

STIGMA ON THE SCREEN:
A TEXTUAL ANALYSIS OF MENTAL ILLNESS IN FILM

by

ALEXIS IAN RAINEY

(under the direction of Jennifer Smith)

ABSTRACT

This study seeks to explore the representation of the mentally ill in film and the consequences of these representations. The origin and recent growth of negative stigma surrounding mental illness is identified and discussed. The study will consist of a textual analysis of films *One Flew Over the Cuckoo's Nest*, *Girl, Interrupted*, *It's Kind of a Funny Story*, and a British television film, *Appropriate Adult*. Analysis of each film will include taking a closer look at the accuracy of the representations, investigating how closely aligned each is with its source materials, as well as an examination of the evolution of these aspects over time. Using these findings, the consequences of the representations and a discussion of the progression of mental illness in film will be discussed.

INDEX WORDS: film, mental health, *One Flew Over the Cuckoo's Nest*, *Girl, Interrupted*, *It's Kind of a Funny Story*, *Appropriate Adult*, film adaptation, mental illness stigma, mental health literacy

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CHAPTER 1

INTRODUCTION

Mental illness has been a popular theme in film for much of the last decade. Mental illness is found in films as far back as the 1920s. Notable films include *The Snake Pit* (1948), *Sybil* (1976), *Frances* (1982), *Mr. Jones* (1991), *A Beautiful Mind* (2001), and *Silver Linings Playbook* (2012). In my lifetime alone, I can recall the release of more major motion pictures about mental illness than I can count on both of my hands. Having grown up with a mother and, later, a younger sister diagnosed with Bipolar Disorder, and having shortly thereafter been diagnosed myself, I have become hyperaware of mental illness in all types of media. It was not until I reached adulthood that I stopped feeling hesitant to tell other people of my mother's diagnosis, and only recently have I felt comfortable revealing to others my own diagnosis. I finally reached a point where I found myself wondering what was holding me back from being sure enough of myself to know that my diagnosed, medicated, and stabilized mental illness says nothing about my overall character.

It was upon renting and viewing *Of Two Minds*, a documentary film about living with Bipolar Disorder, that I thought more deeply about the profound effects film could be having on the public's perception of mental illness. I was watching a documentary meant to explain what it's like to live with a disorder I live with every day, and I found very few direct parallels with my own experiences. This was a film made specifically to allow others to step inside the minds of people diagnosed with Bipolar Disorder, yet I felt that experiences like my own went entirely unrepresented. If films made with the explicit intent of explaining an illness are not doing so accurately, is it even possible that other genres are doing a better job? If not, who is catching these errors, if anyone? The sole

reason I realized *Of Two Minds* was not an entirely accurate representation of the illness is because Bipolar Disorder is an illness I have lived with for years. The average moviegoer may never know, and could be accepting these representations as truths, accurate or not.

Perhaps this is the reason young women like my sister and I were afraid to be honest about an illness we had no choice in inheriting. Maybe this is why any sign of an emotional mood swing is often colloquially (and inaccurately) deemed “bipolar.” Perhaps this is why suicide is referenced casually and carelessly in daily conversation about the really difficult test that made you “want to jump off a bridge.” I found it necessary to explore more deeply the profound effects these representations could be having on the general attitude toward and knowledge of mental illness.

The following paper is a comparative textual analysis of the films *One Flew Over the Cuckoo’s Nest*, *Girl, Interrupted*, *It’s Kind of a Funny Story*, and *Appropriate Adult*, along with an analysis of their respective source materials. These films were chosen because of the unique ways the time period represented correspond with the time the film was released. *One Flew Over the Cuckoo’s Nest* was released in 1975, and recounts events from the novel of the same name, published only a decade or so previous, in 1962. The same time period is represented in *Girl, Interrupted*; in this case, though, the memoir was published and the film was released in the 1990s, providing a retrospective recreation of events occurring 30 years prior. *It’s Kind of a Funny Story* describes events that occurred in 2004 that are retold in the novel of the same name, released in 2006. The film is an adaptation of modern events released in the same general time period that the events occurred, in 2010. Lastly, *Appropriate Adult*, was released in 2011, but illustrates events that happened decades prior, in the 1990s. Using a qualitative and critical-cultural approach, this analysis investigates the following research questions:

RQ1: How accurate is the portrayal of the mental illnesses in each film?

RQ2: How did any changes in the adaptation from the original material affect the portrayal?

RQ3: How has the portrayal of mental illness on screen evolved over the past 40 years?

The purpose of this paper is to discuss the similarities and differences between the four films in order to examine how the representation of mental illness has evolved over time. Furthermore, the objective of this analysis is to ascertain how these representations could be influencing public opinion on mental illness, and based on this, to begin a discussion about how best to proceed in regards to the representation of mental illness in film in the future.

CHAPTER 2

LITERATURE REVIEW

Mental Health [Il]literacy & Its Effects

Much of the public has limited, if any, accurate knowledge about mental disorders. This general lack of mental health literacy contributes greatly to mental health stigma, predisposing the public to forming false opinions and adopting inaccuracies as truth (Jorm, 2000). Mental health literacy can be briefly defined as “knowledge and beliefs about mental disorders which aid their recognition, management or prevention” (Jorm et al., 1997). Specific components of mental health literacy include “the ability to recognize specific disorders,” “knowledge and beliefs about risk factors and causes,” knowledge about “self-help interventions” and “professional help,” “attitudes which facilitate recognition,” and “knowledge of how to seek mental health information” (Jorm, 2000). This lack of knowledge could ultimately worsen the mental illness stigma.

Some attempts have been made at improving mental health literacy worldwide, one of which is an effort to increase the accuracy of mental illness representations in the media. Simple efforts can be made, such as the “re-appropriation” of terms now used casually such as “mad, crazy, lunatic, and the like” (Holland, 2012). Such terms are often used to describe those with whom we disagree with or dislike. At other times, medical terms such as “schizophrenic, bipolar, psychotic, depression, and obsessive compulsive” are used inaccurately to colloquially diagnose mental illness (Holland, 2012). In either case, the use of this terminology in such a way “perpetuates misunderstanding, stigma and stereotypes, and trivializes people’s experiences” (Holland, 2012).

Accuracy of Mental Illness Portrayal in the Media

In a review of the literature on the portrayal of mental illness in mass media, Wahl (1992) observes that, overall, illustrations of mental health have “fairly consistently revealed inaccurate images,” and this inaccuracy presents itself in a few different manners. In Nunnally’s (1957) previous study, a content analysis was performed to compare the opinions of experts to the opinions of the general public on the portrayal of mental illness seen in mass media. He found, overall, that “the causes, symptoms, methods of treatment, prognosis, and social effects portrayed by the media are far removed from what the experts advocate” (Nunnally, 1957).

Negative stereotypes are often constructed because “media frames for mental illness are typically narrow and distorted” and encourage misconceptions (Wedding & Niemiec, pg. 11). In mass media, “overall presentations emphasize the bizarre symptoms of the mentally ill” (Nunally, 1957). Furthermore, in the media there is an inaccurate bias toward illustrating more often the less common, more severe psychological disorders (Wahl, 1992). Dr. Peter Byrne (2009), a psychiatrist and film studies graduate, asserts that in order to discourage negative psychiatric representations in the media, it is necessary to “move beyond consumption to commentating.” Only in engaging with film-makers, media commentators, and the like can we induce a real change in the accuracy of these representations (Byrne, 2009).

Mental Illness in Film

“The power of the medium [film] can never be underestimated” (Swaminath & Bhide, 2009). Film has the ability to shape how we see the world (Welch, 2007). When viewing a film, we have a tendency to “take a look at what is being represented, find out about it and think that we know something about it” (Anderson, 2003). This could mean accepting an irrational idea as truth because it is something we fail to understand. On the

other hand, film could just as easily correct misinformation by providing accurate and destigmatizing representations of reality. Mental illness has been a prevalent topic of films as far back as the 1920s and continues to be a popular topic of interest for filmmakers today. The topic has been seen in a wide variety of genres, from comedy to drama to horror. Some notable historical films include “Psycho” (1960) and “One Flew Over the Cuckoo’s Nest” (1975), and both remain “well-cited representations of madness” (Anderson, 2003). In more recent times, films like “Shine” (1998) and “A Beautiful Mind” (2002) have served as examples of mental illness related films (Pirkis, Blood, Francis, & McCallum, 2006).

Filmmakers may go to extreme lengths to captivate an audience, and representations of mental illness and the mentally ill can be easily manipulated to serve this purpose. Among the most often emphasized aspects of the mentally ill in these films are “dramatic breakdowns, relapses, absence of adequate and good treatment, the inevitability of chronicity and finally poor outcome” (Swaminath & Bhide, 2009). These types of representations are often times “superficial, stigmatizing, stereotypical, or downright wrong” and create false impressions of the mentally ill, as they’re endlessly associated with less than desirable characteristics (Kimmerle & Cress, 2013).

To combat the stigma surrounding mental illness, Wahl & Lefkowitz (1989) suggest that a genuine effort should be made to reduce these negative representations with the intent of influencing public opinion toward a correct and more empathetic view toward the mentally ill. As Swaminath and Bhide (2009) state, “To beat stigma against people with mental health problems, we need parity, not pity”.

Literature to Film Adaptation

Many factors are considered by filmmakers in adapting a piece of literature, fictional or otherwise, into a feature film. One goal of an adaptation is “to portray drama

through concrete descriptive passages and character dialogue” (Boozer, 2008). Another objective in adaptation is to translate narrative devices such as “point of view, focalization, tense, voice, [and] metaphor” from source text to film, and in doing so, the adapter must decide how much creative freedom is appropriate (Cartmell & Vhelehen, 1999).

While imaginative aspects of transforming source text to film are important, “efficiency and clarity” are critical in cutting down a source text to the length of a feature film (Boozer, 2008). Sometimes, literature is adapted into film with a specific actor or cast in mind, which could affect how the script is written, or rewritten, based on the filmmaker’s personal view or particular vision. Moreover, actors might be likely to seek out roles of mentally ill characters in hopes that their performance will be award worthy (Byrne, 2009). Because films are, as Cartmell & Vhelehen (1999) state, “produced and packaged under a company logo,” ensuring “box-office success” is a concern of the adaptor and may influence the decisions she makes.

These factors always come into play because of the prominence of the business and political realms of the industry (Bluestone, 1966). Taking all of these things into consideration, how closely the adaptation corresponds to the source material is largely in the hands of the filmmakers and varies from film to film.

Boozer breaks down the precision of the adaptation in regards to its source material into three categories: a “literal or close reading,” a “general correspondence,” or a “distance referencing” (2008). In changing a narrative from literature to film, “changes are *inevitable* the moment one abandons the linguistic for the visual medium” (Bluestone, 1966). While it is necessary to consider where the content of a film adaptation came from, “in relation to the adapted story, what we might consider the ‘success’ of an adaptation can be thought of in very different ways” (Bortolotti & Hutcheon, 2007). By shifting our concerns away from the loyalty of the film to the source

material, we can focus on how the narrative changes as it is adapted for the screen. In analyzing both narratives separately and examining how they relate to one another, we have the chance to think about “broader questions of *why* and *how* certain stories are told” (Bortolotti & Hutcheon, 2007).

One Flew Over the Cuckoo’s Nest

“One Flew Over the Cuckoo’s Nest” is an Academy Award winning film released in 1975, directed by Milos Forman. It is based on the fictional novel of the same name by Ken Kesey, published in 1962. This iconic film takes us through Randle Patrick “Mack” McMurphy’s stay in a mental institution after being transferred there from a prison farm in hopes to avoid having to perform any more penal labor. Mack soon begins to bond with the other patients, taking his place as a sort of leader among them. We follow the relationships built between Mack and his colleagues in the institution. Initially thinking he could be released after the length of his prison sentence, it is eventually disclosed to him that Ratched and the other doctors could contain him in the institution for an indefinite period of time. After this, we follow the rest of Mack’s journey of mischief, attempted escapes, and a lobotomy that ultimately leads to his death. No diagnosed illnesses are seen in the film, although a number of undiagnosed symptoms are portrayed. The film won over twenty awards in 1976, including the Academy Award for Best Picture, and the Golden Globe for Best Motion Picture – Drama, that confirm its status as an influential and seminal work.

