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Behind the Scenes of Deinstitutionalization: A Gendered Perspective on Mental Health in American Cinema

Lucy Roberts

Supervisor: PhDr. Marek Urban, Ph. D.

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Declaration

I declare that I have created the thesis by myself. All sources and literature used have been duly cited. The work was not used to obtain another or the same title.

Prague, 23rd of April, 2024

Signature:…….

Lucy Roberts

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Abstract:

Deinstitutionalization in the United States has long been the subject of research and debate, as it fundamentally changed the treatment of mental health conditions and attitudes toward patients diagnosed with mental illness. Cultural perceptions of mental health also shifted dramatically between the early days of psychiatric institutions and their mass closures in the 1960s and 70s, with filmic representations being one of the most influential indicators of this. Little research has been done, however, on the representations of mental health care during the period of deinstitutionalization, nor has the intersection of mental illness and shifting gender roles been examined. Using inductive thematic analysis of American films featuring the use of various forms of mental health treatment, released between 1962 and 1975, it becomes clear that psychiatric hospitals were often represented as effective but extremely limiting to the personal agency of patients. Alternative treatments, however, were represented as untrustworthy. Gender also affected these representations, with mental illness in women largely being represented as a result of trauma and threatening to motherhood, whereas in men it was shown as threatening to masculinity. Mental illness was also largely represented as dangerous or shameful, but empathy towards it was also featured. These representations build on a long history of gender-based stigma around mental health, but further research should be done on other types of media and discourses surrounding the impact of mental illness on one's ability to meet gendered expectations from this period and beyond.

Keywords: social representations, mental illness, film, psychiatric treatment, qualitative research

Content

Introduction

Mental illness and people diagnosed with mental health conditions have long been the subject of misunderstanding, stigma, and systemic discrimination. Media representations of mental illness can often challenge, reinforce, or muddy these cultural perceptions, and there has been extensive research on how art, literature, film, and music have shaped cultural understandings of mental health. Little research has been done, however, on what these representations looked like during the period of deinstitutionalization, a time in which American psychiatric hospitals were closed en masse in an attempt to address ethical concerns about how these facilities were run and to offer more community-focused treatment options that didn't involve isolating patients from the rest of society. Whether this shift was actually successful remains the subject of debate by researchers, patients, and health professionals.

The intersection of gender and mental illness is also a well-documented subject of social psychology and sociology research, as the stigmatization of mental illness in media manifests differently between male and female artistic subjects. By examining the role gender plays in films from this period that feature mentally ill characters, we may investigate two key questions: 1) how did media stigmas towards mental illness interact with traditional gendered expectations? And 2) how did mental health care shifts intersect with gender roles during this period?

This thesis seeks to answer these questions by first outlining existing research on deinstitutionalization and the factors that led to it, as well as how this movement may be contextualized within the greater history of mental health care in America. The shifts in social representations of mental illness will then be described, including how the film representations of mental illness have changed over time. Furthermore, by examining these social representations

through a gendered lens, this thesis will build on the existing body of research to establish how changes in mental health treatment impacted representations of women's and men's mental illness.

This study will build on existing research on the well-documented media stigma of mental illness, effects of the women's liberation movement of the mid-20th century, and the gendered differences in representations of mental illness by examining these alongside the history of deinstitutionalization. The existing research on the relationship between mental illness, gender, and media is vast; yet, literature approaching the social movement towards advancing women's rights and social status alongside the deinstitutionalization movement is limited. Considering that media representations serve as a valuable means of understanding beliefs and perspectives of a certain era, the analysis of media from the deinstitutionalization period through a gendered lens conducted in this thesis seeks to fill this gap in research and illuminate this intersection.

Early Asylums and State Hospitals

Deinstitutionalization can be defined as a period in the United States, largely beginning in the early 1960s and lasting until the late 1970s, in which state-run psychiatric hospitals were closed down in favor of more community-focused, outpatient, and federally-funded options (Chafetz et al., 1982; Doyle, 2002). Several reasons have often been cited for this shift, including ethical, financial, and medical concerns.

Mental health treatment reform was not unique to this period, however. The American medical system had long been troubled by the question of how to best treat mental illness, with major reforms to care beginning in the early 19th century (Goldman et al., 1982). "Moral"

approaches to mental illness were supported by social reformers like Dorothea Lynd Dix and Horace Mann, who believed that psychiatric patients deserved humane care, occupational therapy, and moral and religious instruction. While Dix advocated for the expansion of asylums in the United States, the type of patient who could be treated at these facilities was limited; patients who needed long-term care, or shared different religious or cultural values, for example, were not given treatment. By the late 1800s, many small hospitals had been expanded to accommodate an increasing number of chronic cases. As these institutions expanded, however, the use of moral instruction to treat small numbers of mentally ill patients became increasingly difficult. As industrialization and urbanization swept the United States, many of these patients were poor immigrants, and the staff treating them was often underpaid, received limited training, or spoke a limited amount of English (Eisenberg & Guttmacher, 2010). In contrast to the low-capacity, short-term care hospitals of earlier decades, late-19th century hospitals did not generally serve to improve the health of patients through moral or religious instruction and humane treatment. Rather, they functioned as a means to protect communities from the mentally ill, and did so by limiting the agency of these individuals through rigid schedules, separation from greater society, and restrictions on personal control.

It is also of note that many patients at this time were institutionalized without plausible medical basis or remained hospitalized far longer than they needed to be, with women, immigrants, and the urban poor being especially susceptible to this. Beginning in the mid-19th century, several court cases aimed to expand the rights of patients committed to institutions without their consent (Rosner & Scott, 2017), such as *Packard v. Packard*, in which Elizabeth Packard was committed to the Jacksonville Insane asylum for three years after religious and political disagreements with her husband and sought to be released (Himelhoch & Shaffer,

1979). At the time, the law gave husbands the right to hospitalize their wives if they believed them to be insane, but the subsequent Packard court case both expanded the rights of mental patients (requiring a trial by jury in civil commitments) and led to the founding of the Anti-Insane Asylum Society in 1868 (Chamberlin, 1990).

Moreover, by the late 1800s, immigrants made up the majority of patients in many mental institutions (especially in northern states) and were generally overrepresented in these hospitals than in the general population (Grob, 1973). In 1882, immigration law excluded immigrants deemed "lunatics and idiots" and "those likely to become a public charge" (Shanks, 2001, p. 260), and the high population of mentally ill immigrants was attributed to racist assumptions of the mental inferiority of certain groups (Kenworthy, 2012). Cultural differences between patients and staff created friction that had previously not existed in earlier models of the American asylum; the approach of moral improvement of the early 19th century, which demanded staff resources and time, could not keep up with both the increasing heterogeneity and overcrowding of hospitals (Yanni, 2003).

For immigrants, women, and patients requiring long-term care, the loss of agency caused by hospitalization resulted in many patients staying for years with no sign of improvement. However, the case *Wyatt v. Stickney* in 1971, ruled that patients who have been involuntarily committed "unquestionably have a constitutional right to receive such individual treatment as will give each of them a realistic opportunity to be cured or to improve his or her mental condition" (Leaf, 1977). Not only did this mean that those admitted to psychiatric institutions were legally entitled to care that intended to improve their mental health, but many patients were discovered to have no mental problems at all, having been mistakenly institutionalized from a young age and then deemed mentally ill or "'functionally' mentally retarded" (Clarke, 1979, p.

466). As later critics of these institutions would point out, it is thus difficult to know whether many patients exhibited certain behaviors due to diagnosable mental conditions, or were simply products of questionable admissions procedures and victims of often poorly run, overcrowded hospitals.

Eugenics and Treatment of Disabled People

While much of the media featuring "mental illness" and "mental health conditions" conceptualizes these terms as diagnoses such as anxiety, depression, schizophrenia, and even substance abuse, people with developmental and intellectual disabilities are not only left out of much of the research on deinstitutionalization, but also faced some of the worst treatment and abuses of 19th and 20th-century asylums (Stroman, 2003). The history of American psychiatric hospitals is thus closely interwoven with the eugenics movement, which promoted the selective breeding of individuals with so-called desirable traits and sought to eliminate diseases and disabilities using a pseudo-scientific understanding of genetics (National Human Genome Research Institute, 2022). The eugenics movement led to systemic discrimination, forced sterilization, and genocide supported by governments across the world. First described in 1883 by Francis Galton, a British science writer and cousin of Charles Darwin, eugenics started gaining more traction in the United States in the early 1900s (Lawrence, 2011). By the 1920s, the establishment of The Eugenics Research Association, The American Eugenics Society, and The Eugenics Records Office all generated support for the movement throughout the United States among policymakers, scientists, and philanthropists (Farber, 2008). Despite being scientifically and ethically flawed, eugenics was largely supported by geneticists in the United States who believed hereditary qualities of the American population to be in decline, and by combining scientific arguments with Social Darwinism, selective breeding was positioned as a scientifically

and socially necessary practice (Ludmerer, 1969). State-sponsored sterilization, especially, was practiced throughout the United States, especially in prisons and state mental hospitals (which both had disproportionately higher populations of poor and non-white inmates and patients), and by 1944, over 40,000 eugenic sterilizations[1] had been reported in 30 states (Sofair & Kaldjian, 2000). To contextualize this within global eugenics movements, 70,000 people with physical and mental disabilities had been murdered at "euthanasia" facilities in Germany by 1941 under Aktion T4, a campaign perpetrated by the Nazi regime (United States Holocaust Memorial Museum, 2020).

