

**Studying 'psychosis' in medical knowledge, popular film, and audience identities: A discourse analysis of the naming of clinical psychosis, its filmic representations, and the interpretations of those who have experienced it.**

**Susan Bisson**

**Cardiff School of Journalism, Media and Cultural Studies**

**Cardiff University.**

**This thesis is submitted to Cardiff University in fulfilment of the requirements  
for the degree of Doctor of Philosophy**

**August 2014**

## SUMMARY

This thesis explores the ways in which those who have experienced psychosis engage with and respond to film texts which feature psychosis; it draws upon screen theory and cultural theory to combine analysis of film content with reception analysis. Adopting a Foucauldian critical discourse analysis approach, (Jäger and Maier 2009) I employ textual analysis to examine the construction of psychosis in three key areas. Firstly, the naming of clinical psychosis is explored through an examination of policy documents. Secondly, a broad range of texts from the inception of film to the present day are analysed to investigate film images and narratives of both named and inferred ‘psychosis’. Ethical guidelines were observed in recruiting and carrying out twenty-four semi-structured interviews with respondents who have experienced psychosis (Koivisto et al 2001, Davies 2005, Horsfall et al 2007, Keogh & Daly 2009). The transcripts of these interviews provide the basis for my third area of discourse analysis; they are explored to determine respondents’ attitudes towards psychosis and films that feature it. In this study I argue that different hierarchies of discourse and procedures of power operate in the three distinct areas through mechanisms of nomination and exclusion (Fairclough 2009). Audience analysis reveals that respondents use film texts in order to make sense of and associatively re-create their experiences of psychosis. Making an original contribution to the field, I have identified the ways in which respondents appropriate specific texts as ‘evocative’ readings. Here, films which do not denotatively feature images/narratives of psychosis are read as highly relevant to respondents’ experiences of psychosis. My thesis makes a valuable contribution to audience studies by bringing together three areas of study in a way that has not been done before. It explores the interaction between audience and text and gives voice to a respondent cohort which has historically been marginalised. The concept of ‘evocative’ reading also enables me to challenge prior emphases on the ‘accurate’ representation of psychosis in popular film (Ritterfeld & Jin 2006, Pirkis et al 2006).

## **STATEMENTS OF DECLARATION**

I declare that

- a) except where sources are explicitly acknowledged, this thesis is the result of my own investigation and the views expressed are my own;

and

- b) no portion of this thesis has been submitted or is under consideration for any other degree or award at any university or place of learning.

## **ACKNOWLEDGEMENTS**

Particular thanks to my supervisor Professor Matt Hills whose wisdom has been invaluable and who has helped me to work to the best of my ability throughout this project. I would also like to thank the post-graduate community at Cardiff School of Journalism, Media and Cultural Studies for their encouragement and guidance.

I have been blessed, throughout life, by the support of my family; my thanks to you all.

This thesis is dedicated to those who generously gave their time to take part in the study and to Milly, the Devon Rex, a constant companion whilst almost all of these pages were filled.

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## INTRODUCTION

Before introducing the content of my thesis I would like to begin by considering the use of language within its pages. I am mindful that the language I have used in relation to psychosis is the subject of much debate and many differing opinions. Lourdes Rodriguez del Barrio argues that “the terms developed to describe this experience, and the practices designed to help psychosis sufferers face it, have many pitfalls” (2007:139). She emphasises that language use reflects theories and practices which derive from a wider socio-historical context and acknowledges that whilst terminology is the result of “attempts to understand, make sense of, cope with, and master...suffering, the unknown and the strange” it can also be “a source of pain, exclusion, reclusion [and] incomprehension” (2007:139). David Oaks, co-founder and former director of Mindfreedom, a social change movement which campaigns for human rights in the mental health system, admits that the group “has wrestled with language for decades, and there is no consensus. There may never be”. He argues that it is impossible to find language that is ‘correct’ or ‘perfect’ but considers the “fascinating, frustrating, ongoing discussion” about language to be a solution, of sorts, acting as “a wonderful antidote to the falsehood of certainty” (2012 online). Oaks campaigns against the use of the term “mental illness”, however, considering it to be emblematic of a medical model which views normality as a construct. This closely mirrors Michel Foucault’s view:

The very notion of “mental illness” is the expression of an attempt doomed from the outset. What is called “mental illness” is simply *alienated madness*, alienated in the psychology that it has itself made possible (1976:76).

Oaks provides a whole series of alternative terms which he considers to be more inclusive and creative. My preferred terminology from this list is “user of mental health services”; I also refer to “person who has experienced psychosis” throughout my thesis.

Perhaps controversially, I have used the terms ‘mad’ and ‘madness’. ‘Madness’ is a word which has been re-claimed by psychiatric service users to challenge a medical model and is embodied by the organisation Mad Pride, a user led, independent network for those who have experienced mental distress (Beresford et al 2010:21). Simon Cross argues that the term ‘madness’ side-steps “the reductionist tendencies of clinical psychiatric language” and problematises “the pathologising implications of phrases such as ‘mental illness’” (2010:3). He challenges the widely supported medical view that ‘tabloid’ terminology for psychiatric patients is derogatory (Wahl, 2003, Byrne 2009a), considering it to be useful as an expression of “popular consciousness that contradicts what science tells us about ‘mental illness’” (2010: 11). Both Cross and David Johnson concur with Roy Porter that the term ‘mad’ is irreplaceable. Johnson feels that the term is useful in suggesting “an agnosticism with regards to the ontology of mental illness” (2008:45). Porter acknowledges that the term ‘mad’ is unsatisfactory but believes that this usefully draws attention to its shortcomings (2002:6). He considers the value of the term to be its resonance and applicability to the everyday; he concludes that “it is widely applied to many people besides the clinically certifiable and includes all manner of abnormalities and extremes of thought and emotion...No synonym or euphemism is half so evocative” (1991:xi). It is in this spirit that I employ it in my thesis.

The introduction to my thesis will delineate its aims. It will contextualise it alongside the work of others in closely related fields and will explain how it makes a contribution to existing studies. It will include a summary of the thematic structures of my chapters and will distil key debates and theoretical arguments contained within them.

## **THE FASCINATION OF PSYCHOSIS**

My thesis sets out to investigate clinical discourses that construct psychosis. The findings will be used as a point of comparison when analysing dominant filmic discourse surrounding psychosis. My thesis will build upon this knowledge to examine how those who have experienced psychosis respond to and interpret both discourse areas; in doing so it will provide

insight in to how power and discourse operate in three separate cultural sites. Patrick Fuery argues that “in some ways psychosis is the least penetrable of the psychical disturbances. The level of resistance to understanding and interpretation make it difficult, sometimes impossible to explicate. To a certain extent this is all the more reason to engage in it” (2003:73). It is, perhaps, a degree of challenge that draws me towards an exploration of psychosis. Michael Fleming and Roger Manvell describe ‘madness’ as:

A condition that stands in opposition to reason and sanity. It provokes fundamental questions about our place in, and understanding of, the world...The very occurrence of madness seems to generate questions about the nature of the human being (1985:17).

The elemental nature of psychosis makes it a fascinating object of study. Fuery argues that this fascination has been exerted over centuries (2003:8) and that cinema reflects multiple historical and cultural discourses of madness, sometimes in anomalous or anachronistic ways (2003:32). Shorter considers that “before the end of the 18th century there was no such thing as psychiatry” but “psychiatric illness is as old as the human condition” (1997:1); an exploration of the dynamic nature of psychiatric discourse is an important aspect of my work. By incorporating a historical dimension I hope to challenge presentism and avoid a tendency to interpret past events in terms of modern values and concepts. John Wing considers that madness:

Can stand for every variety of unreason from foolery to psychosis and for any set of ideas or actions that is unacceptable or incomprehensible in terms of traditional social norms. Consequently ‘madness’ has a shifting connotation. It carries different meanings according to the epoch, the society and the social group involved, and according to the interests and preconceptions of the person who is using it (2010:2).

I acknowledge that representations of psychosis may have a cultural legacy; Cross argues that “we...are historical subjects and this means that our own twenty-first century engagement with

past images of madness brings our own historical consciousness to bear on their reading” (2010:69). The acknowledgement that contemporary representation is inflected by what has gone before also guards against reflectionism, or the assumption that the ‘reality’ of psychosis pre-exists its screen representation.

I have chosen to base my study upon film because, as Roy Stafford argues, the film text is an important site in the “struggle over questions of identity” (2007:81). I also consider film to have an affinity with psychosis. Stephanie Brown Clark links the historical development of film with medicine, arguing that cinema emerged partially as a result of technology designed to appraise the human body (2004:134). She considers both to have a “fascination with life”, particularly the “visible” (2004: 129). I have included texts from early in film history to the present day in my study; the earliest is *The Cabinet of Doctor Caligari*, (1920), the most recent is *Silver Linings Playbook*, (2012). Fleming and Manvell argue that, from its early inception, film has proved to be “peculiarly suitable” for handling the “intimate psychological” aspects of madness (1985:18). Their argument is key in view of Brown Clark’s assertion that the cinematic focus is pre-occupied with “the explicitly and floridly abnormal or monstrous” (2004:131). She extends the concept of the ‘monstrous’ to the psyche, arguing that the cinematic monster “reflects the public and scientific desire to visualize not only the body but the soul” (2004:134). The ongoing struggle to challenge filmic representation that links psychosis with ‘monstrosity’ or ‘deviance’ is central to my thesis. The next sections of the chapter will justify why my research is necessary and of interest and will contextualise it in relation to the work of others in closely related fields.

## **WHY CONSIDERING THE VIEWS OF THOSE WHO HAVE EXPERIENCED PSYCHOSIS IS IMPORTANT**

Anthony Clare refers to the “constant” and “insatiable” interest shown by the media in “psychological” matters; he believes that this reflects public interest and offers up both problems and opportunities for those whose lives are influenced by mental health issues (1992:2). Whether this continuous and “insatiable” media interest is real or perceived is subject to debate; Claire Bithell points out that psychiatry receives less media coverage than general medicine (2010:4),

an indication, from the outset, that the field of psychiatric media representation is characterised by contradictory statements which may, or may not, have validity. A seeming constant, however, is that media coverage “is often negative in tone” (Bithell 2010:4). Bithell quantifies media coverage of psychiatry as being “four times as negatively framed” as general medicine (2010:4). There is wide acceptance that mental health coverage in the media focuses on criminal or violent acts (Bithell 2010:4) and the relationship between mental health and violence has been the subject of extensive study. Ann Rogers and David Pilgrim argue that a “complicated inter-relationship between clinical factors, personality factors and contextual factors” has revealed conflicting evidence which both supports and contests a link (2005:204). They summarise the results as follows:

Taken as a whole population, people with mental health problems, even those who have had inpatient stays, are actually less dangerous than their non-mentally ill neighbours. However, within this total population some patients are predictably violent. Risk factors which raise the probability of violence include the following: The use of illicit drugs and/or alcohol...those patients with command hallucinations [and]...those with a diagnosis of anti-social personality disorder (2001:197).

They emphasise, however, that:

The conflation of violence with mental illness and its expression in language, its importance as a cultural construct and its impact on the everyday lives of people with psychiatric diagnoses are...worthy of our attention. There is evidence, for example, that psychiatric patients internalize the stigma of dangerousness in a way which comes to impact negatively on their self-image (2005:209).

Addressing potential stigma, including and beyond the media staple of linking violence and mental distress, is necessary in relation to a group that Pilgrim and Rogers describe as “devalued

individuals with precarious rights of citizenship” (2001:195). To this end I adopt a cultural studies approach, which Natalie Fenton argues is prompted by “a concern with a critique of the configuration of culture and society” and the aim of achieving “social transformation” (2007:16). The experience of psychosis is central to debates about disability, normality and power (Davis, 2013:1) and activism within the disability movement (Lewis 2013: 115). Alison Wilde argues that disability studies scholars largely concur that disability representation is problematic and “that there is little cultural recognition of disabled lives” (2010:34). Dan Goodley and David Bolt also note that “hitherto, the relationship between disability studies and literary and cultural studies has, at least in the UK, been a weak one” (2010:2). For this reason they argue that it is “more necessary than ever” to analyse disability as “a social and cultural phenomenon” (2010:2). Briant *et al*’s study, which concludes that there are “fewer articles in which disabled people are presented in a sympathetic manner”, confirms the need for work in this area (2013: 874).

My study is concerned with representation but also with an analysis of the stylistic and structural features of the film text (see Chapter 4), areas that are considered under-developed in relation to disability studies work (Hoeksema and Smit 2001:36). Fenton argues that “both pleasure and ideology are constantly at work when we consume culture and the dilemma of how to understand the tension between them is at the centre of progressive cultural theory” (2007: 24). Film as entertainment and the aesthetic and textual pleasures it offers are considered in both chapter 5 (p150) and in relation specifically to audience response in Chapter 6 (see interviews with Tina and Tom p232, p234) Whilst Byrne acknowledges the “highly filmic” nature of psychosis, therefore, (2009a:293), Bithell argues that the “mental health community” do “not always have realistic expectations of the way the media works” (2010:12). My thesis is underpinned by a desire to explore the interface between the politics of mental health representation and the specific characteristics of the film text.

This thesis supports the on-going process of looking at the representation of mental health issues in the media. Significant bodies of research include that of Greg Philo on local Scottish and national media output (1999:136) and Otto Wahl on children’s media and journalism (2003, 2004). The thesis supplements work on mental health representation which uses a Foucauldian

framework; this is not common but is exemplified by Davi Johnson's Foucauldian analysis of the TV series *Monk* (2008). Johnson's reliance upon Foucauldian theory proves illuminating, revealing a shift in representation to celebrate the neurodiversity of mental illness as enriching which Johnson argues is conflated with Neo-liberalist discourses of capitalism and control (2008:44). My thesis develops knowledge specifically in the area of cinematic representation. It adds to the work of Fleming and Manvell (1985) and Gabbard and Gabbard (1999) which considers psychiatry in film from its inception. Both of these pairings fuse the work of a mental health specialist and a film specialist; Peter Byrne, a psychiatrist who has also taught film studies, continues this combined approach, in the present (2009a). Whilst I stay with film, however, my focus shifts to consider the perspective of the service user, an area that is under-developed in current research. Existing and on-going work on the representation of psychiatric discourse in film tends to consider it from the perspective of the mental health professional, particularly in terms of how useful it might be as a teaching tool (Bhugra 2003, Byrne 2000, 2003, 2009, Subodh and Tandon 2011, Darbyshire and Baker 2012). Research concentrates on textual features and their relation to medical 'truth', leaving both production and audience perspectives relatively unexplored. Greg Philo emphasises that in avoiding both text based studies can offer only limited conclusions (2007a:175). There is a tendency to foreground the possibility of negative media effect in the absence of an analysis of audience response (Wahl 2003, Sieff, 2003, Clarke, 2004). Bithell, for example, asserts that "audiences tend to take messages about mental illness from the media they favour more or less at face value" (2010:4). There is also a tendency to underestimate audience response. Simon Wessely asserts that "it would be naïve to think that just knowing more means the public would have a better image of mental health- things are more complicated than that and mental health disorders are often unpleasant, complicated and unpredictable" (2010:8). Audience research, which looks closely at what individuals make of media representations of mental health is clearly necessary. Philo points out that:

Without the analysis of production and reception processes, discourse analysis is limited in the conclusions that it can draw... There is a need to develop methods which can trace the communication of messages from their inception in contested perspectives, through the



structures by which they are supplied to and processed by the media, then to their eventual appearance as text and finally to their reception by audiences” (2007b:125).

There is undoubtedly a specific gap in the literature for more comprehensive research that foregrounds the views of the service user and this is a gap that my research addresses. Philo’s own 1993 study did include follow up with thirty-two mental health service users but they were not participants in initial focus groups (1999:143). Briant et al addressed attitudes towards disability in seven focus groups; only two of these were with people who self-identified as disabled, although some disabled people took part in interviews (2013:878). It is important to prioritise research with service users who may be excluded because researchers are discouraged at the prospect of asking vulnerable populations to discuss sensitive issues (Murray 2003, Davies 2005, Koivisto et al 2001). This is particularly important in view of the argument that qualitative interviews are shown to benefit not only the researcher but also participants (Murray 2003, Davies 2003, Koivisto et al 2001). In reference specifically to mental health research Vanessa Pinfold and Graham Thornicroft argue that “evidence that has high salience with the public is information delivered by people with direct experience of what they are talking about – the human element who are... credible sources” (2006:149); this description sums up the position of those who have experienced psychosis in relation to my own study. There is growing recognition that it is essential to air the voices of service-users in order to “give the public a better understanding of mental health problems” (Bithell 2010:18). Byrne recommends learning from the interesting and “complex” experiences of people with mental health problems as the first step in potentially enriching “wafer-thin mental illness stereotypes” in film (2009b:6). This research project cannot claim the status of survivor/user controlled research, arguably the most empowering form of service user research to attempt to effect “change, for the individual, the group and in society” (Beresford 2006:226). It shares the same aim, however, of observing voices that are often silenced.

The final section of this Introduction will incorporate a summary of the content of the individual chapters of my thesis and a discussion of my theoretical and methodological approaches, thus clarifying how I have set about achieving my aim of establishing how film representations of

madness correspond with service users' lived experiences, or not. It will conclude by highlighting the key findings from my research.

## **THE STRUCTURE OF THIS THESIS**

In Chapter 1 I set out the theoretical framework that addresses how psychosis is represented in film and how those who have experienced psychosis respond to this. This chapter positions the thesis in relation to the work of Michel Foucault, which is then contextualised within the field of film theory. Chapter 2 contextualises the cohort of those who have experienced psychosis in the wider field of disability studies and critically evaluates key audience debates; taken together, Chapters 1 and 2 constitute my literature review, positioning my work in relation to key theories and discussions in discourse analysis, film studies, disability studies and audience studies. Chapter 3, the methodology, explains, in detail, the processes I will employ to explore filmic constructions of psychosis, the lived experience of psychosis, and the way in which those who have experienced it interpret film texts. The three substantial chapters of my thesis then embody its main thematic discussion and focus upon the following discursive formations: Chapter 4 looks at the naming of clinical psychosis; Chapter 5 considers film discourse surrounding psychosis and Chapter 6 explores interviewee discourse in relation to psychosis in film. In my conclusion, Chapter 7, I include a summary of what has been divined from these core chapters in addition to a discussion of the strengths, weaknesses and limitations of my research and the implications that this has for further research.

My study employs Fairclough's tri-partite theoretical model to address how texts have historically represented psychosis and how they continue to do so. Fairclough's framework for Critical Discourse Analysis considers "overlapping dimensions of text, discourse practice and sociocultural practice" (Smith and Bell 2007:86), paying attention to the role played by power in discourse (Smith and Bell 2007:80). Textual analysis includes consideration of structure, vocabulary and representation; discourse practice is concerned with text production and consumption which Fairclough further sub-divides to include the examination of media institutions; and sociocultural practice focuses on outside practices that affect the production of a text – for example politics and social attitudes (Smith and Bell 2007: 86). These areas are highly

relevant to my study. I also use Bourdieu's theory of cultural capital to enrich the analysis of material generated by my interview cohort. It is Foucault's work, however, which provides the most frequent reference point throughout my thesis; his observations on power and discourse are particularly apt in attempting to understand how the identities of those who experience psychosis have been, and continue to be, constituted by social forces. Foucauldian discourse analysis enables an examination of what makes knowledge possible in respect of the naming of clinical psychosis and in the film text (Fox 1997:35); it lends itself to an examination of how identities are constructed and how cultural hegemony operates. At the same time Foucault's theory of power illustrates how hegemony can be contested by emancipatory social change (Olssen et al 2004: 36). Alessandro Fontana and Mauro Bertani explain that:

Foucault never devoted a book to power. He outlined a general theory of power on a number of occasions; he tirelessly explained himself; and he was not stinting when it came to corrections and clarifications. He tended, rather, to study the workings, the effects and the "how" of power in the many historical analyses he made of asylums, madness, medicine, prisons, sexuality and "policing" (2003: 274).

The synchronic and diachronic aspects of Foucault's work are directly applicable to an examination of how psychosis is represented across a diverse range of film texts and how these representations are received by a specific audience cohort who have experienced psychosis. His work on governmentality, the efficacy of governing the self (Cotoi 2011:111) and resistance to domination are all highly relevant and characterised by nuance:

By domination I do not mean the brute fact of the domination of the one over the many, or of one group over another, but the multiple forms of domination that can be exercised in society; so, not the king in his central position, but subjects in their reciprocal relations; not sovereignty in its one edifice, but the multiple subjugations that take place and function within the social body" (Foucault 2003:27).

Discourse analysis problematises and provides an alternative to the “strictly experimental, quantitative and decontextualised research tradition” which has dominated mental health research (Harper 2006:47); it offers, instead, a social constructionist examination of the resources available to determine the experience of psychosis. My chosen qualitative methods of discourse theory and interviews can be adapted to many other kinds of study. I consider them to be the best methodological tools to answer the questions of how psychosis is represented in film and how those who have experienced psychosis respond to this.

In summary, therefore, I consider that my thesis makes a valuable contribution to an existing body of work by engaging with the study of film, focusing upon service users’ biographical experiences and hence producing audience-focused work. Key findings include the recognition that there are different priorities and emphases amongst stakeholders in terms of hierarchies of discourse. My study shows that whilst discourse surrounding the naming of psychosis displays an ever-increasing plurality, a deconstructive approach which reconstitutes ideas and redefines legitimacy, acts as a democratic force in recognising multiple ways of acting and speaking (Rosanvallon 2011:8) It reveals true heterogeneity amongst film texts and shows that whilst film provides detailed and sensitive expositions of psychosis, at times, it has a tendency to suggest links between psychosis, violence and problematic sexuality. An examination of interviewee response shows that whilst common features of psychosis are identified the experience is also notable for its varied presentation. Discourse amongst this group is characterised by both reiteration of dominant discourse and resistance to it. Through carrying out interviews with those who have experienced psychosis I have explored and theorised an interaction between an audience group and a media text which has not been described in existing literature. Service users read filmic representations of psychosis in a way that is proximate to ‘textual poaching’ (de Certeau 1982, Jenkins 1992) and Sandvoss’s description of neutrosemic readings (2005:126) but is ultimately more contingent and unpredictable and is best summed up as an ‘evocative’ reading which does not subvert or resist the preferred meaning of the text so much as appropriate it for unique personal use. Respondents notably interpreted texts that do not feature denotative psychosis as most accurately evoking their experiences of psychosis, testifying to individuality

of response and supporting Nightingale's argument that mass communications are characterised by variability of interpretation (1996:35).

In the following chapter I delineate the theoretical framework that addresses how those who experience psychosis respond to its representation in film. Chapter 1 positions my study in relation to Foucault before proceeding to contextualise Foucault in the wider field of film theory.

## **LITERATURE REVIEW SECTION ONE: FOUCAULT AND FILM THEORY**

This thesis is concerned with the way in which psychosis is represented in film and how those who have experienced psychosis respond to and engage with film representation. The purpose of the literature review is to set out a theoretical framework that is effective in addressing these issues in depth. To this end it is organized into two sections. The first section will position the thesis in relation to the work of Michel Foucault, as overarching principles which form the basis of his writing are applicable to my own study. The chapter will then move on to consider how Foucault is positioned in relation to influential aspects of film theory.

The chapter begins by foregrounding major Foucauldian principles which are relevant to an exploration of psychosis. It then moves on to focus upon science as a powerful and contestable discourse before narrowing, in two stages, to consider medicine as a sub-division of science and psychiatry as a sub-division of medicine. This section ends with a consideration of Foucault's work on normalisation and how this applies to the naming of psychosis. The second half of the chapter examines how Foucault is positioned in relation to Marxism, structuralism and psychoanalysis. It considers the relevance of Foucault's work to an examination of cinematic discourse before moving on to a discussion of Foucault as a post-structuralist. The chapter concludes with a consideration of counter arguments to Foucault's work.

### **KEY FOUCAULDIAN CONCEPTS**

Perhaps the most crucial aspect of Foucault's work in relation to my thesis is a questioning of what Colin Jones and Roy Porter refer to as "the liberal vision of the autonomous individual past or present able by personal choice to make his or her own way in the world" (1995:1). The debate about agency is central to a focus on the nature of psychosis and how it is named and represented. Foucault's work is concerned with processes of marginalisation; he directs his attention to social institutions such as psychiatry but is also concerned with dynamics at a micro

level, for example within the family (Jones & Porter 1995:9). His wide-ranging analysis of control and resistance is highly applicable to my work.

Foucault's key focus on discourse is intrinsic to his concept of archaeological analysis which goes beyond structural analysis to establish connections between discourse and the non-discursive practices which characterise disciplines such as psychiatry. Foucault considers that the medical profession is particularly concerned with mapping out an archaeology of knowledge because it fears disorder in the form of disease (2000:xxiv). In *The Order of Things* (2000) Foucault analyses why certain objects, statements and people have priority; he is particularly interested in what lies between the governing discourses of a culture and the scientific or philosophical theory that explains why the order exists:

Order is, at one and the same time, that which is given in things as their inner law, the hidden network that determines the way they confront one another, and also that which has no existence except in the grid created by a glance, an examination, a language: and it is only in the blank spaces of this grid that order manifests itself in depth as though already there waiting in silence for the moment of its expression (2000:xx).

Jones and Porter consider that Foucault aims to “defamiliarize, to expose seemingly natural categories as constructs, articulated by words and discourse and thus to underline the radical contingency of what superficially seems normal” (1995:5). This is pertinent to a discussion of the naming of psychosis where the relevance of language is noteworthy. Foucault emphasises the link between language and discourse when he refers to words containing “concealed propositions” which make them more influential than mere “cries or noises” (2000:92). He speaks of the tyranny of speech and of a quest to “destroy syntax” in order to reveal what is concealed within (2000:298). Notably Foucault's theory of discourse is not restricted to its potentially negative or limiting aspects. Jean Carabine points out that for Foucault discourses are variable and are continually mediated by other discourses; they can be contradictory and also

productive. Discourses are dynamic and are capable of producing powerful new ways of conceptualising issues (2001:268-273).

Foucault is interested in discourse because it reveals power/knowledge networks. He adopts a genealogical approach in order to explore the links between ‘truth’, knowledge and power (Carabine 2001:275, Danaher et al 2000:Xi). Foucault links the concept of truth closely to knowledge and takes issue with two important principles: –that the notion of truth is disinterested (Danaher et al 2000:24) and that knowledge is independent of power (Foucault 1991:72). Foucault considers that knowledge (i.e. the truth) has the power to set people free; power, however, has the ability to dominate and repress. The possession of knowledge is also used to legitimise the use of power. Foucault suggests that ‘truth’ is characterised by five important traits: it is based on scientific discourse and the institution; it is susceptible to both economic and political influence; truth is circulated widely and consumed by many; it is controlled by great political and economic apparatuses; it is subject to political and social confrontation and debate (Foucault 1991: 73). All of these traits are applicable to an examination of psychosis and how it is named. The first two are embodied in psychiatry as an institution; the third is embodied by the interest shown in psychiatric issues, particularly in the Western World; the fourth relates directly to Chapter 5 which considers how discourses surrounding psychosis are circulated in the media, and the fifth trait is illustrated by the current controversy that surrounds the publication of DSM-5 (see Chapter 4). Foucault considers the media’s role in generating discourse to be vital; this is a key focus in my thesis which examines how the film text disseminates psychiatric discourse (see Chapter 5). Danaher et al consider that Foucault sees the media as “an institution whose own claims are based on effectively evaluating the games of truth played out in government, business, education and so on” but also point out that “while the media’s role has conventionally been to make public institutional practices known to readers and viewers within the private sphere of family and home, the media in western societies have increasingly turned their attention to private sphere concerns” (2000:42). Foucault’s overarching appraisal of both the institutional and the domestic and his recognition of the media as dynamic are key factors in an in-depth analysis of discourse that relates to psychosis.



Crucially, in exploring the links between truth, power and knowledge Foucault makes the point that power is not devoid of truth:

Truth isn't outside power, or lacking power: contrary to a myth whose history and functions would repay further study, truth isn't the reward of free spirits, the child of protracted solitude, nor the privilege of those who have succeeded in liberating themselves (1991:72).

Whilst Foucault views truth as a site for ideological struggle and considers how truth is produced to be key he does not see power as purely repressive (Danaher et al 2000:Xix). Foucault emphasises that the exercise of power is not intrinsically wrong but can be dangerous (1994:xix). He argues that power is extremely effective when it is hidden (Danaher et al 2000:59) and that whilst power acts on some more than on others, everyone is subject to power (Danaher et al 2000:74). Foucault advocates an open-minded approach to a consideration of power and feels it is simplistic to analyse power in terms of intentionality (McNay 1994:91). He talks of "the twin seductions of paranoia and universal suspicion" coupled with a "compulsive quest for foundationalist certainties and guarantees" as distracting from a productive appraisal of power (1994: Xix) Foucault stresses the importance of desisting from a consideration of power as purely negative. He cautions against overuse of the verbs "excludes, represses, censors, abstracts, masks, conceals" in relation to power and emphasises that power has a great capacity for production in relation to reality and the individual (1991:204). Foucault's believes that whilst power circulates in different institutions and amongst different individuals nobody actually owns it (Danaher et al 2000:73). Power, according to Foucault, is both complex and dynamic; it is also highly productive, employing language and discourse to create subjects with varied characteristics and social identities. Another important aspect of power is that it prompts resistance. Foucault indicates that it is important to neither celebrate nor fear resistance but to see it as an intrinsic part of power. He talks of resistance as a 'counterstroke' which serves to unsettle power (Kendall and Wickham 1999:51) and seeks to illustrate that power is capable of coming from below rather than through a strict hierarchical structure (Foucault 1994: Xxiv). This principle is illustrated throughout chapter six.

The Foucauldian concept of governmentality is crucial in distinguishing between power as dominance and power relations which are more consensual (McNay 1994:85). Bryan Turner defines governmentality as a system of power which articulates “the triangular relationship between sovereignty, discipline and government” (1997:xiii). The term links principles of governance and modes of thought and outlines the close relationship between power and the subjectification of the individual (Lemke 2000:2). It explores both the relationship between the self and aspects of domination and the self and the state and offers a perspective on power which is not restricted to consensus or violence (Lemke 2000:3). As a concept it is crucial to a consideration of psychiatric discourse which is concerned with subjectivity and how the individual is positioned in relation to institutional power (Rose 1990).

Foucault’s work on power/knowledge and his concept of discipline are connected. Foucault describes discipline as “a type of power, a modality for its exercise, comprising a whole set of instruments, techniques, procedures, levels of application, targets” (1991:206) but emphasises that “power is not discipline; discipline is a possible procedure of power” (1991:38). Discipline can be viewed as both punishment or coercion and as a body of knowledge which must be acquired in order to achieve success (Danaher et al 2000:x). The first definition is a verb and is negative, the second a noun which sees discipline as a positive force. Foucault concedes that not all discipline exerts dominance and recognises the presence of “consensual disciplines” (1991:38). The concept of discipline is multi-faceted and is nuanced in the same way as the concepts of power and governmentality; this makes it a valuable tool in the examination of psychiatry where disciplinary techniques are developed in order to control through “the power of the norm” (McNay 1994:94).

Criticism (including self-criticism) has been levelled at Foucault’s work on power. McNay expresses concern with Foucault’s “inability to sustain the central insight of power as a positive force and consequent slippage into a more conventional notion of power as a negative or dominatory force” (1994:100). She also argues that Foucault’s work on power lacks differentiation (1994:63). This is echoed by Nancy Fraser who considers that Foucault’s work is weakened by a refusal to use normative criteria in order to distinguish between “acceptable and

unacceptable forms of power” (1981:286). Giddens perceives the same in Foucault’s work on the institution, arguing that he fails to distinguish between those wielding great power (including psychiatry) and more open systems (1984). Dieter Freundlich argues that Foucault attempts to disassociate agency from the individual and attribute it to the institution with the result that “for Foucault the direction of causality always seems to operate from the system to the subject, never the other way round” (1995:174/5). Freundlich argues that Foucault’s over-emphasis on the institution means that he fails to acknowledge the power that can be exerted by one individual over another. He considers Foucault to be “very reluctant to grant the subject any real self determination” (1995:176), thereby failing to attribute the subject with sufficient agency (1995:152). This criticism is echoed by Madan Sarup who considers Foucault to be “rather weak and inadequate on the question of agency and the subject” finding it “impossible to deal with identity as experienced” (1996:74). Myra Macdonald’s criticism of Foucault shifts the focus from power itself to its aftermath. She argues that whilst Foucault “may be astute in describing the mechanisms of power, he leaves us strangely adrift in reaching any conclusions about its political consequences”, thereby making it difficult to evaluate its potential harms or benefits (2003:36). Foucault’s circumvention of conclusions has prompted frustration at what is perceived as a refusal to declare a stance (for example on Nazism, Boyne 2001:168). Fraser suggests that Foucault adopts a position whereby he “suspects everything and therefore must condemn nothing” (1981:286). This has led to demands that Foucault articulate a position. Foucault’s response is that he is not comfortable in doing so; he sees his role as foregrounding problems in all of their complexity, thereby “restoring the right to speak” of marginalized groups (1994:288).

The first section of the chapter has considered key Foucauldian principles that are relevant to an examination of discourses surrounding the naming of psychosis. It is clear that Foucauldian principles of power and agency are highly relevant to my own study. The next section of the chapter will explore Foucault’s relationship with science before narrowing down to consider medicine as a subdivision of science and psychiatry as a sub-division of medicine; in doing so it will apply Foucauldian principles more specifically to my chosen subject.

## **FOUCAULT'S FOCUS UPON SCIENCE, MEDICINE AND PSYCHIATRY.**

Alan Megill argues, "In Foucault's perspective every "science" is in fact an "ideology"" because "it is irremediably caught up with relations of power" (1987:249). Foucault considers scientific discourse to be particularly worthy of scrutiny:

Discourse in general, and scientific discourse in particular, is so complex a reality that we not only can, but should, approach it at different levels and with different methods (2000:xiv).

Foucault questions the apparent naturalness of science, arguing that "chance encounters, institutional politics and practices of patronage and favouritism" are responsible for scientific discovery rather than "a disinterested quest for the absolute truth about the world" (Danaher et al 2000: 38). He suggests that science has an ideological function which is connected with power and the way in which it is used to regulate and normalise the individual (Danaher et al 2000:26).

Foucault distinguishes between the human sciences (including medicine), and the physical sciences. He employs the word 'savoir', to define knowledge which cannot be completely ignored but "falls short of rigorous scientificity" and applies it to medicine (1991:51/1994: Xviii). Foucault argues that the acceptance of medicine into the corpus of science was not inevitable but was brought about by external factors such as urbanization and the economy (1994:150). He does acknowledge the importance of medicine in appraising man as an "object of positive knowledge" and dealing with the most important thing to man – his mortality (2003: 197-8). He also considers that the purpose of medicine is to communicate knowledge rather than to politically coerce (2003:46). Despite this Foucault's work is notable for its implacable questioning of the medical profession.

In *The Birth of the Clinic* (2003) Foucault turns his focus specifically upon the doctor; he distinguishes between ‘quack’ and ‘doctor’, indicating that he sees a spectrum of integrity amongst the medical profession (2003:66). He questions the scientific and economic status of the doctor, focusing upon the “very meaning of the medical profession and the privileged character of the experience that it defines” (2003:78). His scrutiny is clearly connected with issues of power. This is illustrated by the latter question replacing the former: “What is the matter with you? Where does it hurt?” (2003:xxi). The second question reduces the agency of the patient and increases the power of the doctor. Notably Foucault also treats the physical buildings used for medical purposes as manifestations of power. This is seen in his attitude towards the hospital, the clinic and the asylum respectively. Foucault’s attitude towards the hospital is notably negative. He describes it as:

A place of internment of men and diseases, its ceremonious but inept architecture multiplying the ills in its interior without preventing their outward diffusion... more a seat of death for the cities where it is sited than a therapeutic agent for the population as a whole (1991:284).

Foucault expresses the view that the hospital should be viewed as an edifice that is designed to protect the healthy classes from contagion (2003:49). He suggests that hospital practice “kills the capacity for observation and stifles the talents of the observer by the sheer number of things to observe” (2003:16). He also objects to the hospital’s ordering function of grouping diseases; he sees the hospital examination as measuring the individual against a corpus of knowledge rather than focusing on specific features of illness; Foucault’s questioning of the ontological status of disease stands in opposition to the process of classification seen in Chapter 4 which focuses upon the naming of clinical psychosis.

Foucault’s work distinguishes between the function of the hospital and the clinic; he considers the latter more repressive, even, than the hospital. His hostility towards the clinic is linked to issues of power and the invasive nature of ‘the gaze’. Foucault speaks of the clinical gaze which

operates “in sovereign fashion” uncontested (2003:35). In the clinic the notion of the gaze intensifies – it is no longer content merely to document but becomes actuarial, incorporating statistics and calculating risk (2003:35). Comparatively, Foucault acknowledges the hospital to be subject-centred and for the benefit of the patient whilst the clinic subjects the body of the patient (often impoverished) to medical scrutiny for the benefit of others:

But to look in order to know, to show in order to teach, is not this a tacit form of violence, all the more abusive for its silence, upon a sick body that demands to be comforted, not displayed? (2003:83).

Foucault’s interest in medical buildings extends to an examination of the asylum. He focuses specifically upon the imposing architecture of the buildings used to contain the mentally ill and refers to “the irresistible attraction” exerted by these “fortresses of confinement” (2007:197) – something that is still notably present in filmic representation (see p186). Foucault takes an oppositional stance to the accepted view that the asylum was more humane than the houses of confinement that pre-dated it (Boyne 2001:31). He considers that the social institution of the asylum creates a “them and us” situation between inmates and overseers thereby affording ‘madness’ a minority status (2007:239). Foucault questions whether the creation of asylums, generally viewed as an advance in medical practice, should be celebrated “in triumphalist terms” by the psychiatric profession considering them “part of the armature of power” (Boyne 2001:14). He admits that the asylum addressed some of the stigma of depravity but considers that it “deployed a judgemental and moralizing ethos”, to become a new form of repression (McNay 1994:23). He regards the asylum as an institution that:

Substituted for the free terror of madness the stifling anguish of responsibility: fear no longer reigned on the other side of the prison gates, it now reigned under the seals of conscience. The asylum no longer punished the madman’s guilt, it is true; but it did more, it organized that guilt (2007:234).

Foucault sees the purpose of the asylum as one of attachment or correction: it is linked, like the hospital, to economic productivity.

In addition to his negative appraisal of the asylum it is incontrovertible that Foucault is particularly questioning of psychiatry as a medical speciality; he refers to it as “dubious” (1991:51). In *Truth and Knowledge* he states that “the epistemological profile of psychiatry is a low one” (1991:51). As well as questioning the scientific basis of psychiatry Foucault is also concerned with the power wielded by the psychiatrist– for example to forbid sexual activity (1994:82). Foucault comments on the way in which psychiatric influence extends to the legal system, another prominent seat of power, suggesting that the link between crime and psychiatry is not so much to do with knowledge as “a modality of power to be secured and justified” (1994:186). Notably Foucault also charges the psychiatrist with a capacity for invention:

19<sup>th</sup> century psychiatry invented an entirely fictitious entity, a crime that is insanity, a crime that is nothing but insanity, an insanity that is nothing but a crime for more than half a century, this entity was called “homicidal monomania” (1994:182).

The term “monomania” was finally discredited in 1870, by which time Foucault considered that psychiatric influence was firmly established over the legal system (1994:188). The relevance of Foucault’s focus upon the naming of disease has direct relevance to the contemporary focus upon classification, power and language (see Chapter 4).

Foucault’s historical work is often interpreted as being uniformly hostile towards psychiatry (1994:243). This interpretation provides the basis for David Cooper’s introduction to *Madness and Civilization* where he speaks in emotive terms about psychiatry:

There are many available forms of crucifixion in our age; apart from the cross there are the shock box and the operation of leucotomy as well as the mass of tranquilizing drugs that flood the ready market of well-trained but gullible psychiatrists (2007:vii)

Cooper goes on to talk of the “devastation...wrought by a pseudo-medical perspective” and intimates that psychiatric intervention is responsible for nullifying “the wildly charismatic or inspirational” (2007:viii-ix). Cooper’s position is extreme and, I would argue, does not accurately reflect Foucault’s own, more complex attitude towards psychiatry. Whilst acknowledging coercion over the mentally ill, for example, Foucault, unlike Cooper, does not attribute this solely to psychiatric personnel, nor does he consider the family to offer an anodyne alternative to the asylum; conversely the asylum is felt to appropriate the family role of subjecting the patient to moral scrutiny and consequent shame (McNay 1994:23). It is this wider reflection which makes Foucault’s work valuable when appraising psychiatric discourse.

Whilst it cannot be denied that Foucault is critical of psychiatry, particularly in his early work, it is also important to note that in revisiting *Madness and Civilisation* (2007) and *The Birth of the Clinic* (2003) he concedes that the domain of medicine and the repressive institutions associated with it (including psychiatry) were not as straightforward as he had initially believed (McNay 1994:63). Despite Foucault’s questioning of psychiatry he is at pains to state that he is not against it (1994:243). It is notable that he refers to *Madness and Civilisation* as having been received both favourably and with hostility by psychiatric personnel; Foucault takes this as evidence that his work cannot be considered to be part of the anti-psychiatry movement (1994:243). He considers that his stance in relation to psychiatry “in no way impugns the scientific validity or the therapeutic effectiveness of psychiatry: it does not endorse psychiatry but neither does it invalidate it” (1994: xviii). Foucault acknowledges the complexity of the psychiatric domain and makes it apparent that he sees his approach to it as flagging up problematic areas for which there may be no panacea:



I don't think that in regard to madness and mental illness there is any "politics" that can contain the just and definitive solution. But I think that in madness, in derangement, in behaviour problems, there are reasons for questioning politics: and politics must answer these questions but it never answers them completely (1991:384).

In concluding this section of the chapter it is important to consider why Foucault focuses his attention on science, medicine and specifically psychiatry. McNay points out that Foucault sets out to "examine how power relations of inequality and oppression are created and maintained in.... subtle and diffuse ways" in the "ostensibly humane and freely adopted social practices" offered in disciplines such as medicine and psychiatry (1994:1). In questioning whether a practice is humane one area of recurrent interest for Foucault (and of extreme importance for any work which centres on psychiatry) is the link between discipline and reasonable behaviour. The next section of the chapter will examine the concept of reasonable behavior (or normality) before applying it specifically to the concept of 'madness' and the psychiatric world.

## **REASONABLE BEHAVIOUR /NORMALISATION**

Foucault considers that the "power of the norm" is used as a dividing practice to qualify or disqualify people as fit and proper members of society (McNay 1994:9). Consequently Foucault's work often centres on areas of perceived deviation. Foucault argues that power has not always been used as a force for normalisation (1991:196). In *The Birth of the Clinic* he asserts that medicine's initial focus on health was subsumed by its normalising function (2003:40) and, referring specifically to madness, argues that "it was only with the arrival of the calm, objective, scientific gaze of modern medicine that what had previously been regarded as supernatural perversion was seen as a deterioration of nature" (1976:64). Foucault believes that normalisation works to establish a standard by which all are measured; individuals may be considered to conform or not. Discipline is administered by figures of authority (including psychiatrists) that make up part of the framework of what Foucault calls 'the carceral network of power-knowledge' (McNay 1994:94). Notably Foucault's theory on normalising judgements is

consistent with his theories concerning power and discourse in that he considers the way in which normalisation works to be complex and subtle. Foucault acknowledges that the power of the norm can be difficult to detect and that repression may not be overt. At the same time he stresses that the administration of discipline is not necessarily left uncontested. Additionally those who administer it may be beneficent and possess scientific integrity; in this respect disciplinary power incorporates positive aspects (McNay 1994:94).

Foucault clearly perceives that society sees difference from the norm as a threat. Often the response is to deny difference, neutralize and re-incorporate it; alternatively difference is excluded (Boyne 2001:124). Whilst Foucault acknowledges that forced assimilation is one aspect of reason he also sees the desire to coerce others in to conforming as a form of violence which provides justification for trying to push beyond reason to include difference (Boyne 2001:33). Boyne refers to Foucault's desire for "a form of thought that promises affirmation and invitation, instead of neutralization and incorporation as a framework for accommodating difference" (2001:124). Foucault's focus upon madness reveals how normalisation operates in the psychiatric domain. He argues that mental illness is perceived as negative "since illness is defined in relation to an average, a norm, a "pattern"" and "since the whole essence of the pathological resides within this departure" (1976:62). The figure of the madman is of particular importance to Foucault because of his difference from the norm and his capacity to challenge order:

The madman...is the disordered player of the Same and the Other. He takes things for what they are not...He inverts all values and all proportions, because he is constantly under the impression that he is deciphering signs... for him all signs resemble one another, and all resemblances have the value of signs (2000:49).

Foucault's belief in the madman as 'Other' led to his interchange with Derrida which will be discussed on page 29. Foucault considers that he has "a complex personal relationship with

madness and the psychiatric institution” (1994:244). He refers to the intrinsic fascination of madness in *Madness and Civilisation*:

On all sides madness fascinates man. The fantastic images it generates are not fleeting appearances that quickly disappear from the surface of things (2007:20).

This fascination is multi-factorial; Foucault responds to the incoherence of madness, its variety and the way in which it can be endlessly interpreted. He refers to “measureless madness which has as many faces as the world has characters, ambitions and necessary illusions” (2007:26). At the same time Foucault acknowledges that madness also incorporates a sense of loss or a “void” (McNay 1994:15). He concedes that a “positive plenitude of the activities of replacement” fill the void but indicates that whilst madness initially fascinates it cannot sustain the interest of the onlooker or the voyeur (2007:22). Foucault suggests that it is the unknowable nature of madness that makes it a difficult object of study (Boyne 2001:28). Part of this difficulty is that madness characteristically involves self-attachment (2007:26) and is often predicated upon silence; this invites fascination but ultimately leads to frustration (McNay 1994:4). Foucault’s appraisal of madness is relevant to a consideration of screen representation. Whilst the variety and fascination of madness offer creative opportunities to the filmmaker, its incoherence and inability to sustain interest raise questions about the potential possibility of representing it with accuracy; similarly issues of silence are important in relation to representation (see Chapter 5).

Foucault’s interest in madness led to a genealogical appraisal of psychiatry which was motivated by critique. Foucault questions the interpretation of history as development and seeks to emphasise that social attitudes towards madness have not always been negative or uniform (1991:7). He recognises epistemes that have operated over the last 400 years (2000:xxii) but points out that they do not necessarily show progressive development. Instead, it cannot be assumed that they evolve to become imbued with higher levels of reason they are arbitrary, appearing and disappearing suddenly (Danaher et al: 2000: Xi,16). In addition to questioning history and disturbing teleology, Foucault’s genealogical approach also seeks to highlight salient

moments in the formation of modern attitudes towards madness. Foucault foregrounds, for example, the ancient link between madness and leprosy houses which he considers to have conferred mental illness with the stigma of disease long after becoming redundant (2007:195). He also links the practice in Europe of housing the mentally ill in boats which were set loose to drift along canals and rivers with the exclusion of the mentally ill, arguing that this, in turn, led to other forms of exclusion, including incarceration (Danaher et al 2000:126).

Foucault's historical work on madness has been interpreted as romantic and unreliable. He tends to make sweeping statements and work in binaries. He argues in *Mental Illness and Psychology*, for example, that in the Renaissance "madness was allowed free reign...it circulated throughout society, it formed part of the background and language of everyday life" (1976:67). Similarly he claims that "before the nineteenth century, the experience of madness in the Western world was very polymorphic; and its confiscation in our own period...must not deceive us as to its original exuberance" (1976:65). He stands accused of imprecision in both his use of dates and attitude. Roy Porter describes his work as simplistic and generalised (2002:93) and his description of a former world which was "strangely hospitable" to madness (2007:33) is countered by Danaher *et al* who argue that "madness was classified as a vice rather than a condition or a category and insane people were imprisoned or beaten, sometimes left to their own resources, or even expelled from their communities" (2000:126). Most criticism of Foucault's historical work centres around *Madness and Civilisation* which Foucault admits to having written in a "state of happy semi-consciousness, with a great deal of naivete and a little innocence" (McNay 1994:32). He is accused of being unduly critical of the asylum and failing to acknowledge potentially positive aspects of confinement. His assertion that the treatment of the mad is governed by issues of morality rather than medical advance is also contested (McNay 1994:25). Foucault later refutes his original view of madness as a constant objective phenomenon (McNay 1994:66). He admits that his conception of power in *Madness and Civilisation* is undeveloped and dominated by aspects of subordination and domination (McNay 1994:31). He perceives his early work as reductionist and lacking attention to variation. Foucault concedes that his focus on repressive medical institutions exaggerated their influence on discourse; he later modified his stance conceding, "I've insisted too much on the technology of domination and power. I am more and

more interested in the interaction between oneself and others and in the technologies of individual domination, the history of how an individual acts upon himself (1988:19).

Whilst specific criticisms are levelled at Foucault's work on madness what cannot be contested is that he has played a key role in problematising the field of psychiatry and has forcibly demonstrated the influence exerted upon the contemporary understanding of mental illness by complex historical, cultural, political and economic factors. David Armstrong considers that whilst medical historians may find 'Madness' bemusing and exasperating no historical account of psychiatry can ignore Foucault's major point that "not all might be progress in 'improvements' in the management of mental illness"(1997:19) and David McCallum that:

While for some the jury may still be out on 'Foucault the historian', there ought to be less reluctance to acknowledge that contribution which Foucault...made to the method of enquiry he described as 'histories of the present' – the use of historical investigation for the purposes of diagnosing problems in the here and now (1997:53).

Foucault considers that his genealogical approach is able to "separate out, from the contingency that has made us what we are, the possibility of no longer being, doing or thinking what we are, do or think" (1991:45); this resistance to normalisation invites comparison with the work of Derrida. Both Foucault and Derrida are interested in the concept of transgression and with the possibilities for difference. Nicholas Royle characterises Derrida's work as committed to destabilising all contexts in a search for what Derrida (1992) calls the "democracy to come" (2004:44). He considers Derrida's work to be driven by "a desire for momentous revolutionary change; even for 'unimaginable revolution'" in order to rethink identity and subjectivity and achieve "freedom for everyone" (2004:22). Like Foucault, Derrida is concerned to "celebrate the secondary, derivative, low side: the supplement" and to challenge the process of labelling, categorization and stereotyping which constructs groups such as psychiatric service users and serves to deny difference (Boyne 2001:127).

