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Perceptions of Bipolar Disorder in the Entertainment Media

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ABSTRACT

This is a literature review of empirical research.

This literature review provides an overview of how mental health conditions, specifically bipolar disorder, are depicted in the media (television and movies) by examining relevant empirical research. The review also includes how stigmas are perpetuated in these media depictions.

This literature review included an extensive review of published literature in the past 50 years about mental health and bipolar disorder depictions in media (television and movies). Studies were included for their relevance on mental health conditions generally, and any specifics related to bipolar disorder. Studies were read for key statements about stigmas, application of media effects perspectives and how depictions informed audiences about mental health. The literature review highlights that many of the media depictions of those with mental health conditions, and bipolar disorder, are negative. The media relies upon negative stereotypes of those with mental health disorders, which in turn leads to negatively informed perceptions by viewers.

There is a need to educate the media about bipolar disorder and mental health conditions. Improving mental health depictions in the media could help reduce stigmas associated with mental health.

INTRODUCTION

There is a need for more research surrounding whether certain mediums in the entertainment media are causing viewers to form perceptions about bipolar disorder. From prior experiences it seems that the entertainment media is causing its viewers to form negative perceptions about bipolar disorder. One objective for this project is for individuals to become more educated on bipolar disorder and the role that the entertainment media plays in affecting perceptions surrounding the mental health condition. This report can additionally assist individuals who have bipolar disorder in hopes that it can bring more awareness about the mental health condition and potentially make it easier for certain individuals to publicly come out with their mental health diagnosis.

It seems a majority of entertainment media depicts characters who have bipolar disorder in anything but a positive light. The literature cited in this literature review helped to provide evidence that the entertainment media is causing the individuals who watch certain programs to form perceptions about bipolar disorder.

This topic is important to research because many people struggle with living with bipolar disorder every day. Hopefully, this literature review will spark researchers to further explore this topic since there currently is a lack of data surrounding it. If more research begins to be conducted, it will educate the public about how the media portrays health issues, such as bipolar disorder. Educating individuals on what bipolar disorder is, as well as shed light onto the incorrect depictions that entertainment media shows on screen, might help to break certain stigmas and stereotypes associated with the mental health condition.

DEFINING BIPOLAR DISORDER

Bipolar disorders I and II are recognized by the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) as a "group of brain disorders that cause extreme fluctuation in a person's mood, energy, and ability to function" (Truschel and Montero, 2019, para. 1). Conditions that often occur concurrently with bipolar II disorder include panic disorder, panic attacks, generalized anxiety disorder (GAD), social phobia, and obsessive-compulsive disorder (OCD) (Parker, 2012).

The National Alliance on Mental Illness (NAMI) further defines bipolar disorder as "a mental illness that causes dramatic shifts in a person's mood, energy and ability to think clearly. People with bipolar experience high and low moods—known as mania and depression—which differ from the typical ups-and-downs most people experience" (NAMI, 2017, para. 1). Bipolar disorder ranges between the two different classifications: bipolar I disorder and bipolar II disorder. According to NAMI, bipolar I disorder is "an illness in which people have experienced one or more episodes of mania. Most people diagnosed with bipolar I will have episodes of both mania and depression, though an episode of depression is not necessary for a diagnosis" (NAMI, 2017, para. 15). In terms of bipolar II disorder, NAMI states that it "is a subset of bipolar disorder in which people experience depressive episodes shifting back and forth with hypomanic episodes, but never a "full" manic episode" (NAMI, 2017, para.16).

The World Health Organization (WHO) (WHO, 2019) found that bipolar disorder "affects about 45 million people worldwide" (WHO, 2019, para. 7). Specifically in the United States, NAMI has found that bipolar disorder "affects men and women equally, with about 2.8% [estimated 7 million people] of U.S. adults experiencing bipolar disorder each year.

Approximately 83% of cases of bipolar disorder are classified as 'severe'" (NAMI, 2017, para. 2). According to the National Institute of Mental Health (NIMH), the Sheehan Disability Scale was used to determine the degree of impairment, ranged from moderate to serious, of adults in the past year (2001-2003) who have been diagnosed with bipolar disorder (NIMH, 2017). Using data from National Comorbidity Survey Replication (NCS-R), the NIMH found that "an estimated 82.9% of people with bipolar disorder had serious impairment, the highest percent serious impairment among mood disorders" (NIMH, 2017, para. 5).

The treatment plans, commonly referred to by medical professionals as 'well-being plans' for bipolar II disorder are highly individualized, varying from patient to patient. The ideology behind the 'well-being plan'

> involves more than simply a plan for avoiding symptoms or keeping bipolar II disorder in check. It aims first and foremost to inform, keep safe, and to protect form the risk of episodes. Secondly, when the time is right, it seeks to remind, inspire, and challenge the individual to take measured steps towards adding value to his/her life, thus creating a more interesting and fulfilling experience. Thirdly, it works towards a more robust sense of self, which can then act as a protection against further episodes, buffering against depression and diluting the impulse to escape into hypomanic periods (Parker, 2012, p. 152).

These individualized threefold plans allow for personal growth for the affected individual and work toward increasing her quality of life.

> The most used strategies [include]: a commitment to getting adequate sleep, being aware of warning signs and triggers, keeping stress to a manageable level, taking

appropriate medication and making use of compassionate social and professional

supports. Some people [make] major lifestyle changes, while others [stay] well with

only very minor adjustments (Parker, 2012, p. 151).

The key to managing bipolar disorder II relates to the affected individual finding and

maintaining a healthy balance of self-monitoring. A person who has been diagnosed with

bipolar II disorder "must become willing to take on the responsibility for, or stewardship of,

his/her own 'well-being plan' – namely, a set of strategies developed with the unique needs

and interests of the individual in mind, aimed at helping him/her achieve a health and

satisfying lifestyle, and usually developed collaboratively with health professionals, family,

and/or friends" (Parker, 2012, p. 151-152).