While many physically and intellectually disabled people in the United States were sent to separate institutions (rather than state hospitals), there is significant overlap between the treatment of patients in both types of facilities, and the call from eugenicists to sterilize "undesirable" members of the population extended beyond what we would now deem disability. For example, the term "feebleminded" is often used by eugenicists to describe a population of people that needed to be selectively bred out, but this term included everything from child molestation to homosexual activity (Largent, 2002). Eugenicist sterilization laws were also used to target the mentally ill, criminals, sexual deviants, and even epileptic people across the United States (Castles, 2002). As eugenics declined in popularity (especially after the acts of the Nazi regime), many laws were found to be unconstitutional, repealed, abandoned, or forgotten (Sofair & Kaldjian, 2000). However, forced sterilizations and eugenicist ideologies were still practiced in many states well into the 1970s (Castles, 2002). Institutions for disabled people, similar to state psychiatric hospitals, also faced multiple scandals and public outcries about the conditions patients were kept in and the ethics of these institutions (Conroy, 2017).

[1] Of those sterilized, 20,600 were reported as "insane" and 20,453 as "feebleminded".

Ethical Concerns

The ethics of state hospitals had been criticized since the late 19th century, one of the most notable examples of which being *Ten Days in a Madhouse* by American journalist Nellie Bly (Bly, 1877). Bly investigated a women's insane asylum by feigning insanity and being involuntarily committed to Women's Lunatic Asylum on Blackwell's Island in New York after multiple doctors and a judge determined her to be insane. Bly confirmed reports of brutality and abuse by hospital staff firsthand and witnessed patients being screamed at, tied up, fed spoiled food, and bathed in freezing and dirty water. Once released from the institution, her findings were published and received critical acclaim. However, much of the media coverage of this exposé focused on Bly herself and the sensationalism of her stunt, rather than the poor hospital conditions or the patients that regularly endured them (Lutes, 2002). Many of these patients, like those in many state-run hospitals at the time, were impoverished immigrant women. Thus, although investigative journalism of state hospitals during this time generated some sympathy, and in some cases, even institutional change, class, gender, disability, and race all likely played a role in the slow response to calls for reform.

Nearly 75 years later, in 1961, sociologist Erving Goffman undertook a similar task to Bly's. In his book *Asylums: Essays on the Condition of the Social Situation of Mental Patients and Other Inmates*, Goffman used participant observation fieldwork to record the experiences of mental patients and detail what he calls "total institution" (Goffman, 1961). A total institution, according to Goffman, is "a place of residence and work where a large number of like-situated individuals cut off from the wider society for an appreciable period of time together lead an enclosed formally administered round of life" (Goffman, 1961, p. 11). As implied by this definition and the title of Goffman's work, prisons, nursing homes, and orphanages are thus all

comparable to psychiatric hospitals due to their structure, lack of interaction with the outside world, and limits to agency. *Asylums* was a highly influential text in that it shed light on the conditions and treatment of the mentally ill, as well as shifted public opinion on the institutions that housed them.

Psychiatrist and writer Séamus Mac Suibhne argues that Goffman's work mainly served to humanize patients and demonstrate how the conditions of these institutions dehumanize them, rather than advocate for the anti-psychiatry movement or the closures of these hospitals (Mac Suibhne, 2011). Goffman even writes the following of asylum closure: "If all the mental hospitals in a given region were emptied and closed down today, tomorrow relatives, police, and judges would raise a clamour for new ones; and these true clients of the mental hospital would demand an institution to satisfy their needs" (Goffman, 1961, p. 390). Nevertheless, Goffmann is continually referenced as a key figure in the deinstitutionalization movement, as his book was influential in changing public opinion about state mental hospitals. Historian Nina Ridenour, in her history of mental health in America (1961), argues that numerous other exposés and articles including the "Bedlem" photo essay in Life magazine (Maisel, 1946), which depicted patients in Byberry Hospital in Pennsylvania and Cleveland State Hospital in Ohio naked, tied-up, and unattended to were hugely influential in shifting public opinion as well.

Financial and Medical Factors of Deinstitutionalization

Deinstitutionalization can be described as a movement, that is, a set of policies paired with a shift in public opinion about the role of state mental hospitals. While questions about the ethics of these institutions had been brewing for decades before the movement began, a renewed scientific interest in the treatment and prevention of mental illness began after World War II and

called into question whether institutionalization was the most effective practice. This was spurred on by the discovery that many young American men were deemed mentally unfit for military duty, as well as the use of short-term treatment during military service (Goldman et al., 1982). Thus, the rise in treatment alternatives (including the advent of psychotropic drugs) laid the foundation for the community mental health movement, which advocated for the treatment of mental illness outside of state hospitals.

There were several pieces of legislation that also contributed to a rise in support for community care. First, The National Mental Health Act was signed in 1946 by President Harry Truman, allowing for the National Institute for Mental Health (NIMH) to be established in 1949 (National Institute of Mental Health (NIMH), 2023). In 1956, NIMH created the Psychopharmacology Service Center to carry out large-scale testing of chemical treatments for mental illness, most notable of which was the discovery of chlorpromazine, one of the first drugs created to treat anxiety, schizophrenia, and psychosis (Mann & Marwaha, 2023). The introduction of psychotropic drugs, especially, was an influential turning point in deinstitutionalization and is discussed in-depth in the next section of this introduction. The community mental health movement truly began in 1963, when President John F. Kennedy passed the Mental Retardation Facilities and Community Mental Health Centers (CMHC) Construction Act, which provided federal funding for community mental health services. This is also the beginning of a debate seen throughout the literature on deinstitutionalization over whether or not this shift actually represented a more effective form of care than hospitalizing patients. Historian of mental health care policy Gerald N. Grob (2005) argues the following of CMHC act:

> The CMHC Act, however, represented the triumph of reality, for it ignored the context in which persons with persistent mental illnesses received care. In 1960, three-quarters of the more than 500,000 individuals in mental hospitals were unmarried, widowed, or divorced. The claim that such people could be discharged from hospitals and reside in the community with their families while undergoing psychosocial and biological rehabilitation was unrealistic (Kramer 1967a, 1967b). Nor was there any evidence that persons with serious mental disorders could be treated in clinics (Sampson et al. 1958). Such facts were largely ignored by those caught up in the rhetoric of community care and treatment. (p. 427)

As pointed out by Rose (1979), the financial element of hospital closures was included in federal literature on the CMHC program, but information on the improvement of patients was not. Thus, the role of government savings in deinstitutionalization policy cannot be ignored. While some literature has argued that the monetary incentives for the shift to community mental health has been exaggerated (Clarke, 1979), many studies have argued that savings on mental health expenditure were certainly a part of these policies (Piat, 1992; Scull, 1990). Notably, early deinstitutionalization efforts also coincided with the establishment of Medicare and Medicaid in 1966, which greatly expanded the number of nursing home beds (Mechanic & Rochefort, 1990). This meant that patients (especially elderly and more severely mentally ill ones) could be sent to a different institution, a practice called transinstitutionalization. State governments were given a financial incentive to do this, as Medicaid and Medicare-funded nursing homes were paid for by the federal government and would therefore reduce state costs.

While this example of transinstitutionalization is evident, the effect of deinstitutionalization policies on homelessness and incarceration rates is controversial. In literature published immediately after these policies took effect, some researchers argued that

they were the direct cause of increased levels of homelessness (Wyatt & DeRenzo, 1986). However, more recent literature has argued that this is an oversimplification of the issue, and that deinstitutionalization was rather one contributing factor among many (Jones, 2015; Mechanic & Rochefort, 1990). Similarly, Raphael & Stoll (2013) found no evidence of transinstiutionalization from 1950-1980, but did discover that a "4–7 percent of incarceration growth between 1980 and 2000 is attributable to deinstitutionalization" (p. 187), the highest increase of which being among white men. Thus, the effects of deinstitutionalization are both complicated and controversial, especially when considering whether the financial benefits of this movement adequately take transinstitutionalization and the long-term effects of these policies into account.