There is a divergence in the work of the two, however, which centres upon the concept of madness as 'The Other'. It was, perhaps, Foucault's belief that contemporary thinking had abandoned its interest in 'Otherness' which led to his dispute with Derrida (Boyne 2001:15). In *The Order of Things* Foucault asserts "the history of madness would be the history of the Other – of that which, for a given culture, is at once interior and foreign, therefore to be excluded" (2000: Xxiv). Foucault was preoccupied with the delineation between The Other and The Same and looked to the work of classical artists as evidence that The Other could exist and had the capacity to "overthrow the edifice of Western reason" (McNay 1994:14). Derrida argued that the quest for Otherness was impossible. The interchange between Foucault and Derrida was arguably not solely about madness but also about the nature of Western thought. In an analysis of Descartes' *Meditations* Foucault reproaches Descartes for not truly confronting madness; he feels that Descartes avoids its consideration and consequently excludes it from the domain of reason. Foucault interprets Descartes as determining that madness has no relevance for the rational mind and therefore rejecting it as The Other:

Instead of finding something in the thought of the mad that could not be false Descartes effectively declares that 'I who think cannot be mad' (2007:57)

Derrida, however, on reading *Madness and Civilisation*, set out to demonstrate that Descartes does not actually exclude madness. His interpretation of Descartes is that madness is never entirely other to thought; there is no special domain or higher form of reason outside of reason itself. He warns Foucault "to think of escape is impossible" (Boyne 2001:67). Derrida views madness as linked with silence and considers that any attempt to articulate it is to betray it with reason. He argues that:

Whatever his claims to be resurrecting the silent language of an oppressed madness, Foucault continues to speak the language of the very reason that carried out the oppression

in the first place. In short he is caught within the all-powerful order that he is seeking to evade (Megill 1987:223).

He feels that Foucault's work is in error in implying that "there is something present behind the concept, and that whatever does lie behind the concept (or beyond the sign or the word) can be reached" (Boyne 2001:68). Ultimately Derrida's critique emphasised Foucault's utopianism in searching for an opposition to reason and finding it in madness. Foucault's counter-response was that Derrida was unable to think on the Outside of philosophy. He was to concede to the force of Derrida's arguments, however, and abandoned the quest to find a higher form of reason. Foucault's views on the 'Other' have been criticised as romantic but Boyne's interpretation of his interchange with Derrida is ultimately optimistic:

The ultimate lesson of the Foucault/Derrida debate is that there is no pure other, that ontological difference is a chimera. This means that there is no bright promise on the other side of reason. It also means if all is on our side, that there is no reason, outside of our reach, why we cannot generate our own bright hope for a different future" (2001:170).

The focus of the chapter will now shift from a consideration of Foucault's work and its specific application to the field of psychiatry to contextualise Foucault in the wider field of Film Studies theory. This section of the chapter begins with an overall appraisal of film theory, including the dialectical approaches which underpin it. The chapter then positions Foucault in relation to Grand Theory, specifically Marxism, structuralism and psychoanalysis. The next section considers the relevance of Foucault's work on discourse to film as a cultural site. The chapter concludes with a discussion of Foucault's theoretical stance as a post-structuralist and includes critiques of his work. This section of the literature review relates directly to Chapter 5 which looks specifically at film texts that feature psychosis.

## CONTEXTUALISING FILM THEORY

Approaches to film analysis are varied and multiple. Dudley Andrew considers that because films are the site of “myriad problematics, involving multiple aspects of culture” the world of film theory has turned to tangential disciplines such as philosophy, psychoanalysis, linguistics, logic and ideological theory (1984:189). The multi-disciplinary nature of film analysis is also recognised by Robert Stam who refers to it as being oriented by diverse goals and being open to diverse influences. He categorises the influences upon film analysis into “grids” (psychoanalysis, Marxism and feminism) and “schemata”, (excess, reflexivity, carnival) as well as film form and representation (2000b:194). David Bordwell and Noel Carroll supplement Stam’s categories with Lacanian psychoanalysis, structuralist semiotics, post-structuralist literary theory and variants of Althusserian Marxism which together make up the body of what they designate as “Grand Theory” (1996:xiii). Christine Gledhill and Linda Williams delineate the ambitious scope of Grand Theory:

These theories tended towards totalising philosophical or scientific quests for big truths, whether truths of history and revolution (Marx, Althusser), self and identity (Freud and Lacan) or language (Saussure and semiotics). (2000:5).

Grand Theory, which dominated in the 1970s, was subsequently subject to criticism by active audience and cultural theory approaches for what Gill Branston refers to as having “relied on the narrowest kinds of textual analysis for the grandest most sweeping conclusions about the ideological effects of cinema” (2000:132). Bordwell and Carroll have similarly questioned Grand Theory’s status as “the indispensable frame of reference for understanding all filmic phenomena” (1996:xiii). Bordwell’s response has been characterized by a fundamental suspicion of applying theory to film. He expresses the view that there is a tendency to over-simplify established theory and illustrates this by noting the birth of the catchphrase a “-----ian reading of X”. In his view this approach ultimately meant that “theory became streamlined; its complexities and nuances were often ignored” (1989:83). Bordwell comments specifically on the work of



Foucault, claiming that despite Foucault's contestatory stance his own work is appropriated and can serve the function of stultifying true enquiry. He refers to *Making Meaning* (1989):

This book's analysis might be more persuasive to certain readers if whenever I mention critical "practice" or "discourse" I were to attach a quotation or two from Foucault...the taken for granted power of the theory can appear to validate the interpretation; in turn the interpretation can seem to illustrate the theory, confirm it, or extend its range of application (1989:212).

Whilst I have used Foucauldian quotations throughout my research I do not feel that I have simultaneously attempted to simplify his theoretical approach; indeed it is the "complexities and nuances" to which Bordwell refers that characterise Foucault's work and make it such a valuable resource.

As well as recommending an avoidance of theory Bordwell, together with Carroll, advocates cognitivism, a "middle range methodology" which "privileges the normal, the commonsensical and the most ordinary (Smith 1998 online). Carroll proposes "cognitivism" as a substitute for psychoanalytic approaches:

Cognitivism is not a unified theory. Its name derives from its tendency to look for alternative answers to many of the questions addressed by or raised by psychoanalytic film theories, especially with respect to film reception, in terms of cognitive and rational processes rather than irrational or unconscious ones (1996:62).

Bordwell argues for a cognitivist approach that begins with the filmic event and then extrapolates to wider arguments (Smith 1998) whilst Carroll advocates a pluralistic approach to the study of film and proposes "fallibilism" as an advance:

The fallibilist agrees that he or she may have to review his or her theories in light of future evidence or in response to the implications of later theoretical developments, because the fallibilist realizes that theories are at best well-justified and that a well-justified theory may turn out to be false (1996:481).

This is useful in cautioning against the unquestioning adoption of film theory but what remains unclear is whether Carroll subjects his own preferred approach to similar scrutiny. Along with Bordwell it seems possible that in pursuing “common sense” Carroll assumes his own work is objective and not underpinned by theory. It is notable that when Stam emphasises the desirability of greater mutual awareness of theory in traditionally divided fields he chooses psychoanalytic and cognitive theory as examples, thereby subjecting both to scrutiny. Stam believes that “it is not a question of completely embracing the other theoretical perspective, but rather of acknowledging it, taking it into account, being ready to be challenged by it” (2000b:330). Cognitivism has been critiqued, notably by Slavoj Žižek (2001 online). Žižek considers that “the Post Theory trend is deliberately dialectical and “often sustained by a stance of profound political resignation, by a will to obliterate the traces and disappointments of political engagement” (Žižek 2001:13). He argues that Post Theory behaves “as if we can magically return to some kind of naivete before things like the unconscious, the over determination of our lives by the decentred symbolic processes, and so forth became part of our theoretical awareness (Žižek 2001:14). Bordwell refutes this emphasising that Post Theory is against “Theory” but supportive of theories and theorizing” (2005). He argues that the purpose of Post Theory is not, as Žižek claims, an “elimination of theoretical work” but a plea for “better theories” (2005). Bordwell emphasises that the unifying principle in Post Theory is the promotion of research that is not reliant upon the psychoanalytic framework that dominates film theory; in this sense he considers it to be a widening out and not a closing down of theoretical possibility (2005).

An appraisal of contemporary film theory suggests that it is characterised by greater diversity than Grand Theory and less ambition in questing for ‘big truths’. Toby Miller and Robert Stam

consider that theories have become less authoritarian and more epistemologically modest (2000a:xvi); they prefer to consider more recent film theory as a “polyvocal conversation” (2000:xv). Despite this it is apparent that the field of film studies is characterised by dialectical and often contradictory approaches. One area of historical divergence is between screen theory and a cultural studies approach. Robert Lapsley and Michael Westlake differentiate between theory which is concerned with establishing the status of cinema as art and theory which is concerned with how it functions socially (1988:106). Stam highlights the tension between the two, considering that a cultural studies approach is not interested in “media specificity” and “film language” so much as “an interest in the processes of interaction between texts, spectators, institutions and the ambient culture” (2000b:225). He details the hostility of the Cultural Studies group at the Birmingham Centre towards the Screen group, describing them as “elitist and apolitical, as overly concerned with the productivity of signifying systems and not concerned enough with social productions in general” (2000:227). Andrew considers the cultural shift in film theory in the 1980s to be key, characterising cultural theorists as having “a view of theorizing which is communal” and “part of cultural thought in a given historical moment” (1984:11). Foucault’s work is influential in the area of cultural criticism and my thesis draws upon both a cultural studies approach and a Foucauldian discourse analysis approach in its examination of how those who experience psychosis interact with the film text. It is important to remember, however, that Foucault developed his theory of discourse in opposition to established theoretical work. The next section of the chapter will contextualise Foucault in relation to specific areas of film theory. Foucault professed a mistrust of central, totalizing theories as early as the 1970s; he considered that by virtue of making claims about understanding a monopolising truth such theory was engaging in a power struggle (Stam 2000b:180). Before considering Foucault’s influence in the field of film theory his stance towards specific aspects of Grand Theory will be considered beginning with Marxism before moving on to a consideration of structuralism and psychoanalysis.

## FOUCAULT'S STANCE IN RELATION TO MARXISM

It is important to consider Foucault's stance in relation to Marxism, a dominant strand of Grand Theory. Marxism was an undoubted influence upon Foucault who was in the French Communist party for a time (Danaher et al 2000:4). He responded to Marxism because it offered a new perspective on existing theoretical systems and established an "endless possibility of discourse" (Burke 1995:240). Foucault also welcomed the contestatory nature of Marxism which he felt was capable of exposing certain power relations within society (Danaher et al 2000:5). Foucault does resist Marxism, however; his objections are summarized by Olssen et al:

Essentially (Foucault) criticized the holistic and deductivist approach within which it located Marxism in general. His position not only rejected the primacy of the economy but also the approach which seeks to explain parts of culture as explicable and decodable parts of a whole totality or system (2004:18)

Foucault contests the Marxist assumption that individuals are inevitably oppressed by social structures by presenting the possibility that they are "essential and willing supports of these very structures" (Boyne 2001:129). He resists a Marxist explanation of how power operates, preferring to work at a micro level where a focus upon "a microphysics of power" reveals that power may come from below as well as above (McNay 1994: 91). Foucault considers Marxist approaches to be reductionist; he does not believe that subjects are duped about reality because reality is impossible to fix. He argues that "the forms of totalization offered by politics are always, in fact, very limited" (1991: 386). Foucault critiques the Marxist concept of ideology as unnecessarily rigid and used unimaginatively to refer to broad categories such as patriarchy and capitalism (Matheson 2005:10). He expresses difficulty with the term: "like it or not it always stands in virtual opposition to something else which is supposed to count as truth" (1991:60). Myra Macdonald considers that Foucault offers a challenge to the binary nature of Marxism:

Foucault is helpful in insisting that models that assume a binary opposition between ‘dominant’ and ‘alternative’ discourses simplify the unpredictability of ongoing contests for power and influence. Foucault’s dislike of binary oppositions also usefully reminds us that it is facile to assume, as media academics sometimes do, that all ‘alternative’ discourses have right on their side, and that all ‘dominant discourses’ are necessarily suspect. (2003:37).

Whilst Foucault critiques and supplements Marxism he does not reject it. This is exemplified by his partial acceptance of the Marxist principle that the cinema fulfills a function in conferring identity. Foucault does not consider that the subject is an “anthropological given” so much as a social construction which is inflected by institutions such as the cinema (Lapsley & Westlake 1988:20). In focusing upon the influences which determine identity Foucault’s work can be linked with that of Althusser and in addressing the way in which film constructs the subject with Lacan; in this respect his work approximates a Marxist approach. Where Foucault differs is in the Marxist assumption that cinematic representation is necessarily a part of capitalist ideology. Stam points out that a Marxist theoretical approach emphasises that cinema is responsible for constructing acquiescent subjects who are motivated to maintain the oppressive social order of the Capitalist system (2000b:138). According to this approach the cinematic spectator is sutured in to a position of misrecognition by filmic devices (2000b:136). Stam appraises a Marxist approach as “somewhat hyperbolic, even hysterical” in the way it considers cinema to be a dominant ideological state apparatus. Foucault’s stance places much more emphasis upon cinema as part of a larger discursive whole that is characterised by contradiction and ambivalence (2000:138).

Whilst there are commonalities between Foucault’s work and Marxist approaches there are also divisions which are referenced by Foucault’s conclusion that Marxists were not interested in his work despite its focus on vulnerable members of society (Foucault 1994:259). Foucault’s interest in and questioning of Marxism is mirrored by his stance towards structuralism which will be considered next.

## FOUCAULT IN RELATION TO STRUCTURALISM

The major links which exist between Marxist and structuralist approaches mean that Foucault's attitude towards structuralism can be anticipated. Lapsley and Westlake consider that structuralism went on to develop the work of the Marxist theorists by providing it with a "theory of language" (1988:11). Foucault responded positively to certain aspects of structuralism; this is not surprising given that his own "archaeological" work has been interpreted as structuralist (Danaher et al 2000:7). What Foucault responded to in structuralism was its precise and systematic nature; he felt that in this respect it was an advance on Marxism. He was interested in the driving force of structuralism which suggested that meaning should be considered as relational and not intrinsic (Danaher et al 2000:7). Foucault's work is akin to that of both the Marxists and the structuralists in its sceptical attitude towards the concept of the free subject (Danaher et al 2000:8). He welcomed the way in which structuralism broadened perspectives but ultimately felt that a structuralist approach stopped short of thorough investigation and, in parallel with Marxism, was under-developed. This is seen in his assertion that structuralism cannot account for meaning simply by looking at relations. He rejects the principle that "a system of universal rules or laws or elementary structures" underpins history or explains "its surface appearances" (Olssen et al 2004:49), arguing that structuralism fails "to theorize adequately the historicity of structures" (Olssen et al 2004:50). Foucault argues that structuralism is unable to account for change; "it could explain all of the rules but not why people used the rules in a certain kind of way" (Danaher et al 2000:8). Donald Matheson considers that the key theoretical point of difference between a Foucauldian approach and that of a structuralist is that the structuralist analyses utterances as if they are languages, rather than considering symbolic actions in specific social situations (2005:43). He acknowledges that a structuralist approach examines structures, such as texts which have the capacity to obscure other structures, in an attempt to trace invisible structures below the surface. A Foucauldian approach is concerned, in addition, to look at patterns and links between texts. In Matheson's view the two approaches are quite different in method: the first presumes that prejudiced ideology exists and the second that discourse acts in prejudicial ways (2005:10). For Foucault, therefore, structures are of less importance than context and specificity. Foucault considers that structuralism does not attempt to look at the non-discursive and does not investigate areas of repression. His work in relation to

structuralism is notable for its attempt to examine the connections between discursive and non-discursive domains which are characterised by restricted discourse; this leads to a focus on hierarchies of power (Danaher et al 2000:8).

The limitations of a structuralist approach which are highlighted by Foucault are perceived by Andrew when applied directly to film. Andrew concludes that structuralism does not recognize cinematic discourse and is able to provide only a limited explanation for the way in which film makes meaning (1984:170). This perception of limitation justifies my decision to use Foucauldian discourse analysis in relation to the film text in Chapter 5.

The third aspect of Grand Theory which will be considered in relation to Foucault's theoretical approach is psychoanalysis. By the mid 1970s structuralism had been replaced by what Bordwell and Carroll call "film theory tout court". This was concerned with determining the "social and psychic functions of cinema" and included psychoanalytical approaches (1996:6). Once again it is possible to perceive a pattern of acceptance and rejection in Foucault's attitude towards psychoanalysis.

## **FOUCAULT IN RELATION TO PSYCHOANALYSIS**

There has always been a kinship between psychoanalysis, psychology and film. Michael Chanan links the relationship between spectator and cinema screen to that of dreamer and dream (1980:34) and George Orwell underlines the link between cinema and psychology:

Properly used, the film is the one possible medium for conveying mental processes. A dream, for instance...is totally indescribable in words, but it can quite well be represented on the screen (2000:10).

Psychoanalysis can be seen to be influential in fantastical film narratives, the nature of film form, and the unconscious of both the spectator and the film maker (Andrew 1984:135). Freud's influence on film between the late 1930s and 1940s has been interpreted as modish but film has also appropriated psychoanalysis more permanently as a discipline that deals in signification (Branston 2000:141).

A psychoanalytic approach explores how subjectivity is formed in the psyches of those watching via screen representations. Lapsley and Westlake delineate two separate phases in the use of psychoanalysis in the cinema. The first, which they call the structuralist phase, is concerned with the mirror stage; the second places emphasis upon fantasy and desire and is denoted as the post-structuralist phase (1988:78). Andrew considers a psychoanalytic approach to be a theoretical advance on structuralism because it shifts the emphasis from how objects are reproduced in cinema to the production of subjects:

Only by shifting the discourse to another plane and invoking another system could modern theory develop...Questions about the connections cinema maintains with reality and art...were subsumed under the consideration of cinema's rapport with the spectator. A new faculty, the unconscious, instantly became a necessary part of any overarching film theory, and a new discourse, psychoanalysis, was called upon to explain what before had been of little consequence, the fact and the force of desire" (1984:134).

Foucault's work shares an affinity with a psychoanalytic approach because of his interest in spectatorship. Foucault was interested in the power of the dominatory gaze (2003); he "took the panopticon as a metaphor for that continual process of proliferating local tactics and techniques which operated in society on a micro-level, seeking to procure the maximum effect from the minimum effort and manufacturing docile and utilisable bodies" (Tagg 1980:45). John Tagg points out that the concept of the panopticon was made redundant by photography which continued to feature in areas of specific interest for Foucault:



If we examine any of the...institutions whose genealogy Foucault traces, we find photography seated calmly within them. From the mid nineteenth century on, photography had its role to play in the workings of the factory, the hospital, the asylum, the reformatory and the school (1988: 77).

Tagg makes the point that the status of photography as a technology “varies with the power relations which invest it” (1988: 80). Foucault’s work on the gaze, which Tagg considers to be comprised of “intimate observation...subtle control...refined institutional order...passive subjection and an ever more dominant benevolent gaze” (1988:81) is considered by Bordwell to have “mapped new semantic fields onto the act of looking” and to have been influential in exacerbating film theory’s interest in the look (1989: 155). The gaze is a dominant motif in film theory as it is the point at which identification is felt to take place (Copjec 2000:442). Copjec sees it as “that point at which sense and being coincide; the subject comes into being by identifying with the image’s signified” (2000:442). Foucault’s interest in the gaze is illustrated by his examination of the Velasquez painting *Las Meninas*.



Figure 1: Velasquez: *Las Meninas*

Miller and Stam refer to the complexity of Velasquez' painting considering that it "implicates painter, image and spectator, both inside the text and as part of it" (2000a:86). The power of the painting, for Foucault, is in its questioning of spectatorship and its focus upon self-reflexivity (Chanana 1980:34). The painting raises questions about the identity of the spectator and the individual's negotiation of subjectivity in relation to both the text and the wider world. *Las Meninas* is illustrative of how fascination can be exerted by a single text but the principles embodied in it can, perhaps, be extrapolated out to include a wider appraisal of film.

In addition to a shared interest in spectatorship Foucault responded to psychoanalysis as a discipline because of its capacity to critique:

Psychoanalysis and ethnology occupy a privileged position in our knowledge...because they form an undoubted and inexhaustible treasure-hoard of experiences and concepts and above all a perpetual principle of dissatisfaction, of calling into question, of criticism and contestation of what may seem in other respects, to be established (2000:373).

Foucault appreciated the transgressive ability of psychoanalysis to "unmake that very man who is creating his positivity in the human sciences" and the way in which it offered an alternative to the established medical gaze (2000:379). He welcomed the capacity of psychoanalysis to counter the non-symmetrical observation typical of medicine by offering a "new structure of language without response" (2007: 238). Patrick Hutton points out that "Foucault never discussed the significance of Freud's work in any depth. His remarks consist of scattered and usually oblique references" (1988:121). It is notable, however, that Foucault considered Freud's work to be key in initiating discursive practice (Burke 1995:241) and in exploring areas which had been suppressed by common-sense notions of reason (Andrew 1984:159). He considered psychoanalysis to be a "counter science" which was no less valid than the human sciences but had the capacity to "flow in the opposite direction", thereby contesting the epistemological basis

of science (2000:373). In addition psychoanalysis provided “a perpetual principle of dissatisfaction” as it pointed “not toward that which must be rendered gradually more explicit by the progressive illumination of the implicit but towards what is there and yet is hidden” (2000:373). Crucially Foucault’s fascination with psychoanalysis was because it was “a theory whose object is the irrational.... which cannot be accounted for in terms of rational cognitive or organic explanations” (Carroll 1996:64). Foucault turned to psychoanalysis in his dispute with Derrida about the “otherness” of madness considering that it might be a way of challenging Derrida’s assertion of the “unsurpassability of reason” (Boyne 2001: 90). He responded to the radical interpretation of the sign offered by the madman and considered that psychoanalysis had the power to sever the relation between the signifier and the signified (Andrew 1984:159); in this way he saw psychoanalysis as an advance on structuralism. Foucault perceived a link between madness and self- reflexivity; this is emphasised by Patrick Fuery who links the worlds of madness, the mirror and the dream:

The symbol of madness will henceforth be that mirror which, without reflecting anything real, will secretly offer the man who observes himself in it the dream of his own presumption (2004:30).

Fuery links the radical interpretation of the signifier and the signified with the mirror, a defining feature of Lacanian psychoanalysis. Foucault’s work can be allied with that of Lacan through its focus on subjectivity. Foucault invested in psychoanalytic theory because, like Marxism and structuralism, it critiqued the notion of the free subject (Danaher et al 2000:8). Marxism and psychoanalysis can be linked through the influence of Lacanian psychoanalytic theory on Althusser’s ideological work (Pearson and Simpson 2001:346). Althusser’s Marxist approach theorised that ideology functioned because of the individual’s negotiation of subjectivity in relation to the world. He did not consider ideology to be “a circumscribed set of political doctrines” so much as “a complex interaction between the social subject and the myriad institutional discourses... that gave this subject the imaginary illusion of his/her seamless connection to the social world” (Pearson & Simpson 2001:346). Foucault’s work can be allied with that of Althusser because he similarly considered the subject to be a construct which comes

about as the result of repressing desire in order to become a part of society (Danaher et al 2000:8). The work of Lacan and Althusser meets in respect of the mirror phase:

The process of viewing is likened to the illusion of a solid-state ego given by the mirror phase. Taken together these qualities of ideology, lens, and subjectivity blind spectators to the fact that they, like the films they watch, are thick with discourse, unknowable by themselves or others without this encrustation of meaning and interpretation as are all social phenomena in a world of ideology (Miller 2000a:406).

The positioning of the subject is specifically relevant to the cinema in terms of apparatus theory which looks closely at the impact of the technical apparatus and physical conditions of watching film upon members of the audience (Miller 2000a:406). Psychoanalysis can be considered as a useful political tool in making apparent the lure of cinema and through it the dominant ideology of society. Stam points out, however, that this impact can be overstated:

Apparatus theory at times imbued the cinematic machine with an abstract and malevolent intentionality, falling into a kind of neo-Platonic condemnation of emotional manipulation. But real life spectators were never the pathetically deluded, shackled captives of a high-tech version of Plato's cave decreed by apparatus theorists (2000b:139)

Scepticism has also been directed towards the power of the apparatus because there is no way of examining whether, or not, its effects are as stated; it is not contested and there are no means of falsifying its claims (Miller 2000a:406). Foucault subjected psychoanalysis to similar scrutiny. He critiqued the acceptance that psychoanalysis could understand the "truth" of the subject whilst simultaneously denying the existence of a "knowing subject" and considered that psychoanalysis was often used in isolation when appraising a text when its best use would be to employ it as part of a wide variety of analytical tools. He was sceptical of psychoanalysis' claim to uncover secrets and explain them, believing that it was simplistic to satisfy the analyst's

desires so readily (Westlake 1988:102). Hutton argues that Foucault was not interested in the workings of the mind so much as “the emerging array of asylums that have fostered scrutiny of the mind over the past three centuries” (1988:125). Ultimately Foucault viewed psychoanalysis as a socially constructed category the purpose of which was to “provide a means of rendering the subject visible, governable, trackable” (Copjec 2000:440). Liz Eckermann argues that Foucault “saw the development of psychoanalysis as a further repression of the self” (1997:160) likening it to the confessional used by the Catholic Church and a tool for normalisation (1997:167). Foucault concluded that whilst psychoanalysis had set out to achieve greater knowledge it had ended by imposing limits on what could be known largely because it had done nothing to question systems of power or attempt to redefine them (Lapsley & Westlake 1988:218). He considered a psychoanalytic approach to power to be simplistic, questioning, for example, Freud’s assumption that power is “a lawgiver that forbids and represses” (Foucault 1994:xix). Bill Nichols argues that Foucault’s more developed work on power moved the theoretical limitations of psychoanalysis forward and also emphasized the phallogentric nature of psychoanalysis, revealing it to be incompatible with a politics of multiculturalism and social difference (2000:42). In addition Nichols considers that psychoanalysis, in foregrounding the voice of the analysand, clings to assumptions of abstract rationality and democratic equality that lead to a politics of consensus but represses a true politics of identity (2000:42). Stam similarly refers to psychoanalysis’ claim to “identify psychic processes common to humanity as a whole” but ultimately to universalise “a particular guilt-ridden and time-bound culture: Christian, patriarchal, occidental and based on the nuclear family” (2000b:329). Lapsley and Westlake offer a corrective to the problems inherent in psychoanalysis:

What was needed was a mode of theorising that would retain the radical implications of Lacan’s notion of the complex constitution of both the subject and object through discourse but would avoid the phallogentrism implicit in Lacan’s thinking. Just such an ideologically acceptable dephallicised recasting of the relation of subjectivity and discourse was to be found in the work of Foucault (1988:101).

Joan Copjec is more questioning of Foucault's work, however. She agrees with the limitations that Foucault saw in psychoanalysis, highlighting the difference between a view which maintains that the conscious and the unconscious are "processes of apprehension", and Foucault's belief that they are "categories through which the modern subject is apprehended and apprehends itself" (2000:440). At the same time she also considers Foucault's concept of the panopticon to be less flexible than Lacan's own work on reflexivity which views the mirror as a screen. Copjec suggests that Foucault's work on the panopticon lacks complexity because it does not recognise that non-knowledge or invisibility might be a possibility for the subject. For Copjec, Lacan's argument is more layered because he considers that "that which is produced by a signifying system can never be determinate" (2000: 439). She critiques Foucault's work on power and surveillance via the panopticon by pointing out that for Foucault difference is not a way of countering panoptic power – it actually feeds it and leads to greater helplessness (2000:437). Copjec questions what she sees as a limited argument which is ultimately "resistant to resistance, unable to conceive of a discourse that would refuse rather than refuel power" (2000:439).

Whilst Foucault responded to certain aspects of Grand Theory in the form of Marxism, structuralism and psychoanalysis, therefore, his work is also characterized by departures. These departures define the Foucauldian approach to discourse which influences my work. The chapter will now move on to consider how Foucault's work can be applied to the cinematic domain.

## **FOUCAULT AND THE CINEMA**

Foucault rarely makes direct reference to the cinema. He does, however, include cinema in a discussion of heterotopias; Foucault considers cinema, along with beaches, cafes and trains, to be "absolutely different from all the sites that they reflect and speak about" (Hansen 2002:401). He also appraises the cinema as "a very odd rectangular room, at the end of which, on a two dimensional screen, one sees the projection of a three-dimensional space" (1984:6), thereby emphasising the alien nature of cinema and its capacity for transformation. Whilst such

specificity is rare, Foucault's work is, nevertheless, relevant to an examination of cinema as an important site for the creation and circulation of discourse.

Tessa Perkins considers that the turn to discourse embodied in Foucault's work acts as a corrective to the fundamental criticism of Grand Theory as ahistorical and "provided a way out of...various Marxist, structuralist and psychoanalytic strait jackets" (2000:86). His historical approach, which brings "to light the discursive formations and events that have created the fields of knowledge and games of truth by which...society has governed itself" (Danaher et al. 2000:36) is relevant because it is ultimately "concerned with modernity – what is happening here and now" (Perkins 2000:126). It is not so much specific aspects of Foucault's work, (such as his focus upon madness, the prison or sexuality) that are relevant to the field of cinema as his appraisal of film as an area of discursive practice. Despite this, areas of specificity have been linked to film, for example, Foucault's work on sexuality, as cinema proves to be endlessly interested in the revelations and concealments it offers (Lapsley & Westlake 1988:20). It is the cultural positioning of film that makes a Foucauldian approach rewarding. Tim Bywater and Thomas Sobchack stress that:

Film, no less than any other cultural artefact, can be "read" in a variety of different ways – as historical document, psychological casebook, philosophical repository, or political example (1989:xiv).

Film is a key site for the play of cultural discourse and a key mechanism for encapsulating and proliferating cultural messages. A Foucauldian approach to film texts considers: "Whose interest do they serve? What relations of domination do they help maintain?" (Lapsley & Westlake 1988 :20). In this respect Foucault brings "disciplinary paradigms of knowledge to film" (Stam 2000b:247). Carl Plantinga suggests that if film can be considered to disseminate knowledge then, in Foucauldian terms, it can also be considered as part of a strategic enterprise that attempts to attain or maintain power (1996:309) and Matheson points out that "while on one level the

meanings that are found in the media are shared, the power to make those shared meanings is not shared” (2005:2). MacCabe argues that:

Rather than thinking in terms of inside (cinema) and outside (ideology) the concept of discourse enabled one to think the operations by which cinema is constantly transforming the outside inside, and that inside a further element in the outside (1978:35).

Foucault’s work on power is also relevant to a consideration of textual representation (Lapsley & Westlake 1988:21). Foucault delineates the importance of representation in *The Order of Things*, expressing the view that it “governs the mode of being of language, individuals, nature, and need itself” (2000:209). Stereotyping, as a key filmic concept and an important facet of representation, “assigns identities through norms” and has the potential to proliferate discourse in the social sphere (Lapsley & Westlake 1988:20). Commenting specifically upon madness Fuery points out that cinema assimilates many different types of representation:

Cinema has become a repository for the discourses and images of madness that have developed over thousands of years. In its relatively short history, cinema has effectively absorbed, conventionalised and established the representations of madness for itself as a textual practice and for the wider social domain (2004:31).

Fuery considers that cinematic representations of madness draw freely on “the full historical and cultural range of discourse of the mad” (2004:31). Adopting a Foucauldian approach to the filmic representation of madness involves an incorporation of his work on plurality and historicity and a questioning of texts as important social documents which have become culturally acceptable over time (Lapsley & Westlake 1988:20). Foucault considers that in adopting a discourse analytic approach:



What we are concerned with here is not to neutralize discourse, to make it the sign of something else, and to pierce through its density in order to reach what remains silently anterior to it, but on the contrary to maintain it in its consistency, to make it emerge in its own complexity (Foucault 1972:52).

Macdonald considers that a strength of discourse analysis is that it “starts its enquiry with an ear to the texts themselves, and in a spirit of openness to the patterns that may emerge” thereby making it a suitable tool for the examination of film (2003:2). A consideration of Foucault in relation to the text inevitably leads to a discussion of his positioning as a poststructuralist. Foucault observes the poststructuralist shift from text to spectator and dominant motifs of post-structuralism, such as the destabilization of textual meaning, characterise his work (Stam 2000a:148). Foucault moves towards an analysis of discourse, however, rather than focusing upon what he considered to be an endless process of interpretation. He was more interested in the impact of the text upon audiences than the text itself and regarded deconstruction as responsible for closing off rather than opening up enquiry by placing too much emphasis upon the interaction between the text and the reader (Stam 2000a:4).

Notably Derrida placed more emphasis than Foucault on “what the author means or is trying to say” (Royle 2004:7). Derrida considered that it was crucial to take authorial intention into account when reading a text but conceded that neither reader nor writer could achieve complete mastery over the text. Foucault’s seminal essay “What is an Author?” (1977) highlights the importance of addressing the issue of authorial voice. He considers the view of the author as sole originator of the text to be both simplistic and trivial, preferring to view the author as only one source of signification (1977:115). This clearly has great relevance for issues of cinematic discourse and authorship. Andrew Bennett points out that “the question of the author...has been central to the development of film studies since the 1950s and the ascription of a single, unified and identifiable author for a film or for a body of films is bound up with the question of the status of film itself as a medium” (2005:106). Foucault considers that the role of the author is bound up with juridical and institutional systems and that authorial name is used to pin down a “proliferation” of meaning (Bennet: 2005:23/28). He links the concept of the author with the rise

of Capitalism, regarding auteurism as an aspect of film theory which is driven by an “aesthetic of consumption” (Stam 2000a:4). At the same time as he expresses concern with the individual status of the author, Foucault contests “the Barthesian notion of the ‘death of the author’” arguing that any challenge mounted against the privileged position of the author will work conversely to preserve that privilege, thereby ultimately missing the true significance of the author’s disappearance (Bennett 2005:21). Foucault’s work on the author transcends Barthes’ focus upon a negative space or absence where the identity of the author is lost to consider “the social and historical construction of a ‘writing subject’ and...writing as a space in which this disappearing is endlessly enacted” (Bennett 2005:20). Foucault therefore argues:

We should re-examine the empty space left by the author’s disappearance; we should attentively observe, along its gaps and fault lines, its new demarcations, and the reapportionment of this void; we should await the fluid functions released by this disappearance (1977:121).

His approach is to monitor patterns of breaks and gaps in order to see what is revealed by the disappearance of the author” (1977:121). Sean Burke argues that Foucault’s work transcends the question of ‘Who is the author?’ to examine the origin and control of discourse, and “the diverse functions of the subject” (1995:245). Foucault asserts that the subject cannot be the source of meaning because it is constituted by social discourse. This stance led to his pronouncement that the subject was dead (Hamscha 2010:153). Norman Fairclough outlines the complexity of the position:

Discourse is not the majestically unfolding, manifestation of a thinking, knowing, speaking subject, but, on the contrary, a totality, in which the dispersion of the subject and his discontinuity with himself may be determined (1989:104).

Foucault's post-structuralist stance has certainly not been universally accepted; Macdonald summarises criticisms of his discourse approach:

Because of its fuzzy edges, the concept of 'discourse' is often accused of replacing familiar concepts such as 'language' or 'representation' with unhelpful academic jargon. Where 'language' and, more especially, 'representation' urge us to examine communicative strategies, discourse can appear to be an abstract concept, ill-suited to the analysis of media texts (2003:1)

Foucault's views upon the indefinite nature of agency have also invited negative commentary. John Corner argues against a poststructuralist approach which denies that texts have fixed meanings, stating that an insistence upon polysemy might dismiss or fail to recognise that the text does have determinate meaning (1991:105). Kay Richardson reinforces this by acknowledging that whilst textual determinacy does have its limits it is not unreasonable to assume a 'low level' can exist (1998: 223). Paisley Livingston points out that Foucault's assertion that it is impossible to know an author's intent is not logically traced through to questioning the interpretation of that same text:

Foucault...lays...down in "What is an Author?" that it is impossible to know an author's mind but he then makes any number of sweeping assertions about what goes on in other readers' minds when they interpret texts, and no justification of this asymmetry is provided (1996:169).

Terry Eagleton highlights a similar illogicality in Foucault's appraisal of the subject as positioned by discourse but the critic as objective:

If regimes of power constitute us to our very roots, producing just those forms of subjectivity on which they can most efficiently go to work...what is there “left over” so to speak, to find this situation so appalling?” (1991:47).

This inconsistency is also recognised by Bordwell who wonders “how can the intellectual argue that the activities of others are culturally constructed while arrogating to him or herself a position that purportedly escapes this?” (1996:13).

Criticisms of Foucault’s work as a form of cultural construct and also of his determination to remain fiercely committed to “a necessary non-correspondence condition” are important in an overall appraisal of his theoretical approach (Mercer 1980:9). Nevertheless, his work, particularly in the field of mental health, remains appropriate and valid for an exploration of discourse in the naming of clinical psychosis, the film text and amongst those who have experienced psychosis and will, therefore, act as a point of reference in Chapters 4, 5 and 6 which examine these issues in greater detail. For me the value of a Foucauldian discourse approach is that it moves beyond the text to emphasise power, how this is embodied in language and how it operates in the wider social world.

The second section of the literature review will review key work in audience studies and will discuss its application to a group of respondents who have experience of psychosis and their interpretations of its filmic representation.

## **LITERATURE REVIEW SECTION TWO: AUDIENCE APPROACHES**

Audience studies seek to answer the questions: “What kinds of meanings does a text have? For whom? In what circumstances? They also assess the possible effect of media texts in social, political, emotional and cognitive domains (Staiger 2005:2). The intention of my research is to examine the relationship which exists between film representations of psychosis and an audience group made up of those who have experienced it. Michael Tracey states:

One of the few questions really worth asking about the media and society is what the relationship is between the things they purvey and the meanings and understandings that we carry around with us as worldviews, mental pictures, ideologies, belief systems (1998:74).

I wish to examine this relationship via a series of interviews which will focus upon the film text and will consider the outcomes, if any, of the selection and presentation of material relating to psychosis. I wish to elicit the responses of those who have experienced psychosis as I consider representations of psychosis to have greater and more specific relevance to this cohort than anyone else.

The chapter begins by contextualising those who have experienced psychosis in the wider field of disability studies. It then moves on to consider theoretical audience approaches in relation to this study.

### **A FOCUS UPON THOSE WHO HAVE EXPERIENCED PSYCHOSIS**

The Equality Act 2010 states “a person has a disability for the purposes of the Act if he or she has a physical or mental impairment and the impairment has a substantial and long-term adverse

effect on his or her ability to carry out normal day-to-day activities” (2010). Writing a decade ago Karen Ross points out that:

Disability has...been almost totally ignored as a thematic of contemporary interest to mass media researchers, and what studies do exist are either content driven...or else focused on the views of non-disabled people...What most of these studies show is that there is a dearth of images of disability in mainstream broadcasting and those that do exist are largely peripheral and stereotypical (2003:132).

Writing specifically in relation to the portrayal of mental illness Philo notes that:

Those studies which have attempted to relate media content to attitudes have been limited to examining the short term influence of particular films and television series, or of press coverage of specific events. In addition the reliance of these studies on quantitative research designs and techniques means they have been unable to address the complex processes involved in belief formation and in the interpretation of media messages (1996:xi)

My study aims to specifically target areas of belief formation and interpretation. Since Philo’s (1996) publication the body of research on mental health representation remains limited. My intention is to supplement this work by focusing on the relatively unexplored domain of film as previous studies have prioritised television, newspapers and the link between psychiatric illness and crime (Signorelli 1989, Wahl & Lefkowitz 1989, Philo 1994). Notably, service users are not always consulted in relation to research on mental health issues. Whilst Philo’s 1996 study did elicit the opinions of twenty three service users this was as an addendum to the main study which used six focus groups containing ten members, none of whom were service users (1996:83). The views of psychiatrists and related mental health professionals are sought, (Gabbard & Gabbard 1999) but this is an interesting complement to interviewing those who have experienced

psychosis and not a substitute. Ross considers that without consultation with disabled people representations of disability can become “fantasy portraits.” These result from the assumption that accurate portrayals can be made without lived experience and also as a result of the concerns of programme makers about the limits of acceptability to audiences (2003:135). Alison Faulkner and Phil Thomas observe a tendency to by-pass user-led understanding in psychiatric research. They question whether researchers are “asking questions relevant to service users – the people for whom the issue is most crucial” (2002:2). Faulkner and Thomas argue that “research should be based in the subjective, lived experience of emotional distress” but this goes against the “dominant paradigm” in mental health research which “renders the views of people with mental illness invalid and negates the person as an individual” (2002:2). Lesley Henderson emphasises the productive nature of consultation with psychiatric service users. In her opinion inpatient settings offer important access to, and improved consultation with, mental health users compared to other “distressed groups” (1996:26). She considers that further improved access is crucial in “making the invisible visible” (1996:35).

Whilst my audience cohort is made cohesive by the experience of psychosis it differs in respect of ideological determinants including familial situation, gender and class (Silverstone 1996:282) and political belief, income and age (McQuail 1997:2). These “cross-cutting variables” (Ross: 2003:136) must be taken in to account along with other potential factors such as degrees of activity and passivity and the context in which texts are consumed when assessing response (McQuail 1997:150). As Alan McKee points out, it is possible that an audience member might never have thought or known about a specific representation before involvement in a study, let alone formulated an opinion (2003:84).

Before delineating the audience approaches which are most appropriate for my study it is important to contextualise them. Approaches to audiences are diverse and have evolved to become more complex. This chapter will consider the historical evolution of audience research before summarising its relevance. Effects theory will be examined first, followed by active audience and cultural studies approaches and finally post-structuralist/postmodernist approaches.

## EFFECTS THEORY

Dickinson et al suggest that, “in a sense, of course, all media research contains or draws from, explicitly or not, some theory of media influence” (1998:x). It is logical, therefore, that early audience work is preoccupied with potential influence. Jostein Gripsrud refers to the era between 1920 and 1940 as being dominated by passive audience models and calls it “The Almighty Media” (2002:42). The term “mass” audience was also coined at this time by Herbert Blumer (1939) and was rich in associations, evoking apprehension centring on manipulation, moral and cultural decline and depersonalisation (McQuail1997:7). Early television theory emphasised “its addictive pull, its ubiquitous invasion of social and cultural space, and its seeming passivity and emptiness as a leisure time activity” (McQuail1997:5). Research in the 1960s and 1970s assumed an ideological slant; “the media, as bearers of ideology, were seen... as having an enormous impact on the way that people think and act” (Dahlgren 1998:299). An assumption of ideological effect was later incorporated into further evolved models such as Gerbner’s work on cultivation theory (Gripsrud 2002:43).

Contemporary attitudes towards effects theory offer a spectrum of opinion on its validity. David Gauntlett does not consider that its lengthy history legitimises it:

It has become something of a cliché to observe that despite many decades of research and hundreds of studies, the connections between people’s consumption of the mass media and their subsequent behaviour have remained persistently elusive...why are there no clear answers on media effects? (1998:120).

Gauntlett suggests that media effect cannot be determined because it does not exist; Birgitte Hoijer argues that because no two individuals are the same then it is impossible to determine media effect with any precision (1998:170).



Not all contemporary approaches are dismissive. Stuart Hall considers the media to be an ideological apparatus; he places emphasis on “the systematic ‘over accessing’ of selective elite personnel” and over-reliance upon their viewpoint as a source of influence (2003:61). Graham Murdock takes a political economy approach; he considers that research becomes distorted if questions are not asked about agency and the political and economic institutions that shape the media. Murdock argues that certain media institutions occupy positions of power and privilege and, in consequence, control influential discourses. He suggests that we cannot avoid recognition of the power that the media wield in shaping aspects of semiotics and subjectivity (Dahlgren 1998: 301). Herbert Schiller’s focus on film highlights the potentially harmful effect of product from media conglomerates and considers that “indigenous creative forces are swamped and inevitably crippled by the relatively cheap cultural products offered by the big producers” (1998:11). Schiller suggests “the net effect of such total cultural packages on the human senses is impossible to assess but it would be folly to ignore” (1998:4). Tracey considers that we are dependent on the media for information about the world; it is logical and inevitable, therefore, that there should be some form of media influence:

It is obvious that if the audience is being provided with ‘information’ and ‘understandings’ by the media and that there are what we might call ‘errors’ within those messages that there will necessarily be errors within the public mind (1998:78).

Thomas Austin is questioning of ‘the unevenly available resources for, and limits on’ audience agency (2002:16). Roy Stafford also argues that the concept of a “discerning and discriminating public” who seek out films to gratify their own needs is attractive but far removed from the reality of the market place; he suggests that there is a tendency to underestimate “the will of large corporations to persuade audiences” (2007:129).

It is important to consider contextual factors when considering media effect. Murdock acknowledges that the power of media organisations is, itself, limited by the general economic and political framework in which it functions and is, therefore, subject to boundaries (1998:206). In addition Cecilia Von Feilitzen points out that media power must be considered in relation to content and cultural influence (1998:9). Austin considers effect to be contextual:

I want to hold on to the notion that media consumption, including watching films (on television and video as well as at the cinema) informs and impacts upon our daily lives – but in complex and contextually shaped ways. It does this in part by offering explanatory frameworks that may be applied to the social world... Such ‘effects’ are always constituted according to the particularity of the social settings in which texts are encountered, and so exceed, for example, the simplistic logics of ‘glamorising violence’ which circulated in some common sense knowledges and indictments of popular screen media (2002:95).

Unlike Schiller, who refers exclusively to major corporations and considers their interests to be incompatible with the needs of the public, Austin suggests that, “just as a film’s audience should not be conceived as an undifferentiated totality, so industrial and critical sectors should be recognised as relatively heterogeneous rather than monolithic” (2002:6). Schiller links the product of transnational companies with the erosion of responsible representation; he suggests that “the heaviest cost of transnational corporate produced culture... is that it erodes the priceless idea of the public good and the vital community” (1998:11). In contrast Austin recognises the creative capacity of Hollywood cinema and its function of “inviting (rather than simply determining) the production of multiple meanings and genuine pleasures by varied and heterogeneous audiences” (2002:77). Like Richard Maltby (1995:27), Austin sees popular film as far too “opportunistic” for a set agenda. He acknowledges the importance of exploiting difference, not eroding it, in order to reach a wider audience base and argues that mainstream film might promote minority discourse in order to exploit new markets (2002:58). Douglas Kellner also argues that whilst media texts are assumed to be conservative they are capable of leading to social reform and change in a sense that can be characterised as liberal (1998:40). This is reflected in Chapter 5, which concludes that film texts come from a wide range of production companies, cover a wide range of genres and contain various and sometimes contradictory messages.

The chapter will now move on to consider the historical roots of and contemporary approaches to active audience theory.

## ACTIVE AUDIENCE THEORY

The most notable move away from Gripsrud's "Almighty Media" and effects theory was the shift in focus from ideology and its effects to the audience itself (Hartley 1996:225). Gripsrud uses the term "Powerless Media" to refer to active models of audience research (2002:42); his choice of terminology highlights the divergence in approach. Dickinson et al argue that the "Powerless Media" model was part of the same tradition as effects theory in that it was still about effect, or lack of it (1998:x). Similarly Staiger does not see an absolute distinction between the two approaches: she cites uses and gratifications theory as marking the beginning of active audience theory but points out that "throughout the first half century of mass media theory various authors have considered individuals as coming to texts with characteristics that determined or at least influenced their relations to those texts" (2005:52). Martin Barker, however, recognises the tendency of audience theory to gravitate towards either an effects or an active audience model: "at present media theory recognises children or gratified users" (1998:190). Robert Kubey sees the two approaches as unnecessarily divorced from each other, a result, perhaps, of their historical development:

Was the much criticized "magic bullet/hypodermic needle" direct effects model cited so often by uses and gratifications exponents deliberately to set up a straw man in order to validate the importance of uses and gratifications? (1996:196).

Polemical arguments characterise the active/ passive debate: McQuail considers that an emphasis upon the active audience "was itself largely an ideological move designed to deflect the attack on monopolistic capitalist media" (1997:13); John Hartley notes that audiences are often depicted as "sub and superhuman...in the classic Levi-Straussian manner" (1996:232); Dahlgren considers uses and gratifications, as a key aspect of active audience theory, to be an imbalanced 'corrective' to passive audience theory (1998:299) and Austin recognises "two totalising stereotypes of the film spectator; a controlling, voyeuristic male gendered subject and a passive dupe interpellated or positioned ideologically by the cinematic apparatus and the film text" (2002:11). This dichotomy inevitably means that active audience theory, like passive audience theory, is subject to criticism. Sonia Livingstone argues that:

Research on the active viewer tends to be overly constructivist, neglecting the role of the text, to be overly cognitive, neglecting the role of emotions and actions, to be overly individualistic, reducing the social act of viewing to the individual act of cognising (1998:37)

Kubey specifically critiques uses and gratifications theory as deliberately structured to avoid any evidence of effect. He suggests that evidence shows that the mass media bring about uniform responses in a large percentage of audiences but this is routinely ignored leading to distortion (1996:198). Kubey argues that gratification itself is never considered to be an effect and considers that, “ironically the only sort of media effect they (uses and gratifications theorists) are prepared to recognise is one that they believe misleads audience members to conclude that there are media effects” (1996:201). A frequent criticism of the uses and gratifications model is that it is often unable to explain why audiences make the choices that they do. McQuail suggests that because uses and gratifications theory is not underpinned with rigorous methodology then there is a tendency to reify responses to verbal statements so that they become “new constructs” which are meant to represent “the gratifications offered by media content” (1998:155). He also considers that researchers substitute the statements of a limited group of individuals for a true examination of culture and that uses and gratifications theory fails to recognise the importance of aesthetics (1998:155). Barker argues that the notion of ‘activity’ in active audience theory is extraordinarily imprecise and that a theory of “disgratification” would provide an additional useful dimension (1998:190).

Despite criticism of the uses and gratifications model McQuail acknowledges the importance of the approach in foregrounding a focus on the audience:

One of the innovations in the search for better concepts and methods of inquiry in relation to media effect was to take more account of the kind and strength of the motivation of the general public (1998:153).

Virginia Nightingale similarly highlights the importance of early active audience research as emphasising that “viewers have voices and critical perspectives...which deserve attention” (1996:64). Active audience theory was also key in focusing on the pleasures offered to the audience by the text (Katz 1996:10). Both of these considerations remain relevant to an analysis of the responses of those who have experienced psychosis to film representation.

The work of John Fiske is central to the active audience tradition. It can be understood as a reaction to previous work addressing media influence. Fiske’s work foregrounds audience empowerment, creativity, rebellion and opposition to dominant readings and emphasises “processes of sense-making” (Dahlgren 1998:299). Fiske argues that the film audience “may well be relatively more powerless than the television audience”, thereby validating an examination of it (1987:74). He focuses on subcultures and the way in which they apply their own interpretive frames to the deconstruction of media texts. As my research is concerned with a group that might be considered to be a ‘subculture’ his work is particularly relevant. It is important to consider how those who have experienced psychosis might be considered a subculture; they conform to Richard Kahn and Douglas Kellner’s definition by being a subset of the dominant culture and by instituting new grammars and meanings in order to interpret the world (2003: 299). In certain respects, however, they do not conform to standard definitions. Kahn and Kellner define subcultures as youth cultures which concern themselves with “the cultural novelties of the day” (2003: 299). Martina Bose emphasises the historical emphasis placed on subcultural style “as a symbolic response to social exclusion” (2003:169); neither of these subcultural aspects are relevant to my respondents. It is also arguable whether those who have experienced psychosis consistently challenge the social order by being politically resistant or activist, although, as David Muggleton and Oliver Marchant point out, this aspect of subculture is generally “reified” to become “heroic” or “romantic” (2000:23, 2003: 85). Those who have experienced mental illness do not notably strive for media attention and are not appropriated by the culture they attempt to subvert (Kahn and Kellner 2003:299).