The largest component of treating a patient with bipolar II disorder relates to mood

stabilization. The two types of therapy that patients can be treated with, based on their

symptoms, needs, and responses to treatment, are pharmacological therapy and psychosocial

therapy.

Pharmacological Therapy

Pharmacological therapy involves three classifications of drugs: mood stabilizers, atypical

antipsychotics, and antidepressants (Substance Abuse and Mental Health Services

Administration Advisory (SAMHSA, 2016). In accordance with pharmacological therapy, "a

study describing prescription patterns for 500 bipolar patients in a US psychiatric academic

setting showed that lithium and anticonvulsants [mood stabilizers] are commonly used in the

treatment of BP II (bipolar II disorder) patients referred from the community" (Parker, 2012,

p. 114; see also: Ghaemi et al., 2006a). In a later report, "BP II patients showed a 98%

reduction in hospitalization rates during lithium treatment, as well as a decrease in the

percentage of time spent ill and recurrence of mood episodes by 80% and 68% respectively

(Parker, 2012, p. 120; see also: Tondo et al., 1998). Although there are many routes a

psychiatrist can take in relation to medication management, it can be a very long and tiring

process to find the right 'concoction' of medication(s) and doses of the medication(s) for

patients who are seeking treatment.

Psychosocial Therapy

Psychosocial therapy involves three main treatment approaches: cognitive-behavioral therapy

(CBT), family-focuses therapy (FFT), and interpersonal and social rhythm therapy (IPSRT)

(SAMHSA, 2016). CBT

> uses a process called cognitive restructuring, in which an individual learns to identify
>
> harmful or negative patterns of thoughts, behaviors, and beliefs and to modify them
>
> into more balanced patterns. The goal is to decrease the individual's degree of
>
> emotional distress over troubling situations (SAMHSA, 2016, p. 5).

FFT is geared more toward the family of the individual who has bipolar disorder. The

purpose of FFT is to "FFT help families understand bipolar disorder, develop coping

strategies, and learn to recognize when a new depressive or manic/hypomanic episode may be

beginning" (SAMHSA, 2016, p. 5). The most intricate treatment is IPSRT, which includes

three components:

- *Psychoeducation* focuses on information about bipolar disorder, treatment options

  (and possible side effects), and early warning signs of a new depressive or

  manic/hypomanic episode.

- *Social rhythm therapy* focuses on identifying situations that may upset life routines and developing ways to stabilize life routines, to reduce emotional distress.

- *Interpersonal psychotherapy* focuses on the ways that interpersonal problems (such as grief, role transitions, or disputes) may be related to changes in mood that may signal the beginning of new mood episodes, such as new or increased depression or mania/hypomania (SAMHSA, 2016, p. 5-6).

Similarly to pharmacological therapy, psychosocial therapy involves trial and error in order to see which treatment plan is most effective for the patient.

MASS MEDIA AND MENTAL HEALTH

Krantz-Kent examined the time period of 2013-2017 to see how much time individuals in the United States spend watching television. She found that "U.S. civilian noninstitutional population ages 15 and older spent an average of 2 hours 46 minutes per day watching TV" (Krantz-Kent, 2018, p. 2). Of those individuals who are 15 or older, "79.2 percent spent some time watching TV on a given day in the period from 2013–2017" (Krantz-Kent, 2018, p. 5). In terms of the months that people spent watching television the most, individuals watched television "just shy of 3 hours per day (2 hours 54 minutes) in October through March of 2013–17, and a quarter of an hour less per day (2 hours 39 minutes) in April through September" (Krantz-Kent, 2018, p. 8). Of the "nearly 80 percent of the population ages 15 and older who watched TV on a given day, a majority did so each hour between 8 p.m. and 10 p.m." (Krantz-Kent, 2018, p. 8).

In Tukachinsky, Mastro, and Yarchi's study (2017), the concept that prime-time television portrays "recurring characters with whom viewers can identify and form meaningful parasocial bonds" (Tukachinsky, Mastro, and Yarchi, 2017, p. 539) was investigated. Furthering this idea, "such involvement, in turn, fosters social learning, facilitates persuasion, and (depending on the manner in which groups are represented) can attenuate self-esteem and promote internalization of stigmas and social stereotypes" (Tukachinsky, Mastro, and Yarchi, 2017, p. 539; see also: Tukachinsky and Tokunaga, 2013). Although the focus of the study remains on the effect that prime-time television has on Latino and Black American racial stereotypes, it provides profound evidence that supports the following, "exposure to mainstream U.S. media [involving marginalized group members] contributes to perceptions of prejudice and discrimination against [such individuals] in U.S. society" (Tukachinsky, Mastro, and Yarchi, 2017, p. 543). Referring to Tajfel and Turner's study (1986), the researchers reference social identity theory and how "group memberships can constitute a central facet of one's identity" (Tukachinsky, Mastro, and Yarchi, 2017, p. 541; see also: Tajfel and Turner, 1986).

Adding onto Tajfel and Turner's study, Tukachinsky, Mastro, and Yarchi reflect on the concept that "belonging to an esteemed group is psychologically rewarding (potentially boosting self-concept, esteem, and attitudes toward one's group), whereas association with a devalued group can have negative psychological consequences (including a deflated sense of self-worth and group esteem, among others)" (Tukachinsky, Mastro, and Yarchi, 2017, p. 541). This research can be closely related to the depictions of mental health in the mass media. Typically, characters who are portrayed to have a mental illness in such programs are associated with behaving and acting in a negative and self-destructive manner.

Expanding the conversation beyond the effects on ethnic minorities and toward the effects on ingroup attitudes, Tukachinsky, Mastro, and Yarchi note that it is "not surprising that media exposure has the potential to pose a social identity threat and lower group members' personal and group esteem when negative and unfavorable messages about one's group are presented" (Tukachinsky, Mastro, and Yarchi, 2017, p. 541). Supported by Schmader and Lickel's study (2006),

> these findings are consistent with [their] research on social identity threat which indicates that marginalized group members may experience negative emotions such as vicarious shame when negative stereotypes about their group are confirmed, in either real-world or mediated contexts (Tukachinsky, Mastro, and Yarchi, 2017, p. 541; see also: Schmader and Lickel, 2006).

