illness? The documentaries largely subvert prejudices by expressing that the mentally ill are not inherently aggressive nor 'different' but are pushed to be so within the confines of psychiatric institutions. It is in the experience of being subjected to psychotropic drugs, solitary confinement, physical restraints, and neglect that drives patients to deteriorate in mind and body. Ultimately, the mentally ill are only as dysfunctional as the environments they find

themselves in. This becomes pronounced when contrasted with progressive and specialist approaches. Patients do in fact improve and can lead functional, fulfilling lives when given the time, patience, care, and human connection they yearn for but do not always know how to ask for.

(c) Justifying aggressive and strange behavior

Research Question 2 is further answered in the justification of aggressive and dysfunctional behavior. Prejudices are undermined by presenting the mentally ill as misunderstood and thus, mistreated. A need and craving for attention or affection, being under the influence of psychotropic drugs, or patterns of deprivation and neglect occurring during institutional care are only a few reasons behind the aggression and dysfunction. Rather than fixating on demeaning or exoticizing representations – with only 10 out of 70 scenes showing a fully or partially naked individual and 11 scenes capturing aggressive or disturbed behavior – the documentaries instead separate the behavior from the illness. They express that any behavior deemed aggressive or dysfunctional is not a result of the illness/condition but a product of the environment or unfulfilled needs.

Individuals with mental illness can be prone to and resort to destructive behavior (e.g. pulling one's own hair or self-harm) because of their inner frustration or as a means to seek attention. But a lack of attention and care given – due to understaffed, ill equipped hospitals or untrained personnel – deepens their need for attention and human connection. Patients internalize and continually resort to destructive behavior because it is the only proven way for them to get attention. This is an insight that is too often absent from representations of the mentally ill in other forms of media. Representations that overlook and reduce the inner conflicts of individuals in favour of sensationalized aggression and destructiveness, all for the simple reason that they are mad.

Nevertheless, it should not be overlooked that two documentaries within the sample risk reproducing negative representations. *Titicut Follies* and *'Til Madness Do Us Part*, tended to linger on the aggressive and disturbed behavior of individuals. Without any means to provide context or further information (following a strict observational code), these documentaries risk reproducing traditional images of madness and contributing to the stigma. Which leads us to the final research question, what are the limitations of the observational style of documentary when employed to represent mental illness?

(d) Limitations of the observational documentary

The observational mode can be hindered by its insistence on authenticity and verisimilitude. Capturing life as it is with little to no intervention has its limitations. Without the aid of voiceover commentaries or interviews, observational documentaries risk offering no overt critique and a loss of nuances. For an issue such as mental illness, events occurring on-screen are open to misinterpretation if the camera simply observes. This voyeuristic approach may exoticize persons with mental illness, making a spectacle of their behavior and actions, which risks reproducing traditional images of madness. Of this study's sample, *Titicut Follies* is most at fault in its fixation on the strange and dysfunctional behavior of patients at the Bridgewater institute. It plays into the 'helpless gaze', that is when "the footage demonstrates an inability to affect a set of events it may have set out to record but with which it is not complicitous" (Nichols, 1991, p. 83).

In other words, the events that transpire on-screen will occur regardless of the presence of the camera. The camera does not alter the course of events nor should it attempt to. This may then elicit a sense of helplessness in the viewer, who goes on to believe that the individuals shown are a lost cause, bound to whatever fate the footage presents them with. However, such thinking is

fatalistic when in practice, the camera has shown the potential to enact and advocate for meaningful change. Perhaps a purely observational style of documentary filmmaking is too limited in its tools to achieve change. As is seen in *Titicut Follies*, lingering for too long on strange, unexplained actions can in fact be an affirmation of prejudices against the mentally ill.

Given that the observational mode strives for authenticity and spontaneity, it risks unintentionally misleading the viewer to believe that the mentally ill or disabled routinely exhibit abnormal behavior and are beyond saving. For every scene that shows an individual pulling their own hair or speaking to no one in particular, without a commentary providing the context or justification for their actions, the image of madness risks being reinforced in the eyes of the viewer. In addition, whilst the sample of documentaries are commendable for exposing the mistreatment and malpractices in psychiatric institutions, they are found wanting in informing the viewer on the specificities of mental health conditions. Showing what living with mental illness is like or how the wider public can better support or integrate the mentally ill, would be a more effective way to subvert the stigma and deconstruct prejudices.

Conclusion

This paper has shown that documentary films are able to subvert prejudices of mental illness by relieving the mentally ill of their status as an alienated 'Other' within society. Although by no means conclusive, the results of this qualitative content analysis have uncovered how documentaries may be utilized to better represent mental illness. The findings here contribute by showing that when employed effectively, the observational style can offer insightful representations that rethink and reconstruct traditional understandings of the subject matter. The sample of documentaries do so by exposing the system of institutions and psychiatric practices

that have failed persons with mental illness. It is hoped that documentary practitioners, as well as other content creators, will bear these observations in mind when producing images of the mentally ill. With more consideration put into nuanced and empathetic representations, individuals with mental illness will only benefit.

If future depictions were to heed the observations of the documentaries analyzed here, they would find that the mentally ill are individuals not to be feared nor condemned to live on the fringes of society but are people in urgent need of time and patience to be understood. Given the time, one will find that these are individuals who yearn for attention, affection, and human connection, no different from anyone of us. Once we separate the aggressive and dysfunctional behavior from the illness, as the documentaries implore us to, we will find that the mentally ill can lead fulfilling and functional lives.