The relevance of considering those who have experienced psychosis as a subculture is important in respect of power. Baldwin et al argue that the concept of subculture is concerned with “the

division of culture” (1999:317) and that “subcultures are intimately connected to issues of power and struggle” (1999:316). Dick Hebdige similarly considers that what subcultures express is “a fundamental tension between those in power and those condemned to subordinate positions and second class lives” (1995:130). Mental illness can, therefore, be considered to be a subculture formed as a consequence of the effect of culture upon individual lives and of social inequality on the individual (During 1999:1). Baldwin et al refer to “the idea of culture as a ‘way of life’” (1999:112) and point out that “those living at the extremes of society...are perhaps very different in their ways of life from the broad mass in the middle” (1999:327).

It is also important to consider associations between deviance and subculture in respect of those who have experienced psychosis. Baldwin et al stress that “the assumption that subcultural adherents are in some sense ‘deviants’ from the mainstream culture or different from the ‘rest of us’” has been historically present in work on subcultures (1998: 317). Diana Sweeney and David Pollard link deviance with a medical model pointing out that mental illness can be culturally categorised as a health issue and a subset within culture (2002:2); they do acknowledge, however, that this tends to ignore the “broad scale of diversity” encompassed by mental illness (2002:3). Muggleton emphasises that subcultural identity is characterised by similarity, not difference and that members often come from different backgrounds but “hold similar values that find their expression in shared membership of a particular subculture” (2000:31). Sweeney and Pollard, however, point out that the ephemeral nature of mental illness means that sufferers do not form a cohesive subcultural group (2002:5). They argue that this is a further reason why those who experience mental illness are not a typical subculture:

The suggestion that subcultures construct identities relative to the dominant culture assumes that, at some level, there exists an element of choice. This all but ignores the plight of the mentally ill, whose world is possibly at odds with their ability to choose (2002:3).

They argue that being a member of this particular subculture is not always desirable and that the mentally ill tend to “seek freedom from their isolation and find a supportive culture” (2002:6). Sweeney and Pollard consider that, for the mentally ill, “affiliation with their subculture is difficult to muster because the markers that define their specific grouping are either impossible or too uncomfortable to interpret”. This means that the desire to fit in “may well vanquish conscious link (sic) to their own cultural subgroup” (2002:5).

Fiske’s work is notably positive about the ability of subcultures to counteract dominant discourse; my study examines whether this is the case with those who have experienced psychosis:

Despite generations of life under the hegemony of capitalism there is still a wide range of social groups and subcultures with different senses of their own identity, of their relations to each other and to the centres of power. Divergent and resistant subcultures are alive, well and kicking, and exerting various forms of pressure and criticism upon the dominant ideology of Western capitalist society (1998:194).

Fiske’s work on subcultures references Foucault’s work on individuation (1990); he considers that subcultures display “bottom up individuality” which opposes individuation or “top down power at work”. This “bottom up sense of identity” is “the product of a person’s history, of family ties and continuities, of relationships with friends or community groups, or choices in leisure time activities” (1993:68). Fiske equates subcultural pleasure with the popular; this is an association that will be questioned in Chapter 6 (p225):

Popular pleasures must always be those of the oppressed; they must contain elements of the oppositional, the evasive, the scandalous, the offensive, the vulgar, the resistant. Pleasures offered by ideological conformity are muted and hegemonic; they are not popular pleasures and work in opposition to them (1989: 127).

Fiske considers that texts are popular because they invite large audiences from diverse subcultures who seek to “resolve textual contradictions” (1998:194). This view is shared by Austin who argues that “films succeed commercially primarily because they are pleasurable and meaningful for viewers”; the pleasures they offer cannot be reduced to a simple formula (2002:3). Tamar Liebes and James Curran believe that “media images consumed by majority audiences” bear the imprint of minority group members “as long as tell-tale labels are safely removed or hidden from sight” (1998:93). According to Fiske pleasure is achieved via “evasion, or at least a negotiation, of dominant ideological practice, the ability to shake oneself free from its constraint”. He sums this up as the pleasure/power to be different (1987:234) and argues that “counterknowledges can never be repressed entirely” (1994:217). Fiske utilises de Certeau’s (1984) analogy between power as an occupying army and the “subjected peasant” as a “guerrilla fighter” to illustrate how subcultures operate:

The weak can and do attack the powerful as guerrilla bands attack the occupying force. These attacks are fleeting, opportunistic; they are mounted when weaknesses are spotted, when gaps in the army’s deployment of force can be exploited. Armies move by strategy, guerrillas by tactics; power bloc control is strategic and is challenged by the tactical raids of the people (1993:68).

Fiske emphasises that media texts can never be successfully controlled– if this were the case social change would not occur (1998:201). He uses the term ‘excorporation’ to define “that process by which the powerless steal elements of the dominant culture and use them in their own, often oppositional or subversive interests” (2009:568). He also draws upon Eco’s theory of aberrant decoding (1972) to argue that because mass communications are decoded by a spectrum of varied groups then aberrant decodings should be considered the norm (1987:65). Chapter 6 shows that textual decodings are characterised by evasion and counter-knowledge. Respondents employ ‘excorporation’ to construct readings which are characterised by their private and resistant nature but which do not necessarily reflect Fiske’s view that the oppositional is scandalous, offensive or vulgar.



Matt Hills points out that Fiske's work is subject to criticism for "romancing the subordinate" (2005:65). He argues that the concept of subcultures is vague, questioning their ontology and status (2005:134) and the artificial distinction between mainstream and subcultural:

The general public or the mainstream are assumed to be monolithic, degraded and inauthentic exemplars of commercial conformity or 'straightness'. By contrast subcultures are represented as 'resistant' artful and 'authentic' to the very extent that they are set apart from their imagined others (2005:127).

This dichotomy is a reminder that a measured approach is important in audience work and perhaps explains why Fiske's work has been subject to criticism and counter argument. Gripsrud considers that Fiske takes the notion of audience resistance to "the point of caricature" (2002:58) and Barker refers to his "less guarded moments" where the creativity and resourcefulness of the audience are celebrated, to an unrealistic level, in relation to simplistic media texts (1998:221). Jenkins' view that "readers are not always resistant; all resistant readings are not necessarily progressive readings; the "people" do not always recognize their conditions of alienation and subordination" acts as a corrective (1992:34). Cornel Sandvoss considers that whilst Fiske "pays close attention to those on the receiving end of cultural hegemony" he fails to pay sufficient attention to "the origins of hegemonic power" and 'the interplay of society, culture and economy" (2005: 14). David Miller and Greg Philo also take issue with Fiske as "the best known advocate of popular culture" (2001:7). They dispute his central belief that popular culture offers resistance to dominant ideology and are critical of his emphasis on audience pleasure, believing that this distracts from "the text, the real world and key issues on the power and impact of media messages" (1996: xiv). They challenge the view that popular culture is empowering, arguing that there is "a fateful confusion in the work of the populists, which is that they confuse the culture of the people with the products provided by capitalist corporations" (2001:8). They consider that there is ample evidence in their own work (including the representation of psychiatric illness (1996)) to show that beliefs can be influenced by media messages (2001:2). This is later reiterated by Philo who argues that the active audience model "underestimates the power of the media in shaping "taken for granted beliefs"" (2008:541). Philo and Miller also express concern that types of resistance, ranging from student uprising to the casual consumption of popular media are bracketed together indiscriminately (2001:8). They conclude that when much work on

audience pleasure is analysed it has little to say about popular culture beyond the assertion that people like it (2001:10).

Notably Fiske later reconsidered his early work to conclude that what the media produce is not without social significance (Gripsrud 2002:58). He acknowledges power inequalities and questions a Foucauldian theory of power as sometimes allowing “us to ignore the fact that some interests benefit more than others from its operations” (1993: 254). Fiske considers that whilst opposition might be regularly articulated in response to media texts, powerful discourses still influence preferred readings. He considers textual analysis that affords subordinate groups opportunities to “generate their own cultural experiences and position, meanings that serve their interests, and not those of cultural domination” to be a way of addressing power imbalances (1998:202). This has great relevance to my own study which testifies to the way in which individuals who have experienced psychosis negotiate their own meanings and use film texts for their own specific ends (see Chapter 6).

Jenny Kitzinger’s work is characterised by its recognition of both the significance of media texts and audience resistance. She acknowledges the active interpretation of media forms and that media consumption is, ultimately, for personal pleasure or purpose; her emphasis on the active audience reflects its centrality within the audience tradition. At the same time Kitzinger stresses the paradox of the media’s enduring power in shaping the audience. The purpose of her research is to “attend to potential influence” and to focus on how the mass media defines and may even possibly transform social issues and exert influence upon audience members (2004:28). She considers that “at its boldest, active audience research can sometimes suggest that questions of media influence are irrelevant or, at best, impossible to research” but that meaning production is so obviously inflected by the life experiences that individuals bring to the text that attempts to make generalisations are “misguided or at least doomed to failure” (2004:24). Livingstone argues that theorising about media influence has been condemned as a “messy pot pourri with inconsistent or inconclusive conclusions” (1999:66); Kitzinger considers that this is why researchers have tended to avoid it (2004:24). She concludes that it is possible to track “how specific media coverage can tap into pre-existing cultural images, experiences and expectations in ways that provoke powerful responses” (2004:31). Kitzinger emphasises that “in spite of and

sometimes even because of...audience engagement, the media can have a very powerful role in defining, maintaining and even transforming the way we see the world” (2004:31).

In addition to a consideration of both media influence and audience activity my study is concerned with the cultural positioning of those who have experienced psychosis. The next section of the chapter will consider the reaction of cultural studies to textually focused audience work and audience theory which has emphasised the individual.

## **CULTURAL STUDIES**

There is no single definition of cultural studies; Hall considers it has never been wholly unified in its approach:

Cultural studies has multiple discourses; it has a number of different histories. It is a whole set of formations; it has its own different conjunctures and moments in the past. It included many different kinds of work. I want to insist on that! It always was a set of unstable formations (1996: 263)

Oliver Marchant argues that cultural studies “shifted the focus of social research towards what is sometimes called the ‘micro-politics’ of everyday life” (2003:83) and During that it provides “space for, and knowledge of, the multiple audiences and communities who, in various combinations, vote, buy records, watch television and films, etc. without ever fitting the “popular”, “ordinary” or “normal” (1999:20). It is Hills’ definition of cultural theory as “typically an act of engagement with the here and now, or at least with what matters to people” which informs my research focus (2005:176). Barker argues that “one of the big gains of the cultural studies tradition was its recognition that what the media...produce are complex symbolic objects” whose social significance cannot be understood without focusing upon reception (2000:177). The value of “the cultural turn”, according to Ross and Nightingale, is that it questions “the assumptions of cultural uniformity adopted by mass media” and “documents the media practices, activities and passions of people who make up only small sections of the mass audience and whose interests are overlooked in the search for commercially viable audience

segments and niches” (2003:108). In this respect it has the potential to produce knowledge which contests dominant discourse and is relevant to my own study. Ross sees the cultural studies model of audience theory as a reconfigured version of uses and gratifications; reaction against uses and gratifications was partly responsible for what she calls the “powerful anti-individualist argument which positioned media research within a theory of popular culture and proposed that audiences are culturally constructed and their interpretations of media texts informed by sociocultural experiences rather than by individual whim” (2003:13). Cultural studies moved away from political economy, emphasising instead “textual pleasure, the personal and politically dispersed resistances to popular culture and the insistence on the polysemic nature of texts” (Livingstone 1996:52). It remained concerned with the interface between text and audience, provoking debate about their relative influence. James Hay argues that although cultural studies questioned the Marxist conception of production and transmission it still relied upon a textual explanation of meaning (1996:368). Lothar Mikos considers that it marked “a shift from an understanding of text rooted in literature and/or film studies towards an understanding rooted in media and cultural studies”. The pertinent question was no longer “What is a text as the work of an artist?” but rather, “What is a text, when considered as a social object?” (2008:210). Hartley recognises a change in emphasis from text to audience so that “the proof is sought in the eating, not in the pudding” (1996:225). He considers that the shift in critical attention from ideological effect to audience is key “since it is at this point that meanings generated in and by media discourses actually go live socially, where textual and social power intersects, and where the distinction between them is meaningless” (1996:225).

Fiske cites Hall’s ‘Encoding/Decoding’ paper as an early theoretical attempt to account for both culture and textual positioning (1987:64). Nightingale considers that “Hall set the challenge for researchers to address both textual production/structure and audience response when interrogating the hegemonic power of the media (1996:57). Barker sees Hall’s model as “surpassing” effects theory because it takes account of the text and improving upon uses and gratifications because it stresses “the ideological role that text could have” (1998:92). Hall’s model was not unidirectional as these two models had been. It embraced aspects of ideological theory, assuming that the media was “a regulatory regime for maintaining social control” whilst also recognising the audience’s ability to contest dominant ideas. Discursive spaces were created in the interaction between audience and text where “contested ideas could be explored” (Ross

2003:13). Hall did not see culture as “something imposed upon a helpless populace, but as a site of struggle” where contest “over meaning was not just a reflection of the social struggle but a part of it” (Fiske and Dawson 1996:310, Austin 2002:15). Hall cautions, however, that:

We must recognize that the discursive form of the message has a privileged position in the communicative exchange (from the viewpoint of circulation) and that the moments of ‘encoding’ and ‘decoding’ though only ‘relatively autonomous’ in relation to the communicative process as a whole, are determinate moments (2003:52).

He acknowledges the possibility of oppositional readings but is wary of according them status emphasising, instead, the privileged position of dominant discourse and warning against the danger of overstating reciprocal power: “Of course there will always be private, individual, variant readings. But selective perception is almost never as selective, random or privatized as the concept suggests” (2003:60).

Hall’s emphasis upon the centrality and ideological potential of the text is subject to criticism. Barker questions whether all texts can be assumed to be ideological in intent (1998:94) and Austin considers Hall to lack discrimination in his uniform treatment of texts (2002:17). Barker also considers that Hall’s overemphasis on the ideological ignores other factors that might influence reception, such as the pleasures texts offer (1998:94). Jenkins argues that Hall “tends to imply that each reader has a stable position from which to make sense of a text rather than having access to multiple sets of discursive competencies by virtue of a more complex and contradictory place within the social formation” (1992:33). Notably Hall also criticises his own early work for assuming “too close a fit between encoding and an unproblematic message” (Austin 2002:17).

Umberto Eco’s work, like Hall’s, considers the interface between audience and text. Eco defends the central importance of the text, arguing that audience power is easily overstated. Whilst encouraging close scrutiny of both the text and responses to it Eco argues against treating all readings as ground breaking. Eco accepts that certain texts, (which tend to be literary), invite multiple readings but considers that only initiated readers achieve this. He refers to two categories of readers, “naïve” and “smart”: only the second group is able to respond on a sophisticated level (1985). Eco does not accept the claim that popular texts invite multiple

readings, believing that they allow only a standard response. He also questions the ability of audience members to articulate an accurate response, arguing that there is a difference between what is reported and what is actually understood (1974). Nightingale considers that “Eco’s warning about the short-sightedness of inferring that what is said by the audience is in any direct way an indication of what is understood remains unheeded” (1996:99).

Work on the relative importance of both text and audience was supplemented, in turn, by an ethnographic approach which foregrounds “the things people say about media texts, the reasons they give for the opinions they hold; the discourses the texts generate and the rationales they develop to explain the importance (or not) of particular media materials in their lives” (Ross and Livingstone 2003:107). This culturalist strand “involves a view of media use as in itself a significant aspect of everyday life” and is a key aspect of my own study (McQuail 1007:19). Historically the turn to ethnography was important in validating textual meaning in respect of popularity and pleasure. The concept of pleasure became an important focus for cultural theorists (see Hobson 1982, Ang 1985) who picked up on Raymond Williams’ term “the structure of feeling”. Nightingale argues that “‘structure of feeling’ became a means to an end of explaining consumption- why the texts were considered pleasurable – rather than a way of understanding culture” (1996:48). Williams describes “structure of feeling” as a “very deep and wide possession in all actual communities” upon which “communication depends” (2009:37). It is not formally learnt or uniform amongst individuals but is:

A particular sense of life, a particular community of experience hardly needing expression, through which the characteristics of our way of life that an external analysis could describe are in some way passed, giving them a particular and characteristic colour (2009:36).

Williams considers that “almost any formal description would be too crude to express this nevertheless quite distinct sense of a particular and native style” (2009:36). He emphasises that “structure of feeling is the culture of a period”; it is made apparent by contrasts between generations, who never talk “quite the same language” and in “accounts of our lives from outside the community” (2009:36). The variation in “feeling”, which results from historical context, inevitably influences both the encoding and decoding of the text. It is apparent that “structure of

feeling” is an important aspect of textual pleasure for those who have experienced psychosis, both in respect of film texts that do not feature psychosis and those that do (see Chapter 6).

Another important aspect of the ethnographic “turn” was “the focus away from the moment of textual interpretation...toward the contextualisation of that moment” (Livingstone 1998:239). David Morley considers context to be as important as the object of viewing; it incorporates the reach of texts, including cinema and home viewing (1991:5). Morley focuses on power in “sense-making units”, which range from households and friendship groups to transnational communities (McKee 2003:101). He also foregrounds the influence of physical spaces such as “the sitting room” considering them to be “the site of some very important political conflicts – one of the principal sites of the politics of gender and age” and “exactly where we need to start from if we finally want to understand the constitutive dynamics of abstractions such as ‘the community’ or ‘the nation’” (1991:12). The relative importance of sense making units and physical spaces will be considered in Chapter 6 in relation to those who have experienced psychosis (p235).

Nightingale considers that Morley’s ethnographic research revealed the interaction between audience and text “to be of a more complex nature than had previously been imagined – an extremely significant finding” (Nightingale 1996:67). Despite growing sophistication and the incorporation of increasingly complex parameters, however, ethnographic research remains subject to criticism on the grounds of validity (Nightingale 1996:87). Ien Ang appraises its strengths and weaknesses, acknowledging its importance in providing greater insight in to both our own and the lives of others but also its lack of systematicity and generalisability (1996:251). She focuses on a need to dispense with seeing ethnography as “realist knowledge” and to accept that it is, of itself, a discourse which must be considered as a form of storytelling or narrative (1996:255). Ang sees danger in over-privileging audience interpretation which must be offset by an acceptance that ethnographic interaction creates a new text. Jane Feuer similarly argues that ethnographic research cannot escape interpretation; the ethnographer replaces the text with another textual construct, this time of the audience (1996:28). Austin emphasises that “producing identities in audience research should be acknowledged and interrogated rather than be quietly ignored.” He considers that attaining “transparent unmediated access to respondents’ states of mind or emotion” is to ignore context (2007:134). Hartley argues that the concept of the

audience can be romanticised in ethnographic research. He considers that the audience should not “be imagined in terms of individuals with identities, experiences, motivations or personalities” as by doing this the researcher runs the risk of “deifying” the audience or turning them in to the “other” (1996: 226). These warnings about treating ethnographic work as an unmediated text are clearly relevant to my own study and have been assimilated. At the same time it is notable that whilst acknowledging the pitfalls of ethnographic research dominant figures within the tradition defend it as a methodology. Barker argues that its strength is that it can test rather than simply make deductions (1998:131) and Morley considers that “techniques of empirical research remain a fundamentally more appropriate way to attempt to understand what audiences do ...than for the analyst to simply stay home and imagine the possible implications of how other people might” consume texts (1996:319). I consider that my close interaction with those who have experienced psychosis gives me greater insight in to how they interact with film texts which feature psychosis at the same time as acknowledging the artificial constraints of the research context.

Ethnographic research developed in tandem with the postmodernist and post-structuralist approaches which will provide the focus for the next section of the chapter.

## **POSTMODERN/POST-STRUCTURALIST APPROACHES**

Postmodernism and post-structuralism will be considered as closely related disciplines. Due to the scope of this thesis I have restricted my discussion of the distinctions between them. Ben Aggar argues that, “a brief discussion of the main ideas of poststructuralism assumes that we can cleanly separate poststructuralism from postmodernism. Unfortunately we cannot” (1991:111). He considers “the lack of clear definition reflects the purposeful elusiveness of work that can be variously classified as post-structural/and or postmodern” (1991:112). Aggar distinguishes between post-structuralism as a theory of language and postmodernism as “a theory of society, culture and history” (1991:112). Of key importance is that both reject “the possibilities of presuppositionless representation, instead arguing that every knowledge is contextualized by its historical and cultural nature” (1991:117).



Post-structuralism is associated with both literary and cultural texts and “celebrates fragmentation, difference, the dissociation of sign from reference, text from readership” (Hartley 1996:221). It argues that texts do not contain intrinsic messages; there can be no single interpretation of meaning or guarantee that a textual message will reach its intended audience. Hall’s definition of post-structuralism moves beyond the text to incorporate social power:

In the post-structuralist position structural unity and identity are always deconstructed, leaving in their place the complexity, contradictions and fragmentation implied in difference. There are no necessary relations, no correspondences...What something is...is only its relation to what it is not, its existence in a nominalist field of particular others. Any structure or organization is to be dismantled; one can build neither theory nor struggle upon it. With any unitary nature denied, society can only be seen as a network of differences within which power operates ‘microphysically’ (ie absolutely non-hierarchically)...This is a theory of necessary non-correspondence in which the lack of identity and structure is guaranteed, in which there can be no organisation of power (1996:155).

As one of the central tenets of postmodernism is the questioning of structures or patterns it is easy to see how the terms post-structuralism and postmodernism conflate (Aggar 1991:116). This is, perhaps, why Foucault, whose work is key in relation to my study, is often claimed by both “camps” (Aggar 1991:111). Foucault might be considered postmodern because he moves away from a linguistic definition of discourse to a model that is concerned with cultural practice and “the sociology of social control” and post-structuralist as he rejects “clean positivist definitions and categories (Aggar 1991:112). Foucault, however, rejects postmodern and poststructuralist labels to offer discourse analysis as a way of perceiving the sociocultural world. The ongoing relevance of his pluralist approach to my own area of research is evidenced by Faulkner and Thomas who criticise Evidence Based Medicine as “a modernist backlash against post-modernism” and assert that “medicine is now practised in a post-modern context” (2002:1). Their desire to address issues of power and promote multiple discourses, including those of service users, can be interpreted as Foucauldian.

Hartley, however, expresses reservations with postmodern and specifically Foucauldian theory which he feels questions links between textual and social power but falls short of offering explanations. He is frustrated by what he considers to be “contending and incommensurable theoretical approaches” which face “real difficulties in isolating a coherent object of study” (1996:223). Hall, despite his assertion that his preferred term ‘ideology’ and Foucault’s term ‘truth’ are interchangeable, expresses the same reservations about Foucault’s propensity to ‘resolutely suspend judgement’ expressed on page 18 (1996:36). He questions the concept of discourse which can be endlessly interpreted:

Potentially discourse is endless; the infinite semiosis of meaning. But to say anything at all in particular, you do have to stop talking...The politics of infinite dispersal is the politics of no action at all.” (Hall 1987: 45).

McKee, however, defends a post-structuralist approach, refuting the charge that “anything goes...or that any representation is as acceptable as any other.” He argues that, conversely, post-structuralism determines “what were and what are the reasonable sense-making practices of cultures” (2003:19). Similarly Sandvoss refers to the possibility of endless meaning and introduces the term ‘neutrosemy’ to “describe the semiotic condition in which a text allows for so many divergent readings that, intersubjectively, it does not have any meaning at all ” (2005:126). Like McKee he does not consider that this leads to dissolution of meaning but that “the notion of neutrosemy provides us with a useful analytical tool in conceptualizing profound cultural changes. It equips us to explore whether in the practice of fan consumption, texts are emptied of meaning and take on a mirror like function” (2005:127). The value of a postmodern/post-structuralist approach to my study is that it enables a multi-perspectival examination of key issues. It is also valuable in bringing to bear a critical focus upon other methodologies I might otherwise have employed less reflectively. Paula Saukko considers that a tension exists between ethnographic and post-structuralist research approaches:

The new ethnographic quest to be truthful to the lived realities of other people runs into a contradiction with the post-structuralist aim to critically analyse discourses that form the very stuff out of which our experiences are made (2003:15).

Similarly Aggar argues that “the poststructural critique of language casts doubts on ethnographies which rely on subjects’ accounts of their own experiences as if these accounts, like the accounts of experts are not already encoded with undecidable meaning” (1991:126). This tension must be observed in relation to my research by accepting that the accounts of those who have experienced psychosis are situated within wider fields of discourse including the interview process itself.

## **CONCLUSION**

The increasing complexity of audience work is apparent when undertaking a study in this field. Nicholas Abercrombie and Brian Longhurst argue that a growing body of research indicates “audience responses are becoming more differentiated and “may also be increasingly labile – moving rapidly between different positions over time and between different reception settings” (1998:34). For Mikos audience studies become increasingly important “as both texts and society become more differentiated” (2008: 212).

The interface between text and audience remains central to audience research. Livingstone argues, “if we see the media or life events as all-powerful creators of meaning, we neglect the role of audiences; if we see people as all powerful creators of meaning we neglect the structure of that which people interpret” (1998:26). In her opinion, the importance of audience research is “the interrelation of the two”. Livingstone is concerned with both how “people actively make sense of structured texts and events” and how “texts guide and restrict interpretation”(1998:26). Similarly Corner argues, “the researching together of interpretive action and textual signification is still the most important thing for audience research to focus upon” (2000:19). Barker, is pessimistic in his summation that “we determinedly carry on with textual analyses or we study

audiences – but the chances of finding any real link between the two are minimal” (2000:188). His negative stance acts as an incentive to focus upon the moment of interpretation. Livingstone considers “a thorough analysis of the moment of engagement between text and reader, while recognising that this moment itself must be understood within a more ethnographic framework” to be a fundamental aspect of audience work (1998:8).

I intend to examine belief formation and assess interpretation by observing the interaction between those who have experienced psychosis and the film texts that depict it. In order to do so I will draw upon audience theory that considers subcultures, media influence, audience activity and the cultural positioning of respondents. I am aware that my study must reconcile certain theoretical approaches. It is concerned with the text in that it investigates where, when and how film texts featuring psychosis came to be produced and for whom (see Chapter 5); it acknowledges their complexity and recognises what Barker calls their “politically salient” and “culturally sensitive” nature (1998:12). My study is governed by the awareness that “people do still encounter texts and the world and parts of these encounters make differences in lives” (Staiger 2005:20) but moves beyond the text to consider the meanings produced or reproduced by specific audiences (Livingstone 1998:36). It heeds the advice of Staiger that, “to discount radically the experiences of media would be obstinate” (2005: 2) but does not assume media effect aiming, instead, to discover how texts featuring psychosis might enter into the culture of those who have experienced it. I draw heavily upon Foucault’s discourse approach and his work on individuation in the awareness that a post-structuralist approach which looks at multi-strand discourses must be reconciled with an ethnographic study that examines lived experience.

The following chapter will set out a discussion of the methodological framework that will be employed in this study.

## **CHAPTER 3: METHODOLOGY**

### **INTRODUCTION**

The research questions that underlie this thesis relate to three key areas; in the first instance I ask what factors influence the naming of clinical psychosis; in the second I ask what factors influence the nature of the filmic representation of psychosis and in the third I ask what those who have experienced psychosis make of its filmic representation. This chapter will set out the methods I have chosen to explore these questions. The purpose of the study is to relate the responses of those who have experienced psychosis to the representation of psychosis in film texts. I wish to explore the experience of psychosis and its interface with screen representation and in doing so pay attention to voices which I consider to be presently silenced. Deacon et al argue that it is particularly difficult to retrieve certain voices (2007:31) and the absence of user groups in research is well documented (Barnes et al 1999:67, Clough and Nutbrown 2002:45). By using the qualitative techniques of interviews and the analysis of recorded speech I hope to explore “people’s subjective understanding of their everyday lives” (Pope and Mays 2006:6). I also hope to contribute to the body of knowledge about people that live with mental illness, supporting Steiner Kvale’s assertion that a central research aim is “to contribute knowledge to ameliorate the human condition and enhance human dignity” (1996:109).

My choice to work with people who have experienced and continue to experience psychosis means that I have had to ensure that specific ethical concerns are addressed. The Economic and Social Research Council Research Ethics Framework states that, in the first instance, “research involving primary data collection will always raise ethical issues that must be addressed” (2005:2). In addition research involving “vulnerable groups” and “sensitive topics- for example... mental health” is considered to involve more than minimal risk (2005:8). The Cardiff University Safeguarding Children and Vulnerable Adults Policy document (2010) defines a vulnerable adult according to Section 115(4) of the Police Act 1997; this considers a vulnerable person to be someone who has an impaired ability to communicate, is susceptible to physical abuse or is in danger of having their “will or moral well-being...subverted or overpowered” (2010:6). Risk is

defined in the Ethics Framework as referring to “the potential physical or psychological harm, discomfort or stress to human participants that a research project might generate” (2005:21). It is considered to be “especially pertinent in the context of health related research” where it could potentially affect “a subject’s personal social standing, privacy, personal values and beliefs, their links to family and the wider community, and their position within occupational settings” (2005:21). A major consideration in carrying out the research, therefore, was to minimise any personal harm to this potentially vulnerable group. To this end I ensured that “the ethical principles of integrity, honesty, confidentiality, voluntary participation and impartiality” informed my study (2005:26). One of my inclusion criteria was that respondents gave a signed record of informed consent (see Appendix p342). I also ensured that I had a Criminal Records Bureau certificate in place at the time of the interviews. As “responsibility for ensuring that research is subject to appropriate ethical review, approval and monitoring” from “the institution seeking or holding an award with the ESRC” I ensured that my application to work with vulnerable adults was subject to full ethical review from the relevant bodies at Cardiff University. Explicit authorisation was obtained from the JOMEC School Research Ethics Committee and a further University external committee who ensured that research procedures complied with the Mental Capacity Act 2005.

My study incorporates both an audience and a textual focus. Justin Lewis argues that “if we are concerned with the meaning and significance of popular culture in contemporary society, with how cultural forms work ideologically or politically then we need to understand cultural products (or texts) as they are understood by audiences” (1991:47). By coupling the analysis of film discourse with its reception I hope to supplement work in the field of media reception. Richardson emphasises that very little work of this kind has been carried out. She sees its value as “analysing more clearly how ‘comprehension’ is produced and how it is put to use within the informational and evaluative frameworks which viewers possess” (1998:247).

By focusing upon film I pay attention to a key media form that might have a mediating potential and aim to add to work on the representation of psychosis that has been concentrated in broader media areas, namely newspapers and, to a lesser extent, television, (see Clarke 2004, Bithell,

2010). The study incorporates textual analysis of films that feature psychosis but also reflects upon the institutional framework in which they are made. It is not limited to representation and response but is positioned in a wider framework that considers the discourses that underpin society's understanding of psychosis and how these shift between cultural sites. In order to examine cultural perception my study incorporates a discourse analysis of the policy documents that surround the naming of clinical psychosis, including the classificatory principles behind DSM IV (1994), ICD10 (1992) and The Wales Mental Health Measure (2010).

My research is positioned in the field of cultural studies. Paula Saukko argues that three different strands govern a cultural studies approach: an interest in lived experience, an analysis of discourse and an awareness of social context. She considers that methodological tension exists between these strands (2003:19). The chapter will examine my chosen methods and any potential tensions between them. It will begin with an examination of textual analysis before moving on to consider discourse analysis and post-structuralism. The chapter will conclude by addressing the ethical considerations involved in interviewing a population who have experienced psychosis.

## **TEXTUAL ANALYSIS**

A focus upon "the purposes and positions of texts and practices" is central to my work (Clough and Nutbrown 2002:25). I employ textual analysis in three distinct areas: an analysis of policy documents that focus on the naming of psychosis; an analysis of film texts which feature psychosis and an analysis of the transcripts recording the observations on film made by those who have experienced psychosis.

McKee considers texts to be crucially important as objects of study as their material reality "allows for the recovery and critical interrogation of discursive politics in an "empirical" form" (2003:15). He views textual analysis as a way for researchers to "understand the ways in which members of various cultures and subcultures make sense of who they are and of how they fit into the world in which they live" (2003:1). Fairclough also argues that texts are important sites for

negotiating forms of the self, particularly in areas of “doubt or contestation” (1995:7). By analysing both text and response I hope to provide insight into how those who experience psychosis construct their identity.

Fiske sees textual analysis as a crucial part of a cultural studies approach, arguing that “the textual struggle for meaning is the precise equivalent of the social struggle for power” (1986:392). Saukko also acknowledges the centrality of the text in cultural studies, to the extent that she questions whether the text has become a reductive paradigm (2003:99). She emphasises that a cultural studies approach is not concerned with a text’s formal or aesthetic features so much as “the way in which cultural texts emerge from and play a role in the changing historical, political, and social context” (2003:99). Fairclough also emphasises context, considering the text to be “a major source of evidence for grounding claims about social structures, relations and processes” (1995b:209). He recognises an on-going fluidity of identity definition and redefinition between key power players such as professionals and the public which manifests in the text (1995:209) and acknowledges the potential of “causal ‘powers’” including “social structures and...practices” and “social agents, the people who are involved in social events” to shape the text (2003:22). Fairclough places more emphasis than Foucault on the potential ideological function of a text, viewing it as a political document. He argues that texts occasion causal effects and that although cause-effect patterns may not be regular this does not mean that they do not exist. He considers that texts have the capacity to “bring about changes in our knowledge...our beliefs, our attitudes (and) values” (2003:8). Fairclough considers that the nature of effect is contingent upon:

Which strategies in a field of strategic struggle are selected and retained, become hegemonic, whether and to what extent they are recontextualized in new social fields and across different social scales, and whether and to what extent and in what forms they are operationalized – enacted in new ways of (inter) acting inculcated in new ways of being and identities, and materialized in the physical world (2007:12).

Foucault’s work emphasises context; he sees the text as an aspect of discourse and, therefore, diagnostic of issues of power and identity. Foucault moves away from ‘ideology hunting’ in the



text to focus upon “patterns, series, hierarchies in language that position people within certain roles and ways of thinking” (Matheson 2005:10). His concern lies with discerning the rules which ‘govern’ bodies of texts and utterances’ (Fairclough 2003:123). I intend to adopt a Foucauldian stance in relation to text and context throughout my thesis.

The first key textual aspect is the analysis of policy documents. Fairclough argues that it is not only through media “that social control and social domination are exercised and indeed negotiated and resisted (1995b: 209) and Macdonald that discourse acknowledges more readily than other analytical concepts that the media are now at best partial originators of ideas and value” (2003:2). I have focused upon the introductions to the classificatory manuals *DSM IV* (1994) and *ICD10* (1992) as they are key in the naming of psychosis. In addition I have examined *The Wales Mental Health Measure 2010* in order to consider the implementation of current practice in a local setting.

The second area of textual analysis is of film texts featuring psychosis. My decision to focus on film is influenced, in part, by an awareness that compared to other media forms it has not been as extensively researched. Pirkis et al argue that “many studies” from different countries have covered television portrayal whilst “fewer studies” have chosen film as a focus (2006:528). I also recognise film to be a specific aspect of the media and prefer to approach it as such. Haran et al note that there is a tendency, when people talk about ‘the media’ to elide difference between specific media forms such as newspaper, film and TV (2008:4/5). Kitzinger et al emphasise that “it is important not to generalise about ‘the media’ as if it were a single homogenous entity” and that it is vital to recognise “differences between diverse outlets” (2008:85). By engaging critically with film representation and addressing the challenges and opportunities specific to it as a media form I have attempted to challenge it. The inclusion of additional media forms, such as television, would necessitate an acknowledgment of additional and specific influences on representation. It is important to acknowledge the difference between the two media forms. Film, for example, tends to operate as a ‘star vehicle’ by focusing upon an individualised hero, whilst TV acts as an ‘ensemble’ vehicle; in this respect television might be considered to offer more opportunities for multiple representation. The ‘one off’ nature of film also suggests that it offers less opportunity for character development or ‘nuanced’ storylines. An article on the portrayal of

mental health in TV Soaps by Time to Change, an anti-stigma campaign run by the leading mental health charities Mind and Rethink Mental Illness, acknowledges that the narrative form of soap opera is particularly useful for the exposition of mental health representation because “mental health problems will manifest over a period of time and build in intensity, rather than develop and explode in the space of one episode” (<http://www.time-to-change.org.uk/media-centre/media-advisory-service/soaps-dramas>).

Whilst I have focused specifically on film I have not narrowed my focus within the filmic domain. I have incorporated a wide series of variables in to the study; these include genre, the political economy of production and debates surrounding ‘fact and fiction’. The corpus of film texts includes any example that features psychosis, either stated, or implied. The rationale for inclusion is texts that further the exploration of the representation of psychosis; variety and relevance are two important inclusion criteria. I have not placed restrictions on the range of content about which I wish to make inferences, for example the nationality or era of film. The sheer number of films featuring psychosis means, however, that “selectivity is inevitable” (Deacon et al 2007:206); samples should be seen as illustrative rather than strictly representative (Deacon et al 2007:46). This is a small, qualitative study; my aim is to provide an insight in to what is revealed by filmic representations of psychosis via a series of samples which have been “generated...informally and organically” (Deacon et al 2007:45). In adopting a cultural studies approach to the textual analysis of film I prioritise the intensive analysis of specific texts which are treated as individual instances of “more universal social experiences and social processes” (Denzin and Lincoln 2000:370).

Key searches informed by two different perspectives were carried out in order to identify relevant material. The first perspective was based upon film reference material, including the *Time Out Film Guide General Subject Index* (2007) which categorises material according to subject and contains cross referenced sections including: mental illness; mental hospitals and asylums; psychiatry/psychiatrists; psychopaths and serial killers; therapy and therapists. Internet searches were also conducted using the *IMDB General Film Database*. Key words used in searches included ‘psychosis’ and ‘madness’. Inputting ‘psychosis’ identified four hundred and

sixty eight potential films and also generated partial matches. These sub-divided psychosis in to categories including: paranoid psychosis; brief reactive psychosis; combat stress psychosis; fear psychosis; organic psychosis and religious psychosis and were revelatory of trends in film discourse. Partial matches were also useful in identifying how psychosis is employed in film – for example the use of ‘psychokinesis’ in the *Star Wars* franchise. The second perspective used to identify relevant material was to search databases compiled by medical personnel for teaching purposes. This approach links with Chapter 4, which examines discourse surrounding the naming of clinical psychosis. Internet searches were carried out using general sites such as [www.disabilityfilms.co.uk](http://www.disabilityfilms.co.uk) in addition to specific mental health sites such as [www.dartmouth.edu/~admsep/resources/cinema.html](http://www.dartmouth.edu/~admsep/resources/cinema.html) - (the acronym ADMSEP stands for the Association of Directors of Medical Student Education in Psychiatry). Psychosis is listed as a discrete category but may also be referenced as a subdivision of another category such as bipolar disorder or substance misuse. Classification proves to be inconsistent– *Mr Jones* (1993), for example, appears under multiple headings including “Boundary Violations” and “Bipolar Disorder”; such variation mirrors contestation in the naming of clinical psychosis in Chapter 4.

Once I had established an accurate picture of potentially relevant titles I began the process of obtaining and viewing texts which I felt might reveal something new about how the world works in respect of psychosis (Clough & Nutbrown 2002:9). I aimed for balance in my choice of texts (Stake 2000:447). Samples were generated purposively to “illustrate maximum variety”; I included examples that illustrated typicality but also examples that were extreme and deviant (Ryan & Bernard 2000:780). My choice of texts was also governed by issues of availability. I was hoping, throughout, for example, to obtain a copy of *Sybil* (1976) but was unfortunately unable to do so.

I then commenced an in-depth qualitative analysis of the textual material selected. This involved viewing, sometimes repeatedly and largely on DVD, although occasionally theatrically. Notes were taken throughout screenings and were then analysed and organised, using standard MS Office packages according to a series of headings which targeted what each individual film had to say about psychosis and the way it works in society. There was some standardisation in the

film analyses; each began, for example, with a plot synopsis and contained a detailed section on the filmic representation of psychosis. Close readings of the films identified themes and discursive strategies. I noted discursive regularities in addition to subversions and transformations; these were all documented under appropriate headings. I worked with the fluid nature of representation to produce an account of the most salient features of each film in respect of psychosis. Each analysis was different and was influenced by the film's historical context and inter-textual positioning. I was mindful, throughout, of "absence or silence" in respect of psychosis (Carabine 2001:281).

In undertaking textual analysis my aim was to go beyond underlying conceptions or propositions to consider generalised themes (Deacon et al 2007:120/183). Matheson recommends approaching the text in two ways: interpretively, looking for traces of "individual structures" in the surface of the text and also by tracking "patterns and links between texts" (2005: 10). I have noted relations in both synchronic and diachronic dimensions (Deacon et al 2007:182/191), observing Fairclough's argument that "texts...set up dialogical or polemical relations between their 'own' discourses and the discourses of others" (2003:128). Fairclough emphasises that whilst intertextuality results in an amalgam of discourse the rich nature of the text often means it contains mixed or hybrid discourses even before its relation to other texts is taken in to account. He recommends the inter-discursive analysis of texts in order to determine both the existence of discourse and how discourses are articulated together (2002:128). Fairclough draws upon the work of Bakhtin to illustrate how texts contain both conventional and original elements:

Any text is part repetition, part creation, and texts are sites of tension between centripetal and centrifugal pressures (Bakhtin 1981, 1986)...Centripetal pressures follow from the need in producing a text to draw upon given conventions, of two main classes; a language, and an order of discourse – that is a historically particular structuring of discursive text producing practice...Centrifugal pressures come from the specificity of particular situations of text production, the fact that situations do not endlessly repeat one another but are, on the contrary, endlessly novel and problematic in new ways (1995:7).

By including key historical texts in my analysis I have been able to assess patterns of representation over time, examine repeated themes and motifs and question links between representation and social attitude. Alan McKee sees the value of historical textual analysis as discovering “what were and what are the reasonable sense-making practices of cultures” (2003:19); Branston also recognises its importance in aiding insight in to hierarchy and the uneven distribution of power (2000:136).

There is debate about the influence of isolated texts. Fairclough argues that “a single text on its own is quite insignificant” and that “the effects of media power are cumulative” via “the repetition of particular ways of handling causality and agency” and “particular ways of positioning the reader” (1989:54). McKee, however, argues that specific texts can influence cultural change (2003:50); he acknowledges that the pace of change will not be rapid, as textual consumption is voluntary and the interpretive practices of a culture cannot be predicted (2003:5). Films such as *One Flew Over The Cuckoos Nest* (1975) might be considered to impact upon “sense-making practices in a culture” (McKee 2003:50); it is frequently cited in relation to the subject of mental illness (Hyler et al 1988) and is considered by Domino (1983) to directly affect attitudes towards it.

The basic unit of analysis in terms of filmic representation is whole texts as I feel it is important to consider films in their entirety in order to map narrative development and to note “conspicuous impressions” and patterns before comparison with other texts (Denzin 1989:231/2). I have, however, concluded the interviews with two film clips. Marcus Banks argues that “a study that incorporates images in the creation or collection of data might be able to reveal some sociological insight that is not accessible by any other means” (2007:4) and Clough and Nutbrown that exposure to a common text helps to establish a sense of the responses available (2002:4). Using the clips allowed me to employ aspects of Staiger’s framework for audience studies which asks, “What kinds of meanings does a text have? For whom? In what circumstances? With what changes over time? And do these meanings have any effects?”

(2005:2). Despite issues with portability, technology and time I consider the use of moving image to be worthwhile in a study of film. I have selected the opening sequence of *Spider* (2002) and *Mr Jones* (1993) from a wide range of potential films not because I consider them to be “accurate” or “empathetic” (Ritterfeld and Jin: 2006:247) but because I feel that they provide optimum contrast between ‘mainstream’ and ‘arthouse’ styles. The clips lend themselves to comparison of genre and national context of production. *Mr Jones* is a mainstream Hollywood romance directed by Mike Figgis and is a star vehicle for Richard Gere. *Spider* is described as a ‘thriller mystery’ on IMDB; it is a Canada/UK co-production with Ralph Fiennes in the lead role. The clips are also depictions of two different disorders that can feature psychosis, namely schizophrenia and bipolar disorder, providing variable relevance for my interviewees. I have prioritised opening sequences because they do not necessitate contextualisation and I consider that time pressures are an important consideration in extended interviews. Opening sequences establish location, genre, style and characterisation whilst key sequences featuring the main protagonist ensure that the audience understands who they are, that they are important and why (Parker 1999:127.) The opening sequences fulfill both of these functions. In both the central protagonist dominates and is in crisis, allowing important insights in to their “modes of knowing and feeling” and the nature of psychosis (Kitzinger et al 2008:14). I have not formulated specific questions in relation to the clips as I consider them to be rich enough to stimulate discussion without intervention, thereby necessitating less mediation.

My final area of textual analysis is concerned with the interviews generated by respondents in relation to filmic representations of psychosis. Matheson emphasises the importance of locating a text culturally. He considers textual representation to be part of a circle which includes: the moment of production; cultural identity; the regulation of identity by social institutions and textual consumption (2005:43). McKee also introduces the notion of a circle when he suggests that media texts draw on existing ways of making sense of the world; these are then interpreted by an audience and fed back into the texts that they produce (speech, writing, dress codes) to be fed back, once more, into mediated texts (2003:46). This final area of textual analysis foregrounds audience interpretation by exploring the views of those who have experienced psychosis in relation to films that feature psychosis.

Finally Fairclough points out that whilst “textual analysis can often give excellent insights about what is ‘in’ a text...what is absent...is often just as significant” (1995:5). My study is also concerned with “what is ‘unsaid’ but taken as given” (Fairclough 2003:40). This, in common with the other theoretical approaches included in this section, will be applied when considering all three aspects of textual analysis. Text is one aspect of a wider discourse framework which will be considered next.

## **DISCOURSE ANALYSIS**

In defining discourse analysis as the “attempt to show systematic links between texts, discourse practices and socio-cultural practices” Fairclough contextualises textual and discourse analysis as important and inter-related areas of methodology (1995a:16); he places particular emphasis on discourse practice which he defines as “the production, distribution and consumption of a text” (1995b:135). Fairclough argues that “two causal ‘powers’... shape texts: on the one hand, social structures and social practices; on the other hand, social agents, the people involved in social events” (2003:22). Fairclough draws attention to “hidden relations of power” which may potentially influence film content (1989:49). His work is associated specifically with Critical Discourse Analysis (CDA), which anchors “its analytical claims about discourses in close analysis of texts” (Chouliaraki and Fairclough 1999:152). Ruth Wodak and Michael Meyer define CDA as problem orientated, aiming to “demystify ideology and power through the systematic...investigation of semiotic data” (2009:3) whilst Allan Bell and Peter Garrett consider that CDA has “an explicit socio-political agenda” which reveals “the role of discourse in reproducing or challenging socio-political dominance” (1998:6). Clough and Nutbrown argue that “as all social research takes place in policy contexts of one form or another research itself must...be seen as inevitably political” (2002:12); my own study can certainly be perceived in this way.

Carabine links discourse with language, asserting that discourses are “variable ways of speaking of issues which cohere or come together to produce the object of which they speak” (2001: 269/273): my thesis is concerned with language, in respect of both extended examples of talk and text (Deacon et al 2007:313/14). Dave Harper defines discourse analysis as, “a reactive, recursive and interactive endeavour...a process of reading from a position of curiosity, formulating questions about what one is reading, and then crafting a coherent written analysis (2006:48). Harper works specifically in the psychiatric field; he points out that discourse analysis and the world of psychiatry do not have an extensive history but that discourse analysis is “extremely useful when studying phenomena like psychiatric categories which are produced almost entirely within language” (1995:348). Harper also emphasises the advantages of a discursive approach that avoids “falling into dualist traps” and thrives on inconsistency or variability, characteristics which have already been indicated by the inconsistent categorisation of psychosis (see page 82) and which I anticipate in my study (see page 202).

I wish to position my thesis specifically in relation to Foucauldian discourse analysis. Fairclough acknowledges Foucault’s contribution to social theory in ascribing “a central role to discourse in the development of specifically modern forms of power” (1989:12). Foucault’s work is not specifically media oriented but is of particular relevance because of its focus upon psychiatric and medical discourse (see Chapter 1). Foucault recognises that science is influential; he refutes the claim of medical personnel to authority but accepts that our individual fates are bound up in their work (1991:22). Fairclough also cites the medical environment as an on-going site for power relations and struggles; he questions power and language in the sphere of medicine as a discourse bearing institution:

Why are the facts as they are? How – in terms of the development of social relationships of power – was the existing socio-linguistic order brought in to being? How is it sustained? How might it be changed to the advantage of those who are dominated by it? (1989:8)



Fairclough sees the duty of the researcher to focus on discourse areas “where participants may be placed at social risk during the communication, suffering disadvantage in consequence of the inequalities of communication”; he includes medical “encounters” as one of these areas and his work is clearly relevant to mental health research (1989: viii). Fairclough considers that whilst “in principle anyone is free to obtain... (medical) qualifications, in practice the people who do come mainly from the dominant bloc”. For the majority the only involvement with medicine “is in the capacity of “client” patient, pupil or student, and clients are not really “insiders” in an institution” (1989:63). Fairclough suggests that the struggle for dominance in medical discourse is characterised by the difficulty of finding “an ideologically neutral” term for a person receiving medical care (1989:103). He extends this observation to psychiatric discourse which he considers to be prone to euphemism, an index of uneasy power relations (1989:117).

Foucault divides psychiatry from medicine in asserting that “it is only by an artifice of language that the same meaning can be attributed to “illnesses of the body” and “illnesses of the mind” (1976:10). He rejects the truth-value of psychiatric discourse by stating that “none of the concepts of psychopathology...can play an organizing role” in what we understand of madness (2007:xi). Foucault considers that “the very notion of “mental illness” is the expression of an attempt doomed from the outset” (1976:76). He argues that psychiatric discourse is influenced by both historical and institutional contexts and that institutions such as psychiatry which “appear to be both neutral and independent” should be criticised “in such a manner that the political violence which has always exercised itself obscurely through them will be unmasked, so that one can fight them (1991:6). By focusing upon the film text, policy documents and audience response I hope to expose ideological diversity, identify sites of conflict and struggle and question discourses which seem to be common-sensical within the psychiatric domain.

Saukko considers that a Foucauldian approach embraces both aspects of ethnography and post-structuralism by combining an interest in the subordinate and a focus upon discourse (2003:77). I intend to examine the discursive resources drawn on by participants who might be considered ‘subordinate’ within a wider framework that reflects the prevailing culture. The close links between Foucauldian discourse analysis and post-structuralism have been considered in Chapter

2; the next section will consider the tensions between them and post-structuralism as a methodological approach.