These findings are additionally supported by a variety of studies found in the Media, Stigma, and Mental Health section further in this review. Broadening the scope to the effects on attitudes toward the majority group, the study supports Oritz and Behm-Morawitz's study (2015), which uncovers "a relationship between media usage patterns among [underrepresented populations] and perceptions of societal-level biases" (Tukachinsky, Mastro, and Yarchi, 2017, p. 543; see also: Oritz and Behm-Morawitz, 2015). As a result, the following notion was concluded: "in addition to influencing perceptions regarding the value of one's own group, exposure to stereotypic messages about the ingroup may also influence group member's views about intergroup relations in society, and by extension affect attitudes towards the majority group" (Tukachinsky, Mastro, and Yarchi, 2017, p. 543).

Published in 2018, Houghton et al. studied the reciprocal relationships between trajectories of depressive symptoms and screen media use during adolescence. Citing data from the WHO from 2001, the WHO "predicted that childhood and adolescent mental health problems would become one of the leading causes of morbidity, mortality and disability worldwide by 2020" (Houghton et al., 2018, p. 2453). Following up with this prediction, "by 2012, ~20% of adolescents reported experiencing a mental health problem in any given year, with depression being one of the most prevalent" (Houghton et al., 2018, p. 2453; see also: WHO, 2014; Merikangas, Nakamura, and Kessler, 2009; Patel, 2017). Since 2001, the evolution of television alone has increased exponentially, as depicted by Watson (2019) in Appendix A. Watson more specifically breaks down consumers' preferred media activities by age group as of July 2018, which is outlined in Appendix B.

Given the dramatic increase of both the prevalence and accessibility of television in the United States over a small span of twenty years, it can be assumed that ramifications will follow. Despite the absence of "substantial evidence [supporting a] longitudinal association between screen use and depressive symptoms" (Houghton et al., 2018, p. 2465), there was evidence that supported significant increases in screen use time having the potential of deteriorating a young person's mental health over time (Houghton et al., 2018). Explained by Houghton et al. (2018), "while not directly assessed in the current study, some adolescents may use screens in unproductive and unhelpful ways to cope with the stressors they encounter" (p. 2465). If this is the case, adolescents who do not have pervious education and exposure to depicted behaviors in the entertainment media who are being exposed to inaccurate depictions of mental illness, can be at higher risk for inaccurately associating what

they are watching as reality. Falsely equating character depictions of mental health as accurate depictions, paired with a lack of knowledge about the mental health condition represented on the screen, adolescents seem to be at the greatest risk for forming stigmas and prejudices against individuals who have such diagnoses.

STIGMA ABOUT MENTAL HEALTH IN THE MASS MEDIA

Stigma has a very large impact on individuals who have a mental illness. Defined in the realm of public stigma, the behavior can be broken down into three major components – stereotypes, prejudice, and discrimination play significant roles in shaping stigma. Stereotypes relate to a "negative belief about a group (e.g., dangerousness, incompetence, character weakness);" prejudice is an "agreement with belief and/or negative emotional reaction (e.g., anger, fear);" and discrimination involves a "behavior response to prejudice (e.g., avoidance, withhold employment and housing opportunities, withhold help)" (Corrigan and Watson, 2002, p. 16). Used in conjunction with the other, these elements can shape the ways in which the general public views various individuals, specifically those who have a mental illness.

Stigma "reduces the individual 'from a whole and usual person to a tainted, discounted one'" (Watson, Holley, Kranke, Wilkins, Stromwall, and Eack, 2017, p. 175; see also: Goffman, 1963). Identified by Link and Phelan in 2001, they created a framework of "four factors that when combined result in negative effects for the stigmatized individual" (Watson, Holley, Kranke, Wilkins, Stromwall, and Eack, 2017, p. 175). The framework first begins with

labeling the individual as different or other. The second factor is stereotyping, where

the individual is reduced to generalizations about the labeled group. The third factor

involves separating us from them, where the stigmatized individual is identified as

them and a desire exists by the stigmatizer (the us) to not be associated with the

individual. The fourth factor, discrimination, occurs when the individual is the

recipient of behaviors that result in status loss (Watson, Holley, Kranke, Wilkins,

Stromwall, and Eack, 2017, p. 175).

When stigma is exercised beyond the individual and introduced in the public sphere, it can

have damaging consequences on the individual(s) who are being stigmatized. The specific

level of stigma that emerges toward individuals who have been diagnosed with a mental

disorder is referred to as social stigma.

Social stigma is "defined as a reaction of social disapproval of others based on personal and

[behavioral] characteristics of sick people who are considered abnormal, disturbing,

threatening, and dangerous" (Préville et al., 2015, p. 464; see also: Link and Phelan, 2001).

The leading consequence of social stigma is social distance. Stressing the impact that social

stigma can have against individuals with a mental health problem, the WHO and the World

Psychiatry Association recognize it as a major social problem affecting the recovery of those

affected (Préville et al., 2015; see also: Lamboy and Saïas 2012; Stuart, 2008). In many

cases, individuals who either have been diagnosed with a mental illness or display

symptoms/signs of having a mental illness attempt to conceal their symptoms in efforts to

prevent stigmatization. In a study conducted in 1999, the "U.S. Surgeon General identified

stigma as a primary cause for the underdiagnosis and undertreatment of mental illness"

(Rusch, Kanter, Angelone, and Ridley, 2008, p. 373; see also: Satcher, 1999). When

individuals who have a mental health problem do not receive the proper treatment, negative outcomes can ensue.