Girl, Interrupted

“Girl, Interrupted” is a film released in 1999, directed by James Mangold. The film is based on the memoir of the same title, released in 1993, by Susanna Kaysen. The

film adaptation and book chronicle almost two years of Susanna's life spent in an inpatient women's psychiatric unit in the late 1960s, following a suicide attempt. Susanna describes her time spent at McLean by detailing her interactions and relationships with the other women in her unit. There are around 20 other patients in Susanna's unit, each admitted to the hospital for mental instability of one kind or another. In the film, a diagnosis of Borderline Personality Disorder is given to Susanna, while the antagonist, Lisa, is a diagnosed Sociopath. One other character in the film reveals her diagnosis as a pathological liar. No other diagnosed illnesses are mentioned, and only undiagnosed symptoms are portrayed. The film was nominated for many awards in the year of its release, and among the wins were Angelina Jolie's Academy Award for Best Actress in a Supporting Role and her Golden Globe for Best Performance by an Actress in a Supporting Role in a Motion Picture for her performance as the antagonist, Lisa. The film remains popular to this day and likely continues to influence conceptions of the mentally ill (Chouinard, 2009).

It's Kind of a Funny Story

"It's Kind of a Funny Story" is a film released in the US in October, 2010, directed by Anna Boden and Ryan Fleck. The film is an adaptation of a 2006 novel of the same name written by Ned Vizzini. A large portion of the novel is based on Vizzini's personal experience as a patient in an adult psychiatric hospital in 2004. The main character in the film, Craig Gilner, admits himself into the unit following worrisome thoughts of suicide. The teen ward is undergoing renovations, so Craig, along with a few other teenagers, is sent to the adult ward. The film takes us through Craig's week-long stay at the hospital, and the relationships he forms with the other patients; notably, Bobby, an adult patient who claims to be on vacation, and Noelle, a teen patient who has been admitted for self-mutilation. Only one very minor character in the film is diagnosed as

Schizophrenic. Mental illness is represented through undiagnosed symptoms in all of the other characters.

Appropriate Adult

Appropriate Adult is a two-part British television film that aired in 2011 and was directed by Julian Jarrold. The film follows the true story of the arrest and investigation of serial killers Fred and Rosemary West. Under United Kingdom Law, “mentally disordered or mentally vulnerable” adults can be appointed what is called an “appropriate adult” who is usually trained or “experienced in dealing with mentally disordered or mentally vulnerable people but is not a police officer or employed by the police” and is present to “[give] advice and assistance” to the detainee (Criminal Evidence Act 1984, Code C s. 1.7). The law, which appears in Code C of the Police and Criminal Evidence Act, defines a person deemed “mentally vulnerable” to be “any detainee who, because of their mental state or capacity may not understand the significance of what is said, of questions or of their replies” (1984). Police and investigators believed that Fred West was in need of an appropriate adult during his detention. Janet Leach, a mother of three who was studying social work at the time, was assigned as Fred’s appropriate adult. The film illustrates the close relationship Janet forms with Fred between the time of his arrest in 1994 and his eventual suicide in prison on New Year’s Day, 1995. We are able to view the bond formed between Janet and Fred from Janet’s perspective in a way that allows us to experience Fred’s mental instabilities as she did. We also see Janet cope with having a diagnosed bipolar partner, and how these events in her life begin to take toll on her own mental stability.

CHAPTER 3

METHODOLOGY

A Textual Analysis Approach

In order to address the research questions proposed in this paper, a textual analysis was conducted of the representation of mental illness in each film to determine how the accuracy/inaccuracy of these representations may affect public opinion of the mentally ill. In performing a textual analysis, we make an attempt to identify and understand the ways in which the text may be interpreted. The “text” can be anything from which we could construe meaning (McKee, 2003). This could include anything from “a book, television programme, film, magazine, T-shirt or kilt, piece of furniture or ornament” (McKee, 2003).

Stuart Hall’s description of the method of textual analysis, as cited by Carolina Acosta-Alzuru and Peggy Kreshel, consists of “three distinctive stages: (a) a ‘long preliminary soak’ in the text, which allows the analyst to focus on particular issues while preserving the ‘the big picture,’ (b) a close reading of the chosen text and preliminary identification of the discursive strategies and themes, and (c) interpretation of the findings within the larger framework of the study” (2002, p. 147). The particular texts analyzed for this study are the films *Girl Interrupted*, *One Flew Over the Cuckoo’s Nest*, *It’s Kind of a Funny Story*, and the British TV film *Appropriate Adult*. Also to be analyzed are the source materials of each film: *Girl, Interrupted* a memoir by Susanna Kaysen, *One Flew Over the Cuckoo’s Nest*, a fictional novel by Ken Kesey, *It’s Kind of a Funny Story*, a partially biographical and non-fiction novel by Ned Vizzini, and the facts

that served as a basis for *Appropriate Adult* as found in news reports and accounts of the lives Fred and Rosemary West.

Authorship

There are a multitude of theories that act to define who is to be considered the author of a film. Most commonly, the responsibility of authorship is bestowed upon the director. This is also known as *auteur theory*. This specific theory is traced back to Paris in 1954, and holds that the director is to be seen as the principal creative agent in the film's production. Although other theories have been developed in film studies since the 1950s, *auteur theory* has stayed popular because it "provides a convenient and accessible discourse for evaluating the artistic merits of films" (Allen & Lincoln, 2004). Although the authorship of the screenplay may be given to the writer(s), and we could say that the actors are the authors of their personal performances, it is widely held that "the most significant contributing member of the overall film" is the director (Sellors, 2007). For the purposes of this paper, the director of each film will be considered the author: Milos Forman for *One Flew Over the Cuckoo's Nest*, James Mangold for *Girl, Interrupted*, Anna Boden and Ryan Fleck for *It's Kind of a Funny Story*, and Julian Jarrold for *Appropriate Adult*.

The writers of the two novels and the memoir will be considered the authors of these source materials. For *Appropriate Adult* the source material is the "extensive research, interviews and published accounts" of the lives of Fred West and Janet Leach, as defined in the film (Gilchrist, Pope & Jarrold, 2011).

CHAPTER 4

ACCURACY OF MENTAL ILLNESS PORTRAYAL

There are a number of patients in these four films that present many different illnesses, symptoms, and mental states. Three of the films, *One Flew Over the Cuckoo's Nest*, *Girl, Interrupted*, and *It's Kind of a Funny Story*, take place in an asylum, and depict the lives of the mentally ill characters that are hospitalized or institutionalized. *Appropriate Adult* presents characters in their own environments, and one character, Fred, is only shown in police detainment. In all cases, an intimate view of each person is provided. Among all of these characters, there are a few whose diagnoses are mentioned, but a great deal for whom a diagnosis is never given.

Diagnosed Illnesses

Borderline Personality Disorder

Susanna, the protagonist in *Girl, Interrupted*, is diagnosed with Borderline Personality Disorder. The Diagnostic and Statistical Manual of Mental Disorders (DSM) that was used at the time of the events in the film took place did not include Borderline Personality Disorder in its list of mental disorders (1st ed.; DSM-I; American Psychiatric Association, 1952). Because of this, it's impossible to analyze whether or not her diagnosis was scientifically accurate for the time. It's necessary, then, to look at later editions of the DSM. Of the nine criteria for Borderline Personality Disorder, Susanna only exhibits or is specifically diagnosed with a few on the list (see Appendix A for diagnostic criteria).

In the film, Susanna Kaysen is first seen in an ambulance being rushed to the hospital after what is assumed to be a suicide attempt. In a voiceover during this scene, Susanna says, "Sometimes, it's hard to stay in one place." Susanna seems to be asserting that she has trouble keeping her mind stable, and this is possibly why she may have attempted suicide. During a session with her therapist, before being sent to the hospital, Susanna denies her suicide attempt, asserting that she only ingested as much aspirin as she did because she "had a headache." This is one of many times throughout the film that Susanna claims she never intended to kill herself. In the taxi on the way to the mental hospital, Susanna tells the cab driver that she's "sad" and that she "[sees] things."

When Susanna arrives at the hospital, her diagnostic paperwork from the hospital describes her as "depressed" and "promiscuous," and states that she had "attempted suicide." In therapy with her doctor, whom she calls "Melvin," Susanna continues to deny her assumed suicide attempt, and claims that she "was trying to make the shit stop," but did not actually want to die. Though she voluntarily admitted herself (under pressure from her mother), she continually acts puzzled as to why she needs to be in a mental institution, asserting that, unlike herself, all of the other patients belong there because they are "fucking crazy."

In a scene during which another patient, Lisa, helps break into Melvin's office, the audience gets a glimpse of Susanna's paperwork. In Susanna's file, it says that she is not "able to make wise decisions" anymore, and has "suffered a breakdown." On the sheet specifically marked "Diagnostic Impression At Admission" her symptoms are listed as "psychoneurotic depressive reaction," "highly intelligent, but in denial of her condition," and "personality pattern disturbance, resistant, mixed type [rule out] Undifferentiated Schizophrenia," and her "Established Diagnosis" is checked as "Borderline Personality Disorder." Susanna then begins to read symptoms of Borderline Personality disorder from the DSM (although this diagnosis was not in the DSM at the

time of the events in the film), and agrees that these symptoms describe her, but that they are not necessarily exclusive to people with her diagnosed disorder.

Flashbacks of Susanna's life are shown, during which she speaks in detail about suicidal ideation with her boyfriend. She asks him questions like, "How would you do it?" and says that she likes to "fantasize about [her] own demise." It is not until he visits Susanna in the hospital that she finally admits that she believes she needs treatment. Susanna reaches a breaking point when another patient, Daisy, hangs herself. Susanna is the first person to find Daisy after her suicide. After this incident, Susanna speaks of her illness in a different way. She begins to connect with how Daisy may have felt, telling her therapist, "You hurt yourself on the outside to try to kill the thing on the inside." She also says, "Seeing death, really seeing it, makes dreaming about it fucking ridiculous." This marks the beginning of Susanna's recovery that leads to her eventual release from the hospital.

Using these details to compare her actions to her diagnosis, a few things can be noted. Her doctors note her "impulsivity," but only when it comes to being sexually promiscuous, and the DSM-5 states that a diagnosis requires marked impulsivity in more than one area (American Psychiatric Association, 1994; American Psychiatric Association, 2013). It is reasonable to equate her diagnosis in the film of having "personality pattern disturbance" with that in the DSM-5 that reads "identity disturbance" (American Psychiatric Association, 1994; American Psychiatric Association, 2013). At the point in the film when Susanna begins to respond to her treatment, she says, "I began to feel things again." This could imply that, before, she was not feeling things, which could translate to the DSM-5's "Chronic feelings of emptiness" (American Psychiatric Association, 2013). Though it is assumed that Susanna attempted suicide at the start of the movie, there is no reason to believe that she has had "recurrent suicidal behavior" (American Psychiatric Association, 1994; American Psychiatric Association,

2013). According to the criteria in the DSM-5 and DSM-4, Susanna's condition is not a clinically accurate representation of Borderline Personality Disorder.

Even though Susanna's symptoms could not have possibly constituted an official diagnosis of Borderline Personality Disorder at the time, and would not have constituted this diagnosis at the time of the film release or in present day, the audience is still made to believe that she is representative of the illness. It is interesting to note that Susanna is the only character in the film that is released, seemingly healthy and well enough to continue leading a life outside of the hospital walls. In fact, for most of the film, while in the hospital, Susanna seems to be more mentally stable and independent than the other patients. After one character becomes extremely upset after realizing she is disfigured, Susanna plays her music with another patient, Lisa, in an attempt to calm her and cheer her up. At the end of the film, Susanna is seen painting Lisa's nails while trying to give her confidence that she will be released from the hospital someday, as well. Although Susanna is considered unwell enough to be in the same hospital with the other patients, she manages to help some of the other patients in some capacity, more so than the other patients do for her, or for one another.

By portraying Susanna in this manner, her character is normalized in a way that makes her more relatable and accessible to the audience. Although it is inaccurate in terms of an official diagnosis, her portrayal of Borderline Personality Disorder could serve in destigmatizing this illness.

Sociopathy

During the scene in which the patients break into Melvin's office, it is disclosed that Lisa is a diagnosed sociopath. Her file reads, "High and lows increasingly severe. Controlling relationships with patients. No appreciable response to meds. No remission observed." Another patient observes that Lisa's attitude seems to convey that she "thinks

she's hot shit because she's a sociopath." Lisa does not seem perturbed or surprised by her diagnosis.