## **POSTMODERN/POST-STRUCTURALIST APPROACHES**

Chouliaraki and Fairclough acknowledge the potential tension that exists between a postmodern and a discourse approach; they consider that many postmodernists take an extreme relativist position which treats all discourse as equally suspect, including the discourse of critique (1999:8). When this is taken into account, it is not difficult to anticipate incompatibilities between postmodernism and psychiatry which together with other medical disciplines, is inherently modernist. Paul Hodgkin suggests that medicine is one of the last social structures to resist what he terms “epidemic uncertainties” (1996:1568):

Health is one of the few remaining social values that garners unambiguous support. This is largely due to our continuing and communal belief that there is one truth “out there” which can be known, understood, and controlled by anyone who is rational and competent (1996:1568).

Bradley Lewis recognises that psychiatry continues to understand itself as “founded” on the ‘truth’ (2000:74). In consequence psychiatrists are able to apply the ‘truth’ about a condition across all culture and across all historical eras (2000:74). Lewis considers that psychiatry would be greatly improved by adopting a post-structuralist approach:

If psychiatry were practiced within a mind set or world view reflecting a “crisis in representation,” it would be much less obsessed with “getting it right.” Categories and theories would be understood not as Universally true, but as useful heuristics, necessarily formulated through the constraints of a non-transparent language but nevertheless useful in the process of inquiry and intelligibility (2000:77).

An alternative to a pluralistic approach is offered by Evidence Based Medicine (EBM) which Hodgkin considers to offer certainty “to the multiple, fragmented versions of the “truth” which the postmodern world offers” (1996:1568). Sackett et al define EBM as “the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients” (1996:11); they describe EBM as “clinically relevant research, often from the basic sciences of medicine” which uses a bottom up approach that “integrates the best external evidence with individual clinical expertise and patients' choice” (1996:11). Trisha Greenhalgh considers a further defining feature to be “the use of figures derived from research on populations to inform decisions about individuals” (2006:1). Positive support for EBM is acknowledged by Kerridge et al who cite the strongest argument in its favour as allowing “the best evaluated methods of health care (and useless or harmful methods) to be identified” (1998:1151). There is not unequivocal support, however. Greenhalgh summarises criticisms of EBM as:

The glorification of things that can be measured without regard for the usefulness or accuracy of what is measured, the uncritical acceptance of published numerical data, the preparation of all-encompassing guidelines by self-appointed ‘experts’ who are out of touch with real medicine, the debasement of clinical freedom through the imposition of rigid and dogmatic clinical protocols and the over-reliance on simplistic inappropriate and often incorrect economic analyses (2006:xiii)

She counters that these are what the “EBM movement is fighting against, rather than what it represents” but acknowledges “that when applied in a vacuum...EB decision making is a reductionist process with a real potential for harm” (2006:xiii). Kerridge et al also consider that EBM “invites a simplistic approach to the role of evidence in medicine” and that it is never entirely free of value judgments. They do not accept EBM’s claim “to reject the power of expert opinion,” arguing that “patients have little influence over the priorities of research” and are not, therefore, equal stakeholders (1998:1151).

The compatibility of psychiatry and EBM is questioned by Patrick Bracken and Philip Thomas who emphasise that psychiatry's "own modernist achievements are themselves contested" (2001:724). Lewis considers the existence of the anti-psychiatry protest movement to be evidence that psychiatry should readdress its core knowledge structures (2000:72). Alison Faulkner and Phil Thomas argue that EBM is an inappropriate approach in psychiatry as it is "incapable of handling the ethical and moral aspects of 'gathering evidence'... In addition it is incapable of responding to different interpretations of emotional distress and psychosis and the values and interests that underpin these" (2002:1). Greenhalgh acknowledges the philosophical tension that exists between a clinician managing to be both 'EB', (systematically informing their decision by research evidence) and 'narrative based', (embodying all the richness of their accumulated clinical anecdotes) (2006:6); the strong narrative tradition of psychiatry appears to distance it from a modernist agenda. Lewis identifies psychiatry as the closest medical speciality to the arts and humanities and the "least consistent with overly scientific methods" (2000:72). Bracken and Thomas consider that "mental health work has never been comfortable with a modernist agenda" (2001:727); they attribute this to psychiatry's "strong tradition of conceptual debate" and argue that this gives psychiatry an advantage "over other medical disciplines when it comes to the postmodern challenge" (2001:727).

Bracken and Thomas propose 'postpsychiatry' as a postmodern way forward which re-evaluates psychiatry's existing modernist stance. 'Postpsychiatry' is not concerned with new theories but focuses on perspectives which may previously have been denied – particularly those of service users. It is not an anti-psychiatry movement; instead it attempts to move beyond the conflict between psychiatry and antipsychiatry, disputing the assumption of both factions that there is a correct way to understand madness (2001:724). In employing a research approach that avoids strong dialectics and prioritises the views of service users my study is sympathetic to 'postpsychiatry.' Lewis envisages a postmodern model that prioritises clinical activities in the wisdom of practice and the concerns of the patient over the 'objective truth' of medical research. His postmodern psychiatry is distinctly Foucauldian, questioning "the identity of psychiatrists, the experience of mental illness, the dilemmas of clinical uncertainty, the effect of power differentials...the role of cultural context...and the place of psychiatry within larger social and

political trends” (2000:81). Lewis identifies one of the advantages of adopting a postmodern approach in psychiatry as a move away from neuroscience and the quantitative social science methodologies to a qualitative approach that establishes psychiatry in the field of cultural studies (2000:73). Nicholas Mays and Catherine Pope emphasise that conventional measures are inappropriate for qualitative research in the medical field as they “cannot and should not be judged by...measures of validity...generalisability and reliability” (2006:84). They reject the stance that there is “a single, unequivocal social reality that is entirely independent of the researcher and of the research process” (2006:84) but also consider that an extreme, relativist, post-structuralist approach becomes “anti-realist” (2006:85). Their own interpretation of ‘truth’ is “the best informed...and most sophisticated construction on which there is consensus” (2006:84). Pope and Mays describe their research approach as “a subtle realist position that holds that there is ultimately an underlying social reality that research studies attempt in different ways to describe” (2006: 143). Chouliaraki and Fairclough adopt a similar stance:

We accept that scientific claims to privileged knowledge have in some cases worked in terroristic ways...but we do not accept that the solution is to give up the very possibility of truth claims...such arguments typically confuse the issue by ignoring...the crucial difference between ‘truth’ as a matter of privileged access vouchsafed to some ...elite...’in the know’ and truth as arrived at through reasoned enquiry in the public sphere of open participant debate (1999:33).

My view concurs with that of Chouliaraki and Fairclough and also Lewis who argues that postmodernism does not necessarily exclude modernism but incorporates it as one of many strands (2000:80). Lewis characterises a modernist approach as foregrounding certainty and a postmodern approach as foregrounding humility, regarding the two as compatible (2000:80). J. Muir Grey similarly argues for medicine that is “modern- sceptical evidence based” but also “self critical” and open (1999:1553). Hodgkin concludes, however, that medicine will not be able to hold out against the pull of post-structuralism and the “pluralistic, fragmented webs of power and knowledge that our accelerating technoculture is creating” (1996:1569).

The previous sections of the chapter have sought to emphasise the potential advantages and disadvantages of discourse and postmodern approaches in the field of psychiatry. The next section will consider how they have influenced my research methods before foregrounding the specific demands of working with those who have experienced psychosis.

## **THE USE OF INTERVIEWING**

Before outlining the interview as a chosen research method I wish to justify my decision not to use alternative methodologies. I have discounted conversation analysis because of time constraints and because the principle of unmotivated looking does not conform to my desire to elicit specific information (McCabe 2006:26). In addition it is resistant to “linking properties of talk” with the “relations of power, ideologies [and] cultural values” which underpin my work (Fairclough 1995:23). The principle of conversation is never far away, however. Kvale defines the research interview as “a professional conversation” which is “based on the conversations of daily life” (1996:5) and Barker and Brooks, in their work on film audiences, point out that:

The success or failure of our interviews...turned on the extent to which we enabled people to feel that they weren't being interviewed at all – they were having a conversation about the film that was very like what they liked to have anyway (1998:23).

I have given careful consideration to, but ultimately decided against, carrying out group interviews, focus groups or discussion groups as an alternative to or supplement for individual interviews. Kitzinger argues that “group work is invaluable in enabling people to articulate experiences in ways which break away from the clichés of dominant cultural constructions” and that this “may be particularly important when working with groups “who share stigmatized or ‘taboo’ experiences (e.g....mental illness)” (1994:112). Whilst this is persuasive my decision not to use group work is based on my concern that voices might be silenced in situations where “participants have on-going social relations which may be compromised by public disclosure”

(Michell 1999:36). Kitzinger argues that “knowing what is and what is not expressed in a group context may be as important as knowing what is expressed in a confidential, one to one interview” (1994:112). I agree with this but also concur with her view that “focus groups do not easily tap into individual biographies or the minutia of decision making during intimate moments (1994:116). It is individual response and what is there, rather than what is not there, that I wish to explore in this piece of research. In addition Lynn Michell argues that some participants “resist, or social structures...mitigate against” group situations (1999:45). This possibility must be weighed against the potential advantage offered by a group dynamic of eliciting “something less fixed, definite and coherent that lies beneath attitudes” (Myers and Macnaghten 1999:174). Bronwen Davies argues that focus groups can be liberating, offering empowerment to “individuals who might otherwise find difficulty in asserting a view that seems to conflict with the assumptions of the interviewer” (2005:108). In piloting my research with two informal discussion groups from bipolar support groups in South Wales, however, I did not find this to be the case. If I do hold assumptions I do not consider that these were apparent. In addition, I found that certain participants were silent and that discussion led to a focus upon key ideas to the possible exclusion of others. Whilst appreciating the importance of shared experience it crystallised my thoughts that I am not so much concerned with the snowballing or synergistic aspects of focus groups (Clough and Nutbrown 2002:79) as the wish to focus upon individual narratives and response (Flick 2007: 85).

The most important aspect of my research is to explore the “imagined communities” of those who have experienced psychosis in order to see how they construct themselves as individuals and how they position themselves in relation to texts that feature psychosis (Staiger 2005:8). My research might be considered to be an example of ethnography according to Deacon et al’s definition of ethnography as analysis which no longer relies on extended observation but retains associations with community based culture (2007:252). Saukko emphasises the tension between an ethnomethodological approach that prioritises a lived reality and a post-structuralist approach that emphasises the partial and, to a certain extent, political nature of this perspective (2003:15). Saukko considers that these two approaches share common ground, however: she uses the term “dialogic validity” for an ethnomethodological approach which is “concerned with truthfulness”

and allows research participants a voice (2003:19) and considers this, together with a post-structuralist approach, to be concerned with challenging authoritarian discourse and to be essentially democratic in nature (Saukko 2003:21). It is in this spirit that I am approaching my study.

After consideration I have nominated the interview as the best method of determining the response of those who have experienced psychosis to film representation. Blaxter, Hughes and Tight cite the interview as the methodology that promotes maximum discussion (1996:154). Rubin and Rubin argue that “qualitative interviewing is appropriate...to unravel complicated relationships and slowly evolving events” (such as the experience of psychosis) (1995:51) and Kvale suggests that “the qualitative research interview attempts to...unfold the meaning of people’s experiences, to uncover their lived world prior to scientific explanations” (1996:1); in view of the scientific discourse surrounding psychosis this seems particularly appropriate. The interviews that I have carried out have been face-to-face and semi-structured; their purpose has been “to obtain descriptions of the life world of the interviewee with respect to interpreting the meaning of the described phenomenon” (Kvale 1996:5).

The nature of the semi-structured interview raises issues about interviewer control and I acknowledge its constructed nature. Clough and Nutbrown argue that “the researcher’s voice...should be- as much present as that of the research participants” (2002: 68) and Kvale that “the qualitative research interview is literally an *inter view* an inter change of views between two persons conversing about a theme of mutual interest” (1996:2). For this reason I have designed a pre-interview questionnaire which enables participants to record “thoughts, feelings, personal perceptions and biases regarding the proposed topics” (Murray 2003:233); my hope is that this will give respondents the confidence to consider that they have something relevant to say before interview (see Appendix p335). McCracken emphasises that “it is important that the investigator allow the respondent to tell his or her own story in his or her own terms” (1988:22). Rubin and Rubin stress that it is important not to interrupt interviewees when giving a vivid, narrative account, (even though its relevance may not be immediately apparent), as this may be valuable data (1995: 80). McCracken does, however, consider that the interviewer must “impose order



and structure” (1988:22). Deacon et al argue that whilst naturalistic interviews may appear to be “everyday conversations” they also “guide informants to topics and...discourage wandering” (2007:292). I have developed an interview guide, as recommended by Deacon et al, to focus the nature of the face-to-face, semi-structured interviews (2007:67) and have used this as a guide to formulate the questions I will ask at interview (see Appendix p341). I have been influenced by Oppenheim, who argues against the use of fixed questions preferring “a list of general topics or areas around which the interview should be conducted” (1992:70) and Kvale who advocates “an outline of topics to be covered with suggested questions” (1996:129). McCracken points out that using a questionnaire does not nullify the “open-ended” nature of the qualitative interview as there is opportunity to elicit an exploratory, unstructured response within each broad area (1988:22). The “guiding session” I have produced for the interviews covers key points but also encourages participants to initiate their own agendas (Murray 2003). I have adopted Oppenheim’s principle of adding to initial conceptualisations, in time, as the interviews progressed (1992:70).

I have used informal questioning in order to encourage “interactive dialogue that conforms to the normal conventions of conversation” (Deacon et al 2007:65) and because less structured questions are more suitable when there are issues with gauging comprehensibility, (something which could potentially present in a study of psychosis) (Deacon et al 2007:69). The order of questions replicates natural conversation; questions are initially descriptive, to establish “what is going on” before becoming more complex and explanatory to explore “why it is going on” (White 2009:49). Asmundson et al advocate the use of simple research questions that are limited in number, clear and unambiguous with service users (2002). I do not consider this advice to be any more applicable to service users than the general population. I have used “laddered” questions, however, to introduce the substance of my research, simply at first, before increasing complexity. Bob Price advocates the use of questions that address action before focusing on knowledge and finally belief as an effective technique for putting interviewees at ease (2002:277). The wording of questions is not standardised as I wish to use the interviewee’s own vocabulary wherever possible (Britten 2006:14). Rubin and Rubin argue that “asking everyone the same questions makes little sense in qualitative interviewing, where the goal is to find out

what happened and why, in rich and individualistic terms” (1995:11). I have used open questions, despite the increased demands they place on respondents, because they elicit a more personal response which reflects upon behaviour, beliefs and attitude (Deacon et al 2006:75). I have also attempted to encourage vivid answers by asking for first hand descriptions of events and follow up questions if I feel a topic is worthy of further exploration (Rubin and Rubin 1995:76). I have piloted my interview in order to maximise its efficacy; it is comprised of nine questions. Questions one and two are designed to break the ice and give confidence; the first asks about favourite films and the second about films that are disliked. Question three asks about the experience of psychosis and can only be introduced once a relationship with an interviewee has been established. The interview is designed to become focused more specifically on film as it progresses. Respondents are asked about genre and whether this inflects the nature of representation and also to give their subjective opinions on which representations they feel capture the experience of psychosis well and which do not. They are also asked to consider whether they feel that they have learnt anything about psychosis from a film text. Whilst I have designed my study to focus on film as a specific media form I have extended this question (question eight) to include ‘any other media text’. This is because I do not wish to discourage participants from talking about media texts which may hold significance for them. I am also aware that any information gleaned may be useful for future study. I have concluded the interview by appealing to the life experience of the participants in asking them if they have any advice to offer a filmmaker who is considering a film which features psychosis.

## **RESEARCH PARTICIPANTS**

My approach to sampling in respect of interviewees shares common features with the sampling of film texts; I have generated purposive, non-probability samples in order to identify case studies which are information rich and can be studied in depth (Gray 2009:180). I have also employed maximum variation sampling, as I did with film texts, in order to identify variations as well as patterns across the sample (Gray 2009: 181). McCracken argues that when interviewing “it is the categories and assumptions, not those who hold them, that matter” (1988:17). To this end I have interviewed sufficient subjects to explore how those who have experienced psychosis

respond to its filmic representation but not so many that it is impossible to “make penetrating interpretations of the interviews” (Kvale 1996:101/102). By the end of the study 24 respondents who have direct experience of psychosis took part. This relatively small sample enabled me to extract “rich, thick data” in respect of how those who have experienced psychosis interact with the film texts that represent it (Gray 2009:182). I have aimed at an “intensive insight” from my interviews; I have not attempted to elicit an average view but to develop an in depth understanding. It could be argued that because the group of those who have experienced psychosis present naturally as a research prospect I have used a ‘strong’ version of convenience sampling (Deacon et al 2007:56) but the selection of respondents is not governed by strict sampling rules and is not an intentionally “biased sample” (Greenhalgh 2006:169). My interviewees have been generated “informally and organically” and should be considered illustrative rather than generally representative (Deacon et al 2007: 45/46).

The criterion for inclusion in my study is that participants have experienced psychosis; this limits the planned focus of the study (Flick 2007:44) and relies upon participant knowledge (Rubin and Rubin 1995:66). Participants have been identified because they facilitate an exploration of the “particular behaviour or characteristic” which underpins my research (Gray 2009:180). In this respect I have employed a purposive sampling approach in identifying participants against this specific trait (Gray 2009:152) and consider that this non-probability approach allows access to a group “whose activities are normally ‘hidden’ from public view” (Bloch 2004:176). Clough and Nutbrown point out that “interest in a subject only starts to become research when a curiosity is systematically informed by perspectives outside of the researcher’s normal vision” (2002: 45); this is the case for me in respect of psychosis. Participant knowledge of film was not requisite; lack of knowledge was as revealing as extensive knowledge. It was important, however, that respondents were “willing to talk” (Rubin (1995:66) and that they were not previously known to me in order to maintain objectivity (McCracken 1988:37).

It is important to foreground the specific considerations which arise from conducting a study with individuals who have experienced psychosis. Historical discussion has focused on whether psychiatric patients should participate in research on the grounds of vulnerability. Linda Moore

and Margaret Miller emphasise the negative implications of participating in research as ranging from inconvenience to physical, psychological, social, economic and legal risk (1999:1036). They define someone who is vulnerable as “an individual who is diagnosed with an illness and due to that illness lacks the ability to maintain autonomy, personal independence and self-determination” (1999:1034/5); Brian Keogh and Louise Daly point out that “people with mental or emotional health problems” frequently fall into this category (2009:27). They are potentially vulnerable because, at times, they may be “completely or partly unable to make autonomous decisions regarding their participation” and may not be capable, at certain times, of giving informed consent (Koivisto et al 2001:328). Koivisto et al recognise that patients who have experienced psychosis may enter in to a study when they are unwell only to regret doing so when their mental health improves; they caution against judging research participants to be more capable than they, in fact, are (2001:329). Koivisto et al debate whether service users should be replaced by participants who have no apparent vulnerability, recognising that their protection needs to be balanced with foregrounding their views as stakeholders. They conclude that vulnerability should not preclude participation as “autonomous decision making is a basic human right” (2001:337). They also caution that objections raised by close contacts and advocates of mental health service users limit participation in research, at times (2001:332).

The ‘efficacy’ and reliability of research that draws on the views of service users has also been questioned. Davies considers that “the view that psychiatric patients are incapable of expressing a rational opinion has been widely held until recent years” (2005:106). Koivisto et al question this; they note that even in studies where 50% of the participants are considered to have impaired abilities to make judgements the other 50% who are acutely unwell are capable of participation (2001:329). Whilst they consider it to be gross prejudice to assume exclusion they do link reduced capacity with active symptoms and lack of insight with schizophrenia. They state that “according to some studies as many as half of the patients who are acutely hospitalized for schizophrenia may have substantially impaired decision making abilities, including problems with understanding, appreciation and reasoning” (2001:329). This raises the issue of whether research participants should only participate if they do not display symptoms of psychosis. A further consideration is whether psychotic symptoms should preclude inclusion for all studies.

Koivisto et al argue that it is not best practice to exclude potentially the most complex participants as this leads to bias (2001:329). As a researcher who does not have the specialised resources or training to deal with the ethical and practical implications of including particularly vulnerable participants in my study, however, I have ensured that participation is voluntary and that participants were able to cope with the demands of an interview. I am aware that whilst psychosis is a common factor each participant's presentation differs, including at the time of interview. Horsfall et al emphasise that "the length of time the person has experienced clinical symptoms, the types of treatment experienced, the range of services and support utilized and the overall level of behavioral, emotional and social disability associated with the mental illness" are all relevant to the research situation (2007:S13).

Whilst interviewing is recommended as an appropriate way of carrying out qualitative research with vulnerable populations, (Murray 2003:233, Keogh and Daly 2009:30), I am aware that my research incorporates a double vulnerability factor; in addition to the stress of the interview itself, participants were required to reflect upon their own experience of psychosis. This is a potential cause of distress (Murray 2003:235) and an example of a sensitive topic which some respondents may find embarrassing and be reluctant to address (Oppenheim1992:140). Important ethical considerations had to be met, therefore, before research could proceed; I would argue that this was easier to implement for one-to-one interviews than groups. Horsfall et al consider that the most crucial aspect of ethical research is respect for human beings; an ethical approach also ensures that the burden of research is minimal and the benefits from the research are distributed fairly (2007:S10). Asmundsen et al argue that informed consent is crucial. Their six point guideline suggests that: the welfare of the patient is tantamount; the patient must be adequately informed; they must be made aware of risk; they must retain the right to refuse to participate in addition to being able to withdraw and they must be able to request anonymity (2002:66). Flick advises the use of a contract that includes the possibility of withdrawing consent (2007:72). These points are addressed in the information sheet included in the Appendix, p337.

Keogh and Daly argue that ethical guidelines have become more conservative over time (2009:28); this leads to service users being excluded from research, a situation which might be

avoided by pre-planning. Davies recommends that service users are approached well in advance of a study and given ample time to decide whether, or not, they wish to participate (2005:108). Horsfall et al suggest that extra time is allowed in the interview itself in order to make interviewees feel safe and comfortable and that strategies are put in place for addressing strong reactions or distress (2007:S13). I have ensured that interviews were conducted in familiar surroundings at times of the day which accommodated routines (Moore and Miller 1999:1039). All twenty four interviews were carried out at locations convenient to respondents; these included their own homes and familiar settings such as the locations used for support groups. I ensured that interviewees had access to supportive contacts, where appropriate. Louise Morgan argues that emotional and practical support is vital for service users who participate in research (2006:3). She strongly advises uninitiated researchers to undertake relevant training before a project is underway; this includes making contact with someone who has experience of working with service users. Whilst I had not previously undertaken any research with service users I was in regular contact with both those who have experienced mental health difficulties and the professionals who work with them. I consider this to have been valuable experience for dealing with possible complications such as those documented by Koivisto et al who describe physical restriction, in the form of medication-induced rigidity, as a barrier to research participation (2001:336) and Davies who describes how a participant refused to be tape recorded because her initial psychosis was concerned with surveillance (2005:109). I also gave the conclusion of the interview careful consideration; Koivisto et al suggest that interviews are rounded off with a “comfortable” topic such as future plans or home life (2001:336). I have concluded the interviews by asking respondents if they have any questions or whether there is anything I have missed (Rubin and Rubin 1995:137) and by acknowledging the help of their participation (Oppenheim 1992:75). Horsfall et al advise that the end point should always be apparent; participants should be given ample opportunity to reflect upon their experience and any findings from the research should be disseminated in an accessible format amongst them (2007:S18). I do not want my results to be confined to the pages of a thesis but hope to utilise them so that they become significant for the individuals involved and further research. After submission I will tailor an accessible report targeted specifically at my respondents (Keen and Todres 2007:1). Both Horsfall et al (2007:S8) and Davies (2005:109) point out that service user drop out is high; I conducted one self-standing interview with each participant in the hope that this would mitigate

against dropout. I also introduced a generous time frame in order to extend the recruitment period and allow extra time for rescheduling interviews.

My participants were generated informally from Four Winds, (an open access resource centre in Cardiff for anyone experiencing mental health difficulties), bipolar self-help groups across South Wales and the mental health charity Mind. I did not recruit via the NHS for two reasons: the first is that the necessary protocols were not possible within my time frame but, more importantly, I also wished to move away from a medical model when interviewing in order to explore the nature of psychosis from a wider perspective. In order to achieve this I made approaches to a wide variety of non-NHS mental health organisations across South Wales that could potentially put me in touch with willing participants. Only a small proportion responded and there was also great variance in the amount of interviews I secured with each organisation. I carried out one interview with Mind for example, whilst Four Winds, a user led initiative in Cardiff, was ultimately the source of eight interviews.

By locating my research outside a medical environment I hoped to emphasise the voluntary nature of participation. My decision to recruit largely through self-help groups is influenced by the movement towards user led research in medicine that prioritises the combined wisdom of a practice community over science. Davies documents notable resistance in the service user movement to involving mental health professionals in research because they “are by definition socially dominant in relation to service users and their professional knowledge and assumptions will inevitably shape the research” (2005:107). Koivisto et al point out that patients rarely refuse to take part in research because of feelings of obligation towards medical personnel (2001:333). Peter Beresford sees the principle of user led research to be “making change, for the individual, the group and in society” (2006:226); he argues that it challenges the medical model assumption that the researcher should be distanced from the subject under examination. Beresford describes three stages of service user involvement: being ignored, being surveyed and finally being involved (2006: 223). He sees user control as “one end of a continuum that starts with no service user involvement and is most fully developed” in a user- controlled model” (2006: 226). Justifications for user led research are varied: Entwistle et al argue that there is a moral

imperative for user involvement as the public are the “owners” of publicly funded research policy (1998:463). Ian Chalmers cites experience, common sense and justice as reasons for adopting a user led model (1995:1318). Davies argues that mental health practitioners “have a duty to acknowledge patients’ expertise in living with the disadvantage of experiencing mental ill health” (2005:106). Faulkner and Thomas also consider that “research should be based in the subjective, lived experience of emotional distress” as a focus on the “self-defined frameworks” constructed by service users to understand their experiences is crucial in avoiding professional concepts of illness. They argue that “there is political resistance to seeing psychiatric patients as experts and to their involvement as partners in helping to set research agendas” (2002:1). Conversely Entwistle et al emphasise that user-led research is not without limitations; they argue that service users are not the only stakeholders with legitimate views and advocate the incorporation of lay perspectives from carers, whose interests can often conflict with those of service users. They also point out that health professionals may be excluded from research as frequently as user groups (1998:466).

My success in securing eight interviews with Four Winds was the result of building up a relationship with the group over a period of a year. Four Winds is a user-led organisation for people experiencing mental health difficulties. I sent introductory posters advertising my research to all potential centres and initially secured an interview with a film enthusiast at Four Winds. From this initial point of contact I arranged further interviews. To a certain extent, therefore, interviews were not pre-planned but evolved as the fieldwork began and were secured, to some degree, through snowball sampling. Alice Bloch recommends snowball sampling in instances where “there is no list of the population available” or “the population is hidden” (2004:177); this was certainly the case in respect of psychosis. Whilst snowball sampling was a feature at Four Winds and both the Abergavenny and Carmarthen branches of the Bipolar Wales Network, this was not generally the case and can, perhaps, be explained by David Gray’s argument that in some situations specific personalities act as a “knowledge source” who then go on to suggest other suitable interviewees (2009:153). Whilst noting Bloch’s observations that snowball sampling is unlikely to extend to isolated members of a group, tending, instead to target



people with similar interests (2004:177), I feel that this has been mitigated against, to a certain extent, by using multiple starting points for interviews.

Notably many of the interviews I arranged did not take place as planned; the nature of mental illness means that even the best laid plans are subject to change and certain interviewees either did not attend for interview or did not feel well enough to be interviewed at the appointed time. What my association with Four Winds did allow me to do, however, was to build up a relationship of trust with regular users of the centre whilst avoiding any form of coercion and I found that after several weeks, (or even months in certain instances), centre users agreed to participate after initial reluctance. To a certain extent, therefore, I relied on convenience sampling by interviewing centre users who were “accessible and available” (Girden 2001:66). I accept Girden’s reservation that whilst convenience sampling can produce useful information the results may be unlikely to generalise but I consider that the more leisurely and sustained nature of my contact with Four Winds meant that I was able to access respondents who were, by nature, more reticent of participation; it is possible that after seeing me on a regular basis, attendees at Four Winds felt that my legitimacy as a researcher was assured. Securing interviews with more reserved members of the group also helped to guard against the tendency in purposive sampling to select those individuals who seem “most likely to provide information-rich or fruitful data” to the possible exclusion of more reluctant potential interviewees (Girden 2001:29). This was particularly pleasing because it allowed me to interview two centre users who had experience of psychosis in depression, “turning up the volume on the depressed or inaudible voice” and adding a valuable dimension to my research (Clough and Nutbrown 2002:71). Respondents came from a pleasing variety of backgrounds in respect of variables such as age, level of education, gender, class, and occupation (Oppenheim 1992:68); I was not, however, able to incorporate a wide range of ethnicity in to my study. Ultimately, however, I consider that recruitment has contributed to a wide range of perspectives and points of view” (Rubin and Rubin 1995:66). The intentional creation of “a contrast in the respondent pool” has also enabled me, as interviewer, to “manufacture distance” from my interviewees (McCracken 1988:37).

I am positioned by marriage, occupation and familial experience in relation to psychosis; inevitably therefore I am pre-disposed to find certain discourses more significant than others. In the same way my own values inflect my attitudes concerning the validity of discourse in film. To this end I have attempted to be open to new ideas and meanings and receptive to any information given to me throughout my research including during the final stage which involved the transcription of interviewee data (Clough and Nutbrown 2002:18). I recorded interviews using a digital dictaphone in order to establish “beyond doubt whatever was said by whom and with what expression” (Deacon et al 2007:301). I was the sole transcriber as I knew the data better than anyone else (Greenhalgh 2006:169). I transcribed the material verbatim and carefully (McCracken 1988:48) using the conventions of broad transcription, for example, the words and by whom they were spoken, “medium and long pauses, laughter and uncertain hearings or indecipherable words” (Du Bois et al 1993:46). I adopted conventions of basic transcription such as hyphens for truncations; pseudonyms; X for unclear; brackets to show where speech overlapped; three dots to show a long pause; a zero in brackets for latching and ‘@’ for laughter (Du Bois et al 1993:46-67 see Appendix p351). I was aware that “transcribing involves translating from an oral language, with its own set of rules to a written language with another set of rules” and that “transcripts are not copies or representations of some original reality” but “interpretative constructions that are useful tools for given purposes” (Kvale 1996:158). I was also aware that my role alternated “between being a “narrative finder” – looking for narratives contained in the interviews, and a “narrative creator – moulding the many different happenings into coherent stories” (Kvale 1996:201). I created a ‘Key Element’ sheet for each interviewee using standard MS office packages to establish the most salient elements of the transcription. The sheets included a section relating specifically to the experience of psychosis. Close attention was also paid to any texts which were cited during interview in relation to psychosis. I ensured that I viewed any material mentioned, including TV texts such as *The Prisoner*, in order to establish their significance. The Key Element sheets contained a section detailing any significant statements or themes that emerged during the interviews; I relied upon close reading to map out areas of significant discourse. I paid close attention to areas of concurrence or regularity with other interviewees in order to build up a picture of emerging discourse. A further section noted departures and contradictions. Finally, once key elements for all twenty four interviews had been tracked I created an additional series of documents in Microsoft Office that fulfilled the function

of clarifying the governing statements and departures and also introduced a quantitative aspect to the research – for example by establishing that fourteen respondents expressed negativity towards psychiatric personnel and only one felt that psychosis was ‘normal’.

James Scheurich points out that “data analysis...is not the development of an accurate representation of the data” but “a creative interaction between the conscious/unconscious researcher and the decontextualized data which is assumed to represent reality or, at least, reality as interpreted by the interviewee” (1997:63). In doing so he highlights the tension which has featured throughout this chapter between the post-structuralist desire to “support the proliferation of many ways of seeing and the dominance of none” (1977: 46) and the practical implications of designing a research study.

Chapter 4 is the first of three substantive chapters which look at distinct discursive formations and make up the main body of my thesis. Chapter 4 examines discourse in the naming of clinical psychosis.

## CHAPTER 4: THE NAMING OF CLINICAL PSYCHOSIS

### INTRODUCTION

The purpose of this chapter is to consider discourses that contribute to the naming of clinical psychosis. It focuses on understanding the historical and social factors that have had a bearing on the definition of psychosis and the more general concept of mental disorder. It will consider the content of psychiatric discourse and how discourses are produced, circulated and received in contemporary society.

My research lends itself to an examination of issues of power; I intend to adopt a Critical Discourse Analysis (CDA) approach which pays specific attention to power in discourse. Wodak defines CDA as “fundamentally concerned with analysing opaque as well as transparent structural relationships of dominance, discrimination, power and control as manifested in language” and argues that the concepts of power, history, and ideology, all of which will be covered in the chapter, are indispensable aspects of discourse (2001:10).

My work has a textual focus; this chapter will pay attention to the language used in texts that define psychosis. I intend to use the introductions to the World Health Organisation’s publication *ICD10 Classification of Mental and Behavioural Disorders: Clinical Descriptions and Diagnostic Guidelines* (1992) and the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders* (1994) as textual bases because both of these attempt to define psychiatric disorder. Bill Fulford and Norman Sartorius argue that *ICD-8*, which appeared in 1967, was “the first predominantly symptom-based modern classification of mental disorders” (2009:30) and Joel Paris that “*ICD* has been eclipsed around the globe by the more detailed and systematic American system – *DSM*” (2013:9). I will pay close attention to the language that is used in constructing discourses of mental disorder and will consider what Fairclough calls the “systematic links” between texts and “socio-cultural practices” (1995:16). I will also examine the Welsh Assembly Government document *The Mental Health (Wales) Measure (2010)* which is

directly applicable to my research population. As well as defining psychiatric disorder it considers the pragmatics of policy implementation. The document is useful in relating textual discourse to social context and provides a focus for discourses that circulate around what Nikolas Rose delineates as “legalism versus welfarism, punishment versus treatment” and “the austerity of the rule of law versus the expansive obligations of care” (2002:3) The chapter will attempt to show, via an examination of these three texts, how psychiatric discourse is fluid and yet able to define and position social subjects.

My approach is broadly Foucauldian; I draw upon many of the organising principles of Foucault’s work. An emphasis on the centrality of language, an examination of power and the relationship between discourse and truth are all key. The chapter will consider epistemes in the development of psychiatry in order to examine current discourse; both the history and the status of the current episteme will be questioned. A Foucauldian approach is particularly applicable to an examination of *DSM IV* and *ICD 10* because of its focus on science as a powerful and contestable discourse. This chapter will draw upon Foucauldian principles of archaeology and ordering (2002) to examine the governing discourses of mental health and scientific theory. Foucault’s work on medicine and the positioning of psychiatry in the medical field will also be considered. Crucially Foucault questioned the epistemological basis of psychiatry (1991:51) and scrutinised its professional ideology (2007- see page 22). Foucault considered psychiatric practice to be worthy of attention because of inherent issues of social regulation (1991:51) and argued that it was important to oppose what he considered to be the “political violence” of which it was capable (1991:36). Foucault’s work on normalisation is particularly applicable to the analysis of *DSM IV* and *ICD 10*, both of which consider the interface between disorder and normality.

The chapter will also be influenced by the work of Fairclough who, like Foucault, is concerned with how discourses are re-contextualised and operationalised and how hegemonic status is achieved. The link between social analysis and the critical study of discourse is central to Fairclough’s work (Deacon et al 2007:157). Fairclough talks of “the move to cultural governance” (2000:157). He believes that discourse is becoming increasingly important in

managing culture and for gaining acceptance for particular representations of the social world. He also acknowledges that social change is “complex, contradictory and bewildering” and sees a moral and political imperative in analysing this change (2007:9). Fairclough’s work differs from that of Foucault in that he disputes what he calls the ‘turn to discourse’ which sees social life as nothing but discourse (2000:158). Fairclough argues that discourse is made up of three complex elements: “social practice, discursual practice (text production, distribution and consumption) and text” (1995:74). For Fairclough discourse analysis is only complete if all three elements (and their interrelations) are considered; his hypothesis is that “significant connections exist between features of texts, ways in which texts are put together and interpreted and the nature of the social practice” (1995:74). Fairclough’s approach therefore incorporates macro elements of social practice as well as micro elements of syntax analysis (Garrett & Bell 1998:11). This chapter focuses upon how *DSM IV*, *ICD10* and *The Mental Health (Wales) Measure* (2010) function as texts. An examination of their construction and distribution in addition to discourses contained within them facilitates wider social analysis. I will continue to refer to Fairclough’s theoretical framework in Chapter 5 where I focus specifically upon discursual practice in relation to the film text and Chapter 6 where I examine texts generated by those who have experienced psychosis.

In this chapter I will illustrate that the ontological status of science, medicine and psychiatry have all been historically contested; this remains the case in a contemporary setting. I will argue that whilst a Foucauldian questioning of psychiatry as science is valuable, a binary approach that views medical science as valid and psychiatry as pseudoscience is simplistic. In addition I will argue that whilst constructivist approaches to psychiatry are important, social realist and social causationist theories should not be dismissed. I will foreground the contestatory nature of psychopathology and will show that whilst this is influenced by power, the heterogeneity of psychosis also makes classification difficult. I will argue that whilst power in the field of psychiatry is problematic and a hierarchy of discourse does exist not all attacks on psychiatric authority are valid. I will conclude by arguing that the field of psychiatry is characterised by discourses of resistance. The shape of the chapter is influenced by the hierarchy of discourse that is apparent in the three texts I have chosen to study. It will begin by outlining the precise

relationship between *DSM IV* and *ICD 10* and will then move on to examine the social positioning of relevant medical and scientific discourses.

## THE SOCIAL POSITIONING OF MEDICAL AND SCIENTIFIC DISCOURSE

*ICD 10* and *DSM IV* are both manuals which set out to define psychiatric illness; the relationship between them is interesting. Paris considers that *ICD-10* “differs from *DSM-IV* only in detail”. He points out that *ICD-11* is planned to appear in 2015 and will be more or less compatible with *DSM-5* (2013:9). Paris argues that “given the general public’s interest in psychiatry, each revision, including *DSM-5*, is important news” (2013:18). The publication of the two diagnostic systems has historically been a collaborative venture. This continues to be the case today as Steven Hyman is both the Chair of WHO’s International Advisory Group for the revision of *ICD-10* and a member of the *DSM-5* task force (Reed 2010:459). The introductions to both manuals stress their collaborative nature. At the same time, tensions exist between them. The introduction to *DSM IV* acknowledges dissatisfaction with inconsistencies and also lack of specificity in *ICD* criteria (1994: xviii). This has led to a situation whereby America has been slower than other countries to implement *ICD*; indeed, it has adapted *ICD* to become *ICD CM*, (the CM stands for “clinical modification”). Many *DSM-IV* disorders have the numerical *ICD-9* codes next to them but these are clinically modified USA versions (1994: xviii). Clearly power play exists in the naming of psychiatric disorder. Paula Caplan emphasises the importance of paying attention to *DSM* because it is “the most powerful mental health enterprise in the world” (1995: xvi) and because “*DSM* is the key volume about mental illness that all trainees must learn from cover to cover” (1995: xviii). These perceptions are interesting in view of the requirement placed, by international treaty, on all WHO member countries, including the U.S., to collect and report health statistics to the WHO using the *ICD* as a framework (Reed 2010:457). Geoffrey Reed’s emphasis upon “including the U.S.” implies, perhaps, resistance to a co-existing classificatory system. It is clear from the outset, therefore, that there is contestation about validity and issues of hierarchy in the definition of psychopathology. *DSM IV* considers that “the concept of mental disorder like many other concepts in medicine and science, lacks a consistent operational definition that covers all situations” (1994: xx). This argument begins with

psychiatry then broadens out to include medicine and finally science. Inverting the order, a questioning of the ontological status of science and its subdivisions of medicine and psychiatry has provided a site for fiercely competing discourses over time. Complexity exists in the range of discourses that relate to science within the psychiatric field; certain discourses question the status of science itself and others accept the validity of science but question its applicability to psychiatry. Both will be considered.

Foucault's work has undeniably been influential in relation to an examination of scientific discourse and is highly applicable to my own study. In *The Order of Things* he considers that "discourse in general, and scientific discourse in particular, is so complex a reality that we not only can, but should, approach it at different levels and with different methods" (2002:iv). Foucault links the concept of 'Truth' to scientific discourse and the institutions (including psychiatry) that produce it. He questions the scientific mandate of discovering new truths and is concerned to detach 'Truth' from ideology in order to see how it operates in society. Foucault does not believe that 'Truth' is a disinterested concept, nor that knowledge is independent of power. In Foucault's view possession of scientific knowledge is used to legitimise power (1994:84). Foucault's term for scientists who occupy key positions is "the specific intellectual" (2000: Xiv). He sees scientists as extremely influential – not because they have specific claims to authority but because of their potential influence on the individual. Foucault expresses suspicion of medicine; he questions its status as science and is wary of its claim to be for the care of the individual (1994:150). His questioning of the validity of science and medicine, however, is not as prominent as his questioning of psychiatry, which he subjects to particular scrutiny as a medical specialty. Foucault suggests that "medicine certainly has a much more solid scientific armature than psychiatry, but it too is profoundly enmeshed in social structures" (1994:12). Crucially, however, he does concede that there is some scientific validity in psychiatry and is not wholly dismissive of it (1994: xviii). This stands in opposition to his earlier writing, particularly *Madness and Civilisation* (2007), which is more critical of psychiatry as a discipline; it also stands in opposition to anti-psychiatry discourses that denounce the profession. Foucault's questioning of scientific influence and his later revisions of early arguments to embrace a wider variety of discourse are important influences in relation to my thesis.



Writing before Foucault, Karl Popper's work is notable for its questioning of scientific positivism. Relating Popper's work specifically to the field of psychiatry, Rachel Cooper explains that Popper wished to propose demarcation lines between physics, which he admired and called science, and psychoanalysis, which he did not admire and called pseudoscience. Popper believed that science differed from pseudoscience in that true, scientific theories can be falsified whilst pseudoscientific theories are endlessly explicable (2009:14). Thomas Szasz (a prominent member of the anti-psychiatry movement and, perhaps, the most recognized figure for questioning the scientific status of psychiatry) draws upon the work of Popper. Like Popper he makes a distinction between what he considers to be 'science' and what he considers to be 'pseudoscience'. In his dedication to *The Myth of Mental Illness* he quotes Popper: "science must begin with myths and the criticism of myths" (Popper 1957:177). Clearly Szasz considers that many myths proliferate in the field of psychiatry. He allies the field of psychiatry with "religious" cosmology, considering both to have functioned as "obscurantist teachers misleading the student" (1981:273). Like Popper, who admired physics, Szasz shows admiration for the 'true' scientist:

The true scientist differs from the ordinary person in the depth, breadth, precision, and power of the account he accepts as the correct explanation for his observation, and in his willingness to revise it in the light of new evidence (2004:106).

Szasz draws points of comparison between psychiatry and more 'traditional' forms of science. In his article 'Mental Illness: Psychiatry's Phlogiston' Szasz considers that chemistry was only able to move on as a science when it accepted that phlogiston did not exist. Radically, in order for psychiatry to develop as a science Szasz considers that it is essential to recognise "the non-existence of mental illness" (2004:105). He adopts an extreme approach in his questioning of the medical integrity of psychiatry. He uses the language of semiotics to distinguish between true science and psychiatry: "The distinction between fact and facsimile – often apprehended as the distinction between object and sign, or between physics and psychology – remains the core

problem of contemporary psychiatric discussion” (1981:25). Szasz considers that psychiatry stands in a ‘meta relation’ to closely allied disciplines such as neurology, which are firmly grounded in a medical field. He distinguishes between “‘really’ sick, that is neurologically sick patients”, and those without neurological impairment whom he considers to be “impersonating genuine roles” (1981:234.) He implies that the psychiatric world is one of obfuscation without true referents: “psychiatry...is expressly concerned with signs qua signs – not merely with signs as things pointing to objects more real and interesting than they themselves” (1981:64).

Szasz’s division between psychiatry and medicine continues to be embodied in current discourse and is evidenced by Laura Robinson’s article entitled ‘Are Psychiatrists Real Doctors?’ (1995:62-64). Ofer Zur and Nola Nordmarken consider that there are distinct differences between medical and psychiatric diagnosis – the latter being firmly grounded in symptoms, the former in pathology (2008:15). They distinguish between mental illness as something a person *does* and ‘real’ disease as something a person *has* (2008:15). Division is reinforced by James Davies who argues that “psychiatry has yet to identify any clear biological causes for most of the disorders in the *DSM*” (2013:11) and Paris who asserts that “no biological markers or tests exist for any diagnosis in psychiatry. For this reason, any claim that *DSM-5* is more scientific than its predecessors is little but hype” (2013:Xi). Notably the authors of *DSM IV* acknowledge that whilst “medical conditions are diagnosed on various levels of abstraction: structural pathology...symptom presentation...deviance from a physiological norm...and etiology”, mental disorders are diagnosed via a series of concepts: “distress, dyscontrol, disadvantage, disability, inflexibility, irrationality, syndromal pattern, etiology and statistical evidence” (1994: xxi). It is arguable whether distinctions between psychiatry and other medical disciplines are reasonable grounds to critique the former. Bracken et al emphasise that whilst psychiatry will “never have a biomedical science that is similar to hepatology or respiratory medicine” this is not because psychiatrists are bad doctors, but because the issues they confront “are of a different nature” (2012:432). R. H. Cawley argues that “psychiatry is more than a science”; as a discipline it is underpinned by both biomedical and psychosocial science (1993:154). The binary of medical science as valid and psychiatry as pseudoscience seems both invalid and simplistic. The authors of *DSM IV* highlight this artificial dichotomy by referring to the “reductionist anachronism of

mind/body dualism” (1994:xxi). It is contestable whether illnesses of the body are subjected to the same scrutiny as illnesses of the mind. Paris argues that “in medicine, diagnoses are not always cleanly defined or related to a specific etiology” (2013:xiii) and Nikolas Rose notes that many diseases were recognised before their biological mechanisms were established (1986:195). These arguments suggest that the integrity of psychiatry is questioned more frequently than that of medicine.

Whilst Szasz’s work interests me in problematising the factual status of mental illness, by imposing rigid boundaries on what constitutes true science and what constitutes pseudo-science his constructivist approach assumes that it is reality that is socially constructed rather than “*theories of reality*” (Pilgrim and Rogers 2005:16). I would argue that he dismisses, too readily, a social realist stance that views aspects of mental illness as an existing reality and a social causationist stance that views mental illness as caused by social forces (Pilgrim and Rogers 2005:16). Cooper considers that parties such as Szasz, who stand in opposition to psychiatry, employ the label of ‘pseudo science’ as a “battle cry”. She points out that whilst the binary distinction between science and pseudo science is still very important in certain disciplines such as medicine, other disciplines, such as philosophy, have abandoned the quest to demarcate the two (2009:20). Celia Kitzinger, commenting specifically upon the psychological field, considers that the distinction between ‘science’ and ‘pseudoscience’ is artificial. She refers to the shifting notion of what constitutes science and points out that “each person’s ‘science’ is someone else’s ‘pseudoscience’” and the label of ‘pseudoscience’ is used arbitrarily, reflecting personal bias (1990:66). Kitzinger sees the appropriation of the term ‘pseudo science’ as problematic because its use has the effect of legitimising the claims of “positivist empirical ‘true’ science” which may be equally flawed (1990:69). This last point seems particularly important when considering psychiatry in the context of the wider field of medicine, where a questioning of scientific validity may not be applied uniformly.

Sharon Traweek subjects scientific discourse to scrutiny by arguing that received views of science are framed as “reverential stories”. Such stories include exploration of saints’ (genius’ or scientists’) lives, the miracles (discoveries) enacted by them and their places of work, holy sites

(or laboratories) and can usually be found in television documentaries, basic textbooks, and official histories of science (1996:131). Bradley Lewis expresses concern about the restrictions imposed by a dominant scientific ethos and cites this sanctioning of scientific power as problematic. Lewis discusses the division between a scientific approach which he considers to be accepted as “atheoretical” versus a social science/cultural studies approach which he considers to have become “theoretical beyond redemption” in line with “the intellectual community at large” (2009:11). Lewis considers that adopting a cultural studies approach would be of great benefit in psychiatry:

Theory provides the humanities with powerful tools and opportunities for breaking away from common-sense modernist disciplinary practices, and theory provides the humanities with a nuanced understanding of the role of language and power in the shaping of knowledge (2009:16).

Lewis is not opposed to science per se but is keen to question whether received ‘scientific’ knowledge is best understood as atheoretical (2009:6). He perceives resistance in the scientific field towards other forms of scholarship and refers to “science warriors” who “vehemently attack” other intellectual approaches including “poststructuralism, postmodernism, cultural studies, science studies, and even humanities theory itself” (2009:18). Whilst acknowledging the importance of the modernist dimensions of “empirical diagnosis and rational therapeutics” in psychiatry, Lewis recommends a wider approach that embraces many disciplines including “the philosophy of science, science studies, (and) feminist and cultural studies of science” (2009:19). Lewis considers that “by adamantly denying the theory laden and culturally contextual dimensions of psychiatric knowledge, scientific psychiatry denies being situated in a culture” (2009:10). Trawick, however, recognises the impact made upon science by alternative approaches:

What can the empiricists, nominalists, postmodernists, feminist epistemologists... discourse analysts, ethnomethodologists, postcolonialists, constructivists, and so forth

among us possibly have in common? Collectively...that whole generation of research can definitely be said to have dislodged the notion of singularity about science (1996:137).

Rob Whitley sees merit in embracing approaches in psychiatry that come from differing disciplinary and philosophical traditions. He is positive about evidence-based medicine (EBM), which is essentially modernist and positivist. He defines it as knowledge that “can be incrementally discerned through rational application of progressively refined scientific techniques” (2007:1588). Whitley suggests that EBM came about because there was concern that patients were receiving incorrect treatment, “treatment that was grounded in tradition, out-dated training, or practitioner caprice rather than scientific evidence” (2007:1588). At the same time Whitley argues that EBM should be complemented by a cultural competence approach which is patient centred and concerned with the development of culturally appropriate care. He argues that cultural competence is rooted in the social sciences (anthropology and sociology); it is concerned with acknowledging difference and resists a process of standardisation. A cultural competence approach ensures that EBM does not become impersonal and concerned solely with technology; equally an EBM approach avoids an unrealistic and “anarchic reinvention of treatment for every individual patient” (2007:1589). Whitley emphasises his belief that EBM and cultural competence approaches work well to temper each other and suggests that they might be considered as part of a broader shift towards patient-centred care. *The Mental Health (Wales) Measure 2010* reflects Whitley’s optimism that psychiatry is becoming more patient-centred; it states that its aim is “to improve patient experience and outcomes” (2011: 5). Placing the experience of the patient before the health outcome may acknowledge, perhaps, that contemporary psychiatry is re-assessing its priorities and seeking to reconcile disparate paradigms.