Introduction of Psychotropic Drugs

While one of the common treatments for any mental illness today is medication, the development of psychiatric drugs was only in its infancy in the early days of deinstitutionalization, with the first tranquilizer drug, chlorpromazine, being introduced to the market as Thorazine in 1954 (Gronfein, 1985). Advertising for Thorazine focused on its ability to calm even the most violent patients, meaning that mentally ill people would be easier to manage both within and outside of hospital settings (Haddad et al., 2016). Similar to the financial motivation behind community care policies, the extent to which psychotropic drugs played a role in deinstitutionalization is debated (Rose, 1979). Gronfein (1985) established that discharge rates did increase after the introduction of the introduction of psychotropic drugs, but the rates had already been increasing before this occurred. He concludes, therefore, that "increases in discharge rates which took place after the psychotropic drugs were introduced did not arise de novo, but represented an extension of a trend which had been in evidence for some time" (p. 448). It appears, therefore, that these drugs, in combination with financial and ethical factors,

likely supported deinstitutionalization policies, but the extent to which each factor played in this is up for debate.

The notion of controlling patients outside of the hospital setting was one marker of the shifting attitudes toward mental illness during this time. While state hospitals were often seen as poorly managed, overcrowded, and unethical, mentally ill people were also seen as dangerous and threatening to the general population. The latter belief was especially common among people with limited exposure to the mentally ill (Link & Cullen, 1986). Link & Cullen also established that people with limited or no contact with the mentally ill formed their expectations of this group around "the press, television, jokes, and important others" (p. 290). Thus, the fear of psychiatric patients being released from hospitals influenced the representation of mental illness in popular culture during this period (Covey, 2009). The question of where these fears come from, how they are disseminated, and how the perceptions and understandings of mental illness have changed over time are perhaps best understood through the theory of social representations.

Mental Illness, Social Representations, and Cognitive Polyphasia

The purpose of studying the effect and construction of social and cultural representations has been thoroughly researched. Social psychologist and sociologist Serge Moscovici established that social representations serve to "conventionalize" the things and people we encounter and allow us to place the unknown into a category that can be defined and recognized, and are "prescriptive" in the sense that they combine preexisting structures with traditional ways of thinking about things (Moscovici & Duveen, 2001). Thus, social representations serve to make sense of unfamiliar encounters and place the unknown into a common framework or socially accepted conception. The shared understanding provided by social representations also creates a

basis for communication among individuals. However, Moscovici argues, social thought relies heavily on suspicions, which "set us on the track of causality" (p. 55). Thus, when the reason for something cannot be understood, assumptions are made to find a conclusion that makes sense. Different social representations may provide an explanation for the same phenomenon, and social representations may change over time. Some of the social representations of mental illness that have historically dominated popular culture have already been described in this paper, such as the belief that mentally ill people are violent and dangerous. Further studies building on Moscovici's theory have also been significant in establishing the role of mass media in constructing new social representations and transforming collective meanings (Höijer, 2011).

The social representations of gender have also been the subject of extensive research. Lloyd & Duveen (1990), in their discussion of semiotic codes and the construction of gender identity in children, established that "social representations furnish a semiotic code, as well as marking out the positions that can be adopted toward it" (p45). In other words, social representations of gender support the signs and signifiers associated with a gender identity, and provide a framework in which children are able to establish their gender identity within. The link between digital media and the creation of newer social representations of gender (and the perpetuation of more traditional ones) has also been studied (Popa & Gavriliu, 2015). Therefore, it is clear that the theory of social representations can be used to identify how gender is constructed and thought about.

Social representations are not static or monolithic. Understandings of gender, for example, differ between cultures, periods, and even individuals, and these understandings may co-exist. Moscovici thus identified the concept of cognitive polyphasia, which can be defined as "a state in which different kinds of knowledge, possessing different rationalities live side by side

in the same individual or collective" (Jovchelovitch & Priego-Hernández, 2015, p. 122). The relationship between cognitive polyphasia and mental illness has been explored in-depth. Arthi (2012) described how differing and competing spiritual, scientific, and cultural beliefs result in polyphasias around mental illness, and concludes that the process of reconciling or processing a range of beliefs is affected by identity, including religious and family identity. Furthermore, other literature has established that cognitive polyphasia is used by people to understand mental illness through the differentiation of diagnosis (depression vs. schizophrenia), location (internal vs. external), and cause, and that the theory of cognitive polyphasia can be used to understand stigma around mental illness (Foster, 2001; Walsh & Foster, 2022). Walsh & Foster's analysis of public understandings of mental illness demonstrates that polyphasias not only serve a social function (as they allow people to understand themselves and others within a given framework), but also allow for the construction of a "self/other" dichotomy in which static epistemologies reduce "individuals with experiences of mental illness to holding a reduced and deficient form of personhood" (Walsh & Foster, Static Epistemology and the Other, para. 1).

Mid-20th-Century Social and Cultural Representations of Mental Illness

Besides Erving Goffman's *Asylums*, other sociological and philosophical works were one influence on the shift in cultural beliefs about mental illness. Originally published in 1961, *Madness and Civilization* by Michel Foucault (2001) chronicled changes in "ways of knowing" over three eras (or epistemes), beginning with the Middle Ages and Renaissance. This period took a more organic approach to madness, and art and literature portrayed mentally ill people as wise and able to function within greater society, whereas the Age of Reason (1650-1800) called for "the Great Confinement" which isolated mentally ill people from the rest of society. The final era is the Modern Era (1800-present) in which mentally ill people were meant to be confined and

cured. The medicalization of mental illness occurred during this period, meaning they were considered diagnosable, treatable, and researchable. Originally published in 1961, Thomas Szasz's book *The Myth of Mental Illness* (1992) has also been cited as a shift towards medicalization and deinstitutionalization thinking (Erb, 2006; Sedgwick, 1972).

Understandings of gender and mental illness also shifted over time. The question of the causes of mental illness in women (and whether mental diseases should be considered "real" in the same way physical health problems are, or if they are rather the result of social and circumstantial factors) has long been debated. Thus, feminist scholars have argued that psychiatric diagnoses have historically been used to exercise social control (Millett, 2000) and problematize the behaviors of women and other marginalized groups. In her book *Women and Madness* (2018), which was originally published in 1972, feminist psychotherapist Phyllis Chesler argues that mental illness in women is a manifestation of "female powerlessness and an unsuccessful attempt to overcome this state" (p. 16), and through their illness, women are simultaneously freed from maternal and domestic responsibilities and become ultra-feminine dependents of the men in their lives, and to a certain degree choose to be mentally ill in order to have this freedom. Chesler, therefore, sees mental illness in women as socially constructed and a result of patriarchal oppression that restricts their agency, but also as something women inflict on themselves as a means of protest against this oppression. Chesler has been criticized for conceptualizing mental illness as self-imposed, escapist, or self-sacrificial (Nicki, 2001), however, this understanding of mental illness in women is also evidenced by well-documented abuse of women through psychiatry (Millett, 2000) and the use of psychiatric treatment to quell and pathologize women's political protest (Kitzinger & Perkins, 1993). Medical research has established that mental illness is not purely a result of socialization or circumstantial factors and

that biological factors (such as genetics, substance abuse, and pre-natal damage) do play a role in their development (Insel & Wang, 2010; Stoewen, 2022), although the extent to which this is true depends on the diagnosis. The view of mental illness as the result of circumstances, trauma, and socialization, however, is still prevalent in both scientific understanding and media representations.

One of the most influential pieces of media that shifted cultural opinion pre-deinstitutionalization was the 1948 film *The Snake Pit* (Clarke, 1979). *The Snake Pit* was one of the first films to dramatize real experiences of psychiatric patients, as it's based on a semi-autobiographical novel of the same name by Mary Jane Ward, and chronicles many of the same patterns of dehumanization described in journalistic and sociological writing. The title, for example, comes from the name of a large padded room in which patients are abandoned if they're seen as too difficult to treat (Litvak, 1948). The film adaptation has been cited as a motivation for psychiatric reform efforts and as a reason the American public began to lose trust in state hospitals as an effective method of treating the mentally ill (Harris, 2021).

The Snake Pit is often considered to be the first film that presents illness as a problem to be taken seriously, which is indicative of the negative, stigmatizing, or degrading portrayals of mental illness pervasive in media both during this time and after. Mental illness has long been the subject of art and film, but mentally ill people as a group have historically been poorly represented.