The closest diagnosis found in the DSM-1 (the manual used at the time of the events in the film), is "Sociopathic Personality Disturbance" (American Psychological Association, 1952). The diagnosis describes an individual who has an inability to conform to cultural or societal norms (American Psychological Association, 1952). The diagnosis could include "antisocial" tendencies such as always being in trouble, lacking loyalties to any "person, group, or code," being "frequently callous and hedonistic," lack of responsibility and judgment, and the ability to rationalize inappropriate behavior so that it appears appropriate. Also included could be "dyssocial" tendencies such as having "disregard for the usual social codes, and often [coming] in conflict with them, as the result of having lived all their lives in an abnormal moral environment" (American Psychological Association, 1952). Lastly, a person diagnosed with Sociopathic Personality Disturbance could also exhibit "sexual deviation" (American Psychological Association, 1952). While this is the diagnosis of the time, a diagnosis of "sociopathy" that would be given presently or in the year that the film was released is formally known as "Antisocial Personality Disorder" in the DSM-4 and the DSM-5 (American Psychiatric Association, 1994; American Psychiatric Association, 2013) (see Appendix B for diagnostic criteria).

Lisa is introduced while being escorted back to the hospital, handcuffed in a police car. The fact that Lisa was transported to the hospital in restraints by police officers, juxtaposed with the fact that Susanna arrived in a cab by herself, sets Lisa apart as violent, dangerous, and out of control. Lisa enters the hospital with the utmost confidence, but soon realizes that her best friend Jamie had killed herself while she was away. Lisa begins to get extremely loud, aggressive, and violent, until the orderlies have to restrain and sedate her. Lisa has a very forceful personality, and shows very little

remorse for her actions. In one scene, Lisa slaps Georgina across the face just for turning the lights on without being asked. In the scene before Daisy's suicide, Lisa taunts Daisy, ridiculing her about her self-mutilation and her abusive relationship with her father. Lisa shows no remorse or empathy that night, or the morning after when she sees that Daisy has hung herself in the shower following Lisa's remarks. She goes so far as to take money from the pockets of the robe Daisy is wearing while still hanging, dead above her tub. Not only does this show Lisa's lack of remorse or empathy—her actions are blatantly malicious. Lisa appears to be celebrating the fact that she is incapable of feeling remorse.

At Lisa's breaking point in the movie, she has stolen Susanna's diary and reads aloud to all of the other patients what Susanna has been writing about them. Angry and out of control, Lisa starts to chase Susanna through the tunnels underneath the hospital with a syringe. Lisa pleads with Susanna, asking why no one "pushes her buttons" the way she did with Daisy. She asks why no one cares about her well-being or whether she gets better. It is at this point that Susanna answers Lisa, telling her that she's "dead already," and her "heart is cold." Susanna tells Lisa that no one has hope that Lisa will become well enough to leave the hospital. Lisa's demeanor changes, as if taken aback by Susanna's comments, but saddened by them as well. After hearing this from Susanna, Lisa points the syringe to the veins in her arm. Georgina immediately begs Lisa to stop, making it clear that Lisa was trying to kill Susanna, and is trying to kill herself now. Lisa pulls the needle away.

In the next scene, Lisa is seen strapped to a hospital bed, assumingly after getting what Lisa has previously called "the shocks" again (electroconvulsive therapy). Lisa does not speak much in the scene, but she is crying and still apparently upset by the encounter in the basement of the hospital. She says to Susanna, "I'm gonna miss you, Suzie Q." Susanna tries to instill confidence in Lisa that she is able to overcome her illness. The audience gets the sense that Lisa has truly become aware of her reality and her

remorseless and cold personality has seemed to begin to dissipate. Seeing Susanna's confidence, even if feigned, in Lisa, gives the audience a glimmer of hope for Lisa's recovery.

It is seen that Lisa exhibits most, if not all, of the characteristics needed to be diagnosed with Antisocial Personality Disorder or Sociopathic Personality Disturbance (American Psychiatric Association, 1952; American Psychiatric Association, 1994; American Psychiatric Association, 2013). She clearly does not "conform to social norms" in the hospital. She is often irritable and aggressive. She is extremely impulsive, as exhibited in her multiple arbitrary decisions to try to escape from the hospital. She consistently shows a lack of remorse throughout the film, until she starts to recover in the final scene. According to the diagnostic criteria in the DSM-5, Lisa provides an accurate representation of the scientific diagnosis of Antisocial Personality Disorder.

In an abundance of ways, Lisa is depicted as the "craziest" of all the mentally ill women in the hospital. She is not portrayed as relatable or accessible in any way. While it is, in some ways, good that she is not misrepresenting the symptoms of Antisocial Personality Disorder, the way that the symptoms are portrayed are in an extremely frightening and off-putting manner. Even at the end of the film, when Lisa's disposition begins to change, the audience is left feeling pity toward Lisa, not a feeling of understanding or empathy. In emphasizing the most negative aspects of her illness, and representing them in the most extreme ways, the representation of Antisocial Personality Disorder in the film could worsen any stigma surrounding the illness.

Bipolar Disorder

Mike, Janet's partner in *Appropriate Adult*, has been diagnosed with Bipolar Disorder. Mike exhibits identifiable symptoms of a manic episode due to Bipolar Disorder, such as rapid talking and acting extremely and unusually energized. The major

depiction of his mental illness occurs when Mike has impulsively bought a new car, a new television, and a new video player, even though he can not afford them. Janet comes home to find him unwrapping the purchases, suspects that he is in a manic state, and asks if he has been taking the Lithium prescribed for his illness. Though he says yes, Janet looks at his prescription bottle and notices that he has been skipping doses. Mike becomes almost uncontrollably manic and Janet has to calm him down, call the hospital, and take Mike in to be stabilized.

In a later scene, during which Mike catches Janet attempting suicide, the roles are reversed and Mike is portrayed as Janet's caretaker. In this moment, Mike seems less mentally ill or unstable than Janet, even though he is diagnosed with an illness and she is not.

Mike is not shown enough in the film to notice indisputable evidence of any of the diagnostic criteria except for the seventh criteria, and possibly a slight display of "more talkative than usual," though not enough is seen of Mike to know how talkative he is typically, while not in the midst of a high (see Appendix D for diagnostic criteria). Mike did "[engage] in unrestrained buying sprees," but this is the only concrete criterion he meets. Although he is only exhibiting a small portion of the diagnostic criteria, his symptoms are still fitting. Mike's manic episode is not portrayed as a physical threat to those around him, or to himself. While it is irresponsible and detrimental to his and his family's financial well-being, Mike is not depicted as dangerous or frightening. Mike's episode is also very easily mended by stabilizing his medicine. There is nothing shown in the movie to suggest that Mike is depressed or suicidal, and his mental health is further emphasized in his ability to care for Janet when she is exhibiting symptoms of depression and has attempted suicide. In depicting Mike this way, Bipolar Disorder is normalized, and thus, destigmatized.

“Psychologia Fantastica”

In *Girl, Interrupted*, Susanna’s roommate, Georgina, tells her that she is diagnosed with “psychologia fantastica,” which she says means she is a pathological liar. Georgina’s self-diagnosed “psychologia fantastica” is not listed in the DSM-I, DSM-4, or DSM-5 as a mental disorder. In the DSM-4, which was the manual used at the time of the film release, a symptom named “pseudologia fantastica” is referred to as “pathological lying, in a matter that is intriguing to the listener” (American Psychiatric Association, 1994). It could be assumed that Georgina misspoke or was not quite sure of the name of her illness. However, pseudologia fantastica is not listed as an illness, it is listed as a potential symptom of Factitious Disorder (American Psychiatric Association, 1994). Factitious Disorder is identified by “the intentional production of physical or psychological signs or symptoms” that do not actually exist. Georgina clearly lies multiple times in the film. She tells Susanna a story about Polly’s burns that is later revealed to be entirely untrue. It is unclear whether or not this is an accurate representation of her mental illness, as her “psychologia fantastica” might be a symptom of some other disorder.

This portrayal could lead to a belief that “psychologia fantastica” is a mental illness when it is not. It is also never made clear why Georgina lies about the things that she does. Late in the movie, Georgina says that her father is the “head of the CIA” and could have her killed, which is assumed to be a lie. Georgina reacts to Susanna’s unkind and offensive description of her by becoming extremely and almost frighteningly confrontational, in addition to looking worried and scared. This could also be read as paranoia. A link is created between pathological lying and paranoia that may not exist at all. Further, the fact that this is Georgina’s only diagnosis implies that pathological lying is enough to send someone to a mental hospital.

Schizophrenia

One minor character in *It's Kind of a Funny Story*, Jimmy, is diagnosed Schizophrenic (see Appendix C for diagnostic criteria). Jimmy always seems to be hallucinating, and all he ever says is, "It'll come to ya!" While delusions and hallucinations are both symptoms of Schizophrenia, the way Jimmy's portrayal represents these symptoms seems extreme. Jimmy is represented as one of the "craziest" people in the hospital. He is the first person seen after Craig is admitted, and while Craig is expressing how he does not think he belongs there, implying that everyone there is much more mentally unstable than him. This sets Jimmy apart as different and "crazier" than everyone else from the start. The portrayal of schizophrenia through Jimmy's character does not normalize the illness at all; in fact, it could worsen the stigma and misunderstanding surrounding schizophrenia.

Undiagnosed Symptoms

A majority of the characters in the four films are given no specific diagnosis. Symptoms, appearance, and dialogue are all that is given to assess their mental illnesses. There are a number of recurring themes in the representation of these patients. The themes include violence and aggression, delusional behavior, paranoia/anxiety, catatonic states, child-like behavior, obsessive-compulsive tendencies, depression and suicidal tendencies, self-harming, and disordered eating.

Violence & Aggression

An implication of violence and danger in the mentally ill is the first theme seen in *One Flew Over the Cuckoo's Nest*. Mr. Bancini is an older man who has clearly been forced to sleep in shackles in his room. In the first scene of the film, as an orderly

releases from wrist and ankle restraints, it is seen that Bancini has a perpetual and involuntary spasm in his left hand. Upon being asked how he is feeling, he merely replies, "Rested." The fact that Bancini is handcuffed to his bed implies that he is a danger to himself or to the other patients and that he is not to be trusted alone through the night. Although this is the impression given of Bancini at the beginning of the movie, he is seemingly harmless throughout the duration of the film. A reasonable explanation for Bancini to be restrained at night is never presented.

The film's antagonist, Mack, is also introduced in shackles as he is being transported from the prison to the penitentiary. Upon his first assessment with his psychiatrist, Mack makes it clear that he does not think there is anything wrong with him, though he's been reported as being "belligerent," "resentful in attitude toward work," "lazy," and has "talked when unauthorized." Mack denies that these characteristics are enough to diagnose him with a mental illness. He states, "They're telling me I'm crazy over here 'cause I don't sit there like a goddamn vegetable. Don't make a bit of sense to me. If that's what being 'crazy' is then I'm senseless, out of it, gone down the road whacko."

Mack is a convicted criminal who has been arrested five times for assault and his most recent crime of statutory rape of a 15-year-old girl. Later in the film, after an incident during which he was denied the opportunity to watch the World Series on the hospital television, he is asked by his doctor how the incident made him feel, to which he replies, "Makes you wanna kill," and laughs maniacally. Mack also punches an orderly in the face and attempts to choke Nurse Ratched after she provokes another patient so cruelly that he is driven to suicide. At his last assessment, the doctors, opting to keep him in the mental facility, agree that, "He's not crazy. He's dangerous." Though a distinction is made between being mentally ill and being dangerous, a connection is still drawn between persistent violence and mental illness.

Another patient, Taber, persistently and aggressively taunts other patients. He frequently yells at and shoves the other men, particularly Mr. Harding. Incidents of Mr. Harding's delusional outbursts are what oftentimes send Taber into an antagonistic and destructive state.

Mr. Cheswick is shown exhibiting aggressive tendencies, as well. At his breaking point in the film, Cheswick's temper escalates as Nurse Ratched continues to ignore his request for his cigarettes, and he shouts, "What gives you the damn right to keep our cigarettes piled up on your desk?!" Cheswick is so belligerent that he has to be escorted out of the ward by the orderlies. What remains unclear is whether this behavior is a rational expression of general frustration, or if it is symptomatic of Mr. Cheswick's mental illness. The fact that Mr. Cheswick is restrained and assisted out of the room suggests that his outburst correlates with his mental illness, but judging by the reactions of the other patients, it is obvious that this is the first time Mr. Cheswick has had an incident like this one. Thus the audience is left unsure of, yet connecting another example of a patient's aggressive, violent behavior with mental illness.

One instance of aggression in *It's Kind of a Funny Story* occurs after a prominent character, Bobby, returns from an interview with a group home. The interview will determine whether or not Bobby is stable enough to live at the home after he is released from the hospital. After he thinks he has botched his interview, Bobby screams into a pillow, stands up, and starts tearing books and games off of shelves in the common room of the hospital. The orderlies have to restrain Bobby and escort him out of the common area. This is the only episode of violence exhibited by Bobby in the film. Other than this scene, Bobby does not display typical signs of mental illness, and it is this scene in particular that gives the audience a glimpse of the reason Bobby might be hospitalized.