It is notable, however, that the positioning of science and the role of EBM in psychiatry remain under scrutiny. Patrick Bracken and Phil Thomas argue that the abiding concern of medicine lies with “‘clinical effectiveness’ and ‘evidence-based practice’: the idea that science should guide clinical practice” (2005:13). They consider EBM to be problematic “because psychiatry is premised on certain assumptions about the nature of the self and the world...values are built into

its diagnostic categories” (2005:3). Alison Faulkner and Phil Thomas question the assumption that EBM is always rational and measurable (2002:1). This Foucauldian questioning of science as an enduring, dominant discourse in psychiatry is valuable. Paula Caplan argues that “citizens of Western culture have become so dependent on technology and awestruck by the scientific and medical enterprises that many believe the technology-science medicine (TSM) complex can provide a solution for every problem” (2004:17). Rose refers to the way that we have become “neurochemical selves” and sees danger in “thinking all explanations of mental pathology must ‘pass through’ the brain and its neurochemistry- neurones, synapses, membranes, receptors, ion channels, neurotransmitters, enzymes” (2003:57). This is reinforced by Bracken and Thomas who claim that psychiatric reductionism assumes that “human behaviours (such as our worries, regrets, fears, beliefs, hopes, loves and doubts) can be fully explained in terms of ‘non-meaningful’ entities such as genes, neurotransmitters and ultimately atoms and molecules” (2005:14). They acknowledge that “this world has an obvious biological dimension” but argue that the realm of ‘mental illness’ lies beyond “the biological world of cells and circulation, hormones and nerve pathways” to inhabit “the realm of thoughts and feelings...reasons and relationships” (2005:167). For Bracken and Thomas the assumption “that our psychological reality can be rendered accurately in a ‘static’ way and that this is best done through the technical language of psychopathology needs interrogation” (2005:123). They argue that:

Many service users...react against a psychiatry that is based on this type of phenomenology, a modernist psychiatry involved in a search for knowledge about ‘the other’. For in this form of psychiatry, the patient is always ‘the other’, is always ‘outside’ always, inferior (2005:123).

For Bracken *et al* “the promise of therapeutic gains from the brain sciences always seems to be for the future” (2012:430); this may reflect the complexity of brain research or, alternatively, support Rose’s explanation of neurochemical dominance, which is that it ensures profit for pharmaceutical companies by linking ‘disorder’ with a chemical cure thereby ensuring high drugs sales (2003:26). This argument is supported by Davies’ illustration that GlaxoSmithKline’s antidepressant, Wellbutrin was marketed as a smoking cessation pill “under the heading ‘Zyban:

Helping Smokers Quit Neurochemically” (2013: 80). Davies cites the reduction of stigma as a further reason for the prominence of biological explanations of emotional troubles, arguing that “the biological myth helps sufferers because it indicates to others that they are not responsible for their predicament” (2013:221). Bracken *et al* dispute this, however, asserting that “there is ample evidence that anti-stigma campaigns based on biogenetic models of serious mental illness have been counterproductive” (2012:430).

In addition to challenging the epistemological basis of certain neurochemical claims it is also important to question why the plurality of alternative approaches that exist in the psychiatric field do not achieve greater prominence. Hilary Allen argues that a unified and unifying theory of psychiatry is impossible because it is characterised by so many differing theoretical and practical approaches and also because it seeks to treat such a wide range of different conditions (1986:107). The issue is, perhaps, that approaches which do not have such a high ‘technical profile’ are undervalued. Bracken *et al* argue that a “growing body of empirical evidence points to the primary importance of the non-technical aspects of mental healthcare<sup>1</sup>.” They believe that this must be acknowledged if psychiatry is to be genuinely evidence based (2012:431) and coin the term ‘postpsychiatry’ which is characterised by the aphorism “‘ethics before technology’” (2005: 19). Bracken and Thomas argue that “science alone... is incapable of tackling (the) issues such as racism, disadvantage, poverty, lack of educational attainment, discrimination and social exclusion” which present frequently in a psychiatric setting (2005:49).

In summary, whilst arguments that discredit the ontological status of all mental illness are not convincing, constructivist approaches that subject science and psychiatry to scrutiny are important. The chapter will now change focus from science in the field of psychiatry to the classification of psychiatric disorder. What constitutes disease and the way in which this is framed in language are closely linked concepts. Both are contested sites for discourse in the diagnostic manuals *DSM IV* and *ICD 10* and will be considered next. The next section of the chapter argues that the naming of psychiatric disorder is influenced by power play: this leads to critique which, in the case of anti-psychiatry discourse, can be polarised and limited.

## THE VALIDITY OF PSYCHIATRIC DISORDER

Szasz asks the question:

What is disease? What are the ostensible and actual tasks of the physician? What is mental illness? Who defines what constitutes illness, diagnosis, treatment? Who controls the vocabulary of medicine and psychiatry, and the powers of physician-psychiatrist and citizen-patient? Has a person the right to call himself sick? Has a physician the right to call a person mentally sick? (1981:10)

Historically, Richard Bentall considers that there are two approaches to the definition of disease. He equates the first of these with the work of Sydenham who, in the eighteenth century, suggested that disease was concerned with the “identification of clusters of symptoms that occur together” and the second with the work of Virchow who identified “a pathological process that is causally implicated in a disturbance of body or behaviour” (1992:95). Szasz also attributes Virchow with developing a model of disease by firmly establishing the link between disease and cellular pathology (1979:9). This biological model stands in opposition to the more complex appraisal of disease offered by Hanna Pickard:

Our concepts of illness, disease, well-being, and health – whether mental or physical – lie at the interface of science and common sense, of fact and value, as well as exhibiting a large degree of cultural and historical development and variation (2009:87).

Pickard distinguishes between the concept of disease as “evolutionary dysfunction” and illness as the “more subjective, experiential properties of poor health” (2009:88).



As manuals that set out to classify psychiatric disorder both *DSM IV* and *ICD 10* must discursively manage this complexity. The authors of *DSM IV* admit that it is impossible to confer precise boundaries on the concept of “mental disorder” and that many of the terms used in the definition of disorder (such as ‘deviant’) are ultimately contestable. (1994: xx). Nevertheless the purpose of *DSM IV*, according to its authors, is to teach psychopathology via the definition of mental disorder. The document is designed for clinicians and is driven by clinical practice, although its applicability to different orientations (including “biological, psychodynamic, cognitive, behavioral, interpersonal and family systems”) is also emphasized (1994: xiv). The authors of *ICD 10* explain that the guidelines are there to “provide strong support to the work of the many who are concerned with caring for the mentally ill and their families worldwide”; once again the intended audience for the publication is the clinician (1992:x). Great stress is laid upon the “extensive empirical foundation” of *DSM IV* (1994: xiv). The authors take a modernist approach; plurality of opinion is not acceptable. *DSM IV* aims for simplified clarity and the end of debate: “when a review of literature revealed a lack of evidence (or conflicting evidence) for the resolution of an issue, we often made use of two additional resources – data re-analyses and field trials to help in making final decisions” (1994:xix)

The process of categorisation that determines what constitutes mental disorder is contested by a post-structuralist approach. Foucault objected to the ordering function of hospital and clinic and linked the medical desire for categorisation to fear of disorder and disease (2003:49). He considered measuring an individual against a corpus of knowledge to be an attack on liberty (2003:83). Foucault also emphasised the contestable role of language in labelling disorder, drawing attention to the inherent power of language to conceal and influence (2000:92). Lewis, adopting a postmodernist stance, considers that in order “to be intelligible words and representations divide the world through relational divisions. The most basic example in psychiatric diagnostic categories is “mental health” versus “mental illness””. He goes on to emphasise the arbitrary and inaccurate nature of such divisions, arguing that “they always necessarily constrain further meaning making” and that divisions “are rarely if ever neutral” (2009:70). Both *ICD10* and *DSM IV* recognise that discourse is conveyed through language and wrestle with terminology in order to define what constitutes psychiatric illness or disorder; it

could be argued that both publications employ discursive gestures to imply openness when the opposite is actually the case. Notably *ICD10* prefers the term ‘disorder’ to illness or disease. Under a section entitled ‘Problems of Terminology’ it explains:

The term “disorder” is used throughout the classification so as to avoid even greater problems inherent in the use of terms such as “disease” and “illness”. “Disorder” is not an exact term, but it is used here to imply the existence of a clinically recognizable set of symptoms or behaviour associated in most cases with distress and with interference with personal functions. Social deviance or conflict alone, without personal dysfunction, should not be included in mental disorder as defined here (1992:5).

*DSM IV* is similarly uneasy about language; the introduction to the publication also devotes a section to discussing the difficulty of applying terminology. The focus is less upon the term “disorder” than the concept “mental”. The authors express reservations about the term “mental disorder” but concede that it “persists in the title of *DSM-IV* because we have not found an appropriate substitute” (1994: xxi). The *DSM IV* definition is effectively an expansion of the definition of disorder in *ICD10*. A disorder according to the authors of *DSM IV* is:

Conceptualized as a clinically significant behavioural or psychological syndrome or pattern that occurs in an individual and that is associated with present areas of functioning or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom...it must currently be considered a manifestation of a behavioural, psychological or biological dysfunction in the individual (1994: xxi).

There is a similar emphasis upon impairment of the individual being key and social deviance not necessarily being symptomatic of disorder. Inevitably, despite acknowledging the difficulties inherent in naming disorder, both manuals must, by definition, classify psychiatric disorder. The most radical response to this is to deny that a disorder exists. The anti-psychiatry critique

asserted that mental disorder either did not exist or that it did not exist as an entity that could usefully be treated within a medical field (Miller & Rose 1986:2). Perhaps the most famous example of the denial of mental illness stems from Richard Laing's work on schizophrenia which argued that the schizophrenic experience might be viewed, using a different criteria set, to appear rational. Laing was responsible for publishing Foucault's *Madness and Civilization* in Britain, (Parker *et al* 1995:23). He shared Foucault's oppositional stance to psychiatry and adopted the philosophical position that the world should be interpreted and experienced from multiple viewpoints (Miller 1986:24). Laing considered that it was the task of existential phenomenology to determine "the nature of a person's experience of his world and himself" (1959:15). He emphasised that there may be positive aspects to psychosis; "I am aware...that the cracked mind of the schizophrenic may let in light which does not enter the intact minds of many sane people whose minds are closed" (1959:27). Laing was not wholly positive about the schizophrenic mind, however. He shared common ground with Szasz in suggesting that schizophrenia embodies play-acting:

A great deal of schizophrenia is simply nonsense, red-herring speech, prolonged filibustering to throw dangerous people off the scent, to create boredom and futility in others. The schizophrenic is often making a fool of himself and the doctor. He is playing at being mad to avoid at all cost the possibility of being held responsible for a single coherent idea, or intention (1959:179).

Szasz's use of language in relation to the concept of schizophrenia is equally provocative. He expresses the opinion that schizophrenia is a construct and rejects the ontological status of mental illness considering it to be a moral, not a medical, problem and a metaphorical disease (1981:11). Szasz argues that schizophrenia is positioned by psychiatry as "its sacred symbol – the largest grab bag of all the misbehaviours which psychiatrists, coerced by society or convinced by their own zeal, are now ready to diagnose, prognose, and therapize" (1979:18). He makes the link between psychiatric illness, malingering and hysteria more forcibly than Laing, suggesting that schizophrenia "is also like many other conditions or situations, such as being childish, aimless, useless, and homeless, or being angry, obstreperous, conceited and selfish"

(1979: 74). Notably, despite sharing common ground in questioning the existence of mental illness, the notion of an alliance between Laing and Szasz was resisted, particularly by Szasz, who repudiated what he felt was a left wing stance in both Foucault and Laing (Parker et al 1995:27). His own right wing position, which emphasises the need for the individual to take responsibility, has inevitably drawn opposition from many mental health workers and patient groups as well as those working in the fields of genetic and cultural studies who see this as no simple task. Andrew Slaby disputes Szasz's views, arguing that psychiatric illness is responsible for distorting "thought, mood, and judgment, limiting informed choice and leading to outcomes that would not occur in the absence of a potentially treatable illness" (2001:114). Slaby argues that those experiencing mental health difficulties do not have the control over their behaviour implied by Szasz. I would argue that the sensational nature of anti-psychiatry discourse is unhelpful; it serves the function of provoking a response and is important in questioning the scientific basis of psychiatry but is essentially limited by its refusal to entertain a range of discourses. Ultimately Szasz's perspective is governed by the discourse of science and does not countenance the epistemological validity of alternative theories or explanations of mental illness.

Even when the extremity of the anti-psychiatrists is disregarded, however, it is apparent that the issue of what constitutes mental disorder, how this is understood and the best response to it, continues to underpin major discourses in psychiatry. This is reflected in *ICD 10*, which considers the classification of psychotic disorder to be particularly difficult and refers to the expansion of the section on schizophrenia as evidence of its increasingly perceived complexity (1992:4). The status of schizophrenia continues to be subject to a great deal of scrutiny. Peter Miller refers to "its weak diagnostic category, uncertain aetiology and dustbin like character" (1986:23). The British Psychological Society's response to the development of *DSM-5* comments specifically on schizophrenia's classification and questions its status as an illness. The society point out that it is possible for two people to be suffering from the "condition" but to exhibit no symptoms in common (2011:6). Similarly Pickard states, "it is now widely accepted within schizophrenia research that there is strong evidence for questioning whether schizophrenia is a scientifically valid category thus understood" (2009: 89). An important

addendum to her sentence, however, is “thus understood”; she suggests that future research may find a correlate.

The heterogeneity of schizophrenia and the recognition that it is a disorder that is influenced by social, psychological and biological factors illustrate the complexity of psychiatric diagnosis and resistance to the imprecise nature of classification (Poland 2004:151). A further site for conflicting discourse that relates directly to classification concerns the pathologisation of normality. This does not so much critique psychiatry on the grounds that medical aspects are made too prominent as suggest that medicalisation is used as control; it will be considered in the next chapter section which will explore factors influencing definitions of normality and abnormality and argue that diagnosis remains problematic.

## **THE PATHOLOGISATION OF NORMALITY**

Parker *et al* consider that binaries such as insane/sane and healthy/unhealthy have been supplanted in the contemporary psychiatric field by a focus on normal/abnormal (1995:1). Historically, Rose points out that the concept of normality that considers degrees of deviation from a norm only emerged in the nineteenth century and is, therefore, relatively recent (2007:5). He emphasises that there has never been a psychological knowledge of normality to precede concerns with abnormality; it was perceived pathology that led to concerns that centred on the normal (1990:106). Both *DSM IV* and *ICD 10* have grown comprehensively in size over time; Davies documents the increase in *DSM* from 130 pages in 1952 to 886 pages today (2013:9). *ICD 10* uses alphanumerical codes to accommodate the burgeoning nature of its classificatory system (1992). Davies provides three hypotheses for this: the first is that increasing pressure in contemporary life has led to stress and “an upsurge in poor mental health” (2013: 39); the second is that psychiatrists have got better at recognising psychiatric disease and the third: “that psychiatry, by progressively lowering the bar for what counts as mental disorder, has recast many natural responses to the problems of living as mental disorders requiring psychiatric treatment” (2013:40).

Davies' second category is concerned with diagnosis. There is support for the concept of diagnosis and the diagnostic manual. Bracken and Thomas emphasise that "diagnosis has always been the job of the doctor. Thus, assessment and diagnosis lie at the heart of psychiatric theory and practice" (2005:106). Paris considers *DSM* to be "a rough-and-ready classification that brings some degree of order to chaos" (2013: Xiii) and argues that "even when knowledge of disease is limited, diagnosis performs a number of important functions" (2013:4). Paris lists these as: providing categories specific enough to influence treatment; aiding prognosis; improving communication between physicians; enabling researchers to conduct experiments and develop theoretical models of disease and, finally, "offering something important to patients: a validation that they are indeed sick" (2013:5). The concept of diagnosis remains problematic, however; Paris argues that whilst *DSM* has made diagnosis more reliable, "reliability is not validity" (2013:X).

It is Davies' hypothesis of psychiatry's power to pathologise normality, however, which evokes most response. Davies highlights the historical nature of the debate in his interviews with former chairs of *DSM*. He interviews Robert Spitzer, Chair of *DSM-III*, who concedes:

What happened is that we made estimates of prevalence of mental disorders totally descriptively, without considering that many of these conditions might be normal reactions which are not really disorders. And that's the problem. Because we were not looking at the context in which those conditions developed (2013: 44).

An interview with Allen Frances, (Chair of *DSM-IV*), reveals that Frances considers that there is "existing diagnosis inflation" which will only be made worse by *DSM-5*. In Frances' view this will lead to "excessive medication and treatment" and "a misallocation of resources away from the more severely ill" in favour of those "who don't need a diagnosis at all and will receive unnecessary and harmful treatment" (2013: 54). Frances believes that *DSM-5* "will dramatically

expand the realm of psychiatry and narrow the realm of normality – resulting in the conversion of millions more patients, millions more people, from currently being without mental disorders to be [ing] psychiatrically sick” (2013: 52). The well documented in-fighting between power interests in the construction of *DSM* means, perhaps, that strong reactions are to be expected (Decker 2010). A more measured response to *DSM-5*’s potential to pathologise normality is offered by Paris who concedes that the main risk is over diagnosis with concomitant overtreatment (2013:38). He considers that “many categories in the manual skirt on the edge of normality” and argues that *DSM-5* will promote the ‘medicalization of life’ in the name of science (2013: 39). At the same time Paris points out that it is not driven solely by the medical profession; it is “influenced by patient advocacy” and the “lobby group” and also “by the media, which have the power to affect everyone’s opinion – even experts” (2013:19). He also argues that “psychiatry is only doing what the rest of medicine has been doing for some time – overdiagnosing patients who are not ill but who have risk factors for illness and treating people who may not need treatment” (2013: 53). Ultimately Paris gives psychiatry the benefit of the doubt in attributing the expansion of *DSM-5* to the medical fear of “missing something” rather than anything more problematic (2013: Xiv).

The work of Caplan perceives danger in an inexorable move towards classifying minor conditions as mental disorders when they are effectively only manifestations of normality (1995:32). Like Foucault, who made the point that disorder was construed in “the univocally negative language of mental illness” (McNay 1994:2) Caplan argues that “disorder” is a construct. She cites the replacement of the word “disease” by “disorder” in *DSM IV* as a contributory factor to the medicalisation of normality (1995:69). Both Foucault and Caplan consider that psychiatric terminology has the power to pathologise and that medicine is imbued with the power to regulate and normalise the individual. Foucault perceived that there is a danger of equating normality with reasonable behaviour and suggests that the criterion of normality is used as a dividing practice to qualify or disqualify people as fit and proper members of society (1994:12); he developed the concept of transgression via his link between discipline and reasonable behaviour (1994:94). The work of Foucault and Caplan, however, says something slightly different in relation to normality. Foucault clearly considers that society perceives

difference from the norm as a threat that must be neutralised (1994:94) whereas Caplan argues that the medicalisation of normality has meant that manifestations of psychiatric illness have now become the norm (1995); this means that the criterion of normality is no longer effective in acting as a dividing practice.

Caplan emphasises that the definition of normality is subjective: “using a construct always involves making choices. We choose one definition in preference to another, and we choose to exclude certain items from our definition and to include others” (1995:35). She argues that all definitions are similarly flawed because they are contingent upon historical epistemes and cultural values (1995:51). This relies upon Foucault’s concept of “genealogy” which is not concerned with strict historical accuracy so much as documenting surface detail in order to interrogate present discourse (1991:7). In taking a genealogical approach Foucault subjects “abstract principles and universal laws” to scrutiny and focuses upon the “local (i.e. irregular and discontinuous) operation of the actual power relations at work in structuring social forms in the modern world” (Parker *et al* 1990:4). A genealogical approach that uses historical material in order to question the present is revealing; highlighting the moment at which a particular discourse came to be seen as true is also key in determining societal attitudes. Notably, for example, the term “drapetomaniac” was included in early psychiatric literature; this refers to the ‘psychiatric disorder’ suffered by a slave who runs away (Caplan 1995: 144). More recently the removal of homosexuality as a psychiatric disorder from DSM III exemplifies discourse which appears naturalised at one historical moment but changes over time (Caplan 1995:180). Parker *et al* argue that amendments to diagnostic categories act as reflections of changing morality in society (1995:8) and Davies that “it was politics and not science” that removed homosexuality from the list of disorders (2013:15).

Caplan concludes her work on normality by wondering “whether not only many psychiatrists but also many mental health professionals of all kinds think there is such a thing as a normal healthy person” (1995:57). This would certainly seem to be the conclusion drawn by others. The British Psychological Society begins its response to the American Psychiatric Association’s *DSM-5* development with the following statement:



The Society is concerned that clients and the general public are negatively affected by the continued and continuous medicalisation of their natural and normal responses to their experiences; responses which undoubtedly have distressing consequences which demand helping responses but which do not reflect illnesses so much as normal individual variation (2011:2).

The Society asks for a revision of the way that mental distress is conceptualised; it wants recognition of the “overwhelming evidence” that it is on a spectrum with ‘normal’ experience. It expresses particular concern with ‘psychosis’ arguing that its evolution in *DSM-5* “looks like an opportunity to stigmatize eccentric people, and to lower the threshold for achieving a diagnosis of psychosis” (2011:9).

Discourses centring on the nature of ‘normality’ arouse strong feeling and have influenced arguments for both the removal and the inclusion of ‘disorders’ in classificatory manuals. A typical example is Peter Breggin’s concern with the inclusion of ADHD (Attention Deficit Hyperactivity Disorder) in *DSM IV*; Breggin argues that ADHD is a construct and a pathologisation of a normal spectrum of behaviour (2004:112). A different (but nevertheless equally scathing) attack on what is perceived to be the over-medicalisation of normality has led to Bentall’s article ‘A Proposal to Classify Happiness as a Psychiatric Disorder’ (1992). Here Bentall is not recommending the exclusion of a ‘diagnosis’ in *DSM* but proposing the inclusion of happiness under the heading “Major Affective Disorder, pleasant type” (1992:94). In conclusion he states:

I have argued that happiness meets all reasonable criteria for a psychiatric disorder. It is statistically abnormal, consists of a discrete cluster of symptoms, there is at least some evidence that it reflects the abnormal functioning of the central nervous system, and it is associated with various cognitive abnormalities – in particular a lack of contact with

reality...This would place it on Axis 1 of the American Psychiatric Association's Diagnostic and Statistical Manual (1992:97).

Bentall's criticism continues when he says that his proposal is "in the interests of scientific precision and in the hope of reducing any possible diagnostic ambiguities" (1992:97). The satirical tone of Bentall's article testifies to both strength of feeling and contention over what constitutes 'disorder'. There are other examples of proposals for exclusion (Caplan, Pre-menstrual Dysphoric Disorder 1995:8) and inclusion (Caplan, "Delusional Dominating Disorder", 2004:2); these examples are important in questioning the controversial nature of the classification of mental disorder. It is notable, for example, that Pre-menstrual Dysphoric Disorder has been moved from the appendix of *DSM-IV* to the main body of the *DSM-5* manual, despite opposition (Paris 2013: 119). At the same time certain attacks are notable for their limitations. Breggin's opposition to what he sees as the indiscriminate prescription of powerful medication such as Ritalin seems valid. He argues that in "diagnosing the child with ADHD blame for the conflict is placed on the child", who becomes the source of the problem. Whilst I would not dispute that this can happen, I am less convinced by Breggin's argument that "both the classroom and the family are exempt from criticism or from the need to improve" (2004:112). Breggin's polarisation of power seems reductionist and simplistic; he interprets the link between power/knowledge and discipline as a punishing or coercive force but ignores the broader Foucauldian concept of discipline as potentially productive.

In conclusion, the heterogeneity of mental illness and the recognition that it is influenced by many factors mean that both diagnosis and classification are problematic. Whilst discourses disseminated from diagnostic manuals such as *DSM-5* and *ICD-10* retain power and dominance, there is counter discourse about what constitutes pathology and a questioning of diagnosis as a dividing practice. The chapter will now move on to consider, in more detail, how power works in the field of psychiatry. It will demonstrate that psychiatry is characterised by a hierarchy of discourse which is dominated by the professional voice and challenges to this are important. Foucault asks the question, "How are we constituted as subjects who exercise or submit to power relations?" thereby exposing the ability of power to determine identity (1994: 318). He considers

that to understand the nature of discourses, “what necessity binds them, and why these and not others,” the most important question to ask is “who is speaking?” (1972:50). The ‘who’ of psychiatry provides the focus for the next section of the chapter which will then proceed to examine how power circulates, is justified and challenged.

## **POWER PLAY IN THE FIELD OF PSYCHIATRY**

If the function of classificatory manuals is to name psychopathology it seems very important to establish whose voice is represented in them. The first statement in the introduction to *DSM-IV* is “*DSM* is a team effort”. Emphasis is repeatedly placed on the inclusivity of the project; the acknowledgements make reference to the 1,000 people who have been consulted in the process of *DSM IV*’s development (1994: xiii). As well as an emphasis upon the number of collaborators the introduction makes reference to the potential cross-cultural nature of the audience (1994: xv). A similar concern with evidencing inclusivity is seen in *ICD 10* where stress is laid upon the “collaboration, in the true sense of the word, between very many individuals and agencies in numerous countries” (1992: X). These statements seem defensive, and not wholly convincing, in the light of frequent criticism about the exclusivity of the diagnostic manuals. Paris, for example, points out that *DSM-5* “was not presented to experts entirely outside the *DSM-5* process for independent assessment.” He concludes that “because peer review is a basic principle in science, *DSM-5* risks being less scientific than its predecessors” (2013:26). Discourse surrounding interpretations of ‘inclusivity’ and ‘collaboration’ and the function of both introductions in providing a “natural and eternal justification” for the selection of contributors is redolent of the distorting presence of myth which Barthes describes as “neither a lie nor a confession” but “an inflexion” (1982:129). There is also evidence of ‘inoculation’ being employed as a political tool. Barthes defines this as “a mystifying device which consists in inoculating the public with a touch of evil” in order to ward off insight in to fundamental problems and to establish an atmosphere of “permanently immune Moral Good” (1993:84). It is evident in the DSM admission that work group members “were chosen to reflect the breadth of available evidence and opinion and not just the views of the specific members” (1994: xx). By confirming that work group members must abandon their own views and act as “consensus scholars” we are exposed to the accidental

evil of lost individuality but protected against the more generalised subversion of a diagnostic manual that does not reflect a broad consensus. Barthes points out that in order to “restore or develop” an “established value”, in this instance the validity of the diagnostic manuals *DSM* and *ICD*, it is important to expose “the injustices’ and “vexations to which it gives rise...then at the last moment, save it *in spite of* itself or rather by the heavy curse of its blemishes” (2012:99); in this sense the “established value” of a representative diagnostic manual is left intact and myth is able to conceal its underlying presence.

Caplan’s work pays close attention to the ‘who’ of *DSM IV*. She stresses the political nature of *DSM* calling it, “an entirely political document...the result of intensive campaigning, lengthy negotiating, infighting and power plays” (1995: ix). She emphasises power play at a micro level, referring to the “small clique” who wield power because they are the architects of *DSM*. Caplan considers this clique to be “a few dozen people – mostly male, mostly white, mostly wealthy, mostly American” (1995:31). Caplan’s limited appraisal of those who are given a voice in *DSM* is unconvincing; nevertheless it seems important to scrutinise the influences upon the designation of psychiatric disorder that appear in key publications, particularly in view of Paris’ assertion that “sometimes it takes only one powerful voice to determine what gets in, or stays in, the *DSM* manual”. Paris refers to “the influential Stanford psychiatrist David Spiegel, who has promoted dissociative disorders for decades”. He argues that once Spiegel was appointed as part of the task force for *DSM-5* there was no possibility of excluding dissociative disorders – “those who recommended elimination...were ignored.” (2013:176).

Foucault uses the term the “rarefaction of speakers” whereby “none may enter into a discourse on a specific subject unless he has satisfied certain conditions or if he is not, from the outset, qualified to do so” (1972:225). Lewis considers that this rarefaction takes place in psychiatry “through a careful selection process and through the ritual apprenticeships of training, examination, licensing and board certification” (2009:56). He also uses the Foucauldian term “social appropriation” to refer to the “relatively privileged status of initiates into and members of psychiatry’s fellowship of discourse” (2009:56). Lewis expands upon Caplan’s concept of the ‘who’ of psychiatric discourse to include the institution. He considers that “just as speakers are

central to a discourse, then institutions ...and the rules, rituals, and hierarchical relations that structure them – are also central to a discourse. Institutional sites like universities, conferences, grand rounds, hospitals, offices, laboratories, and lecture halls all scaffold and solidify a discourse” (2009:43). Academic power is subject to particular scrutiny. Paris argues that “high ranking academics” live in a rarefied world that is removed from clinical reality but, nevertheless, exert major influence on documents such as *DSM-5* (2013:20). Bracken and Thomas also consider that “academic departments of psychiatry are...the main source of ‘opinion leaders’ in the field” and “often act as unofficial guidelines for the profession” (2005:180); this is of particular concern when they deem academics to be “less prepared to doubt and to question their assumptions than their clinical colleagues” (2005:3).

Foucault points out that the influence of institutions goes beyond the physical buildings they occupy to include published texts that consolidate “a diffuse yet constraining fellowship of discourse” (1972:266). He considers that those who are accepted in to a discourse become members of a closed community who must work according to specific rules and points out that being a member requires “doctrinal adherence” to discourse which “involves both the speaker and the spoken” (1972:266). Foucault explains that “the speaker must conform to doctrine, and at the same time the doctrine forms through a prior adherence to its requirements. Thus ‘doctrine’ effects a dual subjection, that of speaking subject to discourse and that of discourse to the group” (1972: 226). This, in Foucauldian terms, is “the will to truth” which has the power to impose an exclusionary force on discourse by delineating “a certain position, a certain viewpoint and a certain function” (1972:218). Foucault refers to “the carceral network of power knowledge” which is administered by figures of authority and imposes the authority of the norm; he suggests that the network is underpinned with “rules of formation” (1994:94). Lewis argues that “in contrast to Foucault’s rules of formation, his rules of exclusion mark the semiotic boundaries of a discourse. Not anything can become an object, concept or strategy. Strict boundaries apply” (2009:41). Applying Foucault’s theory it is notable that whilst Bentall’s 1992 proposal to include ‘Happiness’ as a disorder in a psychiatric manual may conform with many rules of formation, (for example the use of scientific language), it would ultimately be sanctioned by rules of exclusion as it does not subject itself to the discourse of the group and is effectively a

satirical attack upon it. It is possible to extrapolate from this single example to consider voices that are both accepted and rejected in psychiatric discourse and, indeed, in the wider field of medicine.

Foucault focuses specifically on the positioning of “specialists” and “patients” in psychiatry, asserting that the nature of psychosis or ‘madness’ makes for inequality. He considers those deemed to be “in folly” or “mad” to be cut off from legitimate discourse and contends that their “words are null and void, without truth or significance,” ultimately “worthless as evidence” (1972:216). Lewis argues that:

Foucault’s boundary between reason and folly is (at one and the same time) the most obvious, most subtle, and most pernicious boundary set in psychiatric discourse...The boundary is obvious because the distinction is the very justification for psychiatry’s existence. The whole point of psychiatry is to differentiate reason from folly (2009:50).

He goes on to suggest that the position of “reason” is firmly occupied by the psychiatric clinician whilst the patient is relegated to the position of “folly”. In Lewis’ view the boundary has the potential to exclude the “mad” from the discourses that circulate about them: “this creates the incredible phenomenon that the patients’ perspective is not included in psychiatric discourse...The result is that whole worlds of possible contributions to psychiatric discourse are excluded” (2009:50). Whilst I would argue that Lewis overstates the case for the exclusion of the voice of the psychiatric patient I do concur with the viewpoint of Whitley (1972) and Harper (1995) that a hierarchy of discourse exists and that “there is a danger that professional knowledge wields far more power than any “folk” knowledge or expertise expressed by an individual receiving treatment in the field of psychiatry” (Whitley 1972:1589). Harper suggests that whilst a social constructionist position would acknowledge a plurality of voices the reality is likely to be that those of the professionals are more powerful than others (1995:354). This is why any challenge is so important. Bracken and Thomas delineate the aims of Mad Pride, an organisation led by users who counter discrimination and demand to be “heard in their own words”. Drawing upon Foucault’s description of the “stammered, imperfect words...in which the exchange between madness and reason was made” (2007:xii), Bracken and Thomas argue that

“organizations such as Mad Pride...are demanding a return to dialogue; a move away from monologue. As we enter the 21st century, their words are far from stammered, but articulate and powerful” (2005:99).

It is possible, also, that legislation such as *The Mental Health Measure* (2010) is attempting to respond to perceived inequality. One of the intended effects of the measure is to expand independent advocacy for anybody who is receiving inpatient treatment or is subject to a section of the mental health act; emphasis is placed upon the role of Independent Mental Health Advocates (2011:3). At present The Mental Health Act 1983 enables patients who are on long-term sections to have an advocate – the new act enables patients on the shorter-term emergency sections of the Act to “receive independent help and support from an advocate if they wish to” (2011:5). In addition the *Measure* also ensures that anyone who has previously used secondary services is able to liaise directly with secondary services rather than being re-referred through their GP; self-referral seems to be a symbolic advance in the doctor- patient dynamic (2011:12). It could be argued that both of these measures should, in principle, allow service users greater ownership of their illness and provide them with support to articulate their views through an advocate who acts as an intermediary between doctor and patient. A counter argument might be, however, that agency is reduced, still further, by replacing the voice of the service user with a stand-in. This is a small illustration of how arguments and counter arguments coexist concerning the appropriation of power in the field of psychiatry. The next section of the chapter will argue that the recognition of medical dominance does not necessarily render it wholly invalid. I will suggest reasons for its existence before outlining aspects of resistance to it.

## **A (PARTIAL) DEFENCE OF MEDICAL POWER**

Whilst the power wielded by the medical professional must be scrutinised, it is also important to consider that attacks upon it may be imbalanced. Deborah Lupton argues that:

One major difficulty with the orthodox medicalization critique is its rather black and white portrayal of Western medicine as largely detracting from rather than improving people's health status, of doctors as intent on increasing their power over their patients rather than seeking to help them, and of patients as largely helpless, passive and disempowered, their agency crushed beneath the might of the medical profession (1997:97)

Thomas Osborne recognises an anti-medical model that is underpinned by “a kind of sentimentalism...often amounting to a form of nostalgia with regard to medicine”. This model allies medicine with “‘medicalization’, ‘professionalization’ or scientization” whilst viewing an anti-medical model as “humanist, caring, individualizing, preventative, progressive, person-centred, phenomenological” and “ideographic” (1995:29).

As well as recognising an operation of binaries medicine must also be contextualised within a wider social framework. Psychiatry operates within the law: *The Mental Health (Wales) Measure 2010* provides evidence of its positioning within a larger governmental system. Foucault points out, via his concept of ‘governmentality’ that “states of domination” (such as those in the psychiatric field) “are not the primary source for holding power or exploiting asymmetries, on the contrary they are the effects of technologies of government” which regulate, systematise and stabilise power relationships leading to potential states of domination (1988:12). Pilgrim and Rogers cite law as only one of five governing principles in mental health alongside the lay view, psychiatry, psychoanalysis and psychology (2005:1). A plurality of stakeholder interest is also recognised in Harper's acknowledgement that the voices of “professionals of various disciplines; users of services; users' relatives; care staff [and] neighbours” invite consideration (1995:354).

A Foucauldian appraisal of medical power goes beyond simple binaries. Referring specifically to psychiatry, Parker *et al* consider that “the reason why the medical model has such power...is that people trust medicine” and are “willing actively to assist the medical control of the mentally ill” (1995:10). Rose suggests that medicine is a dominant discourse because it works (1986:195); he draws on Foucault in suggesting that some ‘truths’ do not necessarily lose their validity because



they are authoritative and argues that not all attacks on medical authority are valid. Foucault's work is valuable in pointing out that 'Truth' is not "outside power" or "the reward of free spirits" and, also, in cautioning against the attempt to replace one set of truths with another that is equally unstable (1991:72).

Miller links psychiatric power, real or perceived, with the prevalence of demands placed upon it (1986:39). He asks, in common with critics of psychiatry, "how, where and through what processes do madness, depression and simple unhappiness become constituted as problems amenable to psychiatric treatment?" but argues that the answer to this is more complex than an assumption of medical dominance (1986:39). Miller suggests that pressure may be exerted upon psychiatry to act as a social panacea:

Rather than extending the remit of psychiatry to the manifold problems of social and personal life, should we not ask of psychiatry that it takes as its rationale the problem of cure rather than the project of normalization? (1986:10).

Miller emphasises the ever-growing complexity of the remit of psychiatry by suggesting that an evolving psychiatric model is not of someone suffering a major psychosis but "the mildly distressed individual in the family and in the community" (1986:14). This is evidenced in the *Mental Health (Wales) Measure 2010* which states, "only a very small minority of people with mental health problems need to be treated compulsorily. The great majority of people with mental health problems never need to be treated compulsorily and voluntarily seek treatment" (2011:1). Rose also notes the personal volition that links the individual with psychiatry:

In the majority of cases...treatment is not imposed coercively upon unwilling subjects but sought out by those who have come to identify their own distress in psychiatric terms, believe that psychiatric expertise will help them and are thankful for the attention they receive (1986:83).

Barnes et al also challenge the perception of the passive psychiatric service user in their assertion that “the problem isn’t that people whisk you into hospital and label you, but that you have to keep banging at the GP’s door before anybody will really believe that you’ve got a serious problem and that you need to be in hospital” (1999:36). *The Mental Health (Wales) Measure 2010* acknowledges the breadth of its remit and a spectrum of disorder when it says that it is “aimed at individuals of all ages who are experiencing mild to moderate, or stable but severe and enduring, mental health problems” (2011:4). Notably the first intended effect of the *Mental Health (Wales) Measure 2010* is the expansion of provision of local primary mental health support services; it is hoped that the new measures will be of use to “user groups, carers, networks, managers, clinicians and human resources staff”, implying that its focus is community based psychiatry for people with milder conditions (2011:2/3). The desire for greater support at a local, primary level suggests, perhaps, that resources at a secondary level are presently stretched and may also reflect a growing prevalence of psychiatric ‘disorder’ in society. There is an acknowledgement that GPs do not always have sufficient specialised knowledge to deal with mental health issues. This can be interpreted as both a corrective to medical omniscience and also a reinforcement of the expert knowledge of the mental health professional.

What is apparent from an examination of *The Mental Health (Wales) Measure 2010* is that its central recommendations do not reflect concern about the inappropriate wielding of psychiatric power (a discourse which dominates film and Chapter 5). Compulsory admission, for example, is clearly perceived to be unusual in the realm of mental health law (2011:5). Similarly there is hardly any reference to psychopharmacology. The only possible reference to restraint is ambiguous: The Measure talks of providing GPs and other primary care workers with support “to enable them to safely manage and care for people with mental health problems”; it is unclear whether the safety of medical personnel or the service user is referenced here (2011:4).

A further argument in defence of the assumed dominance of medical psychiatric power is that related aspects of the speciality may exert power. Rose argues that:

All the sciences which have the prefix 'psyc' or 'psycho' have their roots in a transformed relationship between social power and the human body, in which regulatory systems sought to codify, calculate, supervise and maximize the levels of functioning of individuals (1996:74).

The conclusion to be drawn from this is that other disciplines, such as psychology, are controlling mechanisms and should be subject to scrutiny. Rose highlights psychology's centrality as a powerful social force:

Psychology "provides the languages to establish translatability between politicians, lawyers, managers, bureaucrats, professionals, businessmen and each of us...And its expertise, grounded...in a claim to truth, allows for an indirect relationship to be established between the ambitions of governmental programs for mental health, law and order, industrial efficiency, marital harmony, childhood adjustment...and the hopes, wishes and anxieties of individuals and families. Convinced that we should construe our lives in psychological terms of adjustment fulfilment, good relationships, self-actualisation and so forth we have tied ourselves 'voluntarily' to the knowledge that experts have of these matters, and to their promises to assist us in the personal quest for happiness that we 'freely' undertake (1990:112).

It could be argued that these discourses move beyond the psychiatric institution making them more culturally powerful. In emphasising the words 'voluntarily' and 'freely' Rose draws upon Foucault in seeing the function of psychology as not necessarily crushing subjectivity but, nevertheless, exerting influence over the individual. The dedication to Rose's 1989 *Governing the Soul* is a Foucauldian comment upon the soul:

It would be wrong to say that the soul is an illusion, or an ideological effect. On the contrary, it exists, it has a reality, it is produced permanently around, on, within the body by the functioning of a power...on those one supervises, trains and corrects, over madmen, children at home and at school, the colonized, over those who are stuck at a machine and supervised for the rest of their lives (Foucault 1979:29).

Foucault's work on governmentality established the notion of a continuum which "extends from political government right through to forms of self-regulation" and emphasised the paradox between regulation and the individual ownership of responsibility (Lemke 2000:3). It was a revision of his work on 'docile bodies' which he felt placed too much emphasis on processes of discipline. Siegfried Jäger and Florentine Maier consider that whilst Foucault contests the notion of an autonomous subject this does not mean that he "is against the subject" (2009:38). They argue that Foucault attributes the individual with the power to be active and "fully involved when it comes to realizing power relations in practice. The individual thinks, plans, constructs, interacts and fabricates" but "also faces the problem of having to prevail to assert himself, to find his place in society" (2009:38). Rose considers the complex interface between issues of personal fulfilment and mental health. He argues that it is psychology which provides the "vital relays between contemporary government and the ethical technologies by which modern individuals come to govern their own lives" (1990:115). This is also the view of Bracken and Thomas who consider that "psychiatric power is now operating to produce an enhanced notion of subjectivity...through the production of new discourses of the self" (2005:94).

It is notable that *The Mental Health (Wales) Measure 2010* offers short-term interventions at a primary level which include "counselling, a range of psychological interventions including cognitive behavioural therapy, solution focussed therapy, stress management, anger management and education" (2011:3). As these interventions are only guaranteed if they are deemed to be appropriate it could be argued that there is concern that demand may outstrip supply; a delicate balancing act clearly exists between social and personal intervention in managing the self. Rose states that

Citizens now have ‘attitudes’ to all manner of things, take decisions about their lives in terms of such attitudes, discuss them with others, justify them, have them measured and changed. And citizens have opinions, we have learned to ‘become opinionated’ (2007:15).

His emphasis upon the active citizen clearly complicates the assumption of medical dominance. Bracken and Thomas link the perception of the active citizen with consumerism. Although individuals are not cited as ‘healthcare consumers’ in literature such as *The Mental Health Wales Measure 2010* Bracken and Thomas argue that the very concept “implies that we may think of ourselves as consumers of health care” and “that we have choices to make as far as our health is concerned”. They perceive a shift in health care values, which has led to an emphasis upon “the importance of consultation with and the involvement of patients in service development and planning, the processes of delivery of individual care programmes, and research” (2005:30).

This section of the chapter has sought to show that not all aspects of medical authority are invalid and that its power may be due, in part, to its social popularity. Psychiatric treatment is sought and not necessarily imposed; not all aspects of psychiatry are authoritative and not all attacks upon it are justified. The voluntary nature of treatment for psychiatric conditions extends beyond the psychiatric institution to play a powerful cultural position in society. Any discussion of the circulation of power must also entertain notions of resistance to domination; Foucault’s work on agency argues that “the relationship between power and freedom’s refusal to submit cannot...be separated” (1983:221). It sees resistance as an intrinsic part of power; nobody actually ‘owns’ power and it does not necessarily achieve what it sets out to. Foucault aims to show that “power comes from below” in a “local, low-level, ‘capillary circuit’” (1994: xxiv). The final section of the chapter will consider resistance in the field of psychiatry.

## RESISTANCE TO POWER

Rose points out that, “with regard to power over discourse, different individuals and groups have different chances of influence. However, none of them can simply defy dominant discourse, and none of them alone has full control over discourse” (2007:15). I would argue that the field of psychiatry is characterised by discourses of resistance. It is notable that resistance can be offered by “speaking subjects” themselves. There is resistance, for example, to the new version of *DSM* from previous key players in the development of the manual (Davies 2013, Decker 2010). The Internet has made the infighting amongst previous editors of *DSM* and current editors highly visible and suggests that the idea of a monolithic power base may be a construct. Hannah Decker refers to the “open drama” to which the public have been party and describes a “war” between two former editors of *DSM IV* and the leaders of the American Psychiatric Association’s present task force who are responsible for the current version of *DSM* (2010). Resistance extends to other members of the profession such as James Davies, a psychological therapist, who poses the question; “Why, when a committee of psychiatrists agree that a collection of behaviours and feelings point to the existence of a mental disorder, should the rest of us accept they’ve got it right?” (2013: 24).

Further resistance to medical dominance is offered by subjects who might be considered, historically, as “non-speaking subjects” in the field of disability and mental health research which has traditionally been dominated by clinical and medicalised voices (Beresford 2005:65). The work of the Hearing Voices Network, for example, has challenged the ownership and medicalisation of ‘auditory hallucinations’. A prominent aspect of this particular resistance is to repudiate the medical term and replace it with the simpler term ‘voice hearing’. Bracken and Thomas argue that “most research in psychiatry defines effectiveness in terms of symptom resolution, but many service users reject notions of illness, or that their experiences are to be accounted for as symptoms” (2005: 48); this is one such instance. Parker *et al* point out that:

Whether it is seen as a variety of tinnitus or telepathy, voice hearing confuses any medical system which tries to categorize symptoms. The spotlight is then turned around, as with the queer movement, on to those who are unable to tolerate the variety and ambiguity of identity that results. It has been argued, in this deconstructive spirit that clinicians caught up in this way of thinking may be suffering from ‘Professional Thought Disorder’ (1995:126).

More generally, resistance is embodied by the user-led movement which Bracken and Thomas consider has “no equivalent in general medicine” (2005:51). They express “a profound respect” for the agendas emerging from user-led initiatives, considering that this is “where the future lies” in terms of putting an end to Foucault’s “monologue of reason about madness” (Foucault 2007: xii). They are optimistic that real dialogue is beginning to take place “between those who experience episodes of madness and dislocation and the society in which they live” (2005:2). Bracken *et al*, however, feel that true collaboration can only take place once psychiatry moves “beyond the primacy of the technical paradigm” (2012: 431).

Diana Rose traces the slow progress that user-led research has made over time (2005). Rose is a social scientist and is also a mental health service user. She works for SURE (the Service User Research Enterprise) at the Institute of Psychiatry in London; the aim of SURE is to research from the perspective of the user of mental health services. Bracken and Thomas attribute Rose with the development of UFM (User Focused Monitoring), which they consider to be important in promoting a service user perspective. As illustration, a professional approach to medication emphasises compliance, whilst UFM groups “approach medication in terms of choice, dignity, respect and information about side effects” (2005:61). This divergence highlights the need for multiple voices and discourses in the psychiatric field. Rose explains that the user movement has grown exponentially from fifteen groups in the 1980s to over seven hundred today (2005:2). She makes the point that mental health service users were ahead of all other patient groups in wishing to have more of a voice in research into their own condition; she links this to particular concern with a medical model which has the power to take away liberty when no crime has been committed (2005:2). Rose cites the perception of injustice in the psychiatric field and a desire to

challenge this as reasons for undertaking user-led research. A specific aim is to “elucidate the experience of mental distress and of receiving treatments and services as understood and experienced by service users” (2005:3). Rose considers the patient experience to be under-explored and cites this as a cause for concern:

We cannot uncritically accept the idea of the neutral observer in relation to the production of knowledge. We have a battle on our hands – we need to emphasise the importance of expertise by experience and not have this undermined by more mainstream ways of producing knowledge (2005:11).

Rose argues that the path of user controlled research has not been straightforward, describing opposition from the mainstream research community who have historically considered it to be “biased, anecdotal and over-involved” (2005:3). She makes a specific distinction between user involvement in research and user controlled research which can be traced back to the 1990s in the UK and has links with the user/survivor movement as well as the wider field of disability research (2005:3). Rose attests to opposition to having user-led research published in peer-reviewed literature until very recently. She cites research on electroconvulsive therapy as an emblematic illustration of how tension still exists between “senior scientists and methodologists”, describing how scientists have branded patients who objected to ECT as “a vocal and angry minority who represented no one but themselves” (2005:5). On-going tensions clearly continue about the status of “true scientific research”. Rose mentions the importance of systematic reviews and randomised controlled trials (RCTs); she is apologetic in tone about the potential validity of qualitative research and perceives testimonies from service users as being less sound than RCTs, something which Lewis contests (2005:4). In spite of on-going areas of conflict, however, Rose is optimistic about the progression of user led research. She makes the point that the UK Institute of Psychiatry, which she considers to be a conservative institution, has recognised the importance of user-led research and provided funding. She is also positive about work carried out by service users being championed by NICE (The National Institute of Clinical Excellence, an advisory body to the Government) an indication, perhaps, that the discourses of service users and clinicians are not as disparate as they were (2005:7).



In conclusion it is apparent that whilst it seems inaccurate to suggest that there is no diversity in the discourse that contributes to the naming of psychiatric disorder a deconstructive approach is essential in order to examine and contest dominant discourse. Whilst there are signs of an ever-increasing plurality of discourse there is still a long way to go before a true democracy of existing discourse is achieved. The next chapter will move the focus from an analysis of discourse practice in respect of policy documents which determine the naming of clinical psychosis and their influence on social practice to consider, specifically, the film text and how it is constructed, distributed and consumed. A focus upon representation, the film industry as an institution and socio cultural attitudes to film conforms with Fairclough's model of critical discourse analysis which describes "overlapping dimensions of text, discourse practice and sociocultural practice" (Smith & Bell 2007: 86). Chapter 5 will build on work done in this chapter to determine the relationship between discourse in the naming of clinical psychosis and notable discourse in film.

## CHAPTER 5: THE REPRESENTATION OF PSYCHOSIS IN FILM

### INTRODUCTION

This chapter will consider the discourses centring on psychosis that are present in film. I continue to adopt a Critical Discourse Analysis approach to consider the dynamic nature of discourse and its relation to socio-cultural change. Jäger and Maier consider that Critical Discourse Analysis “reveals the contradictions within and between discourses, the limits of what can be said and done, and the means by which discourse makes particular statements seem rational and beyond all doubt, even though they are only valid at a certain time and place” (2009:36). A discourse analysis approach argues that the media is instrumental in constructing its own versions of reality but that these apparent realities are discursively shaped and always open to contestation (Macdonald 2003:16).