Insanity only exists insomuch as the environment that allows it to foster. In other words, mentally ill patients are not inherently mad or dysfunctional but rather, it is in the experience of being subject to psychotropic drugs, physical restraints, solitary confinement, and neglect, amongst other mistreatments, that they are driven to act in 'psychotic' ways. Such a realization raises the question, wouldn't any sane individual see their mental health deteriorate when put through a similar experience?

Ultimately, the observational style is, by no means, free from limitations, and further studies would do well to keep that in mind. Additionally, they are implored to explore different forms or modes of documentaries. For instance, the reflexive or first-person documentary offers a host of opportunities for the mentally ill to deliver meaningful and personal stories found within everyday life. Further research will benefit from taking this into account, and in turn, it is hoped that individuals with mental illness or disabilities will benefit from better representations. And given

the increasing accessibility of the internet and with it, streaming services, not only are documentaries but other forms of content and information on mental illness becoming ever more widespread. We can take encouragement in this development and in time, see the total de-stigmatization of mental illness.

References

Bandura, A. (2002). Social cognitive theory of mass communication. In J. Bryant, & D. Zillmann , *Media Effects* (pp. 121-154). Mahwah, NJ: Lawrence Erlbaum Associates.

Beattie, K. (2004). *Documentary Screens: Non-Fiction Film and Television.* New York: Palgrave MacMillan.

Becker, H. (1963). *Outsiders: Studies in the sociology of deviance.* New York: Free Press.

Carpiniello, B., Girau, R., & Orrù, M. (2007). Mass-media, violence and mental illness. Evidence from some Italian newspapers. *Epidemiologia e psichiatria sociale*, *16*(3), 251-255.

Cooper, D. (1980). *The Language of Madness.* London: Pelican Books.

Corrigan, P. W., Powell, K., & Michaels, P. (2013). The Effects of News Stories on the Stigma of Mental Illness. *The Journal of Nervous and Mental Disease, 201*(3), 179-182.

Cross, S. (2004). Visualizing Madness: Mental Illness and Public Representation. *Television & New Media, 5*(3), 197-216. doi:10.1177/1527476403254001

Day, D. M., & Page, S. (1986). Portrayal of mental illness in Canadian newspapers. *Canadian Journal of Psychiatry, 31*, 813-816.

Foucault, M. (1988). *Madness and Civilization: A History of Insanity in the Age of Reason.* Vintage.

Gerbner, G., Gross, L., Morgan, M., Signorielli, N., & Shanahan, J. (2002). Growing up with television: Cultivation processes. In J. Bryant , & D. Zillmann, *Media Effects: Advances in Theory and Research* (pp. 43-68). Mahwah, NJ: Lawrence Erlbaum Associates.

Gilman, S. (1982). *Seeing the Insane* . New York: John Wiley .

Goffman, E. (1961). *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates.* New York: Doubleday Anchor.

Kimmerle , J., & Cress , U. (2013). The Effects of TV and Film Exposure on Knowledge about and attitudes toward Mental Disorders. *Journal of Community Psychology, 41*(8), 931-943.

Laing, R. (1964). What is schizophrenia? *New Left Review* , 63-69.

Laing, R. (1965). *The Divided Self: An Existential Study in Sanity and Madness.* Penguin.

Lemert, E. (1951). *Social Pathology* . New York: McGraw-Hill.

Ma, Z. (2017). How the media cover mental illnesses: a review. *Health Education, 117*(1), 90-109.

McGinty, E., Webster, D., Jarlenski, M., & Barry, C. (2014). News media framing of serious mental illness and gun violence in the United States, 1997-2012. *American Journal of Public Health, 104* (3), 406-413.

Neuman, W. L. (2011). *Social Research Methods: Qualitative and Quantitative Approaches* (7 ed.). Pearson.

Nichols, B. (1991). *Representing Reality: Issues and Concepts in Documentary.* Indiana University Press.

Nichols, B. (2010). *Introduction to Documentary* . Indiana University Press.

O'Rawe, D. (2019). The politics of observation: documentary film and radical psychiatry. *Journal of Aesthetics & Culture, 11*(1), 1568791.

Philo, G., Secker , J., Platt, S., Henderson, L., McLaughlin, G., & Burnside, J. (1994). The impact of the mass media on public images of mental illness: media content and audience belief. *Health Education Journal, 53*, 271-281.

Ruby, J. (1991). Speaking For, Speaking About, Speaking With, or Speaking Alongside- An Anthropological and Documentary Dilemma. *Visual Anthropology Review, 7*(2), 50-67.

Signorielli, N. (1989). The stigma of mental illness on television. *Journal of Broadcasting & Electronic Media, 33*(3), 325-331. doi:10.1080/08838158909364085

Stout, P., Villegas, J., & Jennings, N. (2004). Images of mental illness in the media: identifying gaps in the research. *Schizophrenia Bulletin, 30*(3), 543-561.

Szasz, T. (1961). *The Myth of Mental Illness* . New York: Dell Publishing .

Szasz, T. (1974). *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct* (Revised ed.). Harper & Row.

Wahl, O. F., & Roth, R. (1982). Television images of mental illness: Results of a metropolitan Washington media watch. *Journal of Broadcasting, 26*(2), 599-605.