Fred West in *Appropriate Adult* is a convicted serial killer. The first time he appears in the film, he speaks about the gruesome crimes he has committed extremely

casually, starting with the description of how he dismembered his daughter's body after choking her to death. This is one of many terrible, violent crimes that Fred is accused of and oftentimes admits to throughout the film.

These representations could serve to worsen the stereotype that the mentally ill have a heightened likelihood of being violent and aggressive. Although, many of these incidents could give the impression that these patients are aggressive and violent mostly due to their environment in the mental hospital, these occurrences could express that patients might be negatively affected if their mental facility is an unhealthy environment. In any case, the characters are not represented as relatable people. They may evoke sympathy and pity, or, with Mack and Fred, perhaps fear, but they are not presented as accessible or normalized.

Delusional Behavior

In *One Flew Over the Cuckoo's Nest*, Mr. Harding is having problems with his wife. He suspects that she has been unfaithful, but can not articulate why he suspects her infidelity or why she would choose to be unfaithful in the first place. When pressed, in a group meeting, to talk about his marital issues, Mr. Harding begins shouting and going on rather nonsensical tangents. He tries to explain himself by stating, "The only thing I can really speculate on is the very existence of my life with or without my wife in terms of the human relationships, the juxtaposition of one person to another." He begins to get frustrated and goes on to say, "I'm talking about form, I'm talking about content... I'm talking about God, the Devil, Hell, Heaven." It is clear that Mr. Harding is delusional and he is not even sure what he is trying to communicate.

There are a few minor characters in *Girl, Interrupted* that demonstrate delusional tendencies. One patient, M-G, is seen repeating the word "Bingo" as if playing

the game, when she is actually watching men get drafted in the war. Another character, Cynthia, often laughs when nothing is said or at seemingly inappropriate times.

In *It's Kind of a Funny Story*, there is an unnamed character that the other patients just refer to as "the professor." She is described by Bobby as "radical academic" who "went bonkers" when George Bush passed the Patriot Act. She was convinced the government had put bugs in all the phones, and her overwhelming and incapacitating paranoia brought her to the hospital.

Most of these characters are minor characters, and their delusions make them difficult to relate to or empathize with. Additionally, they are often present as a form of comic relief. For example, in the scene depicting the professor's mental deterioration in *It's Kind of a Funny Story*, scenes of the woman frantically disassembling telephones are shown in a humorous light. The patients' illnesses are not portrayed as dangerous or frightening. Because of this, the creation of other negative stereotypes may be avoided; however, these representations do portray their mental illness as something to be joked about, which could stigmatize them in a different way.

Paranoia & Anxiety

Mr. Cheswick, in *One Flew Over the Cuckoo's Nest*, presents extreme anxiety and slight paranoia in the film. He is often seen with his arms crossed in front of his body, with his hands over his ears (as if frightened and trying not to listen to what's going on), or in some other closed-off and obviously timid position. He claims that the other patients often "gang up" on him, and gets extremely upset when others are arguing around him.

In *It's Kind of a Funny Story*, Craig, tells his doctor after being admitted into the mental hospital, that he is feeling "anxious." The most notable cause of his anxiety

(which also leads to occurrences of paranoid behavior) is the pressure being put upon him by his father to complete a summer school application for a prestigious program. When asked by his doctor what would happen if he did not get into the summer program, Craig begins to list all the ways that he thinks his life would begin to deteriorate. A montage of scenes is shown from the hypothetically ruined life Craig has imagined, stemming from his paranoia.

Another minor character in the film, Solomon, becomes very anxious and upset whenever any of the other patients are too loud for his liking. Whenever this occurs, he shuffles over to the perpetrator and asks them if they can “keep it down” because he is “trying to rest.” It is clear that noise makes Solomon uncontrollably uneasy and upset.

The paranoia and anxiety exhibited by Craig and Mr. Cheswick do not evoke an extreme sense of inaccessibility or fear. While they are represented as clear symptoms of their mental illnesses, the anxiety and paranoia do not set them apart as the “craziest” of the patients in their respective films. However, the more minor character, Solomon in *It's Kind of a Funny Story*, is used as comic relief, similar to those characters that exhibit delusions. The more prominent characters' representation of anxiety and paranoia do not seem to be worsening any stigma. The minor character's representation of anxiety, while not creating a negative stereotype, does portray his illness as something to be laughed at and not necessarily taken very seriously.

Catatonic States

Catatonic states in patients occur both in *One Flew Over the Cuckoo's Nest*, and *Girl, Interrupted*. There are multiple patients in both movies that are never shown doing anything but staring into space. For the most part, these patients are unable to respond when spoken to. The only time when a catatonic patient shows signs of an ability to communicate is in *Girl, Interrupted*, when Susanna, mimicking Lisa, blows her cigarette

smoke into the face of a patient. The woman, who is always seen staring blankly into space, turns to Susanna and calls her an “asshole.”

Again, these minor characters are viewed as stereotypically “crazy” and difficult to relate to in their respective films.

Child-Like Behavior

In *One Flew Over the Cuckoo’s Nest*, Mr. Martini acts very childish throughout much of the movie. He is often very distracted, to the point that Nurse Ratched has to ask him, “Are you still with us?” during a group therapy session. Martini seems persistently unable to understand what is communicated to him, nor is he able to communicate back effectively. Martini is so out of touch with those around him that it seems he is living in a different reality than everyone else.

There are also notable cases of child-like behavior represented in *Girl, Interrupted*. There is one younger patient who is always seen walking around the hospital with girlish pigtails in her hair carrying a baby-doll. This is another example of a minor character seeming much more unstable and inaccessible than the other lead roles.

A more prominent illustration of child-like behavior is seen in Polly. Polly’s face is severely burned on one side; her past is disclosed in her file when the patients break into Melvin’s office. A newspaper article is visible that reads “Sixth Grade Fire Victim.” Polly is first seen in the film seated by a room of musical instruments that are locked away behind a chain link fence. She is trying to touch the instruments through the fence, and says that she “feels very musical today,” in a sweet, high-pitch, girlish tone of voice. When Nurse Valerie, who is giving Susanna the tour, tells Polly that it is not time for music, she skips away like a child. Oftentimes, Polly talks like a young girl, and she acts shy and silly. At one point during the film, Lisa tells Polly to mind her own business

while snooping under Susanna's door. Polly starts to cry and throw a tantrum as she runs away into her room. Polly reaches a breaking point when she has a revelation and truly grasps the fact that her face is disfigured. She breaks down, screaming "My face! My face! I'm so ugly!" It seems as if Polly had been subconsciously in denial of her situation since the trauma occurred in the sixth grade. Before this, Polly had seemingly been living in a reality in which her burns did not exist and the trauma never occurred.

Both Mr. Martini and Polly seem to be living in a different reality than the other patients, and this has manifested into exhibiting these child-like qualities. In Mr. Martini's case, his inability to communicate makes it difficult to identify or empathize with him. He unintentionally ostracizes himself through his tendency to be emotionally inaccessible and is almost impossible to converse with in a serious manner. Martini is definitely seen as the one of the "craziest" characters in *One Flew Over the Cuckoo's Nest*.

Polly, on the other hand, is very much in touch with this alternate reality she has created for herself, but also able to communicate with those around her much more effectively. Even after reaching her breaking point, Polly returns to her child-like state. Polly evokes more feelings of sympathy and sadness and is not necessarily seen as stereotypically "crazy" or as an individual with whom it is impossible to relate.

Obsessive Compulsive Tendencies

In *One Flew Over the Cuckoo's Nest*, Mr. Martini also displays some obsessive-compulsive tendencies. While playing a poker game with the other patients, Martini asks Mack continually for another card even though it is not his turn. He is unable to comprehend the rules when the other players repeatedly tell him it is not his turn and instead stays fixated on his cards, repeating, "Hit me. Hit me. Hit me." During a game of Monopoly he puts a hotel piece on an unauthorized space on the board, and begins to

repeat, “Hotel. Hotel. Hotel.” in a similar manner. Mr. Martini is unable to stop these actions, regardless of how hard the other characters try to break him out of his obsessive state. Mr. Martini appears very out of touch with reality, and continues to unintentionally exclude himself from the other characters. His obsessive-compulsive tendencies also make him seem very mentally unstable and difficult to understand.

Nonsuicidal Self Injury

Noelle, in *It’s Kind of a Funny Story*, has been admitted into the hospital because she practices nonsuicidal self harm and has scars on her arms and face from self-mutilation. She explains to Craig that she is being kept in the hospital for a longer period of time because they are worried she will keep harming herself if she does not fully recover before being released. The reasons why Noelle harms herself are never revealed, nor does she exhibit any other outwardly apparent symptoms of stereotypical depression or mental instability. As in the cases of Craig and Bobby, Noelle’s character helps lessen the stigma surrounding mental illness by making it clear that even those who are not stereotypically unstable may still need help for a mental illness. The fact that Noelle’s character is endearing, relatable, and normalized decreases negative stereotypes surrounding depression and nonsuicidal self harm. Further, the fact that the audience is able to connect with Noelle despite the presence of off-putting scars on her face also helps to lessen the prominence of negative stereotypes.

Eating Disorders

In *Girl Interrupted*, Janet is not specifically diagnosed, but it is easy to gather that she has an eating disorder. Janet is first seen wearing a hospital gown and ballet slippers and yells to Nurse Valerie “I want my fucking clothes!” as she is introduced to

Susanna. The fact that this outburst is the first encounter Susanna has with her immediately sets Janet apart as inaccessible and “crazy.” Nurse Valerie replies, “Then you’ll have to eat something.” Later, Janet breaks down during an interpretive dance therapy session, exclaiming, “74 is the perfect weight!” Here is another instance of a minor character exhibiting more extreme symptoms of mental illness. Janet is viewed as extremely abrasive and easily upset, which are two things not exclusive to women with disordered eating. This could further stigmatize mental illness, particularly eating disorders.

Depression & Suicidal Tendencies

Depression and suicide or suicidal tendencies are seen frequently in all four films. One occasion is with Billy Bibbit in *One Flew Over the Cuckoo’s Nest*. Billy Bibbit’s most noticeable problem is that he has a severe stutter. It is later revealed, during group therapy, that Billy tried to commit suicide multiple times preceding his time at the mental ward. Nurse Ratched mentions that it was rejection by a woman whom Billy loved and disapproving thoughts from his mother that triggered his depression and suicidal thoughts. When his stutter disappears after having sex with a woman Mack snuck into the ward, it is made apparent that rejection had been the catalyst for Billy’s mental illness. It is not until Nurse Ratched upsets him by mentioning how badly his mother would react to learning of his unruly behavior that Billy begins to stutter again, and moments later, kills himself. It is apparent that Nurse Ratched’s antagonizing is what pushed Billy to commit suicide.

In *Girl, Interrupted*, Daisy is released from the hospital before any of the other patients. Later, Lisa and Susanna escape from the hospital and visit Daisy’s new apartment. After lifting Daisy’s sleeves to reveal scars from recent self mutilation, Lisa taunts Daisy, stating that everyone knows her father molests her, and suggesting that

Daisy enjoys it. Though Daisy retorts by saying that Lisa is just “jealous” because she “got better,” the taunting gets to her and Daisy hangs herself the next morning before Lisa and Susanna leave.

In *It's Kind of a Funny Story*, Craig is first shown, in a dream state, contemplating jumping off of the Brooklyn Bridge. His family stops him, explaining to him how selfish it would be to commit suicide, and then he wakes up. In the next scene, Craig immediately goes to the hospital, telling the receptionist, “I want to kill myself.” Craig seems anxious and desperate, though not quite as upset as might be expected for someone who claims to be feeling suicidal. When speaking to Dr. Mahmoud, Craig begins to explain why he’s been feeling suicidal, mentioning school, girls, and an application to a prestigious summer school program. Craig says he has “been depressed for about a year,” and his suicidal thoughts have never been this severe. He also tells the doctor that he was prescribed Zoloft, but stopped taking it. After assessing Craig, the doctor does not feel that he needs hospitalization and tries to send him home to his parents. Craig desperately asks for immediate help, saying he is “scared” and that he “might do something,” implying suicide.

When Craig realizes that the doctor plans to put him into the hospital along with other mentally ill patients, he is not comfortable. He says he does not think he “belong[s]” there because he is not quite as “messed up.” During his first visit with the hospital psychiatrist, Dr. Minerva, he explains that he had been feeling “depressed, anxious, [and] stressed.” He states that he thought about killing himself, but he did not actually want to follow through with it. Although Craig lists his symptoms in his visits with the psychiatrist, he does not exhibit any stereotypical characteristics of depression during his stay in the hospital.