I have chosen to base my discourse analysis on film texts which date from the inception of film to the present day. Films analysed range from major releases such as *A Beautiful Mind* (2001) to Mieke Bal’s *A Long History of Madness* (2011) which has not been on general release. Peter Remington argues that amongst representations of psychosis in film those “directly treating of madness have historically been the exception rather than the rule” (2011: 144). He documents a dramatic increase in films that feature depictions of mental illness in the last twenty or so years (2011:151); it is not possible to cover the whole field in this thesis. I have not confined my selection to English language films, although texts principally refer to the USA; this reflects American cultural influence in the field of popular entertainment. I include a broad range of genres and have considered representations that provide a variety of discourses. My focus is on psychosis; to this end I include films that depict drug-induced psychosis and also ‘psychosis’ which does not have any apparent causation. In addition to examining films that seek to further an understanding of mental illness I also wish to establish why psychosis is used to provoke spectator fear; this is the case in slasher films from *Asylum Erotica* (1971) to *Psychosis* (2010) which make no attempt to understand the mental condition of the ‘psychotic’ protagonist.

“Aesthetic judgments of text – which are ‘good’, which are ‘bad’ which are ‘masterpieces’ and which are ‘failures’” are not relevant to these concerns (McKee 2003:25).

I continue to draw upon the work of Foucault and Fairclough in this chapter. Both see the media text as the site of a power struggle (1995:94) and as part of a range, including the medical texts and policy documents in Chapter 4 and the interview transcripts in Chapter 6, which might exercise influence (1995:209). Fairclough emphasises the importance of the social agent in determining textual discourse. He considers that complexity results when there is a discrepancy between the agent’s ideological interpretation of the world and the world itself (1989:170). Fairclough emphasises that social agents:

Have their own ‘causal powers’ which are not reducible to the causal powers of social structures and practices...Social agents texture texts, they set up relations between elements of texts. There are structural constraints on this process...But this still leaves social agents with a great deal of freedom (2003:22).

The social agent links with Foucault’s “speaking subject” whereby “living persons” take up subject positions that have already been negotiated and are recognised as ways of comprehending the world (Matheson 2005:61). This has been explored in the naming of clinical psychosis (see Chapter 4) and will now be applied directly to film.

Discoursal practices (production, distribution and consumption, with an emphasis on distribution) are also considered key by Fairclough and are well recognised aspects of vertical integration in the film industry (2000:158). The macro aspect of film discourse in managing culture and legitimising specific representations of psychosis will also be considered.

Adopting a broadly Foucauldian approach this chapter is concerned with how discourse has operated at specific times and according to social shifts since the inception of film. Foucault considers that discourses should be approached from both the point of view of their “tactical productivity” (what they achieve in terms of power and knowledge) as well as their “strategical integration” (what circumstances and rules give rise to their use in particular circumstances) (Macdonald 2003:18). Foucauldian discourse theory aims to “analyse the constitution of the subject in its historical and social context from a diachronic...and synchronic ...perspective” (Jäger & Maier 2009:38). In examining discourse that surrounds psychosis I focus upon how individuals who have experienced it have been positioned in film over time; the act of definition seems crucial to the social and cultural identity of this vulnerable group.

In this chapter I will argue that because film texts are key sites for cultural representation and the negotiation of identity, the presentation of the psychotic individual must be scrutinised. I will argue that because texts are appropriated by the public and the powerful in order to define social roles, the potential limitation of these roles may influence perceptions concerning mental health. The chapter will demonstrate that the film text is heterogeneous and inflected by a range of diverse factors including control over distribution and changing audience profile. It will address the challenge posed in reconciling ‘realism’ based on the experience of psychosis with film as an entertainment form and will conclude that psychosis can, at times, provide escapism and wish fulfillment. In it I will argue that whilst film conventions influence representation, film is sometimes able to capture the complexity of psychosis. I will illustrate that psychosis provides both opportunities and challenges to the filmmaker and its presentation is inflected by various factors including era, genre and intertextuality. I will demonstrate that film stresses positive aspects of psychosis, at times, but negative representations which ‘other’ psychotic protagonists and emphasise links between psychosis, violence and problematic sexuality predominate. In a comparative analysis with clinical discourse in Chapter 4 I will identify prominent film discourse as focusing on the role of the carer and the curative properties of love. I will establish that a common shared discourse is the division between pathology and normality and will demonstrate that whilst film discourse seldom questions scientific or medical authority it is critical of psychiatry as an instrument of repression. I will argue that film rarely explores social attitudes

towards mental illness and fails to recognise autonomy amongst those who experience psychosis. The undeniable differences in the hierarchical arrangements of discourse reflect the competing interests between the stakeholders in the naming of clinical psychosis and filmmaking.

## **THE FILM TEXT**

John Ellis highlights the heterogeneity of film by observing that “general statements are made about ‘cinema’ as though ‘cinema’ were a mass of virtually undifferentiated material”. He contests this and emphasizes that whilst the “common sense notion of a film” corresponds to American entertainment cinema the film text is much more complex than this (1992:23). Janet Harbord also emphasizes this complexity in a consideration of the interface between film and the individual consumer:

Our access to film is situated, I have argued, in networks of time...and space... which connect us to particular discursive practices of film culture and diverse histories of cultural value...each film culture purports an aesthetic exclusive to its own domain (art gallery, arthouse cinema, multiplex, home view)...systems of production and distribution collude to create mutually exclusive aesthetic cultures (2002: 117).

The film texts which provide the focus for this chapter must, therefore, be considered as products which have been inflected by a range of diverse factors in an industry that is notable for its heterogeneity. Fairclough recognises mass media institutions in contemporary society as complex structures which contain multiple forms of discourse in multiple situations. He feels they are particularly worthy of consideration because “the nature of the power relations enacted” within them “is often not clear” and may be concealed (1989:91). He does not doubt the ideological function of such institutions but considers that this can vary as institutions “provide alternative sets of discoursal and ideological norms” (1995:40). Whilst emphasizing plurality he considers that this varies according to time and place and is influenced by the balance of power which exists amongst those who are responsible for the institution’s formation. He considers that

complexity is compounded in mass media institutions such as the film industry because “participants...are separated in place and time” (1989:49). Fairclough’s work echoes Foucault’s ‘rarefaction of speakers’ (1972:225) in suggesting “each institution has its own set of speech events, its own differentiated settings and scenes, its cast of participants, and its own norms for their combination” (1995:38). Fairclough considers the members of an institution such as the film industry to be participants in a cast who choose to play parts in order to achieve goals which are ultimately recognised by the various members of that institution; certain discourses will be ingrained and new discourses may be considered with suspicion. Membership includes members of the audience as well as producers. Fairclough sees the institution as “simultaneously facilitating and constraining” social action by providing “a frame for action” which also acts as a constraint (1995:38). He uses the term MR (members’ resources) to refer to the knowledge utilised to interpret texts as well as to produce them (1989:24); this is closely allied to Roger Fowler’s preferred term “discursive competence”, which refers to the relationship between a text and the common knowledge shared by an audience in what is permissible and what is prohibited according to its conventions (1991:44). Fairclough considers that the knowledge shared by members of an institution is social in origin and is the result of the struggle for dominance in discourse; it is socially transmitted but unevenly distributed. When applied to the film industry it is clear to see that both the nature of discourse and control over distribution are key. Branston considers control of distribution to be vital as specific discourses can be circulated over and over again, sometimes long after the historical moment and situation when they came in to being (2000:160). She also considers that costs and mass marketing in contemporary cinema demand broad categorizations which are simple to understand and can be distributed en masse; this simplification leads to repetition, a restricted range of discourses in specific sectors and the possibility that alternative discourses are not available for popular audiences (2000:161).

It cannot be assumed, however, that the film audience is without agency. McKee argues that audiences influence the content of textual production and that “media producers deliberately try to produce texts that will fit in with the sense-making practices of audiences – they don’t just produce whatever they would like to see, or push particular ideological lines that they believe” (2003:48). Fairclough considers that the very nature of mass media means that there is “no way

that producers can even know who is in the audience, let alone adapt to its diverse sections” (1989:49). Arguably, however, there have been attempts, over many decades, to do so. Susan Ohmer documents the Audience Research Institute’s (ARI) quest to define the audience as early as 1944 via the use of preview screenings with carefully selected audiences. The aim was not to “reflect the interests of the average filmgoer” so much as to “select a replica in miniature of the movie masses”. Via the use of a ‘Televoting Machine’ featuring a luminous dial that could be turned to positions marked “very dull, dull, neutral, like, like very much” the ARI claimed to be able to monitor individual response by the second. The response was used to action edits of film sequences, which did not receive favourable responses and also to highlight areas of confusion (2006:221). Such historical research reveals that the film industry has invested in getting to know its audience and has also acted upon audience response. Even when factoring in technological advance such as hardware applications using keypads to monitor audience response and software applications for mobile ‘phones which serve the same purpose, however, the concomitant increase in the diversity of film tends to support Fairclough’s assertion that it is impossible to ‘know’ the audience and adapt the text to their tastes and needs.

In addition to a recognition of political and economic influence it is important to consider how the “formal workings and pleasures of films” affect discourse (Branston 2000:176). Ellis justifies film purely on aesthetic grounds, considering the cinematic image “the perfection of photography” (1992:38). Branston refers to the “complex ‘refractions’ of the aesthetics of films” (2000:141) and considers formal systems such as “the look of the camera, lighting, editing, framing and production” to be key in meaning making (2000:136). Dyer argues that the “non-representational” signs of cinema including “colour, texture, movement, rhythm, melody, camerawork” all provide audience pleasure (2002: 20). Beyond these formal properties Branston argues that cinema draws upon conventions such as narrative structuring and language-use (2000:136); these become part of what she terms the ‘textiness’ of film and provide an alternative source of pleasure (2000:166). Ira Torresi argues that whilst filmic representation might not necessarily be negative or false it offers limited correspondence with real life; filmic convention is prioritised to become a dominant discourse in its own right and an influence upon meaning making (2007:532). Whether complexity is sacrificed in favour of the ‘textiness’ of film

and how this ‘textiness’ operates in films that feature discourses of psychosis are crucial issues in relation to my own work. Writing specifically in relation to psychiatric discourse Glen and Krin Gabbard argue that complexity is sacrificed to filmic convention:

Most film theorists agree that movies succeed more often when they put aside pretension and turn to material that is suited to a popular medium like the cinema. This is not to say that films cannot be serious or significant, but rather they suffer when the complexity of the material lies outside the range of what cinema can effectively dramatize (1999:101).

I would contest the Gabbards’ assertion that there are limits to what can be effectively dramatised in film. My own conclusion is that films can capture degrees of complexity surrounding discourses of psychosis. Independent film *A Woman Under the Influence* (1974), for example, portrays both the chronic, stultifying nature of mental illness and its potential for drama and conflict. Equally a mainstream film like *Mr Jones* (1993) captures some of the complexity of psychosis; it is notable that a critical review by Roger Ebert considers the film to be successful in this respect but to be limited by an ineffectual romantic subplot. Ebert considers that “in a less ambitious movie, we might accept the romance as part of the whole commercial formula” (1993:online). Films portraying psychosis may succeed or fail for a variety of reasons; the treatment of psychosis is only one aspect.

Branston argues that the film industry’s desire to maximise box office receipts by responding to the audience’s expectation for “thrills, laughter, tears and cheers” leads to simplification (2000:131). Harbord considers that this is historical and that “early film draws heavily on popular attractions as well as narrative-based arts, on the fairground and its physical and sensational form of pleasure, the corporal shock of sensory confusion” (2002: 23). Branston notes that the music hall influenced early film to produce a display of “attractions” which were designed to “shock, thrill or incite curiosity” (2000:23). Similarly theatre lent cinema a melodramatic quality which led to the simplification of representation and related discourses. Cinema’s readily understandable conventions sacrificed complexity in favour of what Branston



calls “everyday understanding and action” (2000:161). Both Harbord (2002:25) and Branston (2000:23) consider that the early desire for spectacle has not been diminished, over time, so much as displaced (see also Gunning (2006)). Both identify spectacle in narrative films, the avant-garde and in specific genre forms. Harbord points out that the shock effects of early cinema may now manifest as special effects, which are superficial and essentially conservative in nature (2002:32). Alan Lovell and Gianluca Sergi consider cinema to be “as much a sensual experience as it is an intellectual one” (2009: 30). They question the negative connotations that attach to spectacle, however, arguing that “many of cinema’s triumphs” including *Battleship Potemkin* “have been achieved through the creation of spectacle” (2009: 74).

A specific area of interest in relation to my work must be, therefore, whether ‘spectacle’ presents in films that feature discourses surrounding psychosis and, if so, whether this ‘spectacle’ leads to simplification. It is possible to argue that neither simplification nor spectacle seems compatible with psychosis as subject matter. John Hill argues that it is the “twin expectations of narrative and ‘realism’ which are, perhaps, the most fundamental in defining our sense of what constitutes a ‘good’ film and establishing the terms on which films are to be understood” (1986: 54); prioritising ‘realism’ in films that feature psychosis may pose potential problems for the filmmaker.

Dyer’s work is valuable in analysing the complex relationship between the entertainment film and its presentation of ‘reality’. Dyer defines entertainment as “a type of performance produced for profit, performed before a generalized audience (‘the public’), by a trained paid group who do nothing else but produce performances which have the sole (conscious) aim of providing pleasure” (2002:19). He sees two of the central tenets of entertainment as “escape” and “wish fulfillment” and groups these together under the heading of “utopianism” (2002:20). Jackie Stacey argues that “by focusing on utopian sensibility Dyer highlights...the emotional dimensions” of cinema – an area that has hitherto been under-explored in comparison with visual pleasure” (2002:429). Dyer formulates a category titled “Social Tension, Inadequacy/Absence”; this recognises negative aspects of the ‘real’ world which are ‘solved’ by the ‘utopian solutions’ provided by the film text (2002:26). The list includes “Scarcity, Exhaustion, Dreariness,

Manipulation and Fragmentation”; it can be read as a checklist for those experiencing mental health difficulties. Dyer considers “Scarcity” to be “actual poverty in society” or “unequal distribution of wealth” and “Fragmentation” to mean “job mobility, re-housing and development and high rise flats.” A fracture clearly exists in reconciling ‘realism’ and narrative based on the experience of psychosis with film as an entertainment form. The “utopian solutions” that Dyer provides to address ‘reality’ are: to replace scarcity with abundance thereby eliminating poverty; substitute exhaustion with energy; replace the dreariness of daily life with excitement and drama; substitute transparency and honesty for manipulation and provide a sense of community to compensate for the fragmentation in society. These solutions initially appear to be incompatible with an exposition of psychosis yet a more detailed analysis of texts that feature discourses on psychosis confirms that they are evidenced consistently in film. Ellis testifies to what can be achieved in reconciling ‘realism’ and entertainment:

In many senses entertainment cinema has been concerned more with spectacle than with reality. Or rather it has been concerned to play between the two, to make the real spectacular and the spectacular plausible...Cinema fictions present extraordinary events, ones that we know to be impossible, or at least highly unlikely. It then performs a fantastic trick upon these unlikely things: it succeeds in making them credible (1992:51)

Ellis’ commentary upon the real and the spectacular is particularly applicable to the experience of psychosis as it argues that it is possible to use a serious social problem as the basis for entertainment and also to capture the fantastical aspects of psychosis and make them work on screen. Referring, once again, to Dyer’s work it can be demonstrated that aspects of psychosis do not have to provide the narrative problems, which are solved by film entertainment, but can also provide the representational solutions. Mania, for example, is characterised by “energy” and “abundance” which can be used to counter “scarcity”; this is evidenced in *Mr Jones* (1993) where the eponymous character, who is hospitalized for mania, instructs the psychiatrist in how to enhance her unfulfilling life. Genre films such as *Twelve Monkeys* (1995) allow for action sequences and special effects. Star performances such as that of Jim Carrey in *Me, Myself and Irene* (2000) are notable for their energy. *Crazy People* (1990) introduces a narrative that centres

on the duplicity of the advertising world and refers directly to Dyer's category of "manipulation" which requires a "utopian solution." Dudley Moore, (an advertising executive), is sent to an asylum by his employer for questioning the corrupt nature of his work; whilst there he learns the value of community, transparency and honesty. The nature of relationships in romances such as *Crazy People* (1990) and *David and Lisa* (1998) testifies to the "experiencing of emotion directly, fully, unambiguously, authentically" thereby replacing manipulation with transparency in a different sense (Dyer 2002:23). It is also notable that Dyer's "non-representational categories" are used in films that feature psychosis to provide visual, narrative pleasure. In *Dead Ringers* (1988), for example, the scene in which psychotic twin Beverly, played by Jeremy Irons, performs gynaecological surgery wearing a red hijab embodies Dyer's claim that the non-representational provides "spectacle as materialism and metaphysics" which is notably "tactile, sensuous (and) physically exhilarating"; at the same time it contradicts Dyer's association of the non-representational with "fairyland" and "magic" (2002:28). The power of the scene derives, perhaps, from the juxtaposition of what John Harkness refers to as "high tech" environments, which are "logical monuments to clarity and order" and the shock engendered by the "disease and madness" which manifest in these settings (1983:24). Pete Boss refers to the power unleashed by the coupling of medicine and more traditional horror tropes in Cronenberg's work: "Despite the immaculate order to the hospital, its brilliance and asepticism, the banishing of the signifiers of death and decay, it remains a sanctuary of contemporary terror" (1986:20). Cronenberg juxtaposes "normally unharmonious elements...the result is a combination of dissimilar elements and the discovery of unforeseen resemblances in things apparently unlike". This leads to "the violent revelation of dissimilarity or difference in what seems similar." (Grant 1997:17).

Dyer also considers that "utopian solutions" are relevant to filmic resolution; it is important to apply this to films that feature psychosis. At the simplest level Robin Wood considers the "happy ending" to be an "'emergency exit' (Sirk's phrase) for the spectator, a pretense that the problems the film has raised are solved" (1992:476). Hill argues that the expectation of narrative resolution "tends to encourage the adoption of socially conservative endings". He points out "there is a presumption, built into the very structure of conventional narrative, that problems can be

overcome, can indeed be resolved” (1986:55). Ellis refers to “tightly organized narration” which ensures that “a particular problem or disruption” is resolved at the end of a film; this indicates that when psychosis features as problem or disruption there is a tendency to provide an explanation and a resolution for it (1992:24). Explanations can be straightforward, for example in *Requiem for a Dream* (2000) where psychosis is drug induced. Hill emphasises that social problem films do not truly “deal with social problems in their social aspects at all (as problems of the social structure) so much as problems of the individual” (1986:56). This is the case in *Requiem for a Dream* (2000) where there is no substantial social analysis; by locating problems in the individual “there is no necessity for reconstruction of the social order” (1986:56). Films made during the “psychoanalytic hiatus” in the mid- twentieth century employed guilt complexes as a theory of causation (Shorter 1997:145); Scottie in *Vertigo* (1958) is diagnosed with “acute melancholia together with a guilt complex” and John Ballantyne has buried his guilt at being the inadvertent cause of his brother’s death in *Spellbound* (1945). Once the guilt complex is addressed the individual can be cured. Post-traumatic stress disorder also offers a neat explanation for psychosis and is used repeatedly, for example in *Wild at Heart* (1990) and *Nurse Betty* (2000). Family dynamics are often responsible for deteriorating mental health in entertainment films. An overbearing upbringing results in both Casey’s problems in *Mad Love* (1995) and Janice’s in *Family Life* (1971). Sibling incest is the root cause of both Lilith and Anne’s difficulties (*Lilith* 1964, *Asylum Erotica* 1971) and Chief Bromden’s and Ray’s fathers were alcoholic (*One Flew Over the Cuckoo’s Nest* 1975, *Some Voices* 2000). Very occasionally a family psychiatric history is mentioned – for example Cody Jarret’s father was committed to an asylum in *White Heat* (1949). It is the mother’s influence, however, that most notably precipitates mental illness in popular cinema’s terms. Relationships with the mother may be cold (*The Snake Pit* 1948) or uncomfortably intense (*Psycho* 1960, *Spider* 2002). Michael Fleming & Roger Manvell point out that the “mother as tyrannical bitch” is a catalyst for madness and is consistent with classic psychoanalytic trends which emphasise the “castrating phallic mother who makes the child feel inadequate” (1985:35). This representation is evidenced repeatedly, for example in *Ordinary People*, (1980) and *Black Swan* (2010).

At first sight *Me, Myself and Irene* (2000) appears unusual in shifting responsibility for Jim Carrey's breakdown from the individual to an uncaring society. Upon further examination, however, his battles are against specific individuals within his community. This effectively draws the focus away from political and social dimensions and suggests that "if the causes of problems are located in the individual then prima facie there is no necessity for a reconstruction of the social order" (Hill 1986:56). Occasionally a film does not attempt to offer an explanation for mental illness. Richard Gere as Mr Jones (*Mr Jones* 1993) constructs an elaborate explanation of his own psychosis. This self-deception acts as private resolution but the wider narrative is that his illness exists independently of any causation. This is unusual as the classic realist text typically avoids the real as contradictory (Hill 1986:61). Gabbard and Gabbard refer to myths which "serve the ancient function of allowing us to live with the contradictory to keep our illusions at the same time that we acknowledge our limitations" (1999:15). These myths provide solutions for problems by obfuscating them or rendering them unreal. The myth of 'the cure' is a notable example: Peter Byrne refers to the potential offered by 'the cure' as dramatic catharsis in melodrama (2001:27). Cure appears to be complete for certain protagonists who experience psychosis (Charley in *Me Myself and Irene* (2000), Eve in *Three Faces of Eve* (1957)). Even when a complete 'cure' is resisted film tends to imply that some 'resolution' of mental illness has been achieved and the future looks brighter, for example Virginia in *The Snake Pit* (1948) and Bob in *What About Bob?* (1991). Occasionally films that feature psychosis avoid myth and resist offering a solution to the 'problem' of mental illness; this is the case in *Some Voices* (2000) and *My Sister's Keeper* (2002).

In addition to a consideration of film 'pleasures' and formal properties, both genre and the historical positioning of a text impact upon discourses of psychosis. This contextual focus will provide the basis for the next section of the chapter where I argue that the perpetuation of myth surrounding psychosis is not dependent upon era and consider the representation of psychosis to be intertextual. I attribute the presence of psychosis in a range of genre films to its potential to disrupt social order and recognise the function of genre as restoring this.

## CONTEXTS: HISTORY AND GENRE

Teun van Dijk considers that “no serious ideological analysis is possible without at least some knowledge of...historical, political or social” contexts (1998:62). Discourse is not ahistorical and an emphasis upon contemporary film incorporates a historical dimension. It is important to examine how discourse draws upon existing power/knowledge networks and to establish whether it attempts to create new ones; this can only be done by considering context. Madness is a cultural construct; its history has been determined by issues of control, knowledge and power, some of which have been represented on screen. It lends itself well to a Foucauldian analysis which concerns itself with historical change, the historical contingency of power and the inter-connected emergence and development of discourse. Carabine poses key questions in relation to historical discourse: “How potent was it? Was it resisted? To what extent was it put into practice?” (2001:301). Wodak & Meyer draw upon the work of Foucault in attempting to elicit what can be considered to be valid knowledge, at a certain place and time (2009:46). Like Foucault they are concerned with how knowledge arose, how it was passed on to others and how influential it is in shaping the individual and society (2009:34). They consider that “each topic has a genesis, a historical a priori” and stress that every discourse has both a diachronic and a synchronic dimension (2009:34). Ultimately, therefore, film texts prove to be what Fairclough terms “sensitive barometers of social processes, movement and diversity” (1995:209).

In their work on the representation of psychiatry in cinema Gabbard and Gabbard consider that there are marked shifts in discourse according to when a film has been made (1999:xxii). *What About Bob?* (1991) is an interesting example from the 1990s that features a prominent discourse based on market forces and psychiatry. The film considers the ‘reasonable’ demands that an affluent client can make upon their psychiatrist in return for payment - a discourse that has topical geographical and historical relevance. Gabbard and Gabbard argue that “American films made earlier than the 1960s seldom venture outside received cultural myths” (1999:5) and that the earlier a film is made the less challenging it is in its exposition of psychiatric discourse (1999:xxv). From my own study of films that feature psychosis, whilst I accept that the era in which a film is made can affect its content I do not accept the Gabbards’ argument that the earlier a film is made the less likely it is to challenge cultural myth. Contemporary films can be

deeply conventional and, as the use of the word “seldom” in the Gabbard and Gabbard quotation implies, pre 1960 films do challenge cultural myths, at times. It is important to factor in Hill’s argument that “films which were accepted as ‘realistic’ by one generation often appear ‘false’ or ‘dated’ to the next” (1985:48). An examination of texts from a well-known era that has formed a part of lived experience is different to a consideration of discourse which has not been directly experienced. Thomas Schatz argues that “there is little question but that our historical perspective, compounded by our cultural and academic biases, renders our viewing...substantially different for us than it was for an” [earlier audience] (1981:266). This is not to say that texts which feature previous eras are devoid of interest. *A Beautiful Mind*, which was made in 1994 but takes place in the 1940s, for example, details the insulin therapy administered to John Nash before anti-psychotics became available. Of perhaps more interest, however, is what is revealed about historical discourse by films which were made in an earlier era. *Spellbound* (1945) opens with a dedication to psychoanalysis and might be considered as an advert for the discipline when its popularity was at its height. The extended Salvador Dali dream sequence reflects the tolerance of cultural attitudes towards psychoanalysis at the time of production. *Spellbound* (1945) is typical of Gabbard and Gabbard’s ‘Golden Age’ when almost all discourse centring on psychiatry was positive. It is interesting that Gabbard and Gabbard consider this, the 1940s and 1950s, to be the “age of earnest realism and reconciliation”; they clearly perceive positive representation to be synonymous with accuracy and feel that it is important that cinema and psychiatry are ‘reconciled’ (1999:112). The ‘Golden Age’ was supplanted, however, by discourse which was characterised by its antipathy towards psychiatry and was “undoubtedly related to the cultural revolutions of the 1960s” when “a more satiric, socially critical vision was appropriate” (Gabbard and Gabbard 1999:114). The new order is evidenced in *Shock Corridor* (1963), which is critical of psychoanalysis and contains the exhortation, “Why don’t you get off this psychoanalytical binge?” Shorter argues that the influence of the anti-psychiatry movement, which developed in the 1960s and “fostered hostility towards authority, medical and otherwise” is evidenced throughout the film (1997:273). Perhaps the most notable revelation of changing societal attitude comes in the film *Suddenly Last Summer* (1959). The film opens in a centre for psychosurgery where lobotomy is performed routinely. Montgomery Clift, a surgeon, admits that lobotomy is experimental and warns the aunt of a potential recipient, “the operation is only for the unapproachable, the hopeless... There’s

great risk in this operation...It will be years before we know whether it's ok...The patient will be limited." He, nevertheless, believes passionately in the merits of lobotomy. The tension driving the narrative is not its brutal nature but lack of funding to perform it. The film was made a decade after the peak year for lobotomies in the USA (1949) when 5,074 procedures were carried out and acts as a strong illustration of the changing historical validity of knowledge (Shorter 1997:228).

The unequal treatment of aspects of psychiatric history is notable. Porter argues that the evolution of psychiatry has been influenced by the "twin goals" of "gaining a scientific grasp of mental illness and healing the mentally ill" (2002:183). He considers issues surrounding incarceration and decarceration; the questioning of psychoanalysis; the beneficence of the psychiatric profession; the justification of techniques such as clitoridectomy, lobotomy and electroconvulsive therapy and the role played by psychiatry in the socio-sexual control of ethnic minorities to be important markers in psychiatric history (2002:5). Whilst certain historical aspects appeal to film makers, others, for example the last listed, have yet to feature on screen. Gabbard and Gabbard similarly recognise "impressive advances in the neurosciences and an extraordinary expansion of psychopharmacologic agents" in the 1980s and 1990s but concede that they are "almost completely absent from the screen" (1999:143). The reason they offer is that aspects of psychiatry are prioritised because they support the "mechanical needs" of a film, for example, in terms of genre convention (1999:xxii)

It cannot be assumed that the aim of certain films is to achieve historical accuracy; *One Flew Over the Cuckoo's Nest* (1975) contains a plethora of psychiatric treatments from different eras, all of which are employed at the same time. Byrne points out that film must sometimes be read as metaphor rather than a literal statement (2003:432). Aspects of madness transcend historical context to influence screen representation. Fuery argues that the representation of psychosis is "transpositional", drawing "freely upon discourses of madness that have taken place throughout history" (2004:31). He considers that film is able to plunder a wide range of cultural and historical discourse because of its breadth as an art form. Fuery defines four distinct "motivations" from literature of the eighteenth century onwards that feature strongly in cinematic



representations of madness as “family histories, the influences of reading, a religious force and sexual acts” (2004:80). Wahl also notes the ahistorical nature of representation; he argues that contemporary representations of psychosis have an atavistic tendency to revert to centuries’ old referents. Wahl cites early representations linking ‘melancholia’ with dark colours and madness with dishevelment as artistic conventions that continue to exert influence (1995:116). He regards such recycling, along with the repetition of narrative plot lines as “lazy” and partially responsible for homogeneity of psychiatric representation (1995:112).

Films notably rely upon intertextual referents. Fairclough argues that the text should be considered as part of a chain (2002: 184) and Byrne that “film begets film” (2009:287); this is apparent in films such as *Wild at Heart* (1990) where Lula’s psychosis frequently evokes *The Wizard of Oz* (1939), both visually and linguistically. As well as referencing apparently unrelated films, texts that feature psychosis also contain references to films which have previously explored related subject matter. The psychiatrist Loomis in *Halloween* (1978) shares his name with his predecessor in *Psycho* (1960) and *The Dream Team* (1989) is enriched by its comparison with *One Flew Over the Cuckoo’s Nest* (1975). Both films feature a non-conformist protagonist who encourages inmates in an asylum to break free and Christopher Doyle reworks his performance as an inpatient, albeit in comedic mode. The light-hearted nature of the second film can, perhaps, only be fully appreciated in the light of its more serious forerunner.

Historical film production trends also influence discourse. Stacey argues that, “historically it has been the female spectator who has been of most interest to the cinema” (2002:424). Women made up the highest proportion of the Hollywood audience in the 1930s and 1940s; the studios consequently went to great lengths to make films that appealed to them producing films that featured female rather than male stars, dramas that were serious in tone, musicals and love stories, well-developed characterization and narratives that were essentially ‘human’ in nature (Stacey 2002:424). The preferences of the female audience would explain Gabbard and Gabbard’s belief that “Hollywood turned its attention to the social problem film in the 1940s and 1950s; discourses surrounding mental illness were part of this along with issues such as alcoholism, racism and homosexuality” (1999:25).

The influence of genre upon film content is a further consideration. Rick Altman emphasises the contribution made to genre by the discursive formation of the film industry, arguing that genre terminology is industry driven. Altman argues that genre is “defined by the industry” before it is “recognized by the mass audience” (2002:16); it acts as an interface between audience members and the film industry within the wider context of culture. He sees genre as a “*blueprint*” or formula that “precedes, programmes and patterns industry production”; a “*structure*” or “formal framework on which individual films are founded”; a “*label*” or “category central to the decisions and communications of distributors and exhibitors” and a “*contract*” or “the viewing position required by each genre film of its audience” (2002:14). Altman recognises that the audience are influential in the negotiation of genre; he advises an approach to genre that acknowledges the multiplicity of users, takes in to account different readings, assesses the relationship between users and addresses the effect of multiple users on the production and categorization of film (2002:214).

The precise nature of genre is endlessly contested (see Jancovich 2002:469, Hollows 1995:29). At the same time Pam Cook and Mieke Bernink suggest that the text can:

Never entirely evade... ‘the law of genre’ for the simple reason that all utterances, whenever they are actually encountered, are always encountered in a context of one kind or another and are therefore always confronted with expectations, with systems of comprehension and in all probability with labels and names (1999:147).

This concurs with Jacques Derrida’s view that “every text participates in one or several genres, there is no genreless text” (1981:61). Cook and Bernink conclude that genres “pervade the cinema, films, and the viewing of films as a whole” and that all films, like all linguistic utterances, ‘participate’ in genres of one kind or another and usually in several at once (1999:147). It is important, therefore, to pay attention to the way in which psychosis is

negotiated generically as the system of conventions governing a genre can inflect presentation. Schatz argues that:

A genre's iconography reflects the value system that defines its particular cultural community and informs the objects, events, and character types composing it. Each genre's implicit system of values and beliefs – its ideology or worldview – determines its cast of characters, its problems (dramatic conflicts) and the solutions to those problems (1981:24).

Schatz considers that “simply stated, a genre film...involves familiar, essentially one-dimensional characters acting out a predictable story pattern within a familiar setting” (1981:6); this belies the complexity of genre, however. Schatz argues that genres are “social problem solving operations” which serve the function of confronting ideological conflict (1981:24). He sees generic conflict and resolution as two opposing forces which are underpinned by dialectical value systems, the outcome of which is that genre films “do seem to foreground ideological contradictions rather than do away with them, do seem to organize a world of depth and ambiguity” (1981:263). Schatz considers that “all film genres treat some form of threat- violent or otherwise – to the social order” (1981:26) and a genre's popularity is attributable to “the sustained significance of the “problem” that it repeatedly addresses” (1981:34). Psychosis clearly offers the potential to disrupt the social order and its presentation and treatment are sites for multiple discourse. It is not surprising, therefore, that psychosis appears in a wide range of genre films. In relation to generic resolution, Altman cautions against likening genre to myth (2002:20) and is questioning of a reductive ideological approach that sees “the same situations and structures as luring audiences into accepting deceptive non-solutions, while all the time serving governmental or industry purposes” (2002:27). At the same time he does not view genre solely as a semantic and syntactical choice and does not wholly dismiss its ideological function. He contests Bordwell's view that Hollywood cinema is “excessively obvious” (1988:2), preferring, instead, to see it as “deceptively obvious” (2002:135). Altman argues that the starting point for genre films is to reflect a cultural norm (2002:155); at the same time they offer an opportunity for “counter cultural pleasure” by contradicting the norm (2002:156). One way of enacting this

contradiction is via excess in genres such as romance and horror, both of which feature psychosis (Altman 2002:158).

In this section of the chapter I have argued that film texts reflect the era in which they are made but simple assumptions about the relationship between psychosis and myth cannot be related to era. Representations of madness are transpositional and film is subject to intertextual influence and productions trends. Genre conventions can inflect the presentation of psychosis which can provide material for conflict in genre forms. The influence of genre on the representation of psychosis will be further evidenced in the next section, which will consider discourse that dominates film but not the naming of clinical psychosis. This section will then progress to address commonalities and absences in comparison to Chapter 4. In it I will argue that psychosis allows for experimentation with film form and that film highlights positive attributes of psychosis such as artistic ability. I will identify additional dominant film discourses as foregrounding the role of the carer and the ability of love to “conquer all”. I will argue that film links violence and problematised sexuality with psychosis. I will also identify the on-screen portrayal of the psychotic female as an important corrective to the male gaze as unproblematic. The section will be subdivided in view of its length.

## **DOMINANT DISCOURSE IN FILM**

### **Positive aspects of psychosis**

There is an emphasis in film upon the positive attributes of psychosis; this does not feature amongst discourses identified in the naming of clinical psychosis. This can be viewed in two ways: as exploiting the creative possibilities offered by madness and as emphasizing the advantages conferred by psychosis. Cynthia Erb refers to the “modernist tradition of overvaluing madness known as schizophilia” (2006:45). Erb attributes the term to French sociologist Rene Lourau and considers it a pole to stigmatization that reflects cultural ambivalence towards the ‘insane’ (2006:54). Erb argues that the over-representation of schizophilia acknowledges the fascination of madness or mental illness in art and culture. She considers the “cinema of

schizophrenia” to be typified by films such as *Silence of the Lambs* (1991) (2006:61), whose protagonist, Hannibal Lecter is described by Martin Rubin as “a Nietzschean anthropophagus, psychiatrist and psychopath as well as a talented amateur painter, virtual telepathist, Mabuse like manipulator and Houdini-class escape artist” (1999:58). An awed response to madness is also reflected in discourses that draw upon the timeless and epic nature of madness. *Shock Corridor* (1963) opens with a quotation from Euripides: “Whom God wishes to destroy he first makes mad”; *The Sign of the Killer* (2001) presents psychosis in a similarly grandiose way. The set incorporates discus throwers and winged angels and is bathed in light; the scale of the presentation suggests the monumental nature of madness. The ‘unknowable’ nature of mental illness is also used, at times, as a platform for experimentation with film form. Byrne argues that psychosis, along with the effects of drug misuse, is “highly filmic” (2009: 193). Unusual techniques are employed to represent the disordered mind and capture the nature of auditory and visual hallucinations. This is seen in films where the narrative focus is the subject of mental illness (*Some Voices* 2000) but also in films such as *Julien Donkey Boy* (1999) where the subject of mental illness acts as a justification for unsettling and unconventional film form.

Psychosis is also a useful device for adding filmic complication in terms of appearance versus reality. A frequently used device is to see through the eyes of the person experiencing psychosis (*Rosemary’s Baby* 1968, *Images*, 1972, *A Beautiful Mind* 2001, *Spider* 2002). The result is uncertainty and enigma coding – we are disorientated in time and place and unable to trust our experiences, (a simulation of psychosis itself). When challenged about the reality of his imaginary controller, Styvesen, Romulus in *The Sign of The Killer* (2001) insists, “Styveson is much truer than reality – he invented reality”. Appearance and reality also form important aspects of characterization in films that feature psychosis. Norman Bates appears anodyne in *Psycho* (1960); Romulus’ disheveled appearance in *The Sign of the Killer* (2001) belies his musical genius. James in *Twelve Monkeys* (1995) takes on many aspects of the stereotypical psychiatric patient: he appears to lack motor movement and is shown to be under the influence of heavy sedatives; he drools and his facial expressions are uncontrolled. He is also the familiar, beleaguered science fiction hero whom nobody believes or understands. He is made to appear alien and vulnerable but his mission is to save the world.

A recognizable, and partially schizophrenic, discourse in films that feature psychosis is the connection between ‘madness’ and enhanced ability of some sort. Roy Porter recognises a perceived link between ‘madness’ and ‘authentic’ art:

True art – as opposed to the good taste favoured by the bourgeoisie – sprang from the morbid and pathological: sickness and suffering fired and liberated the spirit, perhaps with the aid of hashish, opium, and absinthe and works of genius were hammered out of the anvil of pain (2002:81).

Often the benefits conferred by psychosis on screen are artistic in nature. Casey in *Mad Love* (1995) and Joon in *Benny and Joon* (1993) are both artists; Mr Jones (*Mr Jones* (1993)) and Romulus (*Sign of the Killer* (2001)) are both musicians. Biopics are a reminder that ‘genius’ and mental illness are compatible. *Shine* (1996) is based on the life of concert pianist David Helfgott; *An Angel at My Table* (1990) is an autobiographical account of the life of author Janet Frame and *A Beautiful Mind* (2001) focuses on John Nash’s mathematical ability. Film prioritises artistic ability as a narrative structure; Carolyn Anderson and John Lupo emphasise the romantic tendencies of the biopic:

The lament of the tortured artist is a biopic trope with particular appeal to filmmakers who are, or fancy themselves, artists...contemporary biopics about artists on the fringe are the iconoclasts’ song to themselves (2002:97).

Sometimes the nature of the advantage conferred by psychosis is less specific. In *Lilith* (1964) Stephen says that he can feel “colours” in madness and we are told that the inmates of the asylum have “extraordinary minds – they have seen too much with too fine an instrument.” This notion of heightened sensitivity also appears in *Mr Jones* (1993) where Richard Gere is able to identify obscure accents with great accuracy. A familiar narrative is that investing in someone who

experiences psychosis is difficult but worthwhile. Casey in *Mad Love* (1995) takes Ben out of his conventional environment; she is demanding but she is beautiful and exciting. Ray's schizophrenia in *Some Voices* (2000) makes him "different – funny and dynamic".

## **Violence and Psychosis**

Discourses that link violence and psychosis are prominent in film but notably absent in the clinical naming of psychosis (Chapter 4). Byrne argues that "if it bleeds it leads: violence, injury and death often ensure prominence of a story in both news and film" (2009:287). He also considers that "film makers have focused not just on the 10% of people with psychosis who may become violent during their illness but on the tiny proportion who kill" (2009:293). The explanation for the conflation of film and violence may link to the earlier section of this chapter, which considers film as entertainment. John Corner outlines the cultural paradox that forms of behavior which are considered wrong underpin "a wide range of popular culture" (1998:104). He argues "that violence (like stereotyping) is hard to dispense with, is possibly even essential to narratives. It provides action, intensifies characterization, serves to make vivid the resolution of certain plots, and is a chance to display special FX in films" (Branston 2000:167). Corner believes it is necessary to "come to terms with the widespread enjoyment of depicted violence" in order to understand the paradox (1998:104). Violence occurs in escalating degrees in films that feature psychosis; it can manifest in self-harm, (*A Beautiful Mind*, (2001), *Benny and Joon*, (1993), *Lilith* (1964) and *Mad Love* (1995)). Comedies, which might not be immediately associated with violence, are notable for reinforcing the link between it and mental illness. In *What About Bob?* (1991) Bob presents as neurotic and agoraphobic. It is incongruous, therefore, that Dr Marvin tells his family, "Don't you understand this guy is crazy, he could be a mass murderer?" In *The Dream Team* (1989) a cheerful patient tells a member of the public "I'm an escaped mental patient with a history of violence" and in *Me, Myself and Irene* (2000) Charley's sons are told, "Your dad's sick mentally – he's a danger to be around." Sometimes violence is implied; protagonists are used to inject menace in to a narrative. James in *Twelve Monkeys* (1995) is powerful and needs restraint; Ray in *Some Voices* (2000) has a forensic history and is linked with arson. Julien in *Julien Donkey Boy* (1999) possesses a gun and is implicated in the death of a child. Sometimes the violence is diegetically actual; Dr Bowen in *Mr Jones* (1993) is

almost strangled by a patient. In more extreme instances mental illness is linked with murder (*Spider* 2002). Sometimes this can be multiple murder, as in *The Cabinet of Dr Caligari* (1920), *Psycho* (1960), *Repulsion* (1965) and *Shutter Island* (2010).

## **Sexuality and psychosis**

Psychosis and the discourses that surround it problematise traditional screen representations of sexuality. Occasionally films rely upon a medical model to explain how psychosis affects sexuality; *A Beautiful Mind* (2001), for example, acknowledges that psychiatric drugs lead to reduced libido. *Mr Jones* (1993) is unusual in documenting an increased libido in mania as there is a filmic tendency to treat psychosis and sexuality as incompatible. McMurphy in *One Flew Over the Cuckoo's Nest* (1975) and Billy in *The Dream Team* (1988) are both sexually motivated; notably, however, it is contestable whether they are mentally ill. I would argue that an air of chasteness or innocence is sometimes constructed around the psychotic protagonist. Joon's sexual relationship (*Benny and Joon* 1993) is depicted as childlike and clumsy. Ray is sexually active (*Some Voices* 2000) but there is a similar sense of wonderment and awkwardness about the sex scenes which is romanticised and possibly linked with issues of consent or what Ross refers to as "the infantilization of disabled people" (1997:660). Lack of emphasis upon sex in films that feature psychosis may only be a reflection of a general trend in mainstream Hollywood romantic comedy, however. Whilst Tamar Jeffers McDonald concedes that "at the heart of every romantic comedy is the implication of sex, and settled, secure, within a relationship sex at that" (2007:13) she also points out that "the current form of romantic comedy...greatly de-emphasises sexuality" (2007:97). Jeffers McDonald argues that current romcoms "have to work hard to find ways to explain why sex is not happening for its main couple" and that "rapturous sex is...portrayed as something immature, something not a lot like love, which...is based more on shared conversation, disappointments and compromises than heady physical pleasure" (2007:97). Whilst recognising this general trend I would argue that awareness of psychiatric pathology and consequent vulnerability makes "rapturous sex" particularly inappropriate for protagonists who experience psychosis. Instead sexuality is used to complicate the narrative – for example in doctor/patient liaisons. Despite Byrne's assertion that "in the real world, where psychiatrists



rarely sleep with their patients, men violate trust two to three times more often than women” (2009: 287), female psychiatrists form relationships with patients throughout film history (*Spellbound* (1945), *Mr Jones* (1993), *Twelve Monkeys* (1995)); occasionally a female health professional becomes romantically involved with a female (*Asylum Erotica* 1971, *Persona* 1966). In rare instances a male psychiatrist falls in love with a female patient (*Suddenly Last Summer* (1959). I have yet to note a male professional forming a romantic bond with a male patient. Filmic discourse also associates psychosis with sexual ‘deviance’. *Shock Corridor* (1963) depicts sexuality in a gratuitous and varied way. Incest (feigned) is synonymous with insanity in a film which also exploits aspects of fetishism. Central protagonist Johnny Barrett, played by Peter Breck, is tortured by intrusive thoughts of his girlfriend’s profession as a stripper; his ultimate descent into madness is punishment for her ‘deviance’. Incest and insanity are also linked in *Spider* (2002) where, as a young boy, Dennis, played by Ralph Fiennes, experiences delusions that his mother is a prostitute. In *Psycho* (1960) Norman is dominated by thoughts of his mother; he is voyeuristic and his ‘madness’ is linked with sexual inexperience or dysfunction.

It is notable that the female is central in narratives that feature sexuality and psychosis even when the central protagonist is male. Linda Williams points out that in both *Psycho* (1960) and *Dressed to Kill* (1980) “although the body of the attacker might appear to be male, it is really the woman in this man who kills” (1992:571). The female is linked with promiscuity and ‘nymphomania’ is a ‘medical’ diagnosis (*Asylum Erotica* 1971, *Lilith* 1964). Lilith is disinhibited and behaves inappropriately with a minor and in *Suddenly Last Summer* (1959) Catherine is accused of erotomania; male members of staff are nervous of going on the female ward because of the aggressive, sexual presence of women. A warder is banned from the female ward in *Shock Corridor* (1963) for the same reason. At the other end of the spectrum the female is presented as frigid. Virginia in *The Snake Pit* (1948), (her name is not coincidental), cannot form relationships with men because of traumatic events in early life. The repulsion Carole feels (*Repulsion* 1965) is towards men and, by extension, sex. Her sister’s affair with a married man influences her appraisal of men as predators. *Three Faces of Eve* (1957) juxtaposes presentations of both the frigid and sexually available central protagonist. Eve White is a shy housewife

referred to by her psychiatrist as “that dreary little woman from across the river.” Eve Black, the second aspect of Eve’s disassociative identity disorder, is promiscuous; she makes sexual advances to both her husband and her psychiatrist. It is interesting that Eve Black is Eve’s maiden name and that both psychiatrist and husband find her sexuality equally inappropriate. Certain films feature very beautiful women who exhibit both mental and physical fragility and do not invite but, nevertheless, receive a sexual response. A predatory interest that is not reciprocated is seen repeatedly (*Repulsion* 1965, *Red Desert* 1964, *Mad Love* 1995) introducing discourse about responsibility and consent.

I would argue that psychosis adds complication to the ‘to be looked at position’ made famous by Laura Mulvey in *Visual Pleasure and Narrative Cinema* (1989). Mulvey argues that:

Traditionally the woman displayed has functioned on two levels: as erotic object for the characters within the screen story, and as erotic object for the spectator within the auditorium, with a shifting tension between the looks on either side of the screen (2000:40).

In *Repulsion* (1965) the greater knowledge of the audience means that they do not appraise Carole in the same way as the on-screen male; unrestricted narration about her mental state increases tension and challenges convention. Ellis points out that:

Obsessively in classical narrative films it is women who cannot be fitted in, who represent a problem or a threat to the male self-definitions and masculine positions. So women are eliminated from the story entirely...threatened and brutally assaulted...punished for embodying a sexuality that is as puzzling and threatening to the males as it is desired...or are tamed into a secondary role, a safe role by the ‘happy end’ (1992:67).

The conventional vulnerability of the female protagonist is also noted by Andrew Tudor, who refers to the “terrorizing” narrative in the horror film where “young, isolated women are preyed upon by marauding psychotics” (1989:58). There is an obvious reversal in *Repulsion* (1965) where Carol becomes the “marauding psychotic” but also a complication because she remains the object of the gaze. Stacey considers that visual pleasure results from the combination of “two contradictory processes: the first involves objectification of the image and the second identification with it.” Traditionally the spectator identifies with the main male protagonist, thereby indirectly possessing the central female who appears as sexual object (2000:451). This does not occur in *Repulsion* (1965) as the viewer is all too aware of the on screen male’s error of judgement. Ellis considers that cinematic identification is comprised of two essential components:

First there is that of dreaming and phantasy that involve the multiple and contradictory tendencies within the construction of the individual. Second there is the experience of narcissistic identification with the image of a human figure perceived as other (1992:42).

It is difficult to identify cinematically with the psychotic protagonist, perhaps, because spectators do not wish to recognize their own psyche in the screen portrayal. Ellis argues that “any act of looking in the cinema is constituted in the tension between voyeurism and fetishism” and that “fetishistic looking implies the direct acknowledgment and participation of the object viewed” (1992:47). This position is more extreme and more problematic when the central protagonist’s physical perfection invites but is compromised by her murderous actions. Colin, played by John Fraser in *Repulsion* (1965) is attracted to central protagonist Catherine Deneuve; just as he experiences difficulty in reading her response, the viewer struggles to determine whether his look is acknowledged or returned. This situation is replicated in what Rhona Berenstein refers to as “hypnosis films”, a sub-genre of horror movies in which the male protagonist’s “ability to see what is happening” is often ineffectual (1996: 98). Berenstein considers the hypnotized heroine to be “a transformative figure, a woman who looks as if on the brink of death but who surges with a hidden life inside” (1996:107). The importance of hypnosis films, according to Berenstein, is that they ask the following questions:

Who looks at whom, in what way, and for how long? Is the look returned? What power does the character looking have within the diegesis? And what power does the character being looked at have? (1996:100)

Berenstein's hypnotised female is an extreme example of a female body, categorised by Ellis as "dangerous in its mystery" (1992:47); the psychotic female approximates this and notably modifies the fetishistic gaze. Mulvey argues that fetishistic scopophilia "builds up the physical beauty of the object, transforming it into something satisfying in itself" (2000:42) whilst Ellis suggests that the fetishistic gaze is "captivated by what it sees, does not wish to inquire further, to see more, to find out" (1992:47). This is rendered problematic in films which feature psychotic females where the murderous actions of the female both complicate their beauty and demand further enquiry.

The on-screen portrayal of psychotic females such as Carol in *Repulsion* (1965) offers an important challenge to any acceptance of the male gaze as unproblematic. Despite its huge influence Mulvey's initial concept has been criticised as an "ahistorical, totalizing construction" (Humm 1997:17); this has led to revisions and addendums, including the work of Elizabeth Cowie who introduces "multiple cross gender identifications" (Humm 1997:25) and bell hooks who argues that race is suppressed by Mulvey's narrow, psychoanalytic framework (Humm: 1997:34). The result is a wider interpretation of what Jane Gaines calls "the right to look" (2000: 346). As well as challenging the male pleasures foregrounded by Mulvey (1989), viewing the psychotic female protagonist might also offer what Berenstein calls "identification in opposition". Here pleasure is generated when the viewer is given the opportunity to escape from their "everyday social, racial, sexual and economic roles" (1996:47). Viewing the discomfort of an on-screen male whose gaze does not carry with it the conventional "power of action and...possession" capable of annihilating the threat posed by women makes this possible (Kaplan 2000:121). In this instance cinematic entertainment renders male and female desire equally problematic. Masculine desire can no longer be "assumed to be a set of positive

definitions: action towards a goal, activity in the world, aggressiveness, heterosexual desire”; female desire does not lead to a situation where “individual women end up mad precisely because they cannot find a place in the world of fiction” (Ellis 1992:48). Instead the psychotic female is empowered as a violent agent, thereby perpetuating psychiatric stigma (Byrne 2009: 296).