Stigmatizing Mental Illness in Visual Culture

Historically, mental illness has been portrayed both negatively and inaccurately in visual culture. The representation of mentally ill people has historically expressed "a desire to control

mental illness and protect the boundaries of a presumed normality" (Eisenhauer, 2008, p. 14). Characters experiencing mental illness are often reduced to their diagnosis (Sibielski, 2019), and madness (especially schizophrenia) is often used as a plot device, a shorthand for villainy, and a means for other characters to establish their sanity (Smith, 1999). These cultural representations, in both fiction and non-fiction (documentary) media, influence and are influenced by social understandings of mental illness and are therefore important for understanding attitudes towards mental illness during deinstitutionalization. A prevailing attitude present in many of these films, especially in the post-deinstitutionalization era, is that institutions are safer and more beneficial to both mentally ill people and the general public. This reveals a common trope present throughout media featuring characters that fall outside "presumed normality"; characters with mental illness and/or other disabilities, when presented with the option of an institution, are often shown as being better off when institutionalized (Chasnoff, 2020). This is also representative of a type of "hierarchy" that often informs mental health stigma. In their study of the stigmas attached to different psychiatric diagnoses, Hazell et al. (2022) found that anti-social personality disorder (sometimes called sociopathy) and schizophrenia are the most stigmatized disorders and obsessive-compulsive disorder and generalized anxiety disorder were the least stigmatized. However, previous studies examining the differentiation in mental health stigma have also recognized that anything that can be labeled a mental illness will still carry the stigma associated with it, as "mental illness" as an umbrella term is associated with "unpredictability, permanency, violence, and Otherness" (Foster, 2001). During the era of deinstitutionalization, cultural representations of this shift, and their subsequent contributions to public belief about mentally ill people, directly influenced policy. Covey (2009), in his history of the cultural iconography of insanity, argues the following:

> At the same time, mad criminals began to be portrayed in ways singularly likely to deepen popular anxiety, not only about crime in general, but also about the system's inability to ensure society's safety from predators and psychopaths in particular. The result of this growing anxiety and deepening distrust, it seems safe to say, was an inevitable abandonment of the reforms of the earlier era. What followed was a sharp narrowing of the insanity defense and an expansion of State power to incapacitate and indefinitely detain mad criminals. (p. 1426)

Moreover, mental illness is strongly associated with criminality in popular media, the most common trope of which being a homicidal character that does not relate to others, has little to no empathy, and is extremely violent (Wahl, 1996). Wahl also found that these characters were often portrayed as perpetrating violence against strangers, despite this not being accurate. These representations, he suggests, serve as a way for audiences to distance themselves from societal violence and do not require viewers to empathize with the perpetrator. Thus, it is worth exploring media representations of institutions themselves, and the patients they treated during a period in which the public perceptions of both were shifting rapidly. These cultural narratives were informed by numerous exposés and scandals, as well as through film and television.

Current Media Representations of Mental Illness

While the representation of mental illness in popular culture has not remained stagnant, many stereotypes of the mentally ill remain pervasive in modern media representations, most of which are negative. The perception of the mentally ill as violent and unpredictable, for example, is still present in 21st-century film and television. Venkatesan & Saji (2019) connected studies establishing the current public stigma about mentally ill people as violent and dangerous with corresponding media depictions, summarizing these dominant attitudes as “the constant fear of the Other” (p. 530). They also identify the trope of physical deformity, ugliness, or

distinctiveness as common in these characters as a physical marker of otherness, such as having rotting teeth, unkempt hair, or distorted facial expressions. Moreover, the use of pejoratives like "crazy", "psycho", and "loony" are used to describe these characters. Venkatesan & Saji cite films from the 1950s to 2018, but do not identify a dramatic shift in these representations over time. In their literature review of mental illness in films of the past thirty years, Riles et al. (2021) identify multiple other tropes commonly associated with the experience of mental illness, including participation in risky behaviors, physical, verbal, and sexual aggression, and reactions to adversity (such as crying and self-harm).

However, changes have occurred in the stigmatization of mental illness, even if certain tropes and inaccurate or skewed perceptions of mentally ill people persist. Parcesepe & Cabassa, (2012), in their literature review of public stigma of mental illness in the United States, identified the changes in perceptions of the mentally ill as dangerous between 1950 and 2006:

> Among adults who associated mental illness with psychosis, the odds of describing a person with mental illness as violent in 1996 were 2.3 times the odds of describing a person with mental illness as violent in 1950 (Phelan et al., 2000). More recently, however, perceptions of dangerousness appear to have stabilized. Between 1996 and 2006, no significant differences were found in the public's perceptions of dangerousness of adults with schizophrenia or depression (Pescosolido et al., 2010). (p 388-389)

Thus, the literature demonstrates a notable shift in the stigma around the mentally ill during and after the deinstitutionalization period which was marked by increased perceptions of this group as violent, dangerous, or unpredictable. The 1990s, especially, also featured news media sensationalism and a disproportionate focus on homicides committed by mental patients, as well as an entertainment media landscape that depicted this group as perpetrators of graphic violence

(Beachum, 2010). Hyler et al. (1991) identified six types of characters often found in films (ranging from the early 1900s to the 1990s) depicting mental illness. These include but are not limited to the "homicidal maniac", "the rebellious free spirit" (as in, a character who is labeled mentally ill but later has their sanity vindicated, or reinforces the idea that nice characters cannot be mentally ill), and "the zoo specimen" (or, a character who is dehumanized and treated like a scientific specimen). Other stereotypes Hyler identifies are mentally ill people as enlightened or able to create a utopian society, mentally ill women as seductresses and nymphomaniacs with the ability to manipulate and destroy men, and the mentally ill as narcissistic, self-obsessed, and overprivileged. Pirkis et al. (2006) builds on Hyler's work in identifying common portrayals of mental health professionals and treatment methods, arguing that the former are often depicted negatively and treated with rididule, fear, or contempt. The treatments used on mentally ill characters are usually electroconvulsive therapy and psychotherapy, but drug therapies, do not feature often as they are not visually or dramatically interesting. In a study of over 400 films, Gabbard (2001) found that none depicted a psychiatrist prescribing medication.

There have arguably been some improvements in the public understanding and media depictions of mental illness since the early 2000s. Ellis (2012) has argued that new media (such as YouTube) can offer previously unavailable opportunities to break down and confront stigma, thus offering more accurate representations through the use of online campaigns, personal stories of living with a mental health problem, and direct interaction with an audience. In recent years, there has also been an increase in the amount of mental health charity campaigns (Sampogna et al., 2017), academic interventions (Bolinski et al., 2020), and improved mental health literacy overall (Schomerus et al., 2012). However, pop culture representations of mental illness often still lack accuracy, depth, and diversity. The ASC Annenberg Inclusion Initiative and The

American Foundation for Suicide Prevention found in their research of the 200 highest-grossing films of 2016 and 2019 that the depictions of mental health conditions actually worsened in nearly every category; characters with mental illness were fewer, less diverse (ethnically, and in terms of gender and sexuality), more widely disparaged, and more violent in 2019 compared to 2016 (Smith, 2022). Therefore, it may be argued that while public understandings of mental illness have certainly shifted since the period of deinstitutionalization, the prevalence of inaccurate or stigmatizing ideas remains strong even today.

Gender and Mental Illness in Media

Prevailing fears about mentally ill people before and during the period of deinstitutionalization are often generalizable; anyone who could be classified as mentally ill was associated with the stigma that this label carried with it. However, mental illness is only one factor of marginalization, and other factors, such as race, class, and gender often work together to inform cultural beliefs and representations. Wahl (1996) found that mentally ill criminals are almost always male and their victims are almost always female. In their analysis of depictions of violence committed by women, Quintero Johnson & Miller (2016) found that male psychopaths' behavior is attributed to "deep-seated psychological and moral deviance" (p. 214), whereas acts of violence perpetrated by women are attributed to "psychosis induced by traumatic circumstances often beyond their control" (p. 211), a framing which posits women as psychologically fragile victims. Moreover, in media, mental illness is often positioned as something that *happens to* women; female characters or public figures experiencing depression or psychosis have been characterized as "reflections of gender inequality in society" (p. 216).

Present Study

Two major gaps appear in the study of gendered representations of mental illness and the history of deinstitutionalization. While much has been written on the history of deinstitutionalization and the shift it signified both in the treatment of and attitudes toward mental illness, an analysis of how media during this time represented these shifts is yet to be conducted. Looking at how institutions, psychiatric medication, and patients were viewed during this time is thus valuable in understanding the impact of deinstitutionalization policies on cultural attitudes toward mental illness. Many of the films released during this time were also adapted from source material written either before or near the beginning of this era (i.e. *One Flew Over the Cuckoo's Nest* (Forman, 1975)*, Play It as It Lays* (Perry, 1972), and *The Group* (Lumet, 1966), meaning their portrayals of psychiatric care may be viewed as reflections of pre-deinstitutionalization beliefs. While there have been studies of the representations of mental illness in film (Covey, 2009; Wahl, 1995), the cultural appeal of asylum films (Smith, 1999), and the long-term shifts in attitudes towards mental disability and madness (Foucault, 2001), there have been no studies that specifically apply this scholarship to the deinstitutionalization era.

Second, the media of this era has not been explored through a gendered lens. The period of deinstitutionalization policies was also one of several other cultural movements: second-wave feminism and the women's liberation movement gained traction in the early 1960s after the publication of *The Feminine Mystique*, the civil rights movement started making massive legislative impact in 1954 with the *Brown v. Board of Education* ruling that deemed "seperate but equal" institutions unconstitutional, and the gay liberation movement garnered national attention beginning in 1969 after the Stonewall riots. An analysis of media during this time, therefore, can illuminate not just the changing beliefs about mental illness, but also those of other marginalized

groups. Thus, by examining deinstitutionalization through an intersectional lens, the interlocking relationships between non-normative behavior and medicalization may become more clear. For example, as sexual promiscuity in women was once considered grounds for institutionalization, it is worth considering how the national movement towards women's sexual liberation may be reflected in media during this time. The intersection of shifting gender roles and the deinstitutionalization movement, especially, will be explored in the present study. This research, therefore, seeks to explore the ways in which the films of this period can be used to understand the way mental illness, treatment, and patients were viewed and represented during this time, and if we may draw any conclusions about the impact of concurrent social movements on these representations.