After forming a close relationship with Bobby and Noelle and discovering his love for art, Craig begins to realize that he has plenty of reasons not to commit suicide. There

are also times during which Craig even aids other patients in their own recoveries. Craig gives Bobby the confidence to pass his group home interview, and helps him see that life is worth living. After his five-day stay, he is released from the hospital, and he says that he has things to “look forward” to that he did not before. He now he feels like he can “handle it.”

Craig first meets Bobby in the waiting room of the hospital. Bobby enters the waiting room dressed like and acting like a doctor. It is later revealed that Bobby is actually a patient in the hospital. This does not read as delusional behavior as much as it seems like Bobby is avoiding his problems. Whenever he is asked about why he is in the hospital, he avoids answering questions at all costs. He lies and tells Craig that the woman he got into an argument with in the visitor’s lobby was his accountant, when it was really his wife. He jokes with Craig, telling him his stay is a “vacation,” to avoid discussing his reasoning for being hospitalized.

After playing, Bobby finally admits to Craig that he is in the hospital because he has attempted suicide six times. Based on the way Bobby has acted in the film up to this point, this is a shocking revelation. Bobby has not exhibited any noticeable symptoms of depression that would imply he has been or is suicidal. Bobby says that if he were more like Craig, he would live life differently. He says, “I would just live, like it meant something.”

The last character in *It’s Kind of A Funny Story* that illustrates severe depression is Craig’s roommate, Muqtada. Muqtada is an older Egyptian man who spends all of his time in bed, barely speaking to anyone. Craig helps Muqtada in his recovery by encouraging him to come out of his room and interact with the other patients. In the last scene of the movie, Craig has asked his best friend to bring in a record of Egyptian music to play during his going-away party at the hospital. During the party, Muqtada emerges

from his room and makes it all the way to the common room. It is clear that Craig's gesture is what helped Muqtada reach this break-through.

Both Fred West and Janet Leach in *Appropriate Adult* are suicidal at some point in the film. Although Fred is obviously a murderer and a cruel man, he also seems to feel some remorse throughout the film, which may be a factor in his eventual suicide. For instance, in his nonchalant description of the murder of his daughter, he claims he never meant to hurt her and that he was scared. Fred also admits to murdering a young woman he had impregnated during an affair. Fred realizes that, "In killing Shirley, the baby would've died too," becomes visibly upset, and starts crying. He also develops a close relationship with Janet, and is clearly concerned with her wellbeing, making sure she is comfortable during their meetings. Fred becomes extremely upset and frightened when he learns that Janet might no longer be his appropriate adult, and embraces her, saying he was afraid he had "lost her."

These interactions between Fred and Janet suggest that he might be capable of having close, personal relationships. His relationship with Janet becomes so close that he even begins to admit to more crimes at her request. Fred remains in love with his wife, and partner in crime, Rosemary, even though she ends up betraying his trust during their detainment. When Rosemary rejects Fred's compassion during a court hearing, he becomes extremely upset and turns to Janet for sympathy. After his last phone call with Janet, Fred kills himself in his prison cell. Following his suicide, Janet learns that Fred wrote a suicide letter to Rosemary, but it's unclear if his suicide stemmed from his problematic relationship with Janet or his unrequited love for Rose.

The film illustrates changes in Janet's mental state throughout the progression of her relationship with Fred. She becomes increasingly disturbed by the things she hears from Fred, but repeatedly decides to subject herself to it. She becomes overwhelmed with sadness when she hears that Fred has committed suicide. After going to discuss Fred's

death with the investigators of his crimes, she is surprised to learn that Fred did not write her a note before he killed himself, and only wrote one to Rose. Janet, having become increasingly stressed, though showing no suicidal thoughts throughout the film, returns home and attempts suicide by attempting to swallow a large amount of unidentified pills. Janet's partner, Mike, stops her from following through with her suicide.

The characters that exhibit depression and suicidal tendencies in *It's Kind of a Funny Story* all end up better off by the end of the film. Craig recovers and is released after only five days, well enough to aid in the recovery of some of his fellow patients along the way. Bobby is accepted into his group home, and is released from the hospital at the end of the film. Even Muqtada, who was bed-ridden and incapacitated by his depression at the start of the film, progresses to leaving his room and dancing and enjoying a party in the hospital.

Unlike Muqtada, Craig and Bobby do not exhibit stereotypical symptoms of depression in the film. This expresses the idea that even those who are not stereotypically "crazy" or depressed can still need treatment. The message conveyed through these portrayals of depression and suicide is one of hope. These representations strongly destigmatize depression and suicide by normalizing the patients and shedding light on the positive parts of their journey to recovery.

In *Appropriate Adult*, both suicide attempts are seemingly unexpected. Though Fred seems upset earlier in the film about Rosemary's lack of response to his affection, he never shows signs of extreme depression or suicidal thoughts. Janet does not exhibit suicidal symptoms throughout the film, either. These depictions are not creating a negative stereotype or stigmatizing mental illness; instead, they portray the fact that mental illness can be present even when symptoms are not outwardly apparent. This message works at heightening the level of mental health literacy in our society.

CHAPTER 5

CHANGES FROM SOURCE MATERIAL TO FILM

The director of each of the four films was presented with the challenge of adapting the respective source material for the screen. The types of source materials included one fiction novel, one memoir, one mostly non-fiction novel, and one true crime story. The amount of creative liberty exercised by the director varies from film to film. These changes will be discussed in the context of how they affect the portrayal of mental illness in the film. If a topic is not discussed in the chapter, it is assumed to be the same in the film as in the source material.

One Flew Over the Cuckoo's Nest

Plot

While the major events in the film also occur in the novel, the film adaptation shows altered versions of some the scenes surrounding these events. For example, in the novel, Mack is given the opportunity to raise enough money to take some of the patients on a fishing trip. Mack ends up asking the patients for more money than was required for the fishing trip, in order to make a profit. In the film, director Milos Forman chose to have Mack hijack a hospital bus to help the patients escape and go on the fishing trip. On the boat, Mack takes the time to personally teach each man to fish. By choosing to omit Mack's raising money to go on the fishing trip, Forman chose to portray Mack as a more selfless character who has the interests of the other patients in mind. The film depicts Mack as fun loving, spontaneous, and friendly to his fellow patients, as opposed to a selfish suspected con man. The fact that the men are mentally ill is momentarily

forgotten during this scene, allowing viewers to connect with the characters, especially Mack, in a positive way.

A scene that was not included in the film is one in which the patients are encouraged by Nurse Ratched to admit to committing acts that they had never admitted to before. The patients begin to confess to rather unsettling acts, such as, “I tried to take my little sister to bed,” and “I stoned [my cat] to death” (51). By leaving this out, the director avoided depicting the characters in a manner that would make them seem extremely troubled and threatening. Forman evaded the potential of worsening a stigma that the mentally ill are all exceptionally disturbed and potentially violent.

The patients’ medications are also depicted differently in the film than in the novel. Throughout the novel, Chief speaks of seeing and feeling a “fog” come over him at certain times during the day. It’s implied that this “fog” he experiences is the haze in his mind felt as an effect of the medication he is given. While the patients are given medication in the film, it is never implied that the medication makes them incoherent. In the only scene in which medication is mentioned, Nurse Ratched’s assistant tells Mack that the pills are just “vitamins.” None of the patients seem to question this except Mack, who only agrees to take the medication because the nurse threatens to inject it intravenously if he does not comply. Forman chose to depict the healthcare providers as dishonest and deceitful. Not only does this stigmatize healthcare providers, but it also makes the patients seem too naïve or mentally unstable to question the nurse’s claim that their medication is only vitamins. While Forman’s choice to portray the nurses in this way makes it seem that the patients lack basic clarity, it does work to evoke the audience’s sympathy for the patients.

Protagonist: Mack

In the novel, Mack is officially diagnosed as a psychopath, something never asserted in the film. While he does have a diagnosed mental illness in the novel, he also blatantly admits to faking being mentally ill in order to get out of work, something of which he is accused but to which he never officially admits in the film. By choosing not to disclose an official diagnosis for Mack in the film, Forman leaves the level of Mack's sanity up for interpretation by the audience. The audience is forced to decide for themselves whether or not Mack is mentally ill. Without a diagnosis, Mack's actions and personality could be interpreted to mean that he is simply a criminal trying to get out of doing manual labor, and that he is simply acting out while in the mental ward; however, even without a diagnosis, the audience could just as easily deem Mack mentally ill. By omitting Mack's psychological diagnosis, Forman made a deliberate choice that allows the audience to not only have this internal battle throughout the film, but also end up walking away unsure.

Mack's overall attitude toward Nurse Ratched is much less harsh in the film than in the novel. In the novel, upon learning that he has to stay in the ward until the nurses and doctors deem him fit to leave, Mack's disdain toward Nurse Ratched grows. He begins to prank her more often, make crude comments about her physical appearance, specifically her breasts, and break her cherished glass in front of the nurse's station multiple times. In the film, however, he scales back his plan to relentlessly irritate Nurse Ratched because he knows she will have the final say in whether or not he is released. Forman made the choice to show that Mack has control over his actions and his emotions. Furthermore, even after Mack reduces his attempts at aggravating Nurse Ratched, she still decides he needs to be lobotomized. Forman makes it clear to the audience that there is nothing Mack could have done to prevent Nurse Ratched from exercising her control over him—an action that ultimately leads to his death. This

episode also leaves the audience doubting Mack's insanity because it is clear that he is capable of making the rational decision to cease his harassment of Nurse Ratched.

After learning that he cannot leave the ward until the nurses allow him to, Mack's attitude toward the other patients is different in the film than in the novel. In the novel, he is very angry and accuses the other patients of deceiving him on purpose, saying, "those slippery bastards have *conned* me" (193). Although he does have this outburst in the film, he ends up indicating that there were "no hard feelings" (194), and the patients begin to question his sanity. In the film, when Mack addresses the topic during a group therapy session, he seems more hurt than angry with the other men. The patients are much more concerned with preserving their friendships with Mack, and stress that they did not intend to betray him. By changing the approach Mack takes in discussing the topic of his captivity, as well as omitting the patients' questioning of Mack's sanity, Forman depicts Mack and the other patients as more mentally stable than they're depicted in the novel. The companionship between Mack and the other patients is emphasized, and by never seeing his fellow patients question his sanity, the audience is less inclined to do so, as well.

Antagonist: Nurse Ratched

Nurse Ratched's overall personality in the film is much less malicious than in the novel. In the novel, she has a history of using shock therapy as punishment, not treatment, and forces the patients to do janitorial work each day. Her personal vendetta toward Mack is much less spiteful in the film, as well. In the novel, Nurse Ratched goes out of her way to prohibit Mack's recovery and release, and tries to turn the other patients against him. In the film, Nurse Ratched's actions do not seem quite as vindictive. While Nurse Ratched clearly still has a personal conflict with Mack in the film, Forman chose to portray her as more cold and unkind than manipulating and

spiteful. Her grudge against Mack is depicted through dialogue and her facial expressions of disgust and blatant annoyance, as opposed to calculated plans to sabotage him. Nurse Ratched is still shown performing minor acts of vengeance, such as hoarding the patients' cigarettes to prevent them from betting with them during poker games with Mack. Forman's portrayal of these events depicts Nurse Ratched as being simply irritated that her ward is not under control, rather than attempting to hurt Mack personally.

Nurse Ratched's character in the film creates a different type of stigma surrounding healthcare providers for the mentally ill than the novel. In the film, Nurse Ratched has the final say when it comes to the patients' care. The film validates a stereotype that may have been representative of the apathetic nature of some mental health nurses of the time by suggesting that healthcare providers were indifferent to the well being and recovery of their patients (Nolan & Hopper, 2000). In the 1960s, because of a lack of formal training and knowledge, mental healthcare providers often lacked vehemence in providing the patients with effective treatment (Nolan & Hopper, 2000).

Minor Characters

Chief

The most noticeable difference between the film and the novel is that Chief narrates the book, while in the film, the storyline is centered on Mack. Experiencing the events through Chief's perspective gives an entirely different view of his character than the film provides. Forman allows the viewers to get to know Chief as the other patients have. While a barrier still exists between Chief and the audience, due to his perceived disabilities, the desire but inability to understand and relate to him prevails. His mysterious incapacity to communicate and his near-catatonic state stigmatize his character early in the film.