Supported by studies conducted in 1999 and 2002, "even though conventional treatments of mental disorders are efficient and not expensive, only 20–35% of those afflicted seek professional assistance" (Klin and Lemish, 2008, p. 435; see also: Brown and Bradley, 2002; Wedding and Boyd, 1999). Furthermore, additional studies proclaimed "prejudice and fear of stigma [to be] among the principal factors for the fact that many people who suffer with mental disorders do not seek or postpone seeking assistance" (Klin and Lemish, 2008, p. 435; see also: Jorm, 2000; Lipczynska, 2005; Philo and Secker, 1999). Thus, "stigmatization harms attempts to reduce the suicide rate (Philo, 1996), because a direct connection has been proven to exist between depression and suicide (Klin and Lemish, 2008, p. 435; see also: Beautrais, 2000; Wilkinson, 1994).

MEDIA, STIGMA, AND MENTAL HEALTH

Stigmatization is reinforced through many facets of life, one facet being the entertainment media. When forms of the entertainment media portray mental illness in a negative light, it cultivates negative perceptions and stigma toward those who are affected by and/or live with a mental health disorder. As many Americans rely on the mass media "as a central source of information, [it] not only reflect[s] public attitudes and values in relation to disabilities and illnesses, but also take[s] part in shaping them, both unintentionally by means of news coverage and entertainment shows, as well as intentionally, through advertising and information campaigns" (Klin and Lemish, 2008, p. 436; see also: Hafferty and Foster, 1994;

Klin, 2001). Focusing on entertainment television programs, characters who are portrayed to

have a mental health condition can be found to have connections with violence and a lack of

predictability, as well as a high probability of being labeled as victims.

What is prominent in television programs is not only the connection of violence with people

afflicted with mental disorders, but also the tendency to place responsibility for scandals and

tragedies associated with them on the policy that supports deinstitutionalization and

community-based services (Rose, 1998). More specifically, common in television dramas or

films are depictions of persons afflicted with mental disorders as violent and unpredictable, as

victims, or as incapable of holding down a job (Klin and Lemish, 2008; see also: Bryne, 1998;

Diefenbach, 1997; Hillert et al., 1999; Hyler, Gabbard, and Schneider, 1991; Kerson, Kerson,

and Kerson, 2000; Signorielli, 1989; Wilson et al., 1999). In the results of one study by

Parrott and Parrott, they found that, "one out of every two (51%) mentally ill characters

committed a violent act, compared to one in five (18%) characters from the general

population of the television world. Meanwhile, 46% of mentally ill characters became victims

of violence, compared to 31% of the general population" (Parrott and Parrott, 2015, p. 650).

When the entertainment media continually reinforces specific portrayals of individuals who

have a mental illness, it can lead to increasingly damaging effects, such as stigmatization and

prejudice against individuals who are living with a mental illness. "People who encounter

negative stereotypes through the media are more likely to report negative attitudes about

people with mental illness" (Parrott and Parrott, 2015, p. 651; see also: Wahl and Lefkowits,

1989). As individuals continue to watch television that depicts characters who have a mental

illness through a negative lens, "the more authoritarian and less benevolent attitudes they

subsequently express toward people with mental illness" (Parrott and Parrott, 2015, p. 651;

see also: Granello and Pauley, 2000). Especially for viewers who are uninformed about and

unexposed to mental illness, it could be particularly detrimental to their perception of

individuals who suffer from the conditions that they are seeing on television. Explained best

by Parrott and Parrott:

> while negative media content may be especially influential for people who lack first-hand
>
> knowledge about mental illness (Granello and Pauley, 2000), research also shows that
>
> people who have experienced mental illness themselves may internalize the negative
>
> stereotypes attached to conditions and diagnostic labels such as schizophrenia, bipolar
>
> disorder, and other mental illnesses (Parrott and Parrott, 2015, p. 652; see also: Watson,
>
> Corrigan, Larson, and Sells, 2007).

Especially highlighted in Parrott and Parrott's study (2015), the media's portrayals of those

who have a mental illness has serious implications for those who legitimately suffer from a

condition in their lives. Over the years, the entertainment media has increasingly obtained

power over its viewers and the way that they think. As studies like Parrott and Parrott's

(2015) demonstrate, the media's power and influence over its views is shaping their

perceptions about those who live with a mental illness. After these negative perceptions are

formed, they have the likelihood of deepening to stereotypes and manifesting into

stigmatization.

The entertainment media's stigmatizing storylines concerning mental illness create barriers

from those who are affected by mental illness. "When audience members encounter such

inaccurate and negative information in television shows and movies, the experience may

reinforce bias against people with mental illness and/or cultivate new negative associations

concerning what it means to live with a mental illness" (Parrott and Parrott, 2015, p. 641; see also: Stuart, 2006). As such outlets gain prominence and permanence, there is an increasing chance for stereotypes to be reinforced, which is an initial step in stigmatization (Parrott and Parrott, 2015). When stigmatization occurs, it "[informs] attitudes and subsequent prejudicial behavior in the real world" (Parrott and Parrott, 2015, p. 641; see also: Link and Phelan, 2014). Reinforced in a study by Klin and Lemish (2008), they explain the following:

> serving as a central source of information, the mass media not only reflect public attitudes and values in relation to disabilities and illnesses, but also take part in shaping them, both unintentionally by means of news coverage and entertainment shows, as well as intentionally, through advertising and information campaigns (Klin and Lemish, 2008, p. 436; see also: Hafferty and Foster, 1994; Klin, 2001).

The more of an audience these stigmatizing television shows and movies have, the more problematic they become.