### **The Role of the Carer**

A further dominant film discourse, which is acknowledged in a clinical context in the naming of clinical psychosis (Chapter 4) and relatively ignored by those who have experienced psychosis (see Chapter 6), is the role of the carer. There is no particular pattern to the identity of the carer and generally film is sympathetic towards the role. In *A Beautiful Mind* (2001) we are made aware of the financial and emotional stress which mental illness can confer on a spouse.

Similarly *A Woman Under the Influence* (1974) explores the difficulties faced by a husband and father attempting the dual roles of a job and caring for his children after his wife is admitted to hospital. In *Julien Donkey Boy* (1999) the whole family respond to Julien’s needs without any apparent intervention from psychiatric services; the stresses are immediately apparent when the father admits that he, “just can’t take it any longer.” In *The Sign of the Killer* (2001) it is a daughter who must take on responsibility for a father with schizophrenia as his ex-wife will no longer fulfill this role. A sense of poignancy and loss are apparent when the daughter gets a fleeting insight into their previous roles: “just for a second, just for a fucking second it was like I was actually talking to my father.”

Film discourse can also act as a criticism of over-protection on the part of the family member. In *Some Voices* (2000) Ray is found naked, in the street, re-arranging bin bags. His brother seems justified in telling him that he must stand over him “morning noon and night”. At the same time the narrative tells us that Pete finds it very hard to stop being the carer; his role impacts on his personal relationships and may have contributed to the breakdown of his marriage. The same narrative is enacted in *Benny and Joon* (1993) where Benny limits Joon’s independence through over-protection. An extreme version is seen in *Love Actually* (2003) where Sarah “gives up on

love” in order to constantly administer to a brother with mental illness. These films suggest that responsibility should be devolved, at times, to professional and social services.

### **Demedicalisation: Love Conquers All**

The final example of a dominant filmic discourse, which is wholly absent from those identified in Chapter 4 is the cinematic staple of “love conquers all”. Frank Krutnik considers that the ‘power of love’ is such a strong motif that it is often more important than a central character and can play the part of the antagonist (2002a:138). Referring to romantic comedy Krutnik argues that:

Conceptualisations of love may constantly be in flux...but the genre routinely celebrates it as an immutable, almost mystical force that guides two individuals who are ‘made for each other’ into one another’s arms. Love is shown triumphing over all manner of obstructions, over all kinds of differences in social status, cultural background and personality (2002a:138).

Similarly Kathrina Glitre sees romantic love as “constructed as entirely ‘natural’, a force that knows no bounds and that cannot be resisted” (2006:106). Glitre argues, however, that romance must be understood as a fictional mode which “often draws attention to the gap between reality and fiction by embracing artifice” (2006:16). Gabbard and Gabbard consider that “romantic liaison films contribute to the demedicalisation of psychiatry by suggesting that disturbed people need only love and that if psychiatrists really care they can save their patients by supplying that love” (1999:20). Certainly love is shown to have a healing function in films featuring psychosis, for example in *Spellbound* (1945) where John Ballantyne is completely rehabilitated as a result of Constance’s love and support (she is aptly named). Joon’s psychosis is not cured by meeting Sam (*Benny and Joon* 1993) but she is certainly comforted and calmed by his presence. The bond between husband and wife in *A Woman Under the Influence* (1974) would also support the theory of love ultimately conquering all. Schatz argues that the conclusion of the romance film leads to a sense of loss because complexity has been masked “through romantic coupling” and

sacrificed in pursuit of the happy ending (1981:33). Romantic love, therefore, reflects ideology; it foregrounds the contradictions that exist between screen presentations and the real world and attempts to provide ready solutions. Jeffers McDonald suggests that the utopian ending “reveals its anxiety over the possibility of lasting love in...society” (2007:92) and Schatz sees the popularity of the romantic comedy genre as related to its function of offering up a problem and employing cycles of conflict to achieve resolution (1981:34). It is notable, however, that love does not always prove capable of providing solutions in films that feature psychosis. In *The Snake Pit* (1948) Virginia cannot contemplate love until her psychiatric problems are resolved. Love complicates rather than resolves Mr Jones’ problems (*Mr Jones* 1993) and in *Sign of the Killer* (2001) and *Requiem for a Dream* (2000) love proves to be inadequate in the face of psychosis. Notably love in films that feature psychosis need not always be romantic love. In *Some Voices* (2000) Ray’s romance is unsuccessful; his girlfriend is unable to cope with the severity of his illness. Sibling love proves to be stronger; the film ends with the two brothers reconciled after an intense physical and emotional struggle which affirms their commitment to each other. Love, in this instance, has conquered all.

In addition to noting dominant discourse in films that feature psychosis it is also important to consider shared areas of clinical and filmic discourse. The next section of the chapter will also be subdivided because of its length. In it I will argue that common areas of discourse between film and the naming of clinical psychosis are the foregrounding of medical authority and a focus on the division between pathology and normality. I will argue that film problematises the latter by presenting ‘psychotic’ protagonists without explanation in order to provide narrative ‘shortcuts’ and also ‘others’ and sensationalises both psychotic protagonists and minor characters. I identify a further example of shared discourse as the recognition of psychiatric power. Aspects of Foucauldian surveillance and authoritarianism circulate in representations of the asylum, psychiatric treatments and the psychiatrist; these are occasionally mediated by positive representation and are challenged by a strong vein of anti-authoritarian discourse.

## DISCOURSES THAT FEATURE IN FILM AND IN THE CLINICAL NAMING OF PSYCHOSIS.

### The Influence of Medical Discourse

The influence of medical authority on films that feature psychosis can be emphatic; *The Three Faces of Eve* (1957) begins with the authoritative voice of Alistair Cook instructing the audience that Eve's story is true and was presented to The American Psychiatric Association in 1953. Fleming and Manvell see this as "an attempt to make the film a quasi documentary of a clinical case study" (1985:66). More generally medical terminology exerts power and diagnosis is largely unquestioned in films representing psychosis; its relevance and importance, however, can vary widely. In *The Dream Team* (1989), for example, the sole manifestation of a character's 'split' personality is his false conviction that he is a doctor whereas in *The Sign of the Killer* (2001) the central protagonist's schizophrenia is coded much more thoroughly through his belief that he is receiving messages via the television, his conviction that a landmark tower emits destructive rays and is controlled by his nemesis and his daughter's opinion that he is "completely delusional". The ownership and validity of medical terminology is occasionally contested, for example in *David and Lisa* (1998) where the central protagonist and in-patient, David, studies medical literature and 'adopts' another resident as his focus of study. He employs medical vocabulary and informs his psychiatrist, "She has dissociative reactions. I hope you don't think she has schizophrenia." The psychiatrist, conversely, is keen to stress that he takes "particular pains not to use psychiatric terms." This role reversal highlights the power play associated with medical terminology. Diagnosis is not always treated with reverence. In *Me, Myself & Irene* (2000) medical hubris is mimicked; the viewer is warned, "this DVD may cause you to develop advanced delusional schizophrenia with narcissistic rage," the medical label given to central character(s) Charley/Hank.

A shared discourse between the naming of clinical psychosis and film is a questioning of the division between pathology and normality – after all, as Palliacci tells the audience in *Shock Corridor* (1963), "when we are asleep no one can tell a sane man from an insane man." This also



proves difficult in waking life: *Mr Deeds Goes to Town* (1936) concludes with a judge pronouncing that Mr Deeds (who is being tried for insanity) “is not only sane, he is the sanest man who ever walked in to a court room.” *One Flew Over the Cuckoo’s Nest* (1975) notably questions the nature of madness; it takes a Foucauldian stance in representing madness as a construct. Daniel Vitkus draws on Foucault in his belief that the protagonists “fight against the merciless language of non-madness” (1994:84). In Ken Kesey’s novel Chief Bromden believes that he is being controlled by a “combine” (a term which serves the dual purpose of referring to a huge piece of machinery but also wider social control). This strong referential code for psychosis is not developed in the film where narrative emphasis is placed firmly upon the social construction of madness. Vitkus points out that the consultant psychiatrist, Dr Spivey’s:

Liberal rhetoric which claims all the authority of science, medicine, technology and empirical truth is obviously false, while the Chief’s delusions about the Combine are in fact a more valid, though figurative description of reality (1994:72).

The film also invites discussion about whether McMurphy’s actions can be interpreted as ‘madness’. In Ken Kesey’s novel McMurphy attacks and rapes Nurse Ratched; the rape is omitted in the film although McMurphy does subject her to a brutal attack. Vitkus sees this violent act as a “representation of genuine madness” (1994: 85) thereby suggesting that McMurphy’s psychopathy constitutes true ‘madness’ rather than psychosis itself.

Gabbard and Gabbard suggest that the interchangeability of “disturbed” and “normal” people constitutes a recognisable discourse in psychiatric film (1999:69). The problematic identity of the “real” ‘madman’ occurs as early as *The Cabinet of Dr Caligari* (1920). Richard Murphy considers that the “psychological and representational structure in *Caligari* is characterized by a mode of ambiguity, a tendency toward the creation of doubles, double meaning and duplicity” (1991:48). The use of the ‘unreliable’ narrator problematises the character of Dr Caligari and the incarceration of Francis at the end of the film means that it is impossible to determine who is delusional and who is not. Often the status of doctor and patient are reversed. This device is used

in *Spellbound* (1945) where Dr Murchison (a psychiatrist) is revealed as the murderer and is notable in comedies such as *The Dream Team* (1989) and *What About Bob?* (1991). Andrew Stott views reversal as a particular feature of comedy, which relies “upon a culturally defined sense of compatible orders, such as the displacement of people or discourses, to produce ambiguity and the feeling that normality has been momentarily decentred for pleasurable ends” (2005: 10). He suggests that:

The inversion of the good with the bad, the wise and the foolish, and the mad with the sane, lies at the heart of the ‘eccentric’ vision of comedy where thoughts and experiences can coexist alongside ironic reflection on those same thoughts (2005:51).

Reversal accounts for light-hearted interludes in films such as *One Flew Over the Cuckoo’s Nest* (1975) where the patients impersonate psychiatrists whilst fishing but can also act as a more serious critique of medical authority. Dr Bowen’s impulsivity and disastrous personal life in *Mr Jones* (1993) question the doctor/patient divide; Nurse Ratched’s rigidity in *One Flew Over the Cuckoo’s Nest* (1975) prompts concern about her suitability to pronounce upon the mental state of others and Vincent, a carer in *Lilith* (1964), is ultimately shown to be more unpredictable than Lilith herself.

Reversal is not confined solely to medical personnel; in *The Dream Team* (1989) asylum inmates are juxtaposed with the congregation of a Baptist church. The similarity in their respective behaviour invites questioning of the dividing line between religion and socially sanctioned madness. The representation of the family raises the issue of where eccentricity ends and mental illness begins. This is notable in *Julien Donkey Boy* (1999) where Julien’s family are so dysfunctional that their actions can be interpreted as contributing to his mental illness and also in *A Woman Under the Influence* (1974) where Nick does not have a named mental illness but seems as vulnerable as Mabel, at times. Nick cannot self-discipline and loses control; he physically threatens the GP and relies on his young children for guidance. Notably he questions the nature of mental illness and regards Mabel as “delicate, unusual, not crazy.”

A spectrum of films, (including popular film), questions distinctions between ‘normality’ and ‘pathology’ in order, perhaps, to question discourses of authority and to celebrate ‘difference’. At the same time there is also an enduring tendency to present ‘psychotic’ protagonists with minimal explanation. Tudor argues that horror movies attempt explanations, however clumsily, for madness; they “constantly allude to a loosely interlinked array of themes: family or parent derived repression (classically mother/son); perverse sexuality; male upon female voyeurism; a link between violent killing and sexual gratification; and...a predator prey relation between male psychotics and female victims” (1989:57). The tenuous nature of this motivation and the limited nature of representation will be considered next.

### **Screen Portrayals of the Psychotic Individual**

The representation of the individual who is experiencing psychosis in film is crucial in terms of concepts of identity. Dyer highlights the importance of scrutinising representation as it has “real consequences for real people” (1993:3). He argues that “how social groups are treated in cultural representation is part and parcel of how they are treated in life” and emphasises that “poverty, harassment, self-hate and discrimination (in housing, jobs, educational opportunity...) are shored up and instituted by representation” (1993:1). This has clear implications for those who experience psychosis. Dyer’s focus upon “representation as politics” (1993:127) is shared by Hall who argues that discourse theory “has radical implications for a theory of representation as individuals must subject themselves to its rules to become “the subjects of its power/knowledge” (1997:56). Kathryn Woodward links meaning production and identity; she argues that an examination of identity sheds light on social, cultural, economic and political discourse that may be dynamic (2007:11). Chouliaraki and Fairclough consider that “the struggle to find identities is one of the most pervasive themes of late modernity and one of the sharpest focuses of late modern reflexivity”(1999:96). They suggest that there has been an “unsettling of identities in the flux of late modernity” which has led to a struggle to negotiate both individual and collective identities. Woodward explores the concept of difference in identity:

Identity gives us an idea of who we are and of how we relate to others and to the world in which we live. Identity marks the ways in which we are the same as others who share that position, and the ways in which we are different from those who do not. Often identity is most clearly defined by difference, that is by what it is not. Identities may be marked by polarization...and by the marking of inclusion or exclusion – insiders and outsiders, ‘us’ and ‘them’. Identities are frequently constructed in terms of oppositions (1997:2).

Woodward does not consider that difference is always construed negatively; she suggests that it can be “celebrated as a source of diversity, heterogeneity and hybridity, where the recognition of change and difference is seen as enriching” (1997:35). The issue of difference, in its positive and negative aspects, is important to a consideration of the representation of those who experience psychosis in film. Chouliaraki & Fairclough argue that it is crucial to consider “how to dialogue and act with others who are different?”; they consider that true democracy lies in recognising difference and finding ways to “dialogue across” it, thereby transcending it (1999:95). Media texts can play a vital part in constructing, representing and (de)valuing identity. Fairclough argues that a textual focus must establish whether the text is open and accepts “recognition of difference”, accentuates “difference and polemic” or attempts to “overcome difference”. It is notable that certain film texts featuring psychosis have critiqued the ‘othering’ of those with mental health difficulties. This occurs in *Bedlam* (1946) which is set in and exposes the historical practice of paying to see inmates as entertainment in this establishment. *Family Life* (1971) concludes with a Foucauldian critique of the way in which central protagonist Janice is subjected to a dehumanising medical gaze as an ‘exhibit’ for medical demonstration purposes.

Despite critique, however, an examination of film texts indicates that ‘othering’ the individual that experiences psychosis is the rule rather than the exception. Wahl considers that this takes place through visual stereotypes. He cites the casting for *One Flew Over the Cuckoo’s Nest* (1975) as an example:

One of the reported start up problems was finding a sufficient number of competent actors who looked unusual enough to portray mental patients. Using actual patients from Oregon State Hospital where the movie was filmed, for walk on roles, was considered but such use was rejected because the real patients did not look distinct enough to depict mental patients on the screen (1995:38).

Wahl argues that as “there is not even homogeneity of symptoms among those with mental illness” and as “there are many different disorders of varying symptoms and degrees of severity” difference ought to be reflected and not reduced to crude stereotypes (1995:51). Hall considers that the stereotype “reduces, essentializes, naturalizes and fixes ‘difference’”. He argues that stereotyping functions to maintain social order; it “facilitates the ‘binding’ or bonding together of all of Us who are ‘normal’ into one ‘imagined community’; and it sends into symbolic exile all of Them- ‘the Others’ who are in some way different (1997: 258). Dyer takes a broader view. He sees stereotypes as “highly charged with the feelings that are attached to them. They are the fortress of our tradition and behind its defences we can continue to feel ourselves safe in the position we occupy” (1993:10). Like Homi Bhabha, who acknowledges the insecurity of the stereotype in his observation that it must be “anxiously repeated” (1983:62) Dyer questions the power of the stereotype, seeing it as “a mask for realities that are disturbingly fluid, impermanent and never really known.” (Dyer 1993:87). He moves beyond representation as politics to emphasise that stereotypes must also be considered from an aesthetic standpoint and according to how they work in fictional forms (1993:10).

It could be argued that psychosis is, by its very nature, ‘other’ and that detailed portrayals of psychotic protagonists will inevitably reveal ‘difference’. Wahl points out:

The truth is that those who suffer from mental illnesses are not fundamentally different from others. Again, this is not to deny that people with such illnesses have specific symptoms that may be unusual, different, or even bizarre. When those symptoms are being displayed individuals may indeed act and seem “different’ from others without those symptoms. When the illness is severe or prolonged, it may even be difficult to recognize

the sufferer as the same person we knew before the illness. Some also may be taking medications that produced tremors, facial contortions, or other odd movements. But all of this is true with almost any illness (1995:46).

Ray in *Some Voices* (2000) wears old-fashioned clothes; his posture is characterised by a fixed stare and his actions are repetitive and clumsy. He is disinhibited and paranoid, at times. Ray is preoccupied with patterns and circles and expresses delusional beliefs; “when I’m depressed I become invisible...I don’t need clothes, I’m invisible.” To an extent, Ray is ‘othered’ by the degree of his illness and his medication as well as the semantic and syntactic choices prioritised in the film. The same can be said of Clegg in *Spider* (2002). The opening sequence shows a train emptying of passengers – it is a direct invitation to pick out the central protagonist. Visually Clegg appears different to those around him: his clothing is comprised of multiple layers; he mumbles and his gait is hesitant and creeping; he is fixated by objects on the floor. Once again it could be argued that Clegg is ‘othered’ by both his illness and formal film elements.

Unusually, some film texts representing psychosis choose not to ‘other’ their protagonists. The beginning to *The Snake Pit* (1948), for example, opens with two women in what appears to be a public park; one is distressed. The film soon reveals that they are within the confines of an asylum and are both inmates. The central protagonist is smartly dressed and well educated. The film ultimately documents the detrimental effects of mental illness by charting Virginia’s weight loss and lack of interest in her appearance but the over-riding impression is that ‘otherness’ is transitory. Depictions of those that experience psychosis sometimes avoid the impulse to simplify personality in psychosis. Mr Jones (*Mr Jones* 1993) is generous and energetic; he can also be petty and quick to anger. Mabel in *A Woman Under the Influence* (1974) has frequent mood swings; at times she is manic, at others paranoid. She makes unusual gesticulations which are almost autistic in nature. At the same time she is strong; she is the homemaker who must take control and reassure her husband.

From early in film history, however, there has been a notable tendency to sensationalise characters from the psychiatric world. Cesare's appeal in *The Cabinet of Dr Caligari* (1920) stems from his unworldly appearance, his sadness and his mysterious condition as a somnambulist. Philip Simpson points out that he is also "one of the first multiple murderers in cinematic history" (2000:31). The juxtaposition of psychosis, an unworldly appearance and deviance was, therefore, established at an early stage and is still observable in films such as *Julien Donkey Boy* (1999). Not all aspects of Julien's presentation are deviant, (he enjoys word-play, for example) but, as a protagonist who experiences psychosis, he is 'othered', both physically by his metal teeth and by the extremity of his actions: he is implicated in child murder; is in an incestuous relationship with his sister; cross-dresses and steals a dead baby from a hospital ward.

It is notable, however, that 'othering' is not always achieved via physical difference; visual 'normality' can be used to mask extremity and deviance. The horror genre provides the starkest examples of this. Tudor notes the migration of the movie monster to the everyday landscape, interpreting this as a film-maker's attempt to root fear in the "dangers posed by our own unpredictable psyches" (1989:47). Altman points out that horror pleasure is contingent upon "heightening viewer sensation" (2002: 153); he describes the horror audience's desire to "seek out fear and the unlawful or inhuman" over the "security and the company of our kind and culture" (2002: 154). There is an initial contradiction as 'normality' has replaced monstrosity; *apparent* 'normality', however, proves effective in subverting security. Barry Grant considers that *Psycho* (1960) was responsible for establishing "the horror of the normal" (1999:28). Whether it was *Psycho* (1960) alone is debatable; Steven Schneider argues that Mark in *Peeping Tom* (1960), from the same year, is "primarily coded as monstrous *not* because of some physical or mental deformity" but conversely because he appears to be "a pretty nice, pretty normal looking bloke" (2003:177); Tudor links the "metamorphoses of" these "seemingly sane young men into compulsive killers" to issues of sexuality (1989:99). Simpson argues that apparent 'normality' does not diminish monstrosity. He suggests that "the serial killer...appears human but a "hidden" monstrosity radiates a kind of moral leprosy that taints all who come in contact, much like werewolves or vampires infect others with their 'disease' (2000:10). Deborah Knight

and George McKnight distinguish between the presentation of Norman Bates (*Psycho* 1960) and Michael Myers (*Halloween* 1978) as serial killers, arguing that the first film is interested in “the psychology of psychosis” whilst the second has “little or no psychological depth”(2003:216). Tudor similarly considers that *Halloween* offers “only minimal characterization of the psychotic” (1989:200). He observes a distinction between madness and psychosis, viewing madness as “fundamentally represented as a form of diffuse unreason” which is “rooted in an excess of the passions” and psychosis as a type of unreason that is “concealed beneath a surface of apparent normality” (1989: 200). Tudor also differentiates between “characterized psychosis” and “uncharacterized psychosis”. “Characterized psychosis” proves to “make sense at some level” and is often explained by a psychiatrist; “uncharacterized psychosis” is “no longer subject to reason, either as understanding or control. It is now something ‘other’ something strictly inexplicable and the once intelligible psychotic has metamorphosed into an irresistible bogey man lurking within our own homes and ourselves” (1989:205). An explanation for these developments is offered by Wahl who argues that the use of the mentally ill protagonist avoids lengthy and detailed explanations of motive via the provision of the rarely questioned ‘rationale’ of mental illness (1995:112). Altman points out that in offering counter cultural pleasure horror movies “produce pleasure in proportion to the distance that must be traversed in order to restore order...to kill the monster...The greater the risk the greater the pleasure of the return to safety” (2002:156). By not making sense, “uncharacterized psychosis” appears to offer more risk and, therefore, more pleasure to the audience.

Two debates stem from the presentation of “psychotic” but apparently “normal” serial killers which are of relevance to those who experience psychosis; the first is concerned with the definition of the monster and the second with the distinction between psychosis and transgression. Noel Carroll argues that a true horror monster must exhibit features that go beyond the boundaries delineated in psychiatric texts; for Carroll, Norman Bates is not a monster because he is “a type of being that science countenances” (1990:38). Knight and McKnight, however, counter Carroll’s argument by suggesting that “what marks out a monster isn’t the degree to which it offends science, but the degree to which it offends morality” (2003:214). By Carroll’s definition someone experiencing psychosis could not be considered a ‘monster’ but by



Knight and McNight's they could. The second debate concerns the distinction between psychosis and transgression; it can be illustrated by attitudes towards the serial killers in the film *Natural Born Killers* (1994). Screenwriter Dave Veloz states "instead of being sick Mickey and Mallory are just plain evil," (2000:180). Lucille Cairns observes the same distinction, arguing that "transgression of 'natural' laws differs from pathology in that sickness is involuntary, transgression intentional" (2006:52). The link between violence and psychosis remains problematic (Clarke 2004: 16). Fleming and Manvell refer to the "murderous drooling psychopath" as the "star" of films including *Halloween* (1978) and *Friday the Thirteenth* (1980); they point out that "America has easily accepted this image, since it plays on some of the most basic aspects of primitive thought, those which equate murder with the mad as a way of distancing such an act from the world of the sane" 1985:109. It is vital to continue to question the association as it has potential consequences for those who experience psychosis, their families and wider society (Byrne 2000:28).

The representation of the psychotic individual is also notably inflected by the comedy genre. Andre Bazin considers that comedy is "in reality the most serious genre in Hollywood" reflecting "through the comic mode, the deepest moral and social beliefs of American life" (1982:35). It is, therefore, important to pay it close attention. Altman argues that "excess is one of many ways in which genres embody counter-cultural expression" (2002:158); excess is notable in comedies featuring psychosis such as *What About Bob?* (1991), *The Dream Team* (1989) and *Me, Myself and Irene* (2000). These films are also notable for their star status, most notably Bill Murray in *What About Bob?* (1991) and Jim Carrey in *Me, Myself and Irene* (2000). Steve Seidman refers to 'comedian comedy', which establishes a relationship between specific performers and the comedy genre (1981). Neale suggests that comedic stars operate as "anomalies and misfits...they often portray eccentric or deviant characters, characters given to dreaming, to disguise, to regression and to bouts of madness" (2000:62). The link between comedy and 'madness' is clearly relevant to those who have experienced psychosis. Stott argues that "comic characterization is usually subordinate to the demands of the plot and is therefore more effectively realized with stereotypes and one dimensional characters" (2005:41). This explains the strong visual codes (including a Hawaiian shirt and a chicken suit) employed in *The Dream*

*Team* (1989) to differentiate asylum inmates. In such comedies characters might be described as exhibiting learning disability rather than psychiatric illness. Stott provides an explanation:

Many comic characters might be said to play on our fears of being incomplete humans through their failures of self-awareness or inability to reflect on the nature of experience. Comic characters are traditionally one-dimensional in the sense that they are apparently unable to learn and change...comic identity is derived from a sense of atrophied consciousness (2005: 41).

The comedy genre serves, at times, to ‘other’ those who experience mental illness; *Me, Myself and Irene* (2000) is a notable example. The premise of the film is that Charley is ‘schizophrenic’ and, therefore, ‘two’ people. When psychotic Charley undergoes a Hulk like transformation to become Hank, physical comedy and the frequent use of linguistic terminology such as “schizo” “nuts” and “maniac” denote his ‘psychosis’. His voice becomes gruff and wheezy; he smokes and has sex (these actions are implicitly ‘deviant’). Hank is notably disinhibited; he attempts to breastfeed and defecates on suburban lawns. Stott notes that comedy “strategically bypasses civility to return us to our body, emphasizing our proximity to the animals, reminding us of our corporeality and momentarily shattering the apparently global imperatives of manners and beauty” (2005:86). In this way comedy is linked to carnival in its revolt against accepted values and its celebration of the body and the senses (Danow 1995:3-4) and is generated when Charley, as ‘psychotic’ Hank, violates social taboos in order to provoke laughter.

The treatment of minor characters is also revelatory of attitudes towards psychosis. Murray Smith refers to “stick people” or background characters (1995: 124); they are an important aspect of Hollywood film but are differentiated from the central character who appears comparatively “salient and legible” (1995:125). Smith argues that “minor characters, and even unindividuated figures who populate the background, have the same potential for an inner life as the major characters” (1995:150) but often, in films that feature psychosis, they remain a shadowy background presence (the “chronics” in *One Flew Over the Cuckoo’s Nest* (1975) for example).

Characters also tend to act as a foil to the presentation of the main character; Terence in *Spider* (2002) is a comedic survivor of colonial Africa who contrasts with Clegg's subdued but disturbing presence. Smith argues that minor characters both conform with and depart from stereotypes and he links this with plausibility:

In some cases and for some audiences, the mark of plausibility will be a high degree of conformity with a stereotype; in other cases and for other audiences just the opposite is true – the plausible character is the character that 'goes beyond' or breaks with familiar types (1995:116).

Minor characters in films that feature psychosis tend to conform to stereotypes; they are employed to carry out the predictable routines of asylum inmates in films as diverse as *The Cabinet of Doctor Caligari* (1920) and *Manic* (2001). They do not depart from stereotypical roles so much as display extremity within these roles.

This is probably best exemplified in *Shock Corridor* (1963) where an imaginative range of asylum inmates includes: an opera singer; an H bomb scientist; a man who thinks he is an army confederate; a black man who considers himself white and a man who believes he is pregnant. All of them are more flamboyant than central protagonist, Johnny Barrett, who appears misplaced in comparison. This is explained by Smith's argument that supporting characters in Hollywood film are required to be "more animated or broadly expressive" than the lead (1995:159) but is not always the case; McMurphy explodes on to the set in *One Flew Over the Cuckoo's Nest* (1975). Often other inmates are shown to be inferior to the central character. In *Shock Corridor* (1963) the way in which the other inmates eat revolts Johnny Barrett. Catherine's beauty and French clothes set her apart in *Suddenly Last Summer* (1959); her psychiatrist does not want her to feel that "she is a patient." The attractive central protagonist appears frequently in films that feature psychosis. This includes men (*Mr Jones* (1993)) but is most notable amongst female protagonists (*Lilith* (1964), *Girl Interrupted* (1999)). In general the gaze is reserved for attractive people whose 'mental illness' proves to be more treatable than their less fortunate associates. Supporting characters are important in providing narrative

causality (Albert's childlike need to stop the bus is the catalyst for ensuing drama in *The Dream Team* (1989), for example). They also fulfill the important function of aiding insight in to the main character. Smith argues that the way in which major characters behave towards minor characters is "an important device of moral orientation" (1995:188). This is most notable in instances where minor characters display vulnerability; McMurphy wins the approbation of the audience by championing the cause of less assertive inpatients in *One Flew Over the Cuckoo's Nest* (1975) whilst Lisa alienates it as a result of her cruelty to Daisy in *Girl Interrupted* (1999).

Another prominent discourse that is present in both the naming of psychosis and the representation of psychosis in film is predicated on issues of power. This provides the focus for the next section of the chapter.

### **Power Play**

Remington argues that "mental illness frequently forms a bridge to other social- political issues or the power politics of diagnosis, enforced hospitalisation and treatment" (2011:152). The asylum acts as a powerful icon of psychiatric power and has featured in film since its inception. The distinctive set design of the asylum in *The Cabinet of Dr Caligari* (1920) makes it attractive and opulent; the inpatients are generally young, physically attractive and gentle. Congenial representations of the asylum also feature in films from later eras. Shorter provides an explanation by pointing out that "for psychiatrists the fig leaf of nerves offered a chance to escape the asylum for lucrative private practice with middle-class patients" in purpose built clinics and retreats (1997:113). The atmosphere in the asylum in *Spellbound* (1945) is relaxed; the doctors wear dressing gowns whilst the patients stroll in the grounds. The asylum gardens are beautifully landscaped in *Asylum Erotica* (1971) where patients are depicted playing croquet. Institutional care offers respite in *Benny and Joon* (1993) and *Some Voices* (2000) and is an infinitely preferable choice to David than his familial home in *David and Lisa* (1998). Both Karl and Clegg are comforted by a return to the security of the asylum in *Sling Blade* (1996) and *Spider* (2002) respectively. Generally, however, representations of the asylum are negative and emphasise mystique. Occasionally this mystique is resisted, for example in *A Woman Under the*

*Influence* (1974) where Mabel's inpatient treatment and ECT are not part of the diegesis. *Benny and Joon* (1993) also demystifies the asylum as one of Benny's friends works there rendering it knowable. The asylum in *Shutter Island* (2010), however, is both mysterious and formidable; the approach to it is made across an inhospitable stretch of water and accompanied by a discordant soundtrack. Block 'C', a granite construction, is particularly forbidding, housing the most dangerous criminally insane. In *Psycho* (1960) Norman objects to Marion's attempt to temper the asylum with the use of the euphemism "someplace":

You mean an institution? A madhouse? People always call a madhouse someplace, don't they? Put her some place...Have you ever seen the inside of one of those places? The laughter and the tears and the cruel eyes studying you?

Often the asylum is synonymous with repression. *The Snake Pit* (1948) gets its name from the ancient practice of throwing the insane in to pits full of snakes in the hope that this will cure them (Foucault 2007). A bird's eye view presents the asylum as overcrowded, and seething like a snake pit; it is characterized by noise and petty rules. Erb sees *The Snake Pit* (1948) as one in a series of films which focused on the "postwar phenomenon known as deinstitutionalization". She argues that the representation of the asylum and its inmates was directly influenced by news photographs (2006:50) and was a response to concerns about conditions in American state mental hospitals (2006:45). The institutionalized and utilitarian nature of the asylum is frequently captured by the colour of the paint (green in *Some Voices* (2000)) or a brick wall (*Suddenly Last Summer* (1959)). Its lofty, Victorian architecture is utilised as an impressive architectural background in *Shutter Island* (2010) and *Twelve Monkeys* (1995) where the vaulted rooms and lift shafts provide a location for action sequences and the iron bedsteads and shadows build up atmosphere. There are inevitable links between the asylum and prison. In *Shock Corridor* (1963) the eponymous corridor resembles a prison landing; it is a crucial meeting place where all social interaction takes place, hierarchy is determined and acts of petty criminality are enacted. The asylum embodies aspects of Foucauldian surveillance and authoritarianism. In *One Flew Over the Cuckoo's Nest* (1975) Dr Spivey tells McMurphy, "we are going to study you." The opening sequence of the film emphasises doors, locks, harsh lighting, strapping and an ECT

suite. In this asylum there are distinct rules about physical space; specific zones are controlled so that they are inaccessible to patients. Vitkus sees the ward as a microcosm of a wider world:

The routine of ward life...is a grotesque and exaggerated version of everyday life under American capitalism. It is a dehumanizing, tedious and repetitive pattern which is scientifically measured and automatically scheduled for maximum precision (1994:71).

The deadening nature of incarceration is evident even in light-hearted comedies such as *The Dream Team* (1989) where a determined “prison break” is in danger of collapse because “it’s chicken chow mein tonight.” It becomes a central theme in *One Flew Over The Cuckoo’s Nest* (1975) which subjects interpretations of freedom to a more thorough analysis. The asylum is also viewed as a destructive force which has the potential to harm central characters such as Catherine in *Suddenly Last Summer* (1959).

The physical building of the asylum becomes the setting for a range of psychiatric treatments, all of which are potentially harmful. Treatment ranges from art therapy (*Crazy People* (1990)) to hydrotherapy (*The Snake Pit* (1948)) and tends to reflect the era in which the film was made. The straightjacket is a recognizable icon which is used as early as *The Cabinet of Dr Caligari* (1920). Gabbard & Gabbard consider that psychiatry is consistently demedicalised in film in favour of “a striking overrepresentation of “the talking cure” and an equally striking underrepresentation of treatments such as ECT” (1999:27). Their explanation is that “simplified talking psychiatry offers more drama and consolation than the scientifically technical aspects of the profession” (1999:44). I would argue that whilst the “talking cure” is in evidence, ECT has also been represented throughout film history, indeed Andrew McDonald and Garry Walter have traced its representation in American film (2001). The portrayal of ECT might simply reflect a distressing reality; in *An Angel at My Table* (1990), for example, we learn that Janet Frame has had two hundred treatments over eight years, “each one like the fear of an executioner”. McDonald and Walter conclude, however, that the portrayal of ECT has become “progressively more negative and cruel” (2001:264) and Byrne that it “will always get a rough cinematic ride” (2009:219). Certainly, along with other treatments, it is frequently employed for its dramatic potential,

although this is not the case in *A Woman Under the Influence* (1974) where ECT takes place off screen and aids Mabel's rehabilitation. *The Snake Pit* (1948) acknowledges the potential benefit of ECT but cannot resist exploiting it, along with other therapies, in order to generate screen drama; Virginia is injected in her bed, force fed in an enclosed tub and strapped in to a straight jacket. It is difficult to justify these interventions in terms of their curative aspects alone. Erb considers that *The Snake Pit* (1948) is ambiguous as a text: "designed to promulgate a social message, the film insistently trades on the same shock effects found in more deliberate cases of film exploitation" (2006:50). Psychiatric treatments are often shown to be punitive. Gabbard & Gabbard link Samuel Fuller's *Shock Corridor* (1963) with the torture chamber (1999:113); Johnny Barrett is strapped to a bed in order for ECT to be administered as punishment for his involvement in a riot. This treatment has a lasting effect on his vocal chords and contributes to his descent into madness. Lobotomy, an even more extreme procedure than ECT, also appears on screen, for example in *An Angel at My Table* (1990) where we see shuffling patients with bandaged heads and learn that Janet Frame's mother has consented to this treatment on her behalf. Its efficacy as therapy is partially acknowledged in *Suddenly Last Summer* (1959) where Dr Cucrowicz deplores the lack of funding which prevents him from carrying out as many procedures as he would like. The extremity and invasiveness of lobotomy are simultaneously acknowledged, however, by the audience's concern that it will be administered to the central protagonist, Catherine. Lobotomy is also shown as a brutal method of psychiatric control; along with ECT it is administered to McMurphy in *One Flew Over the Cuckoo's Nest* (1975) for a series of misdemeanors. Meanwhile *Requiem for a Dream* (2000) is a film which is notable for employing psychiatry's full armature. Central character Sara Goldfarb is blue lighted to hospital at the end of the film, manacled and wearing an oxygen mask. An imposing nurse administers a needle; she is force fed, offered ECT and finally appears to be lobotomised. The implied reason for this is that diet pills have made her 'mad'. There is no apparent logic for the sequence except to exploit the dramatic potential of psychiatric treatment. Similarly *One Flew Over the Cuckoo's Nest* (1975) is a film that contains a huge range of psychiatric therapies including hydrotherapy, group therapy, ECT and psychosurgery. Notably every treatment is punitive and ineffective. McMurphy provides alternative (and effective) therapy in the form of fishing, sex, televised sport and alcohol, thereby emphasising that nothing psychiatry has to offer can beat 'life' itself.

Similar discourses about medication as coercion can be traced in a range of relevant films including, once again, *One Flew Over the Cuckoo's Nest* (1975) where soothing, contrapuntal music is played whilst powerful medicines are dispensed to unwilling recipients. Protagonists frequently resist medication. Pat in *Silver Linings Playbook* (2012) pretends to swallow medication and abandons it completely once out of hospital as it numbs his responses. John Nash (*A Beautiful Mind*, 2001) prefers to confront his delusions. Ray in *Some Voices* (2000) administers his medication to the general public on the top of pizzas in order that they should also experience its effects. *Me, Myself and Irene* (2000) is unusual in that it creates a visual sight gag based on anti-psychotic medication. Hank does not like taking his medication because it gives him “unbelievable cotton mouth”; we see him foaming at the mouth and as if his jaw is dislocated as the result of taking antipsychotics. Those who do take this medication have questioned its suitability for standard slapstick where “the protagonist is continually prone to attack through...a bodily revolt” (Stott 2005:93, see Chapter 6). Beyond the slapstick, however, the preferred reading of the film is that medication is essential for the mental wellbeing of those who are ill. This remains the exception rather than the rule; protagonists rarely welcome medication, although in both *Suddenly Last Summer* (1959) and *Manic* (2001) they submit readily to calming injections.

The filmic representation of the psychiatrist inevitably contributes to discourses around power. Films act as critiques of the psychiatric ‘expert’, for example in the comedy *What About Bob?* (1991) where Dr Leo Marvin is depicted as a power player who exerts his influence unreasonably in an attempt to incarcerate Bob. Marvin craves attention and likes to command. He is motivated by money, taking on Bob (a difficult client who demands frequent appointments) because he sees a profitable venture. His private life is compromised; he has little time for his family but when with them attempts to repress and control them. Marvin is undone by medical hubris and his own sense of superiority. Despite his self-belief his diagnoses are questioned, (it is Bob who proves to have superior knowledge both of medicine and of life). Marvin is punished for his avarice and ultimately, despite wealth and status, is not a winner. His family attributes his isolation to being “so far above us” but the film continually codes him as inferior.



Not all representations of the psychiatrist are negative. Gabbard & Gabbard consider that it is “the ability of cultural myths to tolerate diametrically opposed images” which “accounts for parallel traditions of good and bad psychiatrists” (1999:34). Hitchcock is largely sympathetic towards his psychiatrists. Dr Fred Richman in *Psycho* (1960) is Latinate and exotic; at the film’s denouement the audience are informed, “if anyone gets any answers it will be the psychiatrist.” *Spellbound* (1945) is notable for its variety of psychiatric types. Alex Brulov is the stereotypical Viennese psychiatrist, complete with white, pointed beard and round glasses. His protégé, Dr Constance Petersen, shows promise but is compromised by her femininity; a male colleague is convinced that “the poor girl is withering away with science.” She falls in love with a patient and exhibits a strongly maternal side. Dr Murchison is the evil psychiatrist who is guilty of murder. Gabbard and Gabbard argue that varied representation results because “the portrayal of the psychiatrist is best understood in terms of the...needs of the films in which they appear, particularly within the conventions of genre” (1999:xxii). Further variance is depicted in *Shock Corridor* (1963) where the evil Dr Fong masterminds the comparatively naïve and impressionable Dr Christo. Dr Spivey in *One Flew Over the Cuckoo’s Nest* (1975) is world weary and wholly irresponsible in his delegation of power. Dr Weitzman, a young, bearded psychiatrist in *The Dream Team* (1989) is also irresponsible but his idealism is refreshing when compared to the cynicism of his disapproving male elders. Idealism is usually reserved for the female psychiatrist. In *Twelve Monkeys* (1995) Dr Kathryn Reilly displays an interesting blend of strength and weakness. She takes an oppositional stance to her ‘traditional’ male colleagues who hope to curb her ‘fanciful’ approach to psychiatry. She expresses disapproval of restraint and medication and acts as a mouthpiece for anti-science discourse by refusing to divorce medicine from the unexplained. Like Dr Libbie Bowen in *Mr Jones* (1993) she is a vulnerable and attractive female psychiatrist who lacks judgement and is impulsive. She exhibits traditionally female nursing skills and is a foil for Bruce Willis’s masculinity. Both women conform to the figure of the “lonely heroine” which features in wider representations of the female in science and is described by Kitzinger, Haran *et al* (2008); they are employed to question traditional male power bases in the psychiatric domain. Whilst gender is largely shown to inflect representation the inclusion of a black female psychiatrist in *Benny and Joon* (1993) is a notable exception as neither her sex nor race are treated as a significant aspect of the narrative.

The abuse of power is not restricted solely to the psychiatrist. Care workers are portrayed as manipulative and uncaring in *Lilith* (1964) and *Spider* (2002) and *The Snake Pit* (1948) includes an unsympathetic psychiatric nurse. Perhaps the most famous example of a coercive psychiatric practitioner, however, is Nurse Ratched in *One Flew Over the Cuckoo's Nest* (1975). It is possible to interpret Nurse Ratched as a dedicated psychiatric nurse; she is committed and hardworking and appears to interact well with her medical colleagues. Notably Dr Spivey shows approbation for Nurse Ratched's ward; this does not extend to the in-patients who are frightened of and loathe Nurse Ratched in equal measure. It is tempting to interpret her as intentionally evil; Vitkus refers to her "ability to infantilize and humiliate the men" (1994:65), but it is equally possible to see her as the product of a larger system, particularly when her former army career is considered. The film can be read on two levels – as the depiction of a flawed individual or as a broader criticism of social hierarchy that invests people like Nurse Ratched with authority.

Inevitably discourses that centre upon power invite a counter reaction and there is a strong vein of anti-authoritarian discourse in these films. This is embodied in protagonists such as Billy Caulfield in *The Dream Team* (1989) and McMurphy in *One Flew Over the Cuckoo's Nest* (1975). Fleming and Manvell refer to McMurphy's "instinctual life" which "threatens the controllers of society, of which the psychiatric institution is portrayed as being in the service"; they view this representation of the psychiatric institution as a prison for "rebels, dissidents and all those who threaten the status quo" (1985:54). Gabbard & Gabbard consider the mental institution film to be a subgenre of the prison movie; both "engage American myths of freedom, easily lending themselves to plots in which innocent people must face drastic curtailment of their liberties" (1999:26). Freedom and its curtailment by both society and family members are dominant narratives in *One Flew Over the Cuckoo's Nest* (1975). McMurphy takes upon himself the task of restoring personal freedoms but his actions lead to a questioning of how far boundaries can be extended. McMurphy introduces gambling, alcohol and prostitutes to the psychiatric ward and acts in the role of pimp. He breaks glass and attempts murder. His own freedom is radically curtailed. The film questions whether or not McMurphy needs governance and, if so, who should administer this. Vitkus considers that "McMurphy's response to the

system, his "natural" rebellion to an unnatural mechanical system is a kind of violent, instinctive reaction to that authority – not a real, viable form of protest or a strategy to create change" (1994:83). He remains, however, a "compelling pastoral giant" who shows his fellow inmates that mental illness is a form of power (Faggan 2005:xiv). *Me, Myself and Irene* (2001) is unusual in casting society, rather than psychiatry, as the coercive force. Here, once again, mental illness brings liberation as it is only through 'madness' that Charley can transcend the restraints placed upon him by society.

In this section of the chapter I have argued that common areas of discourse between popular film and the naming of clinical psychosis include the recognition of medical authority and psychiatric power and a focus upon the division between pathology and normality. The final section of the chapter will consider the discourses that are notably absent in film when compared with the naming of clinical psychosis. These include a questioning of scientific validity, notions of self-governance and the ontological status of mental illness.

## **DISCOURSES THAT ARE NOT PROMINENT IN FILMS FEATURING PSYCHOSIS.**

Discourses concerning scientific validity are absent in films that feature psychosis, suggesting that scientific discourse is accepted as authoritative. Occasionally medicine, as a discipline, is questioned. This occurs in *Patch Adams* (1998) where medical hubris is criticised by the juxtaposition of 'unorthodox' Patch and the Medical Dean who tells the new student cohort that "the idea of medicine is to train the humanity out of you and make you something better – we're going to make doctors out of you." It is disputable, of course, whether the film acts as a true critique of medical science as Patch, a medical doctor himself, is venerated for his wisdom. Whilst psychiatry is criticised in films that feature psychosis, therefore, it is notable that the wider field of medical science is not.

Film does little to explore social attitudes towards mental illness, preferring to prioritise the problems of the individual (Hill 1986:55). Occasional reference is made to the uncaring nature of

society, for example, in *Requiem for a Dream* (2000) where mental illness is seen as a corollary to societal corruption. In *The Sign of the Killer* (2001) Romulus is goaded by members of the public to ‘give us a tirade’ and *A Woman Under the Influence* (1974) illustrates society’s limited understanding of mental illness via the brutal language that Nick is forced to use to convey his situation to his colleagues – “Mabel is in a nut house, she has got a screw loose.” Negativity is generally tempered, however, by the inclusion of sympathetic characters; the possibility of social prejudice is, therefore, acknowledged but countered. Films only occasionally address political issues, although the “transfer of the vocabulary of commodities and markets” to the psychiatric world does occur over the decades (Fairclough 2007:199). A consultant considers the service to be underfunded in *Mr Jones* (1993) and Ray is only able to see a community psychiatric nurse every two weeks because of cutbacks (*Some Voices* 2000). Accommodation is clearly inadequate in both the asylum (*The Snake Pit* 1948) and in the community (*Spider* 2002).

Discourses predicated upon service-users’ autonomy and self-help are regrettably absent from films that feature psychosis. *A Beautiful Mind* (1991) is an unusual film in emphasising the central protagonist’s ability to control his own illness. It is, perhaps, this attribution of agency which has led to approbation from service users (see Chapter 6). *The Sign of the Killer* (2001) similarly shows Romulus, (a musician who hears voices) as controlling his own destiny. He chooses to live tangentially to the rest of society in a ‘cave’ he has constructed in parkland bordering the city. Whilst he is dignified in the unorthodox way in which he takes charge of his own life the film also expresses regret that he is not able to participate more fully in wider society. Filmic discourse tends to emphasise unsuccessful attempts to achieve agency as a service user. Mr Jones’ attempts to self-govern end in hospitalisation (*Mr Jones* 1993). It is lack of self-governance that leads to the descent into chaos of the central protagonists in *Requiem for a Dream* (2000). Bob, in *What About Bob?* (1991), is an extreme representation of someone who is unable to achieve independence; he is selfish, narcissistic and reliant upon psychiatric services at all times. *Shock Corridor* (1963) positively warns against psychiatric self-governance by the solemn pronouncement “a man cannot tamper with his mind”; the consequences of doing so are terrifying. This is important in relation to the Foucauldian concept of governmentality which focuses upon the interface “between the technologies of domination of others and those of the

self” (Martin 1988:19). Foucault considers that the free and autonomous individual of classic liberalism has been replaced by the neo-liberalist modification of “the enterprising and competitive entrepreneur” (Olssen et al 2004:136). This state-created shift results in “*manipulatable man*”...who is...continually encouraged to be “perpetually responsive” (Olssen et al 2004:137).

The absence of these discourses in film indicates a restricted screen vision which reconstructs reality in specific ways and legitimates certain modes of storytelling to the exclusion of others (Schubert 2007:266). It confirms that films featuring psychosis prefer to focus upon the individual rather than tackle more abstract themes such as scientific validity or social attitudes towards mental illness. It is unfortunate that this focus fails to recognise the many strategies employed by those who experience psychosis to improve their own lives, preferring, instead to prioritise the role of the ‘carer’ and open up possibilities for complex on-screen relationships.

## CONCLUSION

Key conclusions from the chapter recognise that whilst film discourse does share common ground with discourse in the naming of clinical psychosis (Chapter 4) there are undeniable differences in prioritisation and emphasis which reflect the competing interests of stakeholders in these contexts. A further conclusion is that the heterogeneity of film is noteworthy and that the recognition of any pattern or social shift in the portrayal of psychosis in film must also acknowledge the existence of exceptions. Film can provide philosophical interpretations of madness such as the Shakespearean exploration of psychosis as ecstasy, innocence and rapture in *Lilith* (1964) (Foucault 1976:67). It can also feature detailed expositions of what it is like to suffer from mental illness, for example schizophrenia in *Some Voices* (2000) and bipolar disorder in *Mr Jones* (1993). At the same time this may not be the primary focus; *Julien Donkey Boy* (1999) states on its cover that it is “one of the most affecting portraits of schizophrenia ever captured on film” but is notable for its formal properties rather than its exploration of mental illness. Films can be misleading; *Shock Corridor* (1963) warns that mental illness is contagious.

Few films acknowledge the chronic nature of psychosis; this is due, perhaps, to popular narrative structures of “resolution” whereby “every one of the questions raised in the course of the story is answered by the time the narrative is complete” (Byrne 2001:28). Notable exceptions are *Mr Jones* (1993) which refers to repeat hospital admissions over twenty years and *My Sister’s Keeper* (2002) which charts the cycle of deterioration and improvement of its protagonist’s mental state from her teens through to middle age.