Because Chief is depicted this way in the beginning of the film, his revelation to Mack that he is not deaf or dumb is even more shocking to the audience. In the film, the scene in which Chief shows Mack that he is not deaf or dumb is similar to, but not exactly like, the one in the novel. Forman chose to show Chief revealing this information to Mack in an extremely intimate and private moment in which they are frightened about receiving shock therapy and the way it may alter their emotional and mental health; Chief is suddenly humanized in this abrupt transition. The dichotomy between the way Chief is silenced in the start of the film and the way he is portrayed in this scene strongly implies the possibility that he does not belong in the mental ward. As such, Forman presents the audience with the opportunity to connect with Chief on a new level. Viewers are also made aware that Chief may be trying to function in a system that he does not belong in, much like Mack could be considered doing at some points throughout the film. For both men, the audience is left wondering whether or not they are mentally ill enough to be institutionalized.

Harding

In the novel, Mr. Harding's wife visits the ward--something that does not occur in the movie. A different facet of Harding's personality is revealed to the reader when he interacts with his wife. During the interaction with his wife, the reader gathers that she is seemingly flirtatious with the other patients and argumentative with Harding. Her behavior may actually give Mr. Harding reason to worry about her infidelity. Because Forman chose not to introduce the audience to Harding's wife, his seemingly delusional rants and suspicions seem unjustified and he is depicted as being more mentally unstable than in the novel.

Cheswick

In the novel, when Cheswick returns from receiving shock therapy after an outburst during a group meeting, he briefly discusses the incident with the other patients and then unexpectedly drowns himself in a swimming pool. In the film, Forman gives no indication that Cheswick is depressed or suicidal in any way. By preserving the other key aspects of Cheswick's personality, Forman still captures the essence of his character in the film. The choice made to omit Cheswick's suicide helps to highlight Billy Bibbit's suicide later in the film. Billy's suicide acts as a catalyst for the reaction that results in Mack being lobotomized, and by emphasizing it as the only suicide in the film, Forman makes the incident more jolting for the audience.

Billy Bibbit

In the novel, Billy has a history of suicide attempts. Having not been told this information in the film, the audience is even more shocked when Billy commits suicide. Billy's suicide is perceived more as a result of Nurse Ratched's cruel taunting and less as a result of his mental illness.

Taber

In the novel, Nurse Ratched describes Taber as a former patient who received a lobotomy and was subsequently released from the ward, going on to live a "normal" life. By choosing to show Taber as a current patient, and omitting his release from the hospital from the film, Forman gives the impression that recovery is not likely for any of the patients. This further emphasizes the way in which the mentally ill were stigmatized at the time, and portrays that hope for their recovery was modest.

Bancini

Mr. Bancini is a catatonic patient in the film, which is very different from his portrayal in the novel. Conversely, he is portrayed as being more aggressive and violent than most of the other patients in the novel. Forman depicts violence and aggression in Taber, and thus omits this from Bancini's character. Instead, the director depicts Bancini as more unsettling or frightening than he is threatening. Although it is a different portrayal than in the novel, this depiction of Bancini stigmatizes his mental illness nonetheless.

Girl, Interrupted

Plot

There are a few scenes in the film that are not described in Susanna's memoir, such as the scene when the patients break into the doctor's office to read their personal files. In this scene, both Lisa and Susanna's diagnoses are revealed. By informing the audience of their diagnoses, director James Mangold forces the audience to draw a connection between each character's actions and their respective illnesses.

In the final scene of the film, Lisa reaches a breaking point upon hearing Susanna harshly tell her that no one believes she is capable of recovering from her illness; her destructiveness is smothered upon hearing Susanna's opinion of her, and at the end of the film, Lisa is seen sedated, in a hospital bed. By inserting this scene into the film, Mangold creates a more dramatic juxtaposition between each characters' journey to recovery. Susanna is tested by Lisa's manipulation, to which she had succumbed previously in the film. Instead, Susanna perseveres, stays well, and is released from the hospital, recovered. Mangold also depicts Lisa's symptoms in this scene in an exaggerated manner. By showing Lisa doing something as drastic as attempting to

murder Susanna, directly followed by thoughts of attempting suicide, the director makes the hope given for Lisa's recovery at the close of the film seem even more profound.

Protagonist: Susanna

The circumstances surrounding Susanna's release from the hospital are different in the film than in the memoir. In the memoir, Susanna writes that she was eventually discharged from the hospital because her boyfriend proposed; however, in the film, Mangold chose to center Susanna's release from the hospital on her overcoming her illness. This is a much more positive and profound way to represent Susanna's release from the hospital. Mangold allows the audience to experience Susanna's journey of understanding her illness and overcoming it, eventually becoming healthy enough to leave the hospital.

Antagonist: Lisa

Susanna describes Lisa in the memoir as being someone who "kept [her] spirits up" (20). Susanna also describes her as being "funny" and states, "I can't think of her without smiling, even now" (20). In the book, Lisa performs harmless, light-hearted pranks, such as wrapping the furniture in the living room. Conversely, in the film, Mangold chose to depict Lisa as a very destructive and unempathetic person.

Lisa's relationships with the other patients are very different in the memoir as well. While she has a few competitive relationships with some characters in the memoir, the relationships are seemingly harmless and in no way malicious or damaging. In the film, Lisa is seen as emotionally harmful and untrustworthy. She is extremely unfeeling and, many times, brutally unkind.

There is one entirely fictionalized scene in the film that emphasizes Lisa's destructive personality traits more than any other scene: this scene, mentioned in a previous chapter, is when Lisa provokes Daisy's suicide. This scene is extremely pivotal in that it shows Lisa's detachment from basic human decency in an extremely drastic and repugnant way. Lisa is portrayed as more cruel and unfeeling at this moment than at any other point in the film thus far. By portraying Lisa in this manner, Mangold creates extremely negative stereotypes surrounding Lisa's diagnosed mental illness. Lisa's brutal and merciless actions work toward creating a stigma surrounding Antisocial Personality Disorder. Having Susanna present in this scene is also crucial, as it makes it clear that Susanna has truly realized that Lisa is an extremely mentally ill, horrific human being. Mangold includes this troubling scene to mark Susanna's breaking point with Lisa and to act as the catalyst for her recovery. More importantly, this scene confirms for the audience that Lisa is the most mentally ill of the patients.

Minor Characters

Polly

Polly's history is explained in much greater detail in the memoir than in the film. Susanna directly states in the memoir that Polly purposely set herself on fire at the age of sixteen. She attempted suicide, and lived. It is also revealed that Polly is a diagnosed schizophrenic (59). In the film, all that is known of Polly's past is that she was a "sixth grade fire victim" as seen on a newspaper clipping in her file. Mangold made the choice to omit her diagnosis from the film in order to focus on the diagnoses of the protagonist and antagonist in the film. The director also chose to isolate suicidal tendencies to Susanna and Daisy in the film. By doing so, Mangold helped showcase the special connection Susanna felt with Daisy after witnessing her suicide. Additionally, by

portraying Polly in this way, Mangold depicts her character as being much less threatening.

Georgina

In the memoir, it is revealed that Georgina is also a diagnosed schizophrenic. In the film, Georgina tells Susanna that she is diagnosed as a pathological liar, although, as mentioned previously, this is not a diagnosable illness in any edition of the DSM. Because Georgina says that she is a diagnosed pathological liar, it is difficult for the audience to believe what she says, even regarding her own diagnosis. By creating this tension in the audience's perception of her illness, Mangold prevents the audience from ever being sure about Georgina's level of sanity. Although this does make Georgina seem "crazier" than in the novel, leaving out her diagnosis avoids the possibility of creating a stigma surrounding Schizophrenia.

Daisy

The circumstances surrounding Daisy's suicide are very different in the film than in the memoir. In the memoir, the women in the hospital are informed that Daisy committed suicide after being recently released. In the film, instead of attributing Daisy's suicide solely to her illness, the audience ascribes her suicide to Lisa's cruel goading. Mangold's choice to do so took the attention off of Daisy's illness, and further emphasized Lisa's capacity for evil.

It's Kind of a Funny Story

Protagonist: Craig

There are a few details about Craig's mental illness in the novel that are not seen in the film. For instance, in the book, Craig refers to his Tentacles and Anchors. He describes his Tentacles as "the evil tasks that invade [his] life," and the Anchors are "things that occupy [his] mind and make [him] feel good temporarily" (14, 15). For example, his stressful school assignments are Tentacles, but his love for art is an Anchor. Craig also refers to the Cycling, which he describes as "going over the same thoughts over and over. When [his] thoughts race against each other in a circle" (105).

Another dissimilarity is that Craig has conversations with an imaginary drill sergeant that is constantly influencing his decisions. These conversations occur frequently throughout the novel, but are never shown in the film. In the film, directors Anna Boden and Ryan Fleck make a deliberate effort to portray Craig as a normal teenage boy. By choosing to leave Craig's Anchors, Tentacles, Cycling, and imaginary drill sergeant out of the film, the directors avoid showing him exhibiting delusional behavior. Had the choice been made to include these details in the film, Craig's mental illness would have likely been stigmatized. Instead, Boden and Fleck try to make Craig's character as relatable as possible, and in doing so, the audience is able to identify with him more easily. Furthermore, in portraying Craig in this way, his ability to help the other patients in the hospital seems more plausible, because he seems well enough to do so.

Antagonist: The Stigma

While Craig's mental illness is presented as an ongoing difficulty throughout the film, the force that truly prevents him from moving forward is the stigma surrounding

mental illness. Craig's family and friends work on the side of the antagonist throughout much of the film. While Boden and Fleck depict Craig's friends just as judgmental as they are in the novel, the depiction of his family is very different.

In the novel, Craig's mother is unconditionally supportive and loving, and really wants to understand what Craig is going through on a deeper level. Craig's father is equally as supportive, and though he has a more difficult time communicating than the mother (he is often interrupting others, making jokes at inappropriate times), he is just as loving and caring. Craig's sister is also much more mature in the novel. She seems to truly grasp what Craig is going through and expresses to him many times, rather eloquently for a nine-year-old, that she wants him to get well and come home.

In the film, Craig's mother dotes on him, and is clearly very loving, but does not seem to want to truly comprehend Craig's situation. She seems to want to avoid talking about his depression in depth, and instead just wants to see him get well. Craig describes his father in a much more negative way than in the novel. His father ignores Craig's issues and feelings and seems to only be concerned with his summer school application. Craig's sister is a goofy, silly nine-year-old, who, while she loves her brother, finds it strange and difficult to understand that he's in the hospital, and just wants him to come home.

Boden and Fleck made a conscious choice to emphasize the way that stigma can affect a person's mental health and recovery from mental illness. It is clear that the stigma surrounding Craig's illness has affected his own perception of his illness. This creates a barrier between himself and his ability to fully accept and overcome his depression, anxiety, and suicidal thoughts. Craig's portrayal as a normal teenage boy, coupled with an emphasis on the factors that heighten the stigma surrounding his mental illness, truly convey how detrimental this stigma can be. The stigma worsens his symptoms and makes his recovery more difficult.

Minor Characters

Bobby is a much more minor character in the novel than he is in the film. He is described as a former drug addict. He tells Craig early on in his stay at the hospital that he is depressed, and has had issues with depression since he was a teenager. Boden and Fleck choose to leave out former drug addiction from Bobby's character and decide not to disclose the details of his mental illness until late in the film. Instead, the directors depict Bobby as surprisingly normal at the start of the film. Boden and Fleck let the audience into Bobby's personal life by allowing him to appear vulnerable in his distress over his interview for the group home and by showing him interacting with his daughter. He appears vulnerable in a more youthful, childish way, during the scene in which he becomes extremely upset and throws something akin to a temper tantrum following the interview for the group home. It is clear to the audience that Bobby is unwell to some degree, but the details of his illness are still never made clear by his actions alone. This perception makes the revelation of Bobby's six suicide attempts and battle with depression even more surprising to both the audience and to Craig. In revealing this information, Boden and Fleck draw an unexpected parallel between Craig's experience and Bobby's experience.

The portrayal of the other hospital patients is much more exaggerated in the film than in the novel. Muqtada's character in the novel, while still extremely depressed and unlikely to leave his bed, is much more conversational and coherent in the novel than in the film, where he barely speaks at all. Jimmy, the schizophrenic, shouts, "It'll come to ya!" many times throughout the novel, as he does in the film, but there are a few times when he converses briefly with other patients. In the film, Jimmy is incapable of saying anything else, and is often seen completely disengaged from the rest of the patients. In the novel, Humble is very well spoken, a little abrasive, but also fatherly toward Craig in the film. However, in the film, Humble's character is an extremely large, very odd man,

with a cleft lip. Aside from having a much more off-putting personality, Humble also has a physical deformation. In this portrayal, the directors chose to equate physical disability or deformation with mental illness. The professor in the novel ended up in the hospital because she “thinks someone tried to spray her apartment with insecticide” (246). In the film, when Craig learns the professor’s background story from Bobby, he is told that she ended up in the hospital because she thought that the government had put bugs in all the telephones. The scene depicting this back-story shows the professor looking outwardly paranoid, hiding in a building and disassembling all the phones to try to find the bug. This depiction of her history, as well as her paranoid appearance, makes the professor out to be much more unstable in the film than she seems in the novel.