Methods

Sample

Eight films from the beginning to the peak of the deinstitutionalization period (1962-1975) were selected based on their inclusion of psychiatric hospitalization, the use of psychiatric medication, or psychotherapy. The preliminary list of films was compiled by using ChatGPT and IMDb. ChatGPT was given several prompts to find films from the given time period that included instances of psychiatric care, and the program provided plot summaries of several films that apparently fit this criteria. These prompts included asking which American films, released between 1962 and 1975, explicitly show a patient being prescribed psychiatric medication, or which show a character being treated through psychotherapy. The recommendations provided by ChatGPT were taken cautiously and compared with the plot summaries provided by IMDb. Many of the films the program recommended by ChatGPT fell

outside of the given time frame or did not actually feature mental health care. For example, the program listed the film *Born to Win* (1971) as a film that included psychiatric hospitalization for drug addiction, but this does not occur in the film. This also occurred for the film *Marnie* (1964), which ChatGPT said included psychiatric care but did not. Thus, multiple films were considered, but after comparing them to the descriptions provided by IMDb, they were ultimately excluded from the final data set as they did not fit the criteria. IMDb tags were also used to find films from this time that featured mental health care. These tags were *mental illness*, *mental hospital*, *suicide*, *psychiatrist*, *schizophrenia*, *depression*, *asylum*, *psychopath*, *suicide attempt*, *mental breakdown*, *medication*, and *insanity*. Films under these tags were narrowed down by ordering the films under each tag by release date and then reading the summaries provided to determine if the content indeed met the criteria of the study. There were also films that were included both in IMDb lists and ChatGPT responses that featured mental health care and were released within the given time frame, but were not American productions and were therefore excluded. For the purpose of this study, non-American films were excluded from the data set, as the social representations being studied are specific to the American deinstitutionalization movement. The film *Tales That Witness Madness* (1973), for example, was written, directed, and produced by British filmmakers, so was therefore excluded.

Films that do explicitly deal with mental illness but do not feature any psychiatric treatment were excluded from the data set. While all of the selected films deal with mental illness, they vary in how explicitly diagnoses and treatments are discussed. While most of the films selected can be considered dramas, the genres of the sample vary, with some films being considered comedies and horrors. Several of the films released during this time were also adapted from source material written either before or near the beginning of this era (i.e. *One*

Flew Over the Cuckoo's Nest (1962)*, Diary of a Mad Housewife* (1967), and *The Group* (1963)), meaning their portrayals of psychiatric care may be viewed as reflections of pre-deinstitutionalization beliefs. The majority of the films selected feature a female-focused narrative and female protagonists. All of the films selected were directed by men, and five of the films were based on source material or co-written by women. Neither popularity nor critical acclaim were taken into account during the selection process.

Selected Films

David and Lisa (Perry, 1962).

Lilith (Rossen, 1964).

The group (Lumet, 1966).

Reflections in a golden eye (Huston, 1967).

Diary of a mad housewife (Perry, 1970).

Play Misty for me (Eastwood, 1971).

Play it as it lays (Perry, 1972).

So sad about Gloria. (Thomasan, 1973).

Madhouse (Clark, 1974).

A woman under the influence (Cassavetes, 1974).

One flew over the cuckoo's nest (Forman, 1975).

The Stepford wives (Forbes, 1975).

Analytical Procedure

Inductive thematic analysis (Braun & Clarke, 2006) was used to identify themes in the sample. The selected films were uploaded to Atlas.ti, where they could be transcribed and coded.

The author was first familiarized with the sample and then codes were generated based on the selected film. For this study, the majority of the codes were based on character dialogue and actions; film language such as blocking and camera work were thus not taken into account during analysis. Particular attention was placed on how characters spoke about mental illness, mental health treatment, and mentally ill people. This process was repeated for all eight films until the entire sample had been coded. Following the procedure of Braun & Clarke (2006), the codes were revised (i.e., overly general codes were split into multiple codes, and overly specific codes were joined together) and sorted into themes. Thematic analysis thus allowed for the determination of which ideas and representations occurred in these films, as well as how often they appeared. The frequency of each theme was then compared.

Results

The codes generated from the analysis of the sample were divided into nine core themes: 1) Hospitals are safe and/or effective places for the treatment of mental illness, 2) Hospitals severely limit personal agency for patients, 3) Mental illness is threatening to masculinity, 4) Mental illness is threatening to motherhood, 5) Patients distrust alternative mental health treatments, such as electroshock therapy, psychoanalysis, and medication, 6) Women's mental illness is a result of traumatic circumstance, 7) Mentally ill people are deserving of compassion and empathy, 8) Mental illness is dangerous and/or shameful, and 9) Mentally ill people are sexually deviant. Table 1 represents the occurrence of these themes within the twelve films in the sample.

Table 1.

Number of films containing individual themes across the sample

	Theme	Codes (examples)	Number of Films
1	*Hospitals are safe and/or effective places for the treatment of mental illness*	*Patient improves during stay in hospital (4x) Trust in institutions as the best place for the mentally ill (3x), Neutrality about receiving treatment in a psychiatric hospital (3x)*	9x (75%)
2	*Hospitals severely limit personal agency for patients*	*Hospitalization without consent/against patient's wishes (5x), Patient physically restrained (3x), Institution compared to prison (3x)*	8x (67%)
3	*Mental illness is threatening to masculinity*	*Mentally ill man as overly sensitive (2x), Suicidal man does not seek help (2x), Feelings of infantilization (2x)*	5x (42%)
4	*Mental illness is threatening to motherhood*	*Criticism for behavior around children (4x), Lack of maternal connection (3x), Child distrusting of mentally ill mother (2x)*	5x (62.5%)
5	*Patients distrust alternative mental health treatments, such as electroshock therapy, psychoanalysis, and medication*	*Group therapy as hostile and judgemental environment (2x), Fear of tranquilizer (2x), Distrust in psychoanalysis (2x)*	8x (67%)
6	*Women's mntal Illness is a result of traumatic circumstance*	*Emotional problems caused by high domestic expectations (4x), Sexual assault (3x), Physical abuse (3x)*	11x (92%)
7	*Mentally ill people are deserving of compassion and empathy*	*Pointing out similarities between "normal" and mentally ill people (2x), Psychiatrist is compassionate towards patient (2x), Shared understanding between patients (2x)*	8x (67%)
8	*Mental illness is dangerous and/or shameful*	*Use of pejoratives to describe mental illness (7x), Denial of mental health issue (4x), Shame about receiving mental health treatment (4x)*	11x (92%)
9	*Mentally ill people are sexually deviant*	*Mentally Ill Woman is Promiscuous (3x), Male Sexual Repression (3x), Woman's Violence Driven by Sexual Desire (2x)*	5x (62.5%)

Note: Codes represent the three most often occurring codes in a given theme (the number in parentheses represents the number of films where the code occurred).

Theme One: Hospitals are Safe and/or Effective Places for the Treatment of Mental Illness

Theme one included all instances of hospitals being represented as safe and effective places for the treatment of mental illness and character dialogue that directly expressed this belief. All of the films that include a character being institutionalized for mental illness included codes that were placed under this theme, as there were no films that represented psychiatric hospitals as wholly unsafe or ineffective.

One example of this theme can be seen in the film *David and Lisa*, in which a young woman with multiple personality disorder and a young man with a severe anxiety disorder meet and become friends while hospitalized. Over the course of their hospital stays, both characters are cured of their most severe behaviors, which was coded as *patient improves during stay in hospital*, as this represents these institutions as capable of remedying psychological issues. Another common code within this theme was *neutrality about receiving treatment in a psychiatric hospital*, in which characters do not express doubt in or fear of hospitalization. This coding can be seen in the film *One Flew Over the Cuckoo's Nest,* in which several men in the ward admit they have voluntarily hospitalized themselves, demonstrating that they feel hospitalization is the best option for their treatment.

Multiple films with codes under this theme also featured plots in which characters were hospitalized and discharged, but still suffer from mental illness after their release, representing the hospitalization as somewhat ineffective. This can be seen in the film *A Woman Under the Influence,* in which the protagonist, Mabel, is hospitalized for six months, returns seemingly calm and able to control her emotions, but quickly relapses and loses control over emotional outbursts. This is noteworthy considering the length of her hospital stay and the types of treatments she describes:

> Mabel: At the hospital they'd come in every morning and they'd give you a shot and the nurse takes you to the toilet. And then you go to work therapy where they teach you games and how to do things. And they gave us shock treatments, which are, uh, those are where electricity goes through your head and it's supposed to… (she trails off) (Cassavetes, 1974, 2:09:02)

Thus, despite the characters' trust in the efficacy of psychiatric hospitalization expressed earlier in the film, this trust is somewhat eroded by the end of the film. This is perhaps not an indictment on hospitalization itself, but rather used to illustrate the severity of Mabel's illness. The ending of the film is ambiguous; Mabel has another outburst, resulting in a fight between her and her husband, which ends with the two getting ready for bed. It is made clear throughout the film that Mabel is a danger to herself and her children, and her hospitalization did not change this, which seems to leave very few treatment options for her and calls into question what treatment, if any, would effectively improve her quality of life.