The media's significantly shaping of audience perceptions of mental illness, leading to stigmatization of individuals who live with a condition, alters the livelihood of such peoples. Mental illness labels "have been associated with perceived threats of violence and thus high desires for social distance from these individuals further complicating their struggle with barriers to social support and resources" (Parrott and Parrott, 2015, p. 641; see also: Link, Cullen, Frank, and Wozniak, 1987; Link, Phelan, Bresnahan, Stueve, and Pescosolido, 1999). Since there is such a large presence of mental illness in various entertainment media, stigma can easily become attached to mental illness. Stigma has the ability to trigger "discrimination in employment, health, housing, and social settings, and it may also discourage people who need help from seeking treatment for fear of being labeled mentally ill, and thus perceived by

others as bad or violent" (Parrott and Parrott, 2015, p. 641). Further discussed by Klin and

Lemish, "prejudice and fear of stigma are among the principal factors for the fact that many

people who suffer with mental disorders do not seek or postpone seeking assistance" (Klin

and Lemish, 2008, p. 435; see also: Jorm, 2000; Lipczynska, 2005; Philo and Secker, 1999).

Cited by the WHO as of 2019, "in low-and middle-income countries, between 76% and 85%

of people with mental disorders receive no treatment for their disorder" (WHO, 2019, para.

22; see also: Wang et al., 2007). Supported by Klin and Lemish's research, "one of the

explanations for the low percentage of persons suffering from mental disorders who seek

professional assistance is fear of stigmas and their negative consequences, and the fear of

being the target of disparaging laughter" (Klin and Lemish, 2008, p. 434).

When combined, negative perceptions and stereotypes can be detrimental to those whose

mental illness is being portrayed through a negative lens. As a direct result of the media

being a main informant of mental illness to many individuals, many of which are either

uninformed or disconnected from people with mental illness, it plays a large role in shaping

and cultivating various beliefs and attitudes concerning certain conditions. The viscous

cyclical pattern of the entertainment media rehearsing mental illness and being reinforced by

viewers though mechanisms such as discrimination and prejudice is, in turn, altering social

patterns and human interactions in society. The changes that are occurring due to the

entertainment media work against those who have a mental illness, preventing their needs,

one being emotional security, to be met.

COMMUNICATION PERSPECTIVES ON MENTAL HEALTH IN MASS MEDIA

In order to understand the need for change in the way the mass media depicts mental illness, it is crucial to recognize the various communication perspectives that play different roles into shaping the way a variety of messages are being received and interpreted. Communication perspectives that are particularly prevalent in understanding how the entertainment media shapes its viewer's ideas, perceptions, and understandings of various issues concerning mental illness are cultivation theory, agenda setting theory, and social learning theory.

Cultivation Theory

Cultivation theory was first introduced by George Gerbner "as a new and different way to think about media effects" (Morgan, Shanahan, and Signorielli, 2015, p. 679; see also: (Gerbner, 1969b). The motivation behind studying cultivation theory is

> to understand the consequences of growing up and living in a cultural environment dominated by mediated mass communication—and to move away from the focus on immediate effects or change following exposure to specific messages that dominated that era's communication research (Morgan, Shanahan, and Signorielli, 2015, p. 679).

As the entertainment media today is continuously evolving and expanding its audiences, it persists to maintain its position as the dominant storyteller of and source of information for society.

Stout, Villegas, and Jennings explain that Gerbner and his colleagues found "those who spend more time 'living' in the world of television [are] more likely to see the 'real world' in terms of the images, values, portrayals, and ideologies that emerge through the lens of television" (Stout, Villegas, and Jennings, 2004; p. 544; see also: Gerbner et al. 2002). In other terms,

the individuals who watch a significant amount of television have a greater change of aligning

with characters who are portrayed in television programs than those who only watch less

amounts (Stout, Villegas, and Jennings, 2004). Link and Cullen (1986) emphasize that

individuals who lack experience with mental illness and those who are affected by it may use

the media as their main informant of mental illness, leading them to form perceptions of those

who are affected by a psychiatric disorder (Link and Cullen, 1986).

Transportation Theory

Transportation theory can be closely linked to cultivation theory, as its "processes are likely to

occur with entertainment media, involving affective and cognitive responses, occasionally

with strong effects" (Caputo and Rouner, 2011, p. 596; see also: Slater and Rouner, 2002).

Within this theory, it is suggested that

> people process media messages differently depending on how engaged they are with
>
> story content. The result of being transported into a story—the plot, characters, and
>
> setting—leaves viewers more susceptible to beliefs and attitude change, as the
>
> transported state weakens their ability to counterargue, or challenge persuasive
>
> message content that may be imbedded in entertainment media (Caputo and Rouner,
>
> 2011, p. 596; see also: Green and Brock, 2000; Slater and Rouner, 2002).

Outlined by Green and Brock, the components of transportation include "emotional reactions,

mental imagery, and a loss of access to real-world information; the resulting transportation

may be a mechanism for narrative-based belief change" (Green and Brock, 2000, p. 703). To

give additional context, both researchers "conceptualized transportation into a narrative world

as a distinct mental process, an integrative melding of attention, imagery, and feelings"

(Green and Brock, 2000, p. 701).

Living in "an era [with a seemingly endless supply of copious numbers of] channels;

numerous alternate platforms for delivering content (computers, phones, tablets, video game

consoles, etc.); virtually endless on-demand and streaming options; sharply fragmented

audiences; and, arguably, far more real diversity and variation in programming" (Morgan,

Shanahan, and Signorielli, 2015, p. 678) only increases the chances for viewers to become out

of touch with the reality of mental illness The act of being informed by and transported into a

fictional story, specifically a story that involves a charter who is depicted to have mental

illness, can be especially detrimental for the individuals that have been diagnosed with that

illness in real life. Yet, if the entertainment media shifts the negative storylines involving

mental illness to those that are positive, the effects can be very powerful.