The changes Boden and Fleck made in portraying these characters makes them more comical and “crazier” than they’re depicted in the book. Although the characters’ symptoms are more exaggerated and slightly quirker than in the novel, they were not depicted as threatening or frightening. This portrayal of the other patients helps to emphasize how normal Craig and Bobby are perceived to be.

Appropriate Adult

Protagonist: Janet

The film is based heavily on Janet Leach’s account of her relationship with Fred West. She was profoundly involved in the adaptation of her story throughout the production of the film (Bracchi & Wright, 2011). Although the adaptation is true to Janet’s experience, her son, the victims’ families, and Fred’s daughter Anne-Marie have differing opinions. According to interviews with her son, Paul, Janet was not portrayed accurately. Paul points out that he was the only one of Janet’s sons living with Janet at the time. However, there are two younger boys shown living with Janet in the film. He also claims to have been the one to answer Fred’s calls on occasion. Paul says that his

mother's involvement with Fred has "tainted" his life (Bracchi & Wright), and that he has been "diagnosed with post-traumatic stress disorder" as a result of the experience ("Janet Leach's son", 2011).

In an interview with Anne-Marie Davis, daughter of Fred West, she claims that the filmmakers failed to respect the memories of Fred and Rosemary's victims and the grief of their families, and instead have "opted to fall on the side of Mrs. Leach" ("Daughter of Fred West", 2011). Director, Julian Jarrold, depicted Janet as a well-rounded, caring mother of young sons. The impression is given that Janet's sons are not as severely affected by her relationship with Fred West as Paul claims. Jarrold chose not to show Paul answering an abundance of Fred's calls--to which Paul heavily attributes his diagnosis of PTSD. By leaving this out, the severity of the effects this experience had on Paul is left undisclosed to the audience. It has also been disclosed, by Paul, that he was sent to live with his father, instead of Janet, when he was 11 years old. Not long after that, Paul was taken into "care" for five years ("Janet Leach's son", 2011). It's not clear why Paul was put in care away from his parents, but one could assume that Janet and Paul's father were unable to act as suitable parental figures. This fact was entirely left out of the film, and could have made a profoundly negative impact on the way the audience perceives Janet as relatable and pitied. The choices made by the director also portray Janet to be incapable of escaping Fred's manipulation, when, according to her son, she was very much capable of walking away but had allowed herself to become too emotionally attached ("Janet Leach's son", 2011). Jarrold's depiction of Janet paints her in a much more positive, mentally stable, victimized manner. It is clear that there was a purposeful effort made to portray Janet as a relatable character with whom the audience has the capacity to empathize.

Antagonist: Fred West

Fred West's dialogue in the film is all "taken from transcript, without elaboration, and reflect [the tone from the originals]" (Masters, 2011). Two of his daughters, upon viewing the film, "were struck by how convincingly Dominic West had captured [Fred West's] qualities in his portrayal" (Masters, 2011). Other aspects of Fred's life are left out of the film. When Fred was a teen, he suffered two severe brain injuries. One injury occurred as a result of a motorcycle accident, another occurred when a woman he was harassing defended herself, which resulted in Fred falling down a flight of stairs. In both cases, Fred was unconscious for some time. Although Fred had a history of being crude toward women and having sex with under-aged girls, it was not until after his multiple brain injuries that his mother noticed his revolting "complacent attitude" toward his wrongdoings (Sounes, 1995). By the age of twenty, Fred was a "convicted thief and widely believed to be a child molester" and had been permanently shunned by his family (Sounes, 1995).

Fred's wife's past is also not addressed in the film. Rosemary was born to two mentally ill parents. Her father was a diagnosed schizophrenic and her mother suffered from severe depression following a nervous breakdown. Rosemary was also in her mother's womb while she was receiving multiple Electro-Convulsive Therapy treatments. From early childhood Rose exhibited strange tendencies, such as rocking herself while in her pram "so violently that the pram crept across the room" (Sounes, 1995). This developed into Rose rocking her head for hours at a time until she had "hypnotized herself into a state of semi-consciousness" (Sounes, 1995). For a child in today's society, this would be a great cause for concern (Sounes, 1995). Not only are things like this an "early indication of learning difficulties," but also, children of schizophrenics have a 10 percent chance of also being schizophrenic. Children of depressives have a heightened likelihood of suffering from depression, as well (Sounes, 1995). As Rose grew up, she

became increasingly aggressive and sexually charged. She was oddly interested in sex at a young age, and resorted to touching her younger brother sexually. Eventually, she became obsessed with dating much older men because the boys her age were frightened of her (Sounes, 1995).

Rose and Fred met when she was only sixteen years old and he was twelve years her senior. While an obsession with aggressive, sadistic sex originated from Fred, Rose quickly took to his desires and made them her own. They very much worked together in committing acts of rape and murder, and became closer and closer as a couple when the fear of getting caught arose (Sounes, 1995).

Jarrold made a conscious decision to leave out these details about the serial killers' pasts. Information about Fred's past was not something Janet had access to at the time, and this made her experience unique. In including an explanation of Fred and Rosemary's past, the representation of Janet's experience and the way it affected her mental health would have been skewed. Additionally, had Jarrold included Fred and Rosemary's history, the audience would have been presented with a reason for their actions. Knowing that their capacity for such horrifying crimes could be, in part, explained by a biological problem takes away from the terrifying mystery of how it was possible for Fred and Rose to be so horrifyingly malevolent. Furthermore, directly connecting acts of pure evil with schizophrenia, depression, or brain damage, could have created severely inaccurate stigma surrounding these illnesses.

Fred and Rosemary are extreme cases of possible mental illness manifesting into the capability of committing gruesome crimes, and thus not representative of the mentally ill population at large. Jarrold's choice helped the film avoid creating any frightening and negative stereotypes about any specific mental illness. Additionally, Jarrold chose to depict Fred as potentially having a diagnosable illness, though it is never mentioned outright. Rosemary is depicted as being pure evil and no signs are given that

she might have a diagnosable illness. This also allows the audience to empathize with Fred. Sympathy is evoked by seeing the way that Rosemary manipulates Fred because the impression is given that he might not be aware of the level of manipulation, or have the ability to stop it. Without this, the audience's connection with Fred would not have been possible.

CHAPTER 6

EVOLUTION OF MENTAL ILLNESS ON THE SCREEN

In analyzing these four films, the wide range of time periods in which the films were set, coupled with the time that each film was released, allows for a unique set of comparisons. *One Flew Over the Cuckoo's Nest* and *Girl, Interrupted* were released in 1975 and 1999, respectively, and each provides a distinctive representation of a mental hospital and mentally ill patients in the 1960s. The events in *It's Kind of a Funny Story* occurred in 2004, but the film was released in 2010. *Appropriate Adult* accounts events that happened throughout the early 1990s, but was released in 2011. Each film examines the past events they depict through a particular lens. Each is distinctly useful as a film truly representative of mental illness. Because of this, conclusions can be drawn about the progression of the portrayal over time.

In the progression from *One Flew Over the Cuckoo's Nest*, to *Girl, Interrupted*, the depiction of the protagonist changed from undiagnosed to diagnosed. Mack, as an undiagnosed criminal has a more negative portrayal than Susanna. Although the audience does not find Mack entirely inaccessible, his sanity is continually questioned throughout the film; he also has a history of violence that could be perceived as threatening. Susanna, on the other hand, is diagnosed with an easily stigmatized mental illness, but is also represented as being the most sane and relatable patient in the film. The depiction of the protagonist became more positive and less stigmatizing over the time between the two films.

The relationship between the protagonist and the antagonist progressed from being between a patient and a nurse, to between a patient and another patient. This

transition alone worked to lessen the stigma surrounding healthcare providers of the time. In *Girl, Interrupted*, the head nurse, Valerie, is extremely maternal and undoubtedly wants each of the patients to recover. The doctors are present and shown throughout the film treating the patients and working toward reviving their mental health. The audience even gets glimpses of the notes doctors have made about Susanna's diagnosis and recovery. On the other hand, in *One Flew Over the Cuckoo's Nest*, the nurses and doctors are seemingly apathetic to the patients' wellbeing. The antagonist, Nurse Ratched is in clear and conscious opposition to Mack's recovery, and her ostensible indifference to the patients' wellbeing ultimately leads to the death of two of the men. Eventually, the antagonist prevails and Nurse Ratched defeats Mack, in the end.

The antagonist in *Girl, Interrupted*, Lisa, is a diagnosed sociopath who seems to be in opposition not only to Susanna's recovery, but to all of the patients' recoveries. She is a scientifically accurate representation of her illness; although the fact that she is a patient and not a nurse works to destigmatize healthcare, the fact that Lisa is depicted as the "craziest" patient could stigmatize her illness. She does not defeat Susanna, however, and is left in the hospital while Susanna leaves, healthy and happier. This represents a shift in the antagonist from being directly rivaling the protagonist and eventually defeating him, to acting in opposition to all of the patients and failing to overcome the protagonist, in the end.

The quantity of symptoms depicted diminished slightly over time, as well. While many of the minor characters in both films are stigmatized to some degree, the general sense is that, in *One Flew Over the Cuckoo's Nest*, the other patients are collectively more out of control than the patients in *Girl, Interrupted*. Furthermore, Mangold chose to make a change to the source material and leave out the characters' diagnoses from the film. Extracting a diagnosis from their character portrayal worked to avoid stigmatizing

specific illnesses. The overall atmosphere created by the patients in *Girl, Interrupted* is much more cheery and lighthearted, while in *One Flew Over the Cuckoo's Nest*, the group of patients seems more threatening and unapproachable. This difference in the minor characters' portrayal from 1975 to 1999 is a positive change toward a less stigmatizing representation.

It's Kind of a Funny Story was released in 2010 and the events are set in modern time. The protagonist in the film, Craig, is depicted as a normal teenage boy aside from his known suicide attempt and self-disclosed depression and anxiety. Boden and Fleck made the choice to leave out the traits from the novel that made Craig seem more delusional and unstable in order to normalize his character. Craig, like Susanna, is seen as the healthiest and most stable patient in the hospital, and is portrayed as having the capacity to help the other patients with their recovery.

The antagonist of the film, *It's Kind of a Funny Story*, is not a tangible one, as seen in *One Flew Over the Cuckoo's Nest* and *Girl, Interrupted*. The force that works against Craig in the film is the stigma surrounding his mental illness. His family, friends, and even his own prejudices work toward heightening the stigma surrounding his illness; this stigma acts as a barrier between Craig and his recovery. Craig only spends five days in the hospital before he is released. He faces his illness head-on and acquires the courage to stand up to his family and friends in order to improve his own happiness. By doing so, he overcomes the stigma.

There is only one diagnosed character in the film, Jimmy the schizophrenic, whose illness is portrayed in a stigmatizing fashion; although, it is not entirely negative. The rest of the minor characters embody about the same amount of undiagnosed symptoms as seen in *Girl, Interrupted*: violence and aggression, delusional behavior, paranoia and anxiety, nonsuicidal self-harm, depression, and suicidal tendencies. The ways in which the minor characters exhibit these characteristics is in no way frightening

or threatening. Instead, the characters display their symptoms in a humorous way. In the previous two films, the way in which the minor characters provided comic relief was through ridicule and mockery for being so “crazy.” In *It’s Kind of a Funny Story*, however, the comedic manner in which the minor characters are often portrayed is lighthearted in nature and leaves the audience feeling positive and optimistic about their recovery. The film also shows signs of recovery in many of the minor characters, several a result of Craig’s help.

Overall, the illustration of mental illness from the two aforementioned films to *It’s Kind of a Funny Story* has improved over time. Choices were made by the directors to make the protagonist seem more relatable and normalized, something not done to the same extent in the previous two films. The antagonist is not another character; this alone extracts the possibility of stigmatizing healthcare or the illness of another patient, because there are no negative traits given to an antagonistic character that could potentially stigmatize her behavior. Additionally, there are many more characters in *It’s Kind of a Funny Story* that show signs of or reach complete recovery than in the other films, notably Bobby and Muqtada. The overarching feel of the film is that mental illness is not scary, even the most normal people can need help with a mental illness, and it can be overcome, even in the most seemingly hopeless of cases. The film marks a clear positive progression in the representation of mental illness in film.