Theme Two: Hospitals Severely Limit Personal Agency for Patients

Theme two included all instances of psychiatric hospitals being represented as extremely limiting to patients' personal agency. Although psychiatric hospitals must have certain policies in place to protect patients' safety, the limits to agency shown in many of the sampled films were often represented as dehumanizing, humiliating, or upsetting. The most common code placed under this theme was *hospitalization without consent/against patient's wishes*. An example of this coding can be seen in the film *The Group*, in which a woman is abused by her husband and then institutionalized by him after being told she is being taken to a general hospital. This not only represents the lack of control she has over her hospitalization, but also that committal to a psychiatric institution is often a question of who to believe. Another code placed under this theme was *institution compared to prison*, in which characters directly expressed the view that

hospitalization was comparable being imprisoned. An example of this can be found in *A Woman Under the Influence*, in which the protagonist is met by her husband, mother-in-law, and family doctor who have privately agreed to institutionalize her. When she sees the doctor, she becomes upset, saying “He’s got something in that bag…he’s going to try to imprison me with something in that bag" (Cassavetes, 1974, 1:13:23). She is then sedated and taken to a psychiatric hospital.

In films that included hospitalization, this theme was the most common. *One Flew Over the Cuckoo’s Nest*, especially, heavily deals with the theme of limited agency and several codes from this film (including *lack of patient confidentiality, patient forced to take medication,* and *patient physically restrained by nursing staff*) are exemplary of how patient agency within hospitals was represented during this time. *Cuckoo’s Nest* is especially noteworthy in the data set for being one of the most well-known films set in a psychiatric hospital, making its representations of them especially impactful on how these institutions are thought about. The film represents psychiatric hospitals as repressive, controlling, and dehumanizing, especially in terms of the treatments they are given. After a heated group therapy session, run by the antagonist of the film Nurse Mildred Ratched, escalates into multiple patients being physically restrained and dragged away by hospital staff, and multiple men are given electroshock therapy treatments, including those that did not need to be sedated (coded as *electroshock therapy as punishment*). Because these treatments are given to any patient who disrupted the therapy session, it appears that shock therapy is used as a punishment for not following hospital rules, rather than a means of improving patient behaviors. Therefore, hospitals are represented as valuing conformity, rules, and routine above the well-being and improvement of patient mental health, and administering treatments through force is one way to limit the personal agency of patients. This representation of psychiatric hospitals seems to be a direct reflection of the ethical

concerns raised around psychiatric hospitals during this time, clearly reflecting a sense of distrust around these institutions.

Theme Three: Mental Illness is Threatening to Masculinity

All codes representing mental illness and threatening to masculinity were included in theme three. Only three films in the sample had narratives focused on mentally ill male characters (*One Flew Over the Cuckoo's Nest, Madhouse,* and *David and Lisa*), and multiple featured a mentally ill male supporting characters. All three of these films included codes which fell under this theme. One example of this theme can be seen in the film *Play It as It Lays*, in which a man commits suicide without ever exhibiting emotional vulnerability with those close to him. Instead, his depression is represented as detached and apathetic, eventually culminating in a lethal overdose in front of his friend, telling her "Someday you'll wake up and you just won't feel like playing anymore" (Perry, 1972, 1:30:35). This depiction of mental illness represents a traditionally masculine expectation of male emotional composure.

The code *mentally ill man as overly sensitive* occurred multiple times in the data set, as there were multiple male characters (in the films *David and Lisa, Lilith,* and *Cuckoo's Nest*, especially) that were very quick to emotional outbursts. In *David and Lisa*, David is represented at the beginning of the film as being either very emotional or emotionless and cold, and is rarely somewhere between the two extremes. As his treatment and hospitalization progress, however, he is able to regulate his emotions enough to react to things without crying or yelling, but is still sensitive enough that he can have a romantic relationship. By the end of the film, he is not only cured of some of his worst behaviors, but is also able to perfectly balance expectations of masculine emotion. Thus, through the remedying of his mental illness, his masculinity is restored.

There is also a sexual component to many of the codes in this theme, especially in *One Flew Over the Cuckoo's Nest*, in which most of the male patients express some form of sexual frustration when speaking about the reasons they are hospitalized. This represents mental illness (or perhaps its treatment) in men as sexually inhibitory, which is undoubtedly tied to traditional expectations of masculinity. However, codes describing the relationship between sexuality and mental illness were placed under Theme Nine.

Theme Four: Mental Illness is Threatening to Motherhood

Theme four included all instances in which mental illness was represented as threatening or inhibiting to motherhood. Five out of six films with female-centered narratives featured mentally ill women with children, and all five represented mental illness as potentially at odds with one's ability to parent. The most common code in this theme was *criticism for behavior around children*, in which women were told their mental health issues were concerning because of their influence on their children. An example of this coding can be seen in *Diary of A Mad Housewife*, in which a woman suffering from depression is told by her abusive husband "Girls look to their mothers to teach them how to be women and you sure set one hell of a horrible example" (Perry, 1970, 1:00:01). Thus, not only is mental illness in women seen as something inhibitory to motherhood, but this attitude indicates a lack of concern for the woman and an excess of concern for her ability to fulfill social and domestic responsibilities.

The film *Reflections in a Golden Eye* takes a slightly different approach to this theme. Alison, the wife of an army lieutenant who has an affair with her friend Lenora, is shown to be depressed and disinterested in her husband. She does not speak about her depression or emotional state in the film, but rather is spoken about frequently by other characters. Lenora and the lieutenant discuss Alison's mental state in the following way:

> Lenora: She is *crazy*...Cutting off her nipples with a pair of garden shears. You call that normal? God! Garden shears!
>
> Lt. Langdon: No, she's not normal. Doctor says she's neurotic. Takes time is all.
>
> Lenora: Time? It's been three years since she had that baby. So it died. But that was three years ago. She's not getting any better, she's just getting worse. (Huston, 1967, 00:22:41)

This discussion of Alison's mental health and relationship to motherhood is noteworthy for a couple of reasons. First, while it is unclear whether Alison had any signs of mental illness or behavioral issues before her losing her child, the brutal self-mutilation Lenore describes implies that she may have been a danger to her child. But through the particular act of self-mutilation Alison commits, however, she also cuts off the means of supporting a child. Thus, Alison's mental illness is represented as something that was both caused by her inability to be a parent and ensures this situation will continue.

Theme Five: Patients Distrust Alternative Mental Health Treatments, Such as Electroshock Therapy, Psychoanalysis, and Medication

Theme five included all instances in which characters or the narrative expressed distrust in mental health treatments besides hospitalization. Examples of these treatments included psychoanalysis, group therapy, medication, and electroshock therapy. The code *group therapy as hostile and judgemental environment*, for example, can be seen in the film *Diary of A Mad Housewife,* in which the protagonist, Tina, shares her struggles with a therapy group and is met with disdain from other members, one of whom tells her "You are nothing but a spoiled middle-class bitch, exactly like my ex-wife so I know whereof I speak" (Perry, 1970, 1:33:32). This represents group therapy as an unhelpful method of treatment for mental health issues. This

code also occurred in *Lilith*, in which patients continuously yell over each other in therapy and no one is able to speak calmly or be listened to. Because this period oversaw changes in accessibility to and affordability of psychotherapy, it is noteworthy that therapy is represented this way despite its increase in popularity during this time.

Medication was represented similarly. In *Cuckoo's Nest*, the men in the ward are forced to take psychiatric medication and are not told which medications they are taking, which is concerning to the protagonist, who explains "I don't like the idea of taking something if I don't know what it is" (Forman, 1975, 00:29:10). He is told not to get upset and to take the medication anyway, representing medication as a form of controlling patients rather than treating them.

A distrust in psychoanalysis is discussed explicitly in *The Group*, in which a couple, Jim and Polly discuss Jim's relationship to his analyst. Because the two are having an affair, Jim seeks his analyst's recommendation on whether or not to continue it:

> Polly: I thought analysts weren't supposed to give advice.
>
> Jim: That's true. He's completely neutral. He listens and asks questions.
>
> Polly: He did more in this case it seems.
>
> Jim: Well sometimes as a human he steps in as a human being.
>
> Polly: You think he'd step in as a doctor. (Lumet, 1966, 1:27:06)

This interaction (coded as *conflicting role of psychoanalysis*) reveals Polly's distrust in psychoanalysis and its role in governing patients' decisions and actions. Her attitude towards the analyst's advice is clearly driven by her desire to continue the affair, but it also reveals a discomfort related to the efficacy of this treatment. In their later discussions of psychoanalysis,

Jim says that in sessions, “the patient doesn’t talk about real sex, he talks about sexual fantasies” (1:29:10). This represents psychoanalysis as detached from the real circumstances of patients’ lives, further contributing to the doubts the film has about its use.