For instance, Hoffner and Cohen studied the television series *Monk* and its portrayal of mental

illness (the series *Monk* will also be discussed in later sections). The television show "offered

an arguably positive portrayal of a character with mental illness, [depicting] the title character,

Adrian Monk, [as a] brilliant detective who had obsessive-compulsive disorder and numerous

phobias" (Hoffner and Cohen, 2015, p. 1046). Through testing the viewer's development of

an emotional attachment, defined as a parasocial relationship, to the title character, they

uncovered two key discoveries:

1. "individuals who had personal experience with mental illness reported a stronger

    parasocial relationship with Monk than did those who had no experience with mental

    illness [and]

2. "greater personal contact was associated with more willingness to interact with people with mental illness (less social distance) and lower mental illness stereotypes" (Hoffner and Cohen, 2015, p. 1052).

As a result of combining these findings with theory and prior research, Hoffner and Cohen concluded that "fictional media portrayals have the potential to reduce stigma and contribute to greater psychological health" (Hoffner and Cohen, 2015, p. 1053). This conclusion provides robust evidence that supports the concept of positive portrays reducing stigma and decreasing stereotypes as well as negative perceptions. The antithesis of this conclusion, however, works to provide evidence surrounding why negative portrayals of mental illness in entertainment media can be so harmful to those who are impacted by the depicted psychiatric disorders.

SPECIFIC PORTRAYALS OF MENTAL ILLNESS IN THE MEDIA

Wahl (1992) highlights that even in the 90s, the entertainment media consistently portrayed mental illnesses in an inaccurate manner (Wahl, 1992). Cited by Stout, Villegas, and Jennings, Signorielli (1989) found that characters on television that were portrayed to have mental illness were shown as unemployable – "they were less likely to be employed outside the home and more likely to be seen as failures when employed" (Stout, Villegas, and Jennings, 2004, p. 551; see also: Signorielli, 1989). Stout, Villegas, and Jennings discussed that although there is limited research on examining mental illness in the media, they have found that the available findings have been consistent in their findings. They explain that "content analyses indicate that mental illness is consistently misrepresented in media depictions through exaggerations and misinformation" (Stout, Villegas, and Jennings, 2004, p.

558). To illustrate this point, they use studies conducted by Wahl (1992, 1995) and Philio et al. (1994) to demonstrate that "depictions are inaccurate, both in representing people as violent and dangerous and in the nature of the information about the disorders" (Stout, Villegas, and Jennings, 2004, p. 558; see also: Wahl, 1992; Philio et al. 1994; Diefenbach 1997; Wahl 1992, 1995). Furthermore, IMDb shows that over the span of 1948 to the present, at least 177 movies and television programs have portrayed characters as having bipolar disorder. When sorted by popularity, the ten most popular media were *Homeland* (2011-), *Misery* (1990), *Two Lovers* (2008), *Degrassi: The Next Generation* (2001-2015), *Silver Linings Playbook* (2012), *O Brother, Where Art Thou?* (2000), *Vacation (1)* (2015), *Blue Jasmine* (2013), *The Hours* (2002), and *The Roommate (I)* (2011) (IMDb).

Smith, Choueiti, Choi, Pieper and Moutier content analyzed "mental health conditions in popular films and TV series" (Smith, Choueiti, Choi, Pieper and Moutier, 2019, p. 1). Their study "scrutinized the 100 top movies of 2016 as well as the first episode of the highest rated TV series from the 2016/2017 season" (Smith, Choueiti, Choi, Pieper and Moutier, 2019, p. 1). They reported that out of 4,598 characters in film, 1.7% experience a mental health condition (1.5:1 ratio of males to females) and out of 1,220 characters in TV, 7% experience a mental health condition (1.15:1 ratio of males to females) (Smith, Choueiti, Choi, Pieper and Moutier, 2019, p. ii). They argued that "prejudicial attitudes and behaviors are still barriers to receiving care and acceptance by families and communities" (Smith, Choueiti, Choi, Pieper and Moutier, 2019, p. 4). Smith, Choueiti, Choi, Pieper and Moutier supported this claim through explaining that "less than half of American adults experiencing a mental health condition receive treatment, indicating that stigma, knowledge deficits, access to care, and other impediments may severely limit our ability to address one of the most serious public

health threats facing our nation" (Smith, Choueiti, Choi, Pieper and Moutier, 2019, p. 4).

Despite that these percentages do not seem statistically significant in today's era, the study

was fairly small study for the amount of media that has been produced since the 90s.

TELEVISION DEPICTIONS OF MENTAL HEALTH

Hoffner and Cohen (2015) investigated the television series *Monk* to illustrate the effects of

mental illness being portrayed in a positive light as part of combating stigmas of those with

mental illness. As mentioned previously, their study found that many participants reported

that they have had pervious, personal experiences with individuals who have been diagnosed

with a mental illness (Hoffner and Cohen, 2015). Subsequently, there was a stronger

likelihood to have a parasocial relationship with the character Monk, and interaction with

others with mental illness. Since their research matched pervious research (Pirkis et al. 2006

and Schiappa et al., 2005), which examined how positive media portrayals of mental illness

"have the potential to reduce stigma and contribute to greater psychological health," (Hoffner

and Cohen, 2015, p. 1053; see also: Pirkis et al., 2006; Schiappa et al., 2005) it poses the

question if negative portrayals do the opposite. Whereas positive portrayals can help to

reduce stigma, negative portrayals could aid in creating stigma.

Tukachinsky, Mastro, and Yarchi explained the habitual nature that Americans have

developed for watching prime time television:

> despite the growing popularity of niche networks and alternative media platforms,
>
> prime time television programming continues to dominate Americans' media diet. In
>
> addition, the plurality of top-watched shows on video streaming platforms such as

Netflix consists of popular prime time television shows (Tukachinsky, Mastro, and

Yarchi, 2017, p. 539; see also: Nielsen, 2012; The Top Ten Shows, 2015).