With *Appropriate Adult* comes an entirely new take on representing mental illness in film. Unlike the other three films, it is not set in a mental hospital, and the characters are not patients. Mental illness representation is injected into the film in different ways. The protagonist, Janet, is never diagnosed with an illness, nor is any typical sign of mental illness present in her character through most of the film. The audience does, however, question her sanity throughout the film because of her escalating obsession with Fred. It is not until the end of the film that Janet is shown

exhibiting typical signs of a mental illness, when she attempts suicide after hearing that Fred had killed himself.

Jarrold made the decision to leave out Fred and Rosemary's history of mental illness. Their depictions are very different. Rosemary is portrayed as an evil woman who controls and manipulates Fred throughout the film. With Fred, on the other hand, it is implied by the fact that he needs an appropriate adult that he has some kind of mental instability or disability. Because the audience knows he has a mental disability, they are able to humanize him in a way that is not possible with Rosemary. This allows the audience to feel more sympathetic toward Fred, as Janet felt in the film. Furthermore, in choosing not to disclose a possible diagnosis, the director avoided a connection between being a serial killer and a specific mental illness.

In the scene, previously mentioned, during which Janet's partner Mike has a manic episode, he is taken to the hospital to be stabilized. It is interesting to note that this is the only occasion in this film during which someone is in the hospital for a mental illness. In *Appropriate Adult*, the audience feels optimistic about Mike getting treated at the hospital. It seems like a very normal experience, as opposed to the other three films, which portray hospitalized patients in a more negative light and as a response to something that is not normal. Additionally, Jarrold uses Mike's episode to show the relationship of care-giving between Mike and Janet. This occurrence helps to emphasize how the roles are reversed when Janet needs Mike in a time of mental instability.

The film, *Appropriate Adult*, represents three different types of mental illness: one instance of no prior mental illness that manifests into a suicide attempt, one of mental instability that is not diagnosed, and one of a diagnosed mental illness. As such, the film allows the audience to view mental illness from different perspectives. Through Janet's character, Jarrold conveys that mental illness can develop in someone who seems to have no history of it. By omitting the existence of a diagnosed illness in Fred, Jarrold

conveys that not all instances of extreme violence and evil are connected to a mental illness. The director uses Mike's portrayal of Bipolar Disorder to help clear up misconceptions about manic episodes.

Lastly, an interesting evolution is seen in the titles of the films over time. *One Flew Over the Cuckoo's Nest* includes a stigmatizing euphemism for the mentally ill, "cuckoo." The title *Girl, Interrupted*, takes a step in a positive direction by not containing a colloquial or derogatory term in the title. However, the word "interrupted" still implies that a girl's life is being described obstructed or held back from progressing normally in some way. *It's Kind of a Funny Story* makes no insinuation of mental illness in its title but still notes an underlying seriousness of the issue of mental health. The presence of humor is indicated in the title, paralleling the film's use of humor and lightheartedness throughout. A positive light is shed on the film from the title alone. Finally, *Appropriate Adult* is a straightforward, non-stigmatizing title describing precisely what the film is about. For an audience that knows what an appropriate adult is according to British law, there is only an allusion to some character in the film having some kind of mental disability or illness; however, for an audience that is not aware of what an appropriate adult is in British law, the title could be perceived as commenting on what could actually constitute an adult being deemed appropriate. If examining the title in regards to the film's plot, the title could be questioning whether any adult's behavior is truly appropriate. In any case, the title does not include any terms that create stigma or negative feelings.

Over time, the depiction of mental illness in film changed dramatically. At first, as seen in *One Flew Over the Cuckoo's Nest*, healthcare is stigmatized through the negative portrayal of the antagonist, and the protagonist's sanity is unclear. The minor characters represent a host of mental illness symptoms and are stigmatized as being inaccessible, at times violent, and not relatable. In *Girl, Interrupted*, a stigma

surrounding healthcare is no longer seen, but the antagonist creates a negative perception surrounding her diagnosed illness. The protagonist is much more normalized, and the number of undiagnosed illnesses in the film is less than in *One Flew Over the Cuckoo's Nest*. Portraying fewer symptoms leaves less room for stigmatizing the mentally ill, and the characters that exhibit these characteristics are overall less out of control than the minor characters in *One Flew Over the Cuckoo's Nest*.

From here, the time period depicted changes, as does the representation of mental illness. *It's Kind of a Funny Story* normalizes mental illness significantly more than the other films through the depiction of the protagonist. Potential of a stigma surrounding an antagonist is removed by making the antagonist something other than another character in the film. Also, in portraying stigma as the antagonist, the audience learns more about mental health and the ways in which contributing to the stigma surrounding mental illness can be detrimental to recovery. Moreover, there is a sense that mental illness is widely conquerable, unlike the other films. *Appropriate Adult* takes this opportunity to insert aspects of mental illness into a film without making it the central focus. Since *It's Kind of a Funny Story* normalizes mental illness more than before, *Appropriate Adult* has room to represent mental illness without being overly concerned about making sure the film is lighthearted and positive. Because of this, the film looks at aspects of mental illness that have not been extensively focused on before.

CHAPTER 7

CONCLUSION

Based on these four films, there has been a definite positive progression in the way mental illness is represented. The overall depiction given to the audience went from one stigmatizing healthcare and the mentally ill, with *One Flew Over the Cuckoo's Nest*, to one making it possible to empathize with someone as mentally ill as a serial killer in *Appropriate Adult*. In regards to specific diagnoses, the representation progressed from the stigmatizing portrayal of Lisa's Antisocial Personality Disorder in *Girl, Interrupted*, to the completely normalizing and non-threatening portrayal of Mike's Bipolar Disorder in *Appropriate Adult*. Not only did the depiction of diagnosed disorders progress vastly, the sheer number of undiagnosed symptoms portrayed decreased significantly over time. In *One Flew Over the Cuckoo's Nest*, the undiagnosed symptoms observed are violence and aggression, delusional behavior, paranoia and anxiety, catatonic states, child-like behavior, obsessive-compulsive tendencies, depression, and suicidal tendencies. The number decreased over time, and in *Appropriate Adult* the only undiagnosed symptoms illustrated are violence and aggression, depression, and suicidal tendencies. Reducing the number of perceived different illnesses in itself reduces the opportunity for stigmatizing these illnesses.

While this overall progression is positive in nature, it is necessary to consider why these changes were made, and if they are sustainable. Both *One Flew Over the Cuckoo's Nest* and *Girl, Interrupted* received many more accolades than *It's Kind of a Funny Story*. *One Flew Over the Cuckoo's Nest* won the Oscar for Best Picture, Best Actor in a Leading Role (Mack, played by Jack Nicholson), and Best Actress in a Leading Role (Nurse Ratched, played by Louise Fletcher); the film won the Golden Globe awards for

the same categories, and the British Academy of Film and Television Arts (BAFTA) award for Best Actor and Best Actress, as well. Angelina Jolie, who portrayed Lisa in *Girl, Interrupted*, won the Academy Award, the Golden Globe, and the Screen Actors Guild Award for the best actress in a supporting role. *It's Kind of a Funny Story*, however, was not even nominated for such prestigious awards. It is important to note that the actors given awards in the two previous films portrayed some of the most stigmatizing characters of their respective films. Louise Fletcher's portrayal of Nurse Ratched contributed greatly to the way healthcare was stigmatized in the film. Jack Nicholson's portrayal of Mack, while not as negative as the source material, still left the audience unsure about what to think concerning his potential mental illness; he could have been perceived as one of the "craziest" of the men there, or he could have been written off as merely a criminal. Neither option is a positive one. In *Girl Interrupted*, Angelina Jolie's depiction of Lisa was arguably the most extreme and stereotyping performance in the film. It can be suggested that *It's Kind of a Funny Story's* lack of a stereotypically "crazy" protagonist or antagonist is what prevented it from receiving any awards; the film did not contain any extreme or profoundly robust roles.

Appropriate Adult, however, won the BAFTA TV Awards for Best Leading Actor and Actress with Dominic West and Emily Watson. Emily Watson also won the Screen Actors Guild Award for Outstanding Performance by a Female Actor in a Television Movie or Miniseries, and was nominated for the comparable Golden Globe award. Considering the aforementioned awards, or lack thereof for *It's Kind of a Funny Story*, conclusions can be drawn about the choices made about certain portrayals. Clearly, it has been the "craziest," most extreme roles that win awards, prior to *Appropriate Adult*. It is cause for concern that a more light-hearted, overall positive film, with less conflict between characters, will not be as desirable for filmmakers, because films like this may be less likely to reach the same level of critical acclaim. Although a stigmatizing portrayal

is not seen in *Appropriate Adult*, the awards given to the actors could be because of the believable, much more realistic and less carelessly stigmatizing portrayals of mental illness.

Although there has been an overall positive progression between the films, it is worrisome that an upbeat, optimistic film about mental illness does not seem to be appreciated to the same extent as more negative or darker portrayals. *Appropriate Adult*, while it is the less stigmatizing film seen here, does, in some ways, equate being a serial killer with the possibility of mental illness. Our society has more to overcome to truly reach a completely accurate, non-stigmatizing, optimistic view on mental illness. A point must be reached where this type of portrayal is appreciated and understood. This, again, comes down to mental health literacy. The effects of a lack of mental health literacy are vast and severe (Jorm, 2000). Irrefutably, clearing up misconceptions exacerbated by our entertainment media, especially films, as well as taking deliberate steps towards achieving a higher level of mental health literacy are both necessary to truly change our society's misapprehensions surrounding mental illness.

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APPENDIX A

BORDERLINE PERSONALITY DISORDER

To be diagnosed with Borderline Personality Disorder, according to both the most current DSM (5th ed.; DSM-5; American Psychiatric Association, 2013) and the edition of the DSM (4th ed.; DSM-4; American Psychiatric Association, 1994) that was used at the time of the film release, a patient must exhibit five or more of the following characteristics:

1. Frantic efforts to avoid real or imagined abandonment. (Note: Do not include suicidal or self-mutilating behavior covered in Criterion 5.)
2. A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation.
3. Identity disturbance: markedly and persistently unstable self-image or sense of self.
4. Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating). (Note: Do not include suicidal or selfmutilating behavior covered in Criterion 5.)
5. Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior.
6. Affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days).
7. Chronic feelings of emptiness.
8. Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights).

9. Transient, stress-related paranoid ideation or severe dissociative symptoms.

APPENDIX B

ANTISOCIAL PERSONALITY DISORDER

A diagnosis of Antisocial Personality Disorder requires a “pattern of disregard for and violation of the rights of others” in the form of at least three of the following:

1. Failure to conform to social norms with respect to lawful behaviors, as indicated by repeatedly performing acts that are grounds for arrest.
2. Deceitfulness, as indicated by repeated lying, use of aliases, or conning others for personal profit or pleasure.
3. Impulsivity or failure to plan ahead.
4. Irritability and aggressiveness, as indicated by repeated physical fights or assaults.
5. Reckless disregard for safety of self or others.
6. Consistent irresponsibility, as indicated by repeated failure to sustain consistent work behavior or honor financial obligations.
7. Lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another (American Psychiatric Association, 1994; American Psychiatric Association, 2013).

APPENDIX C

SCHIZOPHRENIA

In order to be diagnosed with Schizophrenia, according to both the DSM-4 (the edition used at the time of the events in the film and at the time of its release) and the current DSM-5, a person must present two or more of the following:

- (1) delusions
- (2) hallucinations
- (3) disorganized speech (e.g., frequent derailment or incoherence)
- (4) grossly disorganized or catatonic behavior
- (5) negative symptoms, i.e., affective flattening, alogia, or avolition

Note: Only one Criterion A symptom is required if delusions are bizarre or hallucinations consist of a voice keeping up a running commentary on the person's behavior or thoughts, or two or more voices conversing with each other (American Psychological Association, 1993; American Psychological Association, 2013).

APPENDIX D

BIPOLAR DISORDER

The diagnostic criteria in the DSM-4 (used during the time of the events) and in the current DSM-5 for Bipolar I Disorder during a manic episode, or Bipolar II Disorder during a hypomanic episode are exhibition of three of the following:

1. Inflated self-esteem or grandiosity.
2. Decreased need for sleep (e.g., feels rested after only 3 hours of sleep).
3. More talkative than usual or pressure to keep talking.
4. Flight of ideas or subjective experience that thoughts are racing.
5. Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli), as reported or observed.
6. Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation.
7. Excessive involvement in activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments) (American Psychiatric Association, 1994; American Psychiatric Association, 2013).