Theme Six: Women’s Mental Illness is a Result of Traumatic Circumstance

Theme six included all instances in which mental illness in women was represented as the result of routine mistreatment, trauma, and abuse. This socially constructed view of mental illness in women was prevalent throughout the films in the sample, an example of which can be seen in the film *So Sad About Gloria*. In the film, the protagonist’s mental illness and subsequent hospitalization are attributed to her witnessing her brother’s death (coded as *mental illness caused by traumatic event*), but after she is released from the hospital, she begins a relationship with a man who later psychologically tortures her and frames her for murder, resulting in her re-hospitalization. This represents the reasons for women’s mental illness (and in this case treatment for it) as the direct result of mistreatment (often at the hands of men).

Less severe examples of this can be seen in the code *emotional problems caused by high domestic expectations*, which can be seen in the film *The Stepford Wives*, in which a female character describes her emotional state to her friend, saying “I’ve been living here in Ajax country for just over a month and I’m going crazy. You see doctor, my problem is that given complete freedom of choice I don’t wanna squeeze the goddamn Charmin" (Forbes, 1975, 00:24:16).[2] Thus, this represents emotional frustration in women as a result of gendered expectations, in this case related to cleaning and homemaking.

[2] The phrase “squeeze the Charmin” refers to an advertising slogan for the toilet paper brand Charmin that was used in the 1970s.

Theme Seven: Mentally Ill People are Deserving of Compassion and Empathy

Theme seven included instances in which mentally ill characters were treated with compassion and empathy by other characters. The majority of the films included in the sample had codes included under this theme, and did not wholly represent mentally ill people or mental illness as worthy of stigma. An example of this theme can be seen in the code *psychiatrist is compassionate towards patient*, which can be seen in *David and Lisa*, in which the psychiatrist is represented as compassionate and understanding of his patients' illnesses, defending Lisa's troubling behavior by saying "She has no choice, sometimes sickness makes people do things they don't want to do" (Perry, 1962, 00:42:39). This represents the behavior of mentally ill people not as ill-intended but as an understandable result of a condition they cannot control, thus prompting empathy from the audience.

This theme was more common in films that featured mentally ill protagonists and focused on these characters' perspectives. Films like *Play Misty for Me* or even *Lilith*, which use mental illness as a vehicle of villainy and mainly show the perspectives of the male protagonists, however, elicit very little sympathy towards mentally ill people. In *Lilith*, for example, protagonist Vincent Bruce at first defends his decision to work at the psychiatric hospital when speaking to his grandmother, saying, "Nothing to be ashamed about workin' in an insane asylum. Nothin' wrong with curing sick people" (Rossen, 1964, 00:14:25). Yet, as the film progresses and Lilith's destructive and deviant behavior is revealed, it becomes clear that Bruce's optimism about curing her, lack of concern for being around her, and even his love for her were all profoundly misplaced. The story is that of a crazed seductress, not a sympathetic person suffering from an illness outside of their control. *Play Misty for Me* follows this structure almost exactly in that the audience is given almost no information about the antagonist, Evelyn, outside

of her obsession with the protagonist, Dave. The main difference is that Dave does not know Evelyn has behavioral issues until they've already engaged in a sexual relationship, and tries to cut ties with her as soon as he realizes this. In both films, the compassion given to both of these women is shown to be a mistake; both men regret showing these women attention, and their regret deepens when they find that the sexual component of their relationships has made their respective partners' behavior significantly worse and more obsessive. Thus, compassion and empathy towards mentally ill people in these films, in which mental illness is used as an explanation for the antagonists' violent obsessions with the men in their lives, functions to characterize the men as sympathetic victims of these women.

Theme Eight: Mental Illness is Dangerous and/or Shameful

This theme, which occurred in all of the films in the sample except *The Stepford Wives*, includes all instances in which mental illness was represented as dangerous and/or shameful, both through the behavior of mentally ill and non-mentally ill characters. The most common code within this theme was *use of pejoratives to describe mental illness* (i.e. "crazy", "wacko", "screwball"), a theme which is well-documented in other research describing the stigmatization of mental illness in media. While these were often used by non-mentally ill characters as a means of criticizing or degrading the mentally ill, characters with mental health problems often described themselves using these perjoratives (such as in *Cuckoo's Nest, David and Lisa,* and *A Woman Under The Influence*), representing a sense of self-consciousness or shame about their behavior.

Another common example of this theme was the code *shame around receiving mental health treatment*. This can be seen in *Reflections in a Golden Eye*, in which Alison, who has had

a history of mental health issues, is institutionalized by her husband after she tries to leave their marriage. The institution she stays in is a small, private, and costly hospital. When her husband visits her toward the beginning of her stay, she looks around at the other patients and remarks "Alcoholics. Senility. Oh my god, what a choice crew" (Huston, 1967, 1:24:48). Alison is disgusted that her condition has placed her among these people and is embarrassed to receive treatment in such an institution. The way her condition is talked about throughout the rest of the film is also demonstrative of the shame other characters, especially her husband, feel about her condition, often refusing to recognize that she has a problem or needs help at all.

Theme Nine: Mentally Ill People are Sexually Deviant

The final theme included instances of mental illness being represented through sexually deviant behavior, though this manifests differently in male-focused and female-focused narratives. As discussed in theme three, the relationship between male mental illness and issues regarding sexuality is evident. In *Cuckoo's Nest*, it remains ambiguous whether the protagonist, Randle McMurphy, can be diagnosed with a mental illness at all (though his behavior throughout the film arguably suggests he can). However, the explicit reason given for his hospitalization is his history of assault, both physical and sexual. When questioned about his history by the hospital psychiatrist, Randle describes it without remorse or a sense of shame.

> Psychiatrist: Of course, it's true that you went in for statuatory rape. That's true, is it not, this time?
>
> Randle: Absolutely true, but doc, she was 15 years old going on 35 and she told me she was 18, and she was very willing, you know what I mean? I practically had to take to sewing my pants shut. (Forman, 1975, 00:09:56)

The action and Randle's description of it thus demonstrate a relationship to sexuality that can be considered deviant, and was coded as *mentally ill man as sexually violent* and *sexual violence as reason for hospitalization.* The characterization of Randle throughout the film as a free-thinking individual who challenges the strict and controlling environment of the psychiatric hospital, however, suggests that this representation, while perhaps not endorsing sexual violence, does see the use of psychiatry as a means of controlling male sexuality as oppressive. This view is further evidenced by the sexual behaviors of the other male patients, especially the character of Billy Bibbit. Billy is shown throughout the film to have sexual issues, first through his suicide attempt after experiencing romantic rejection, and later though his interactions with the sex worker Randle sneaks into the hospital. After Randle convinces him to have sex with her, Billy is caught the next morning by Nurse Ratched, who threatens to tell his mother, which then results in his immediate suicide.

This sequence of events reveals the film's attitude toward how male sexuality is treated. While seeking the service of sex workers may be considered sexually deviant, Billy is portrayed as a sympathetic victim of a tyrannical and repressive medical establishment, and Randle is represented as his liberator. Thus, the film positions the sexuality of men as something under attack and psychiatry as the vehicle to attack it. The characterization of mentally ill men as sexually deviant, therefore, is more a criticism of psychiatry and its medicalization of certain behaviors than the behaviors themselves.

The same cannot be said, however, of the representations of sexually deviant behavior in mentally ill women. In these representations, non-normative sexuality is seen as a symptom of mental illness that is particularly dangerous or terrifying. Several examples of this can be seen in the film *Lilith*, in which a trainee occupational therapist Vincent Bruce begins working in a

psychiatric hospital and has a sexual and romantic relationship with one of his patients, Lilith. This is framed as the result of her seduction, not the other way around (coded as *patient seeks out sexual relationship with therapist*). As the relationship progresses, she becomes jealous and violent, but is also shown to be engaging in several other non-normative sexual behaviors, such as homosexuality. When Lilith has an affair with another older female patient and is caught, Vincent calls her a "dirty bitch", which was coded as *homosexuality viewed as deviant* (Rossen, 1964, 1:17:18). She is also implied to have engaged in an incestuous relationship with her brother as a child (which drove him to suicide), and behaves inappropriately with children multiple times in the film. Several conclusions can be drawn from this representation of Lilith's sexuality. Besides her deviance being the result of her mental illness, the film represents this deviance as all-encompassing; the desire that drives her seduction of Vincent is the same desire that drives incest, pedophilia, and homosexuality. Lilith's mental illness, therefore, is almost indistingushable from her sexual proclivities. She nearly states this directly, which was coded as *sexual deviancy as incurable*.