Parrott and Parrott furthered Tukachinsky, Mastro, and Yarchi's (2017) research through

investigating the portrayals of mental illness specifically in crime-based fictional television

programs. Citing Stuart (2006), they explained that encountering such inaccurate and

negative information in television shows and movies may "reinforce bias against people with

mental illness and/or cultivate new negative associations concerning what it means to live

with a mental illness" (Parrott and Parrott, 2015, p. 641; see also: Stuart, 2006). Confirmed

by numerous studies, they brought attention to the fact that television programs that

consistently stigmatize individuals who have mental disorders "may be especially powerful in

shaping an audience member's stereotypes and attitudes concerning mental illness when

he/she lacks first-hand experience or knowledge" (Parrott and Parrott, 2015, p. 641). They

found that crime-based television "endorsed stereotypes linking mental illness with violent

and criminal behavior" (Parrott and Parrott, 2015, p. 651). As discovered by Link, Yang,

Phelan, and Collins (2004), "capturing popular media portrayals of real-world stereotypes

may inform influential contributors to the stigmatization and prejudice of persons living with

mental illness" (Parrott and Parrott, 2015, p. 651; see also: Link, Yang, Phelan, and Collins,

2004).

DISCUSSION

Over the course of my research, I realized that there is a lack of information surrounding the

impact that the entertainment media has on the public's perception of mental illness and

bipolar disorder. I am hoping that this literature review will lead to other, more qualified,

researchers to investigate this issue. Using previous experiences, individuals who have been

diagnosed with bipolar disorder have such trouble disclosing it with others as a direct result of

the negative associations the public has about bipolar disorder. I am hoping to demonstrate

that these perceptions, mainly formed as a result of watching certain depictions from

entertainment media, can ultimately lead the public to treat those who have the diagnosis

differently.

After watching a scene from *Homeland*, a fictional television show airing since 2011, it

became evident that bipolar disorder was being falsely depicted. What the show portrayed

was a woman, with tattered clothes, screaming in the middle of a busy street. After watching

this highly inaccurate scene, it made me curious as to how many other television shows and

movies were leading viewers to form negative perceptions about the mental health condition.

It is because of prime-time television shows like *Homeland* that make it so difficult for those

who have been diagnosed with bipolar disorder to publicly share their diagnosis. I

specifically chose to focus on entertainment media because I feel that it reaches a very broad

audience. From my experiences, I have seen first-hand how impactful and influential

entertainment media can be.

As a result of synthesizing decades worth of research, I hope to shed light on how much the

entertainment media can affect individuals' perceptions of bipolar disorder. It is instrumental

to demonstrate to individuals how these false perceptions can ultimately shape individuals'

behaviors toward those who have the diagnosis. If researchers further investigate this issue, it

would be interesting to see the percentage of negative portrayals of mental health, specifically

of bipolar disorder, that occurred in the media after the twentieth century. It also might be noteworthy to investigate celebrity influence on mental health going forward and if that could impact the public perception of bipolar disorder.

Living in an age that has a seemingly unlimited supply of media, it seems to be the most essential time for the entertainment media to ensure the accuracy of the depictions that they are publicly depicting. Rather than exploiting the negative associations that are connotated with mental illness, the entertainment media should put more energy into tastefully and more accurately portraying all mental health conditions. It is important that this topic becomes more widespread and individuals around the country become properly educated on the mental health condition. As I learned through my research, there has not been a lot of published work surrounding bipolar disorder and the entertainment media – ultimately, I am hoping that this research changes that.
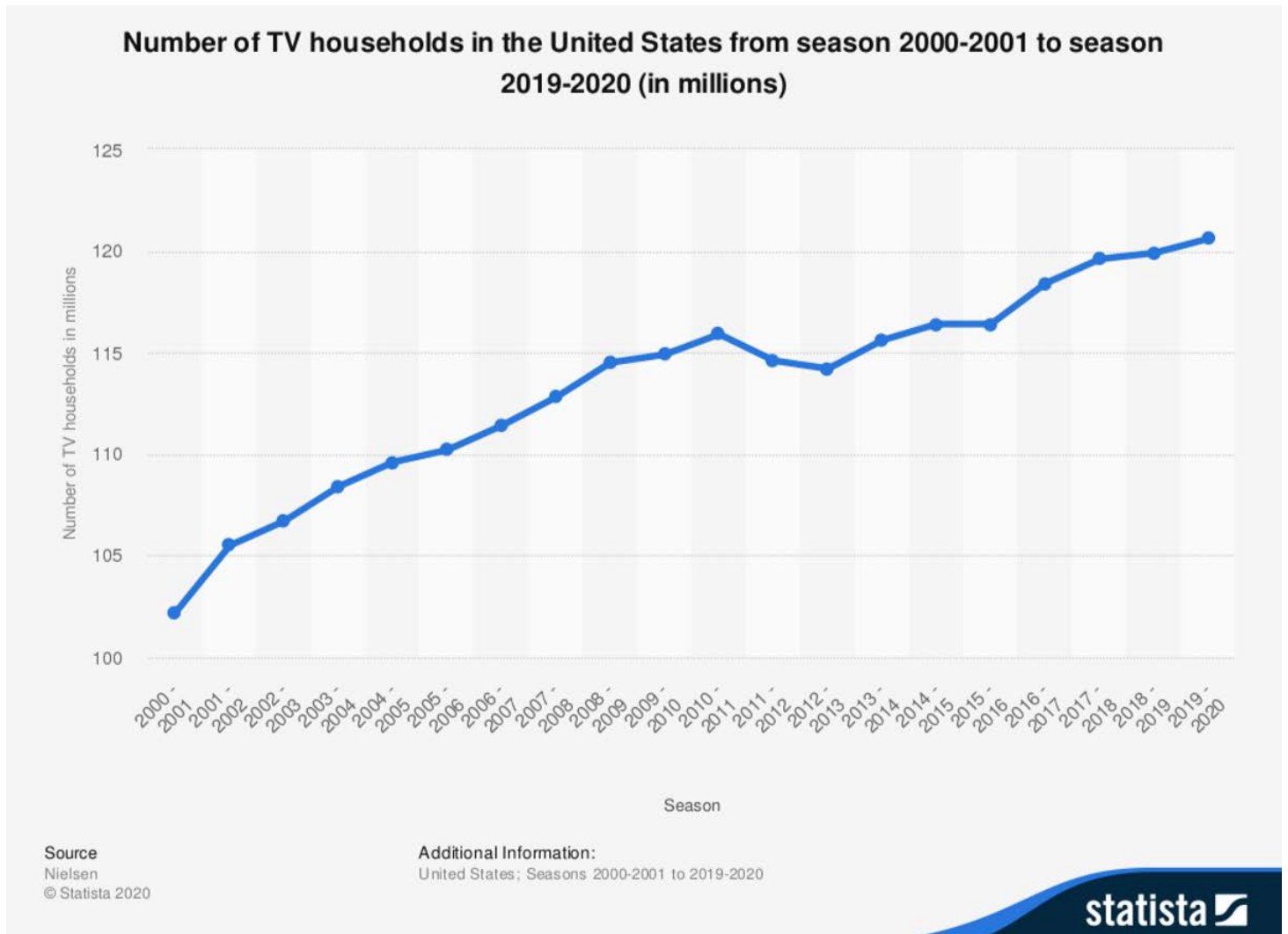
APPENDICES