> Lilith: ... Do you think they can cure Lilith? Do they know what she wants? Do you think they can cure this fire? Do you know what they have to cure? She wants to leave the mark of her desire on every living creature in the world. If she were Caesar, she'd do it with a sword. If she were a poet, she'd do it with words. But she's Lilith, she has to do it with her body. (Rossen, 1964, 1:34:30)

Both her name being a biblical allusion and her use of the third person in this quote represent Lilith as a powerful and almost demonic force, providing the necessary justification to view her sexuality as something undoubtedly dangerous and necessary to treat through psychiatry. While this is the most extreme example, other films in the data set (such as *Play Misty for Me* and *Play*

It as It Lays) also included codes that fell under this theme and similarly represented promiscuity and overt sexual desire in female characters as a result of their respective mental illnesses.

Discussion

The thematic analysis of American films representing mental illness and mental health treatment demonstrates that the representations of psychiatric hospitals during this time were not entirely negative, but did show them as places of limited personal agency and restricted freedom. These representations often show hospitals as prison-like institutions that seek to exercise complete control over a vulnerable population, echoing the expository and sociological writings on psychiatric hospitals from this period. Alternatives to hospitals, however, were also represented as potentially ineffective or harmful. This is noteworthy, as alternatives to hospitalization and new treatment methods were becoming increasingly popular during this time, yet most of the films that featured them cast doubts on their efficacy and purpose. In the films that featured psychiatric medication specifically, this treatment did not usually function to improve the patient, but rather to sedate, control, or silence them.

Moreover, mental illness itself was represented differently between male and female characters, with male characters being shown as having mental health conditions that were not solely caused by traumatic circumstances, but these conditions did threaten traditional notions of masculine behavior, especially in terms of sexuality.

Women's Mental Illness, Trauma, and Medicalization

Women, in contrast, were represented as victims of traumatic circumstances, which were often due to mistreatment by men. This representation of mental illness could potentially be viewed as a reflection of changes in gender roles, the women's liberation movement, and increased criticism of misogynistic violence during this era. Feminist approaches to psychiatry and criticisms of the medicalization of women's problems were also emerging during this time (Chesler, 2018). However, representing women's mental illness wholly as the result of patriarchal violence and trauma (which aligns with Chesler's writing on the subject) has its own complications. This is especially evident in the film *Diary of a Mad Housewife*, in which Tina's depression is shown to be both caused and exacerbated by her abusive husband and high domestic and maternal expectations. This is made clear from the first scene in the film, in which she silently listens to her husband's criticisms of her, almost all of which seem to describe the symptoms of depression. In this representation, mental illness is seen as something that *happens to* women, and which they have very little agency in. When Tina goes to a group therapy session at the end of the film, where she is berated and ridiculed by the rest of the group. Thus, this representation seems to posit women's mental illness as both a legitimate result of misogynistic violence and patriarchal oppression *and* an unchangeable and tragic circumstance that befalls its victims. Furthermore, by framing her depression as the result of circumstance, it isn't seen as legitimate (at least in the same way that a physical medical condition may be). This perhaps illustrates a key contradiction of medicalization; a condition legitimized by medical diagnosis might be taken more seriously in a culture that often derides the experiences of women and the violence they face. Yet, medicalization can also be weaponized against women in an effort to pathologize their political protest and resistance to patriarchal oppression. Moreover, this

perspective seems not only to distrust the medicalization of mental illness, but also its treatment as a whole. In the film, group therapy is not represented as an effective solution to the protagonists' problems, yet she does not show any signs of changing the material circumstances that cause these problems or seek alternative solutions. This removal of agency within the narrative, therefore, seems to solidify her victim status, representing how certain feminist ideas, especially regarding medicalization, were embraced during this time, yet in many ways traditional notions of feminine victimhood and suffering persisted. Thus, these representations of mental illness in women being the result of trauma are in line with representations of female suffering from earlier eras, but the use of psychiatric treatment to address these problems does demonstrate a marked shift in representations of women's mental illness during this period.

Representations of Mental Illness in Men

Representations of male mental illness during this period perhaps varies the most from representations from other eras. While literature has established that mentally ill men are typically portrayed as violent criminals (Wahl, 1996), this did not seem to be the case for the films examined in this study. While male characters in these films did exhibit characteristics of violence (especially sexual violence), they were also represented as often sensitive and complex individuals. Alternatively, mentally illness in men is often relegated to the background of these characters. In the film *Madhouse*, for example, horror actor Paul Toombes is institutionalized after his fiance is murdered and the trauma causes him to lose his memory and grasp on reality. However, after the first act of the film, this history of mental illness is not discussed. It has little impact on his career after he starts acting again, and the trauma he experiences does not seem to have a major impact on the way his colleagues and the media discuss him. The same can be seen in the film *Play It as It Lays*, in which male supporting character B.Z. is shown to be relatively

unhappy throughout the film, but barely discusses it until his suicide. In these narratives, mental illness in men does not manifest as violent criminality, but rather something to suffer with in silence until it goes away on its own or it ends the person's life. This representation, therefore, is notably different than the way mental illness in men has been represented in other periods. One potential reason for this finding is that films that do not include mental health treatment were excluded from this study. Thus, it is possible that other films from this period represent men who are *implied* to be mentally ill (or are explicitly mentally ill in the narrative, but do not receive treatment) as violent and dangerous criminals.

Distrust of the Mentally Ill and Institutions

As described by Covey (2009), the public anxieties around the efficacy of psychiatric hospitals and the danger that mentally ill people pose to society was evident in popular media from the deinstitutionalization period, and this can certainly be seen in the films examined in this study. *Play Misty for Me* is a valuable example of this distrust; Evelyn, the woman obsessed with her lover Dave, is institutionalized after breaking into Dave's home and stabbing his housekeeper. Her hospitalization provides Dave and his loved ones only temporary relief, however, as she is released after a few months and immediately attempts to murder Dave and his girlfriend. In this example, the psychiatric hospital fails to both rehabilitate the patient and to protect the general public from violent, mentally ill criminals. By representing it as ineffective, therefore, the distrust in both mentally ill people and the institutions designed to treat them is reinforced. This also supports the findings of previous literature, which has described increased public perceptions of mentally ill people as violent and dangerous both during and after the deinstitutionalization period (Parcesepe & Cabassa, 2012).

Media Stigma and Shifting Beliefs about Mental Illness

The long history of media stigmatization of mental illness can be seen in many of these films, especially those that heavily feature the mistreatment of mentally ill people. Many of the films examined in this study are based on source material written before the deinstitutionalization era, such as *One Flew Over the Cuckoo's Nest*, *Play It as It Lays*, and *Reflections in a Golden Eye.* These films do not represent psychiatric care as drastically different than other films in the data set, and none of the films in the data set represent the institutions of mental health care as wholly effictive or trustworthy. However, films either released later in this period or films that were not based on source material from the pre-deinstitutionalization era appear to stigmatize mental illness more than the other films in the data set. In the film *So Sad About Gloria*, for example, the function of mental illness to heighten the drama of the film; the titular character's history of psychiatric hospitalization and mental illness means that the things she is experiencing (hearing strange noises, feeling uncomfortable around her neighbor, and seeing visions of someone trying to hurt her) could be symptoms of paranoia or legitimate reasons to be afraid. Because the film ends with Gloria being framed for murder and indefinitely hospitalized, it is clear that the film regards the mentally ill as people that may be victims of tragic circumstance, but ultimately need to be isolated from the rest of society. Perhaps the most egregious example of this is the film *Play Misty for Me*, which represents a serious departure from earlier films in the data set. In *Misty*, mental illness serves as a plot device, a means of heightening dramatic action, and as a reinforcement of the idea that there is no chance of rehabilitating or integrating mentally ill people into society and that they should therefore be institutionalized indefinitely. This is in sharp contrast to other films in this era, such as *David and Lisa* and *Cuckoo's Nest*. These films, and several others in the data set, do generally attempt to

reject many of these notions and instead represent mental illness as a condition deserving of understanding, not shame. Thus, based on the films in this data set, it appears that as deinstitutionalization progressed and mental illness was increasingly treated outside of the hospital setting, so too did anxiety about the dangers of mental illness increase.

Conclusion

The period of this study was that of intense change, not just in terms of the ways mental illness was treated, thought about, and approached. In the media of this era, a push and pull of old and new ideas is evident. None of the films examined for this study are straightforwardly making political statements on the situation of mentally ill people in society, nor do they advocate for one perspective on their treatment. Similarly, while some clearly embrace feminist ideas and represent progressive changes toward women's liberation, the approach these films take to the relationship between women's mental health and patriarchal trauma is complex. Rather, these films clearly demonstrate that the ideological shifts that paralleled legal and systemic ones were sometimes slow to take hold. Stigma around mental illness and the question of why it exists, how best to treat it, and how to think about it are questions that have no clear answer and are still being discussed today. While the role of psychiatric hospitals has shifted in the past 60 years, many of the issues these films discuss are relevant to more modern discussions of mental health treatment and the degree to which mental illness can and should be controlled.

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