Appendix A: Number of TV households in the United States from season 2000-2001 to season 2019-2020 (in millions) (Watson, 2019)

Appendix B: Favorite Media Activities in the U.S. in 2018, by Age Group (Watson, 2018)

Appendix A – Number of TV households in the United States from season 2000-2001 to season 2019-2020 (in millions)
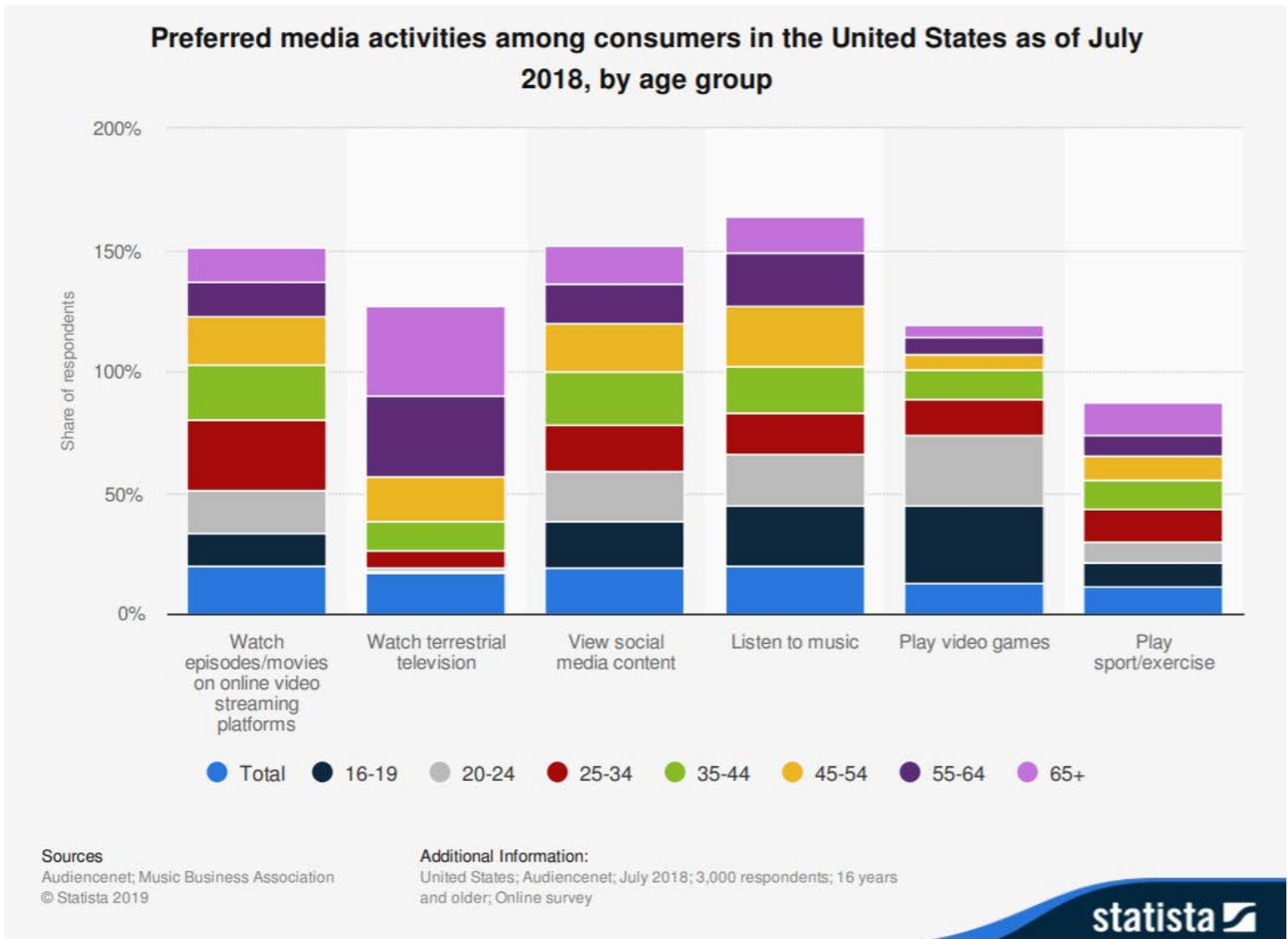

Number of TV households in the United States from season 2000-2001 to season 2019-2020 (in millions)

(Watson, 2019)

Appendix B: Favorite Media Activities in the U.S. in 2018, by Age Group

Preferred media activities among consumers in the United States as of July 2018, by age group

Sources
Audiencenet; Music Business Association
© Statista 2019

Additional Information:
United States; Audiencenet; July 2018; 3,000 respondents; 16 years and older; Online survey

statista

(Watson, 2018)

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