Film discourse prioritises an exposition of the power of psychosis over an exploration of its ontological status in order to maximise on-screen drama. The experience of psychosis is shown to be profound and is often depicted as very distressing. Occasionally the depiction is understated – for example in *A Woman Under the Influence* (1974) where Cassevetes prefers to concentrate on Mabel’s initially escalating symptoms and gradual improvement rather than her illness at its height. More often, however, psychosis is depicted as terrifying. This is notable in *David and Lisa* (1998) which opens with a shot of a teenager in torment, crying and sweating profusely; nothing can be done to alleviate his suffering. Joon (*Benny and Joon* 1993) experiences debilitating auditory hallucinations on the bus and in *Repulsion* (1965) Carole is tortured by her visions. Perhaps the most florid depiction of the descent into psychosis is portrayed in *Shock Corridor* (1963) via an apocalyptic scene, complete with thunder and lightning, which takes place on a flooded and electrified set. Occasionally a film refutes the notion that psychosis is distressing – Mr Jones embraces the experience as part of who he is (*Mr Jones* 1993) but this portrayal is unusual amongst popular cinema’s narratives. Occasionally a film acknowledges the complexity of mental illness; *A Woman Under the Influence* (1974) suggests that if you experience mental illness you can be many things – loving, artistic, generous, but you may also be fragile and very vulnerable. Pete as the sibling of a brother with schizophrenia in *Some Voices* (2000) sums up psychosis: “It’s a fucking mystery and it’s complicated and it’s ugly and it’s scary”; this possibly mirrors the difficulty faced by the film maker in presenting it on screen.

The material discussed in this chapter and Chapter 4 will now be contextualised in relation to the hierarchy of discourse that emerges from the cohort of interviewees who have experienced

psychosis. Chapter 6 will therefore examine a new hierarchy of discourse from a distinct cohort of stakeholders: service users.

# DISCOURSES WHICH ARE NOTABLE AMONGST THOSE WHO HAVE EXPERIENCED PSYCHOSIS

## INTRODUCTION

Wahl considers that “in particular those whose lives are most affected by mental illnesses – those who have experienced psychiatric illnesses and the ministrations of the mental health system – are the least likely to be consulted” by the producers of media texts (2004:65). This chapter is an attempt to redress the balance by considering the views of those who have experienced psychosis in relation to film texts that portray the experience of psychosis. The most salient aspects of discourse from the interviews with those who have experienced psychosis will be compared with discourse in both the chapter on the naming of clinical psychosis (Chapter 4) and film discourse (Chapter 5). The chapter will begin with an exploration of dominant discourse before moving on to consider both commonalities and discourse which is comparatively under-represented amongst those who have experienced psychosis. Fairclough’s definition of discourse as “a complex of three elements: social practice, discursual practice (text production, distribution and consumption) and text” continues as a thread which runs throughout Chapters 4, 5 and 6 (1995: 74). The primary focus in this chapter is textual material resulting from interviews with those who have experienced psychosis which has been generated in response to film texts. Fairclough argues that “texts are social spaces in which two fundamental social processes simultaneously occur: cognition and representation of the world and social interaction” (1995: 6). He considers that individuals use texts in order to resolve dilemmas surrounding their own identities (1995: 7). It is this interpretative aspect of sociocultural practice which shapes the current chapter.

The interviews with those who have experienced psychosis concluded by showing two film clips; the first was from David Cronenberg’s *Spider* (2002) and the second from Mike Figgis’ *Mr Jones* (1993). The clips were chosen as representative of material from less and more mainstream cinema, respectively, and also as representative of two different experiences of psychosis; *Spider* is withdrawn whilst *Mr Jones* appears to be experiencing an episode of mania. Responses to the clips were analysed as part of a study which considered the wider



representation of psychosis in film; their inclusion enabled comparative work looking at clusters of meaning and also atypical readings. Livingstone argues that the negotiation of meaning brought about by the interaction between audience and text is “a struggle, a site of negotiation between two semi-powerful sources”; she considers that “each side has different powerful strategies, each has different points of weakness, and each has different interests” (1998:26). Livingstone guards against seeing either the text or the audience as dominant in determining meaning. She argues that, in addition to establishing how people make sense of the text, it is also important to determine whether texts influence or restrict interpretation (1998:26). Both of these concerns were addressed during the series of interviews, not only in respect of the clips but also when discussing texts introduced by the interviewees. Livingstone emphasises the circularity of cognition and the media text (1998:30). The distinction between the interpretation of film through socio-cognitive knowledge and the potential influence that the film text has had upon this knowledge has been observed in my analysis of the interviews. Both the potential of the film text to offer a template for understanding psychosis and the experience of psychosis in influencing textual interpretation have been considered. The clips were not only useful in evoking specific comment but also in acting as a stimulus for areas of discussion that were felt to be key by respondents. They prompted wide-ranging discussion, some of which cannot be addressed within my restricted word count. The personal beliefs, preferences and contradictions that have emerged from viewing the clips are characteristic of the interviews as a whole. This diversity will be reflected in the following chapter.

The first half of the chapter will illustrate that the exploration of psychosis amongst respondents is more personal than it is in Chapter 4 and more nuanced than it is in Chapter 5. It will demonstrate that interviewee discourse is not concerned with the philosophical nature of madness and does not subject the epistemological basis of science and psychiatry to extensive scrutiny. Any discussion around the nature of madness focuses on the interface between ‘madness’ and ‘normality’ which also features in Chapters 4 and 5. Respondents offer thorough explanations of how psychosis manifests. There is consensus about what characterises psychosis but there is also variation; psychosis is described as contradictory, lacking continuity and evading definition and respondents argue that this makes psychosis difficult to capture on screen.

Both positive and negative aspects of psychosis are referenced, although positive factors are not celebrated to the extent that they are in film. The consequences of psychosis are described as far-reaching and occasionally devastating; the aftermath is cited as having a profound effect upon employment and relationships but is rarely felt to be as sensational as it appears on screen.

In this section of the chapter I will continue to demonstrate differing hierarchies of discourse according to stakeholder positioning. Interviewee discourse reveals, for example, that whilst self-management and support from fellow sufferers are key to those who experience psychosis they are absent discourses in Chapters 4 and 5. Conversely discourses that have dominated in earlier chapters, such as the power wielded by pharmaceutical companies in Chapter 4, do not feature in interviewee discourse. In addition broad areas of shared discourse, such as issues of power, reveal different emphases. The focus upon the power of the psychiatrist is not as emphatic as it is in film, for example, whereas the family are identified as power brokers. In this chapter I will also argue that discourse amongst interviewees is characterised by both reiterations of dominant discourse and marked resistance to it. This is shown in several areas such as diagnosis, medication, and attitudes towards inpatient care. Whilst coercive aspects of all three are acknowledged, benefits are also discussed at length, indicating that discourse is polarised.

Notably certain discourses dominated the interviews. A consideration of dominant service user discourse amongst my respondents and a comparison with dominant discourse in Chapters 4 and 5 will provide a focus for the first section of the chapter which foregrounds psychosis as holding great significance for those who have experienced it. Psychosis will be presented as eluding easy definition and lacking continuity; the problems posed for the filmmaker in attempting to capture it will be discussed. Shared characteristics of psychosis, in addition to individual presentations, will be explored. Psychosis will be considered in terms of both its positive and negative aspects.

The second half of the chapter will specifically address the interface between the interviewees and the film text. Fleming and Manvell stress that “the depiction of madness can be understood in the last analysis only by the viewer” (1985:21); this is particularly relevant if the viewer has

experienced psychosis. My twenty-four semi-structured interviews were carried out at multiple sites across South Wales between January 2011 and September 2012. Respondents were recruited principally from the mental health organisations Four Winds, bipolar self help groups and the charity Mind. The interviewees include eleven females and thirteen males whose ages extend from early twenties to seventies. There is contrast in terms of education and employment. Positions held (or previously held) range widely from farmer to poet to forensic scientist (see Appendix p349). The experience of mental illness has clearly affected employment; all respondents had worked at certain stages of their life, although less than half were employed at the time of interview. There is evidence of career change, early retirement and part time work. Four respondents are currently engaged in education, three at a post-graduate level, and there was notable evidence of autodidactism. The interviews necessitated specific considerations for working with ‘vulnerable adults’ (see page 100) and produced twenty-four interview transcripts ranging between one hour and four minutes and one hour and forty nine minutes in length (see accompanying flash drive in appendix). Anonymity has been preserved throughout the study; references to all respondents in this chapter is via the use of pseudonyms. As noted in Chapter 3, whilst observing standard convention when transcribing interviews, I have punctuated quotations taken from them in order to aid fluency in this chapter.

## **DOMINANT DISCOURSES AMONGST THOSE WHO HAVE EXPERIENCED PSYCHOSIS.**

The series of interviews was notable for its sustained focus upon the nature of psychosis. There was a sense that “lived experience”, when it relates specifically to psychosis, has the power to eclipse other life events (Hills 2002:30). The experience of psychosis appears to have a marked effect upon language and subsequent life events; it is an extreme form of what Staiger refers to as the “environmental experiences” that impact upon our “identities or cognitive schemata” (2005:166). Roger Silverstone refers to “private texts” which play their part in the “cultural stratification of everyday life” and points out that the intrinsic relationships that exist between these and “public” media texts are an important focus for study (1998:242). Similarly Livingstone considers it to be important to “examine the social knowledge of the reader”, and “to conceive of readers in relation to texts and texts in relation to readers” in order to pose questions

such as how individuals relate their knowledge of the world to media texts; “how the interpretations they make of programmes fit or challenge their prior experiences” and what role their knowledge plays in “directing divergence in interpretations” (1998:173).

The experience of psychosis was referenced repeatedly. Out of the series of interviews no one suggested that it was not significant; indeed its overwhelming nature was emphasised. Ralph considered psychosis to be cataclysmic and life changing; he likened emergence from his first episode to a feeling of rebirth and a failure to recognise the world.<sup>2</sup> The exploration of psychosis was more nuanced and detailed amongst respondents than it is in filmic representation; emphasis centred on personal experience rather than the objective goal of definition which dominates Chapter 4. There was some consensus about what characterised psychosis; this was because of mutual experience but there was also a sense in which “personal and specific opinions derive from socially shared opinions or attitudes” in addition to “personal experiences and evaluations” (Van Dijk 1998:26). Psychosis was broadly recognised as precipitating physical sensations that can have an effect aurally, visually and kinaesthetically. These presented in multiple ways, for example ‘time-shifting’ and lack of sleep. A profound effect on thought processes was also noted; Glen said that psychosis was “like knowing all the secrets of the universe”.<sup>3</sup> Ceri described thinking more globally or “all around the box”<sup>4</sup> and Ali said that in psychosis she felt a sense of connection between herself and “everyone on the planet”.<sup>5</sup>

A notable area of consensus was the recognition that psychosis has both negative and positive aspects; this is only occasionally acknowledged in film, (see *Mr Jones* 1993). The psychotic experience, in terms of affect, is not central to the naming of psychosis. Seventeen respondents mentioned negative aspects of psychosis.<sup>6</sup> It was widely referenced as an isolating experience which led to poor self-care, irritability, intolerance and despair; five respondents mentioned suicide attempts or self-harm when psychotic<sup>7</sup> and Glen said he would rather lose a limb than go through a serious depressive episode again.<sup>8</sup> Derek described his first episode:

The first instance that I had of psychosis was ^very ^very frightening...um..it was...I ...I knew there was something wrong with me but I couldn't figure out what it was. It was a completely new experience for me... I had this sort of Armageddon experience ...that it was the end of the world...that God was coming to judge..the living and the dead and it was um..it was very graphic in detail. It was as real as the room is around me..and..um..at some point ..I.I.I actually wet myself. I think that that was probably through fear..um..ah..yeah..it was very frightening..just to be lost in another reality...because it was reality for me (Interview with Derek 2011:4).

It is illustrative of the paradoxical nature of psychosis that sixteen interviewees also foregrounded its pleasurable aspects.<sup>9</sup> Both Owen and Meic described psychosis as conferring the feeling of being 'the special one'<sup>10</sup> and Carrie said that she felt a certain sense of privilege that her mind has gone where, for others, it rarely goes:

The upside is of it I feel I've experienced something that some people will never..and I think you've experienced and taken the mind to a point on its own... With the chemical imbalance or whatever you call it without taking any hallucinogenic drugs...um so in that way I think it's quite amazing myself (Interview with Carrie 2011:6).

Respondents identified a link between psychosis and enhanced ability.<sup>11</sup> This is recognised by Rogers and Pilgrim who argue that mental health problems often equate with "creative artists, novelists, poets and musical composers" (2005:31). Interviewees described it in more modest terms, however, such as improved computer skills, and avoided the approximation to genius which features in screen portrayals (see Chapter 5). Psychosis was also linked to great affability and an ability to be persuasive and credible. Four respondents referred to the confidence and self-assurance that accompany psychosis<sup>12</sup> and Derek explained how it had assisted him at interview:

I've gone for jobs which I've been very convincing in the role @ yeah because..you know you believe yourself, it's like being an actor par excellence. It's almost like you're the method actor but you've forgot that you are acting at all ..er.. yeah. During one of my episodes which was raised, you know elevated mood...I went for a job now, ^very ^very good job, company car and it wasn't until someone actually got in touch with the company and said, well, he's not quite well at the moment. Well the job was mine if you want with it because erm, you're very enthusiastic, you're very convincing ..you're erm...it's that sort of panache ..er..charm you're...erm. It is, it is very engaging ..you can..er really take people in...you're quite manipulative as well. (Interview with Derek 2011:18-19).

Despite well-recognised features of common experience a notable characteristic of psychosis was that it eluded definition. Nine respondents considered that psychosis is complex because it presents in so many different ways.<sup>13</sup> There was evidence of contradictory experiences of psychosis amongst interviewees. Tabitha and Rod experience psychosis that is rapid cycle and short in duration whilst Tina and Tom spoke of mania that is barely detectable but sustained over lengthy periods, extending to years.<sup>14</sup> Meic felt that there is no continuity in his *own* presentation of psychosis; each episode is new and different.<sup>15</sup> Capturing the experience of psychosis is complicated by further factors; Ceri pointed out that social landscape impacts upon the nature of psychosis. By way of illustration she suggested that in the Cold War psychosis presented as paranoia about Russian spies whilst contemporary psychosis is characterised by influences from science fiction.<sup>16</sup> Cultural shift is also recognised by Byrne who states, “my medical textbooks predicted manic patients with delusions of divinity, but I have seen more young people with psychosis who reference *The Truman Show* (1998) and *The Matrix* (1999) than higher powers” (2009:186). It is a manifestation of the “historical impress” on textual discourse recognised by Fairclough (1995:10) and is embodied in both the coining of the term ‘the Matrix Defence’, whereby a defendant argues that their actions were prompted by the film *The Matrix* (1999) and the documentary which is based on this phenomenon (*The Matrix Defence* 2003). Notably two respondents said that despite having long histories of experiencing psychosis they did not feel qualified to comment upon it as they had no insight in to their delusional episodes.<sup>17</sup> This indicates that even those supposedly most qualified to define psychosis do not always feel

confident in doing so. Applying boundaries to psychosis was also perceived to be difficult; Rhys said that it was almost impossible to determine where euphoria ended and psychosis began.<sup>18</sup> Rod felt that being low and high (two areas of psychosis that might be considered distinct) presented “a significant amount of similarities”; he described “high high periods whilst severely depressed”.<sup>19</sup> Whilst film is capable of reflecting the complexity of psychosis (see Chapter 5) this is rarely the case, reflecting, perhaps, Byrne’s view that “film-makers learnt what they know about mental illness and its treatments at the cinema, not from books or in the clinic” (2009:287).

The second dominant discourse to emerge from the interviews concerns the consequences of psychosis. This section of the chapter will illustrate that just as the nature of psychosis itself is perceived to be overwhelming, the corollary of the experience is described as profound. The emphasis placed upon the implications of experiencing psychosis by the interviewees sets in relief the relative lack of stress placed on this in the naming of clinical psychosis (Chapter 4) which is much more concerned with diagnosis. It also raises questions about why it is a notably absent discourse in film linking, perhaps, to the “high degree of closure” which characterises the classic narrative (Byrne 2001:28). In this section of the chapter I will argue that interviewee response challenges the view that psychosis is uniform and permanent. It has the power to make the individual feel isolated and “othered”. In rare circumstances, psychosis can precipitate the sorts of violent acts that dominate screen presentations (see Chapter 5) but the consequences of psychosis tend to be far less sensational, impacting upon employment and relationships. Both filmic discourse and interviewee discourse acknowledge varying rates of success in personal relationships that feature psychosis, although there is a notable bias towards unproblematic romance in film. Psychosis can confer benefits, for example enhanced ability, although this is not celebrated to the same extent as it is in Chapter 5.

## **THE CONSEQUENCES OF PSYCHOSIS**

Once again, the individual experience of the legacy of psychosis elicited a range of responses. Respondents were keen to point out that psychosis is both a fluctuating and temporary condition which need not be viewed as all consuming; recovery is possible and illness is debilitating for circumscribed periods of time. Rod pointed out that each individual displays only a limited range

of psychotic features<sup>20</sup> and Mari that people lose only part of themselves in psychosis<sup>21</sup>. Carrie said that even at the height of her psychoses she was able to function completely normally in terms of day-to-day tasks.<sup>22</sup> These responses challenge the perception of psychosis as uniform and permanent and introduce a level of nuance which is not recognised in the film text where narrative clarity is prioritized over realism (Henderson 1996:31). Responses concerning recovery were also at odds with film narrative. Notably nobody interviewed considered themselves to be permanently ‘cured’ and two respondents stated specifically that cure was not a reality.<sup>23</sup> The possibility of further episodes of psychosis was ever present; Delyth referred to the chronic nature of psychosis as “a life sentence”.<sup>24</sup> Lesley Henderson notes that media story arcs frequently contradict “the reality of mental ill health where people may recover and then become ill again” (1996:22); the cohort acknowledged media prioritisation of the unrealistic cure.

The magnitude of the aftermath of mental illness was apparent. Psychosis was perceived to have the power to make the individual feel “othered”; Owen considered that psychosis “begins by thinking that you are not like other people”.<sup>25</sup> There was general resistance to the perception that psychosis leads to the sort of physical “othering” that is present in film, although Ralph considered that it was visibly perceivable as “dis –ease...a dis-connectedness...an unsureness” (Interview with Ralph 07.04.11:23). The issue of ‘Othering’ as a consequence of experiencing psychosis was framed more forcibly in terms of the discrimination and stigma recognised by Rogers and Pilgrim, (2005:32). Only Gwen said that she felt that the vast majority of people did not attach stigma to mental illness;<sup>26</sup> a more general response was that a psychiatric history has the power to stigmatise. Nine respondents said that, despite this, they were sufficiently unconcerned about prejudice to remain open about their illness;<sup>27</sup> others were guarded, whilst three said that they were not open at all.<sup>28</sup> Tabitha felt that personal experience had taught her to avoid being candid about her dual diagnosis of bipolar disorder and schizophrenia as this affects the responses of others towards her:

They walk away from you or pretend they haven’t seen you and things...and that’s horrible. The more people know you got it...they tell everybody else and then they just look at you...which before they’d come up to you and say, “oh how are you how are you



doing?” and pretend not to see you in the street. When I’m down the river with the dog everybody talks and says, “Oh look at him he’s getting old or he’s a lovely dog” ...they talk to you..you know everybody talks to you...but if you didn’t have that dog and if they knew about your illness they wouldn’t talk to you (Interview with Tabitha 26.05.11:7).

Derek pointed out that, for some, the consequences of psychosis are devastating; in a minute percentage of instances, psychosis can precipitate individuals to commit acts that guarantee a life of misery.<sup>29</sup> This is consistent with Byrne’s assertion that 10% of those with psychosis may become violent during their illness and, of those, a “tiny” proportion may kill (2009:293) and is over-represented in films that feature psychosis (see p182). Interviewees placed greater emphasis on economic disadvantage and unemployment as consequences of psychosis. Psychosis was cited as career ending by two respondents,<sup>30</sup> thus confirming Rogers and Pilgrim’s view that those who experience psychosis “suffer the ecological consequences of this vulnerability” by living in poor localities and encountering “labour market disadvantage” (2005:41). Screen treatment of the consequences of psychosis is uneven: the dramatic potential generated by the sometimes-unpredictable acts of those who experience it tends to be exploited in film whilst the more mundane economic hardship that accompanies it is not. Henderson sees this as the inevitable consequence of a desire for high audience ratings. She considers that a commercial imperative “can override any social responsibility to represent more balanced or accurate representations of mental ill health and can undermine the possibilities for images which convey more challenging messages about the subject” (1996:18). This does not explain why art house representations such as *Julien Donkey Boy* (1999) suggest links between psychosis and unpredictable acts; it can only be assumed that the temptation to generate drama exceeds commercial imperatives.

The effect of the experience of psychosis on relationships was mentioned frequently. This is a narrative that does not feature in the naming of clinical psychosis but takes precedence on screen where a film staple is “love conquers all (see p167). Dewi acknowledged the love of his partner, who also experiences psychosis, as key in improving his mental state:

We saw each other at our worst to begin with so we recognised each other, we recognised each other's symptoms, so if one of us is changing at all then we know how to approach it. We learn by sort of approaching it and for me that's just great, it's the most beautiful thing for me 'cos I am very much in love really so it's great (Interview with Dewi 2011:19).

Five respondents cited the support of a partner as essential<sup>31</sup> but there was a spectrum of opinion concerning the curative properties of love (see p167). Mari characterised her relationship with someone who has experienced psychosis as follows:

Very very hard...^Very ^Very hard...It's the hardest thing and I don't think anyone should even walk the first step unless they are strong...unless they're able to be aware of what unconditional love means. Because there is no way that you are not going to get hurt...and there is no way that you are going to win and until you have accepted the fact that there is no winning, you really oughtn't to start the paths, but you do because that's the way the path starts, you can't start it any other way. No it's very hard...and I fully understand why families separate..from people who've had one or two psychotic episodes...fully...in fact I think some families ought to...I think it's right that they do. Because it's only the very strong that can stay with them and be of any long-term value (Interview with Mari 2011:10-11).

Both film discourse and interviewee discourse document the impact of psychotic illness upon a range of people including partners, parents, children, extended family and friends.<sup>32</sup> Whilst both acknowledge variable rates of success in personal relationships there is a notable bias towards unproblematic and redemptive romance in film.

The final dominant discourse to emerge from the interviews with those who have experienced psychosis was an emphasis upon self-management. It is particularly regrettable that this is an absent discourse in film where ‘salvation’ is more frequently offered by a third party, in the form of medical authority, romance or occasionally both. Self-management might be considered to do away with the dramatic conflict occasioned by relationships in films that feature psychosis. The implications of minimising self-management, autonomy and expertise, however, are clearly important for the individual who has experienced psychosis and will be considered in the next section of the chapter. This section acknowledges further under-developed filmic discourses as the knowledge that accrues from a family history of mental illness and the help and support provided by other sufferers.

## **AGENCY AND SELF-MANAGEMENT IN PSYCHOSIS**

Byrne argues that “there are no mental health films, just mental illness ones” (2009:287); he considers that individuals with mental illness present in fiction films as victims unless they are empowered as “violent agents” (2009:296). Both points argue against screen representations of autonomy for psychotic protagonists. Despite being under-represented on screen self-management was clearly felt to be both possible and vitally important amongst those who have experienced psychosis. Respondents referred to their own expertise in managing their symptoms; six expressed the belief that their symptoms had become more manageable over time because of growing insight into their own conditions.<sup>33</sup> A further six said that they worked hard to minimise their symptoms so that others did not know that they were suffering; in this way they were able to keep their experience private and exert more control.<sup>34</sup> As well as expertise in their own illness a number of respondents had built up a wealth of knowledge about wider mental health issues. This was due, in part, to experiences which pre-dated their own diagnosis. Family history, for example, was mentioned by seven of the respondents as a key genetic component in mental illness and also as a form of exposure to mental illness.<sup>35</sup> This is referenced in both Chapters 4 and 5 but does not dominate to the extent that it does amongst those who have experienced its effects at close hand. Terry was concerned about the hereditary nature of mental illness:

My father had gone through a period of being very er..withdrawn into himself and quiet. He was always a quiet man, a lovely man, a lovely father but he went in to this ...not communicating and, er, this is always the fear in the back of my mind that I'm going the same way you know...when I am really ill but I try to get myself out of it by saying, " Well I've got it worse than my father really". Just 'cos we were all a family functioning around him and my dad's time, this was back in 1965, '66.. erm, we didn't realise how ill he was or perhaps we didn't want to realise. He became worse and worse...and I ..and I found him when I came downstairs for to get ready to go to work and he'd taken all of his tablets and I found him. Perhaps that, subconsciously, has had a tremendous effect on me and I often think that when I'm.. I'm gonna be er I'm going that way and also the fact that it's worse for me because I am alone like, you know, apart from the dog (Interview with Terry 2011:19).

In film the hereditary nature of psychosis is underexplored compared to narratives that attribute it to trauma (*Benny and Joon* 1993) or coercive family relationships (*Family Life* 1971). Film discourse also under-represents the help and support provided by fellow sufferers in psychosis, although this does feature occasionally in films such as *David and Lisa* (1998). Interviewees clearly valued support from others who had experience of and empathy with the condition (see Interview with Dewi 2011:8). Drawing on Foucault's work on individuation John Fiske considers that the "identity that really matters is the one produced by bottom up, localizing power" (1993:68). Fiske distinguishes between "individuality" and "individuation." He sees individuality as "the product of a person's history, of family ties and continuities, of relationships with friends or community groups, or choices in leisure time activities" and individuation as a "power process which separates an individual from others for the purposes of documentation, evaluation and control." He believes that "individuation identifies the individual but cannot produce identity; indeed it is threatened by identity, so works to evacuate it from the individuality it identifies" (1993:67). The interviewees' preferred approach to the experience of psychosis and the management of it is individual; it can be interpreted as resistance to individuation and an assertion of self-knowledge relating to identity that assures greater agency

and control (Fiske 1993:16). It is important to recognise autonomy and self-knowledge amongst those who experience psychosis and to scrutinise its absence in wider discourse.

The next section of the chapter will move on from a consideration of dominant discourses amongst those who have experienced psychosis to consider significant discourse sites in common with Chapters 4 and 5. These sites have been sub-divided in to the following categories: normality, diagnosis, power, medication and the asylum, and are characterised by contestation and contradiction. In this section of the chapter I will argue that the analysis of respondent discourse surrounding psychosis reveals a focus on practicality rather than philosophy. I will demonstrate that discussion about the ontological status of psychosis shares a focus with Chapters 4 and 5 on the interface between ‘madness’ and ‘normality’ and that whilst the epistemological basis of science is not questioned there is some questioning of psychiatry as a scientific discipline. This section of the chapter will be subdivided because of its length.

## **SHARED DISCOURSES IN RELATION TO CLINICAL AND FILMIC SITES.**

### **An Exploration of Normality**

Rogers and Pilgrim refer to madness as “an ordinary social judgment awaiting medical codification” (2005:29); Chapter 4 scrutinises this codification. Film rarely attempts an exploration of the ontological status of madness, preferring, instead, to focus upon its consequences. Notably there was no desire to explore the nature of ‘madness’ amongst the interviewees but there was an acceptance of ‘madness’ as an experienced reality. This may be explained by Foucault’s assertion that the essence of mental illness is that it “resists all understanding” (1976:45). There was a sense that the practical concerns of ‘madness’ were more relevant than a philosophical discussion of its nature. Any discussion that did occur about what constitutes ‘madness’ moved closer to the focus in Chapters 4 and 5 that considered the interface between ‘madness’ and ‘normality’. Matt was the only respondent who took the view that mental illness is “not normal”.<sup>36</sup> As somebody with a long history of mental illness he equated

difference with abnormality, embodying Foucault's belief that "the patient recognizes his anomaly and it gives him, at least, the sense of an irreducible difference separating him from the world and the consciousness of others" (1976:46). There was some discussion which supported Simon Cross's assertion that "the categories of sickness, madness and badness are in constant flux because they are evaluative, socially constructed categories with imprecise boundaries" (2010:94). Ralph described an evolving sense of what constitutes normality:

Erm, certainly my first experience kind of made me think, oh my god, you know, I'm different, strange, weird and all the things that jump to mind,..whereas my experiences then working with other people said, actually, no, you're just pretty ordinary...erm you just have something which is different (Interview with Ralph 2011:10-11).

Seth argued that 'madness' is a social construct and a label that is applied when an individual fails to achieve societal targets;<sup>37</sup> he stressed that there has been an increase in 'madness' under capitalism.<sup>38</sup> The arbitrary nature of 'madness' was illustrated by a questioning of the psychic world as socially sanctioned 'madness'.<sup>39</sup> Charlotte emphasised that upbringing and class are equally influential and arbitrary as wider social influence in determining what is 'normal' and what is 'abnormal'.<sup>40</sup> The prevalence of mental illness was stressed as a major argument in favour of its 'normality'. Mari pointed out that mental illness must be 'normal' as it is part of reality and part of being human.<sup>41</sup> There was argument for and against the hypothesis that the incidence of mental illness was increasing; a further argument was that even though the incidence of mental illness might not have increased, the manifestations of it were becoming more recognised and, therefore, more normalised. Terry felt that seeing a psychiatrist had become more acceptable over time. He explained that at the time of his father's suicide:

The working class were not normally going to see psychiatrists and even your doctor...you'd have to be pretty ill to call your doctor out in those days, like, you know, 'cos the doctor was looked on like God, you know, to someone he wouldn't waste his time with ordinary minded illnesses (Interview with Terry 2011:19).

A frequently voiced view (by seven respondents) was that psychosis is brought about by a chemical imbalance in the brain; this provided a rational and physical explanation for irrational behaviour which lessened the mystique of mental illness and established it, more firmly, within a spectrum of normality.<sup>42</sup> It is a corollary, perhaps, of Rose's argument that a dominant medical model seeks to place emphasis upon our "neurochemical selves" (2003) and supports Cross's recognition of the faith engendered by "new technology for studying the brain...the development of molecular genetics...the human genome project ...breakthroughs in pharmaceutical research" and "new drug treatments" (2010:152).

It was notable that there was almost no questioning of science, as a discipline, (this mirrors filmic discourse but not anti-psychiatry where science is subjected to scrutiny). Whether or not this is an indication that the validity of science is so readily accepted that it is not a subject for discussion is difficult to establish. Ralph expressed faith in science by defining psychosis as unscientific or "illogical thought".<sup>43</sup> There was little discussion of psychiatry in terms of its scientific status but what discussion did take place was characterised by differences in opinion concerning its validity. Three respondents with bipolar disorder welcomed (and clearly had faith in) psychiatric research in the fields of genetics and neuropsychology as a way forward.<sup>44</sup> At the same time there was a strong but limited response from interviewees who were sceptical of the advances made by science in respect of mental illness. Tabitha felt that "almost nothing" is known<sup>45</sup> and Seth referenced his doubts in relation to the development of lithium:

A lot of scientific discoveries are accidental when you're doing something else...you're looking at something else, it's the bi-product of another investigation so...they still don't know how it [lithium] works, got no idea, there's no idea. They just know that it works in certain people in certain doses and that it can kill you very easily as well. Well the whole thing, well mental illness is still like, you know, relatively speaking stone age...not middle ages it's stone age. Nobody knows much about brain activity or brain (Interview with Seth 2011:18-19).

The presence of a wide range of discourse surrounding ‘normality’, some of which reinforced dominant medical discourse and some of which revealed resistance to it, is evidence that discourse “works in discontinuous and often contradictory ways (Hook 2001:24) and that “discursive practices...cross and juxtapose each other” as if mutually unaware (Hook 2001:25). Derek Hook argues that such contradictions are “the seams to be pulled, the joints and weaknesses to be relentlessly stressed” in order to increase “combative power” (2001:26). A similar manifestation was evident in discourse surrounding diagnosis. This revealed resistance to its reductionist nature and concern about the language used to frame it and will be considered next.

### **The Issue of Diagnosis**

The issue of diagnosis is a dominating discourse in the naming of clinical psychosis; in film it is explored largely in relation to discourses surrounding the division between normality and pathology and aspects of authoritarianism. Diagnosis is central to the definition of what constitutes psychosis and is linked with power; Caplan considers the “major systems responsible for bias in diagnostic practices” to be unassailable because of “their power, prestige and access to immense sums of money” (2004: 20). Whilst there was no evidence of interviewees citing diagnostic coercion there was resistance to the reductionist nature of diagnosis. Meic, for example, argued that diagnosis is problematic because there is no such thing as a standard illness, (he does not fit the typical pattern of schizophrenia because he has never heard voices).<sup>46</sup> Glen felt that misdiagnosis was common and certainly applied to him personally.<sup>47</sup> At the same time there was also a broad acceptance (and even a welcoming) of medical authority in terms of defining disorder. Respondents iterated that diagnosis was not necessarily a bad thing and could act as a relief for both the patient and their family. Owen described his own diagnosis:

I was first diagnosed, it was you know it was quite a erm inspirational psychiatrist really who explained to me



SUE: This was when you were a teenager?

OWEN: Christ no it was when I was 33 @@...My father was bipolar my best friend's father was a psychiatrist and I was mental and nobody did anything about it...@@ no no no so many wasted years...No diagnosis until yeah no diagnosis 'til 33..whole different life..I honestly, honestly, honestly don't know and it's... I can't change it, as I say, but it...it could have been a whole different life, but there you go (Interview with Owen 2011:42).

Esme similarly felt that diagnosis came far too late, suggesting that the reason for this was that psychiatrists exercised caution in an attempt to avoid labels.<sup>48</sup> When resistance was shown in respect of diagnosis it was frequently concerned with the capacity of diagnosis to confer a label. Gwen had fought hard with her psychiatrist to challenge her initial diagnosis of paranoid schizophrenia because she felt that it was “death on legs to any future you might have.” She points out:

If I'm going to go for a job in the future and I say that I'm a paranoid schizophrenic there's a...brick wall. If I go for a job in the future and say I'm bipolar they say “ooh like Stephen Fry?” (Interview with Gwen 2011:15)

Ruth also admitted to telling people that she had “mental health difficulties” or even “depression” rather than mention the word “schizophrenia.”<sup>49</sup>

The wider issue of problematic psychiatric terminology beyond diagnosis features as a major discourse in Chapter 4; this was not a central discourse amongst respondents but the issue of language use was raised. Ralph argued that caution should be exercised in the use of language (he welcomed the term “mental health” to replace “mental illness”) and felt that the judicious use of language could actually have a positive effect in normalising the experience of mental illness:

So more and more people are trying to use terms that are more acceptable... so from madness to mental illness to mental health it's all kind of trying to er make that message that this is ownable, this is something which is possible to experience without it being, separating you from the vast majority of humanity, which I think is kind of how people are left feeling. (Interview with Ralph 2011:10).

Seth considered that the register of medical language acted as a barrier between psychiatric personnel and those experiencing the disorder<sup>50</sup> and Gwen that there was a general ignorance about mental health terminology. She referred specifically to the frequent confusion between the terms “psychotic” and “psychopathic” and argued that this might affect both social attitude and film representation.<sup>51</sup> This concern is borne out by Wahl who avers that “the majority of books, films, and television programs...mix psychotic and psychopathic in their portrayals as well as in their advertising” (1995:19). This popular cultural blurring makes it apparent that entertainment precedes understanding. Glen considered that specific conditions are mislabelled and that it would make far more sense to call ‘bipolar’ ‘schizophrenia’ because the former is characterised by two extremes of personality when the latter is not.<sup>52</sup> There was some evidence of the desire to re-appropriate language which Cross refers to as “transcoding” (2010:31). As someone who has been diagnosed with bipolar disorder, for example, Seth took exception to the replacement of the term ‘manic depression’ by ‘bipolar disorder’:

I don't think bipolar is descriptive of anything, it doesn't describe anything to do with an illness. You get two poles, one there and one there, what does that mean? Manic depression is quite a violent kind of description, it's far more descriptive than bipolar is. Manic depression isn't that or that, it's a lot of things involved at any one time. When you're manic you may well be depressed ..you're so depressed you go manic....so there's the stress. So it's it's not that or that and all this, it's all much more complicated I think than it's described. Bipolar, it simplifies it ...and I don't think it does it any services ....it doesn't do anything for me (Interview with Seth 2011:10).

His response reflects a perceived lack of control of his own lived experience. A further discourse that was characterised by competing strands of discourse and counter discourse was the issue of power and how it presents in relation to the psychiatric profession; this will be considered next. This section of the chapter will illustrate a shift to the identification of power play in everyday settings, illustrating Foucault's argument that power "is everywhere" and "comes from everywhere" (1998:63) Whilst the psychiatric profession are criticised for exerting power they are also treated with approbation. The discursive struggle for power extends to the family unit.

### **Power and the Psychiatric Profession**

A dominant discourse examined in both Chapter 4 and Chapter 5 is the power wielded by the psychiatric profession. Due to inevitable involvement with psychiatric services this was also a discourse that was present in the series of interviews with those who have experienced psychosis. Comments on power play were concerned with the everyday actions of psychiatric personnel rather than the epistemological validity of psychiatry as a discipline in Chapter 4, marking a distinct shift to lived experience and the pragmatics of involvement with psychiatric services. A substantial number of respondents (fourteen) expressed negative or critical comments about the psychiatric personnel whom they had encountered during the course of their illnesses.<sup>53</sup> Esme felt that NHS nurses, "did not give a toss" (2011:18) and Ceri that the actions of psychiatric personnel were more questionable on inpatient units where they could act with relative impunity compared to in the community where they were more easily observable.<sup>54</sup> The professional/patient divide was considered to be un-necessary, at times, particularly in view of four respondents confirming the film staples of the institutionalised psychiatric worker and the inversion of psychiatrist and patient.<sup>55</sup> Respondents spoke of "them and us" situations on inpatient wards and two cited the physical barrier of the nurses' station as divisive.<sup>56</sup> Glen considered the case review to be the most coercive and distressing aspect of psychiatry.<sup>57</sup> In this situation a patient must face a whole panel of psychiatric personnel - a "them and us" situation that he felt should be avoided.

Once again, however, discourse was characterised by strong binaries which are reflected in the film representations of Drs Evil and Wonderful (Gabbard and Gabbard 1999). Glen felt it was inevitable that those who experience mental illness should show resentment towards psychiatric

personnel as this is a reaction prompted by denial and directed at the curtailment of liberty rather than the psychiatric profession per se.<sup>58</sup> Rogers and Pilgrim make a closely related point:

It is very difficult to interpret the meaning of mental health service users reporting poor quality of life. Is it that the underlying reasons for the latter (poverty, restricted social networks, stigma, poor education and employment) are so profound and pervasive that disappointment with services reflects an incorrigible state of poor self-esteem and alienation about everything in the patient's world? Under these circumstances service users may be suffering a deep-seated impoverishment and disempowerment created by their social conditions, but they attribute the state to service inadequacies (2001:196).

In addition to criticism, approbation was shown for medical and psychiatric services; Owen praised his GP<sup>59</sup> and Seth considered himself to be lucky in terms of the level of expertise shown by his psychiatrists.<sup>60</sup> Five respondents said that their psychiatrist had appealed to them as experts.<sup>61</sup> This may exemplify what Fairclough sees as “the problematisation of traditional models of professional practice”, the hallmarks of which are: “more democracy in relations between professionals and clients”, greater individual autonomy and marketisation that enhances consumer choice (1995:211). Fairclough suggests that “structures and relations have become more unstable and practices more diverse and open to negotiation... such that there are many hybridizations of traditional” discourse (1995:211). Ceri's belief that she wields far more power as a service user than in her professional mental health role also supports Fairclough's assertion.<sup>62</sup>

Respondents indicated that issues of power were not limited to psychiatric services. A notable discourse was feeling disadvantaged as someone who experiences mental health issues within the family unit. Three respondents referred to being disconcerted and disempowered by an absence of memories which meant their families had more knowledge of the manifestations of their illness than they did.<sup>63</sup> This is an important discourse in delineating that the discursive struggle

for who ‘owns’ personal experience is not limited to the professional domain but also exists within families.

A discussion of power in the field of psychiatry leads, inevitably, to a consideration of medication and attitudes towards it amongst those who have experience it directly. It is a further example of a field that is characterised by reiterations of dominant discourse and marked resistance to this. In contrast to the tendency in screen representations to present medication largely as an aspect of coercion, those who have experienced psychosis considered it in more measured terms, arguing that it is essential, at times.

## **Medication**

Medication (largely its misuse) is seen as a key aspect of power play in popular filmic discourse. Jonathan Metzl highlights the potentially coercive aspects of medication:

Prescribed, ingested, signified and metabolized, psychotropic medications allow psychiatrists to regulate and normalize their subject from within, long after the interpersonal interaction between doctor and patient has ended (2004:30).

Fourteen respondents commented specifically on their medication regimes as being a significant part of their lives.<sup>64</sup> The notion of medication being ‘tweaked’ or ‘refined’ was prevalent and an indication that it is a dynamic and chronic reality. In contrast to the tendency in screen representations to present medication in dramatic and negative ways those who have experienced psychosis gave a more considered response which acknowledged both advantages and disadvantages. There was occasional outright condemnation of medication and also of psychiatric practice. Mari considered that the “chemical cosh” or “bomb injection” was used as a manifestation of power;<sup>65</sup> Similarly Delyth felt that, in her case, ECT was used punitively.<sup>66</sup> Only Rhys voiced a central argument present in Chapter 4 that

mediation is over-prescribed as a direct result of the dominance of the pharmaceutical industry. He referred to “being shocked by the way the system really is just about pharmaceuticals” and felt that talking therapies were side lined as a result (Interview with Rhys 2011:31). Respondents perceived the side effects of strong medication to be worse than the manifestations of the illness itself, at times. Seth’s comments reflect both positives and negatives in respect of powerful medication:

The chemical cosh...I’ve had Largactyl which wasn’t very nice...erm I’ve had Haloperidol which was an obscene drug, I think, to give me ‘cos erm they just gave it when I was in.. hospital. I came in, I was examined, physically examined, put down. I said, “Can I have something for this ‘cos you know I’m psychotic or I’m so active I need something to calm me down?” They give me Haloperidol, alright, at first I’d been mildly stoned and then I started having reaction in my legs like there was gravel going through my veins so I told them, begged them, for something else. Give me procyclidine and that had a very bad effect on me, as well. I could only walk backwards, I couldn’t walk forwards at all. I couldn’t physically walk forwards at all. I walked out of that hospital next day, backwards in to an ambulance to take me back to Cardiff (Interview with Seth 2011:33).

Seth’s request for medication, despite the side-effects, indicates that, at times, it is deemed essential by those who experience psychosis; this is not reflected in film (see Chapter 5). Even the most extreme forms of treatment, (such as ECT), were spoken of with approbation by respondents who had experienced their benefits. Both Glen and Derek recounted experiences of being sedated by ‘the chemical cosh’ and said that they welcomed this as they were clearly at risk of doing themselves harm in psychosis.<sup>67</sup> The polarised views which characterised attitudes towards conventional medicine also extended to alternative therapies; Mindfulness and Shiatsu were felt to confer great benefit by two respondents.<sup>68</sup> David Armstrong sees this as evidence of a challenge to established medical power bases and considers that “the recent growth of alternative medicines such as acupuncture, herbalism, homeopathy and osteopathy shows that the hegemony of human anatomy is under challenge” (1995:23). Ceri, however, took an oppositional stance to alternative therapy (including hypnotherapy) arguing that it was utilised by

the unscrupulous to offer unrealistic hopes of cure to people who were vulnerable and desperate.<sup>69</sup>

Whilst being confident of the relevance of medication to a cohort of interviewees who had experienced psychosis I was unsure of how many would have had direct experience of inpatient treatment or ‘the asylum’, as it is designated in film (see p187). It was interesting to note that the contest and contradiction that characterises discourse surrounding diagnosis, power relations and medication was also evident in relation to the asylum. Discussion encompassed historical perspectives and extended to consider community initiatives.

## **The Asylum**

The power and mythical fear embodied by the physical edifice of the asylum are not just recognisable motifs in film but can be perceived in wider society; Terry spoke of the “element of fear” which attaches to the asylum as a result of it being an unknown world (2011:15). Attitudes towards inpatient care were, once again, divided. Both Gwen and Ruth, (both of whom have experienced inpatient treatment), dreaded “incarceration”.<sup>70</sup> Gwen perceived having her liberty curtailed to be extremely distressing; lack of privacy and the difficulty posed by living in close proximity to others with mental health difficulties were also cited as negative inpatient experiences.<sup>71</sup> At the same time inpatient care was clearly perceived to offer sanctuary and comfort by three respondents.<sup>72</sup> Matt cited repeated instances of wishing to be re-admitted to an inpatient ward because he felt safe there<sup>73</sup> and Carrie cited the experience of being an inpatient, having an insight in to a relatively unknown world and meeting some extraordinary people as a privilege.<sup>74</sup>

Pat Carlen considers that “the asylum and the community are alike at least in the sense that both ideas have been objects at times imaginarily invested with extravagant virtues and powers” (1986:275). Approbation for and mistrust of community initiatives were evidenced throughout the interviews. Whilst a small number of respondents expressed a preference for being treated in

the community Esme felt that ‘care in the community’ was a money saving ploy which did not actually occur.<sup>75</sup> Ceri, on the other hand, said that the distinction between the control exerted by inpatient care and that in the community was not as distinct as many people imagined. She considered that there were now many more community orders than were initially anticipated because of fear of litigation and an escalating risk culture.<sup>76</sup> This concurs with Rose’s assertion that public debate has moved from “care in the community to scare in the community” and indicates that discursive power relations circulate beyond the physical confines of the asylum (2002:182). Rose suggests that the health of the individual is not central to policy in the community; instead care in the community is “a managerial attempt to regulate levels of deviance. It is actuarial in that it is concerned with the overall levels of undesirable events in a population at large” (2002:9). To this extent it approximates a penology traditionally occupied by incarceration in the asylum. Ceri’s reflection on the community order as “a real chemical cosh in the community”<sup>77</sup> is an illustration of the conflation between two systems that have traditionally been viewed as polar opposites.

This section of the chapter has addressed areas of shared discourse with Chapters 4 and 5; these include normality, diagnosis, power, medication and the asylum. Discourse generated by interviewees is characterised by discontinuity, indicating, perhaps, that the concepts under discussion are characterised by resistance and struggle (Hook 2001:23) The chapter will now change focus to consider the interaction between the interviewees and the text. The purpose of my research is to examine the relationship between the representations of psychosis present in film and the worldviews of those who have experienced it. I wish to test Fairclough’s argument that social control and domination are increasingly exercised but, notably, also resisted, through the text (1995:209) and also the findings of Philo et al’s 1996 study which concludes that respondents with direct knowledge of mental health issues still accept dominant media messages about mental illness. I will argue that there is a circular relationship between interviewees and the film text and that film is interpreted through but also affects “sociocognitive knowledge and processes” (Livingstone 1998:30); texts provide a point of reference when processing mental illness whilst the lived reality of experiencing psychosis influences response to filmic



representation. I accept S. Elizabeth Bird's argument that "a complete understanding of the media role in social life is forever elusive" (1992:111).

Interviewees commented on the media in general and film as a specific aspect of the media. I will consider the former before narrowing to focus on the film text. In this section I will argue that whilst positive aspects of media texts were acknowledged, negative qualities were referenced more frequently, focusing heavily upon the media link between psychosis and violence. Responses to the text will be considered using Bourdieu's concept of cultural capital which acts as a theoretical framework and is relevant to an analysis of interviewee response; individual readings are inflected by 'habitus' and characterised by the simultaneous observation of rules in multiple 'fields'. The intensely personal nature of interaction with the text will be illustrated and will reveal a range of investment in film texts. The final section of the chapter will argue that the relevance of films which feature psychosis to those who have experienced it cannot be assumed. It will illustrate that respondents rarely cite films that contain representations of psychosis as evocative of their own psychotic experiences; conversely aspects of films that may not appear to have anything denotatively to do with psychosis can mirror the experience. The chapter concludes by arguing that the experience of psychosis and the effect of this upon textual decoding may offer a unique, or unusual, case study of the interaction between audience and text.

## **CONTEXTUALISING THE WAY IN WHICH RESPONDENTS USE THE MEDIA: THE WORK OF PIERRE BOURDIEU.**

Bourdieu believes that culture is enacted by everyone and likens culture to an economy in which individuals are able to invest and accumulate capital (Robbins 2000: x). The economic and social aspects of Bourdieu's concept of 'symbolic capital' are relevant to this study as they are affected by the nature of mental illness (Rogers and Pilgrim 2001:196). In addition the cultural strand of 'symbolic capital' is key to an examination of how respondents react to the film text. Michael Grenfell defines cultural capital as referring to "education, qualifications, marks of distinction – accent, clothing, behaviour – and actual objects – books, art etc" (2004:28). Baldwin et al argue

that the most innovative aspect of Bourdieu's work is "to coin the concept of cultural capital" and use it "in tandem with the more familiar idea of economic capital" (1999:355). Bourdieu views cultural capital as an aspect of power which can be drawn upon in the same way as economic capital; he emphasises that it is possible for certain groups to be "high in economic capital" but "low in cultural capital" (Baldwin et al 1999:355). Fiske, building on the work of Bourdieu, also observes parallels between economic and cultural systems and argues that both have the propensity to distribute resources unequally leading to privilege and under-privilege (1992:36). Bourdieu's central concept of 'distinction' (1984) is concerned with the way in which particular social groups define their identity, make known their values and "seek to maintain boundaries between themselves and other groups" (Baldwin et al 1999:111). This concept is interesting when related to a cohort that is defined by mental illness as it is possible to see that such group identity might be welcomed but might equally be rejected. Members may derive comfort from the group and seek to maintain boundaries from those who do not experience mental illness; at the same time they may resist membership of this culturally devolved group. Derek Robbins points out:

To a very large extent we do not choose our identity. We receive the cultural identity which has been handed down to us from previous generations... We adhere to groups, whether clubs or political or religious organizations, and we adopt the identifying images of social groups, whether in hair style or clothing, so as to confirm our social identity (1991:174).

Robbins' analysis provides only a partial fit for those who experience psychosis. The principle of lack of choice is particularly relevant but the experience of psychosis creates a social grouping that transcends the cultural identity conferred from previous generations and does not invite allegiance in terms of subcultural style. This group fulfills Baldwin et al's assertion that "those living at the extremes of society... are perhaps very different in their ways of life from the broad mass in the middle" (1999:112) but, in this instance, it is not inherited culture which legitimises and naturalises inequality so much as mental illness (Baldwin et al 1999:111).

Bourdieu's work is valuable in highlighting the cultural significance of consumption and placing emphasis upon "the learned, unquestioned taken-for granted aspect of cultural behavior" (Baldwin et al 1999: 110). An analysis of the cultural behaviour of respondents may reveal commonalities conferred by the experience of psychosis but also differences resulting from cultural imprinting that both pre- and post- dates it. Bourdieu's concepts of 'habitus' and 'field' are central to his work on cultural economy. According to Bourdieu individuals are not completely free but neither are they "the puppets of social laws" (Lane 2000:25). Their experiences impose cultural boundaries and form their 'habitus', "a structure of dispositions which reflects the opportunities available to individuals at any given moment" (Lane 2000:25). It is possible to view psychosis as a disposition which affects the habitus, albeit in an unusually acute manner. Harbord sees the 'habitus' as:

The sedimented effect of our individual histories, created through the systems of family and education, legitimated and consolidated by systems reward...and the assumption of social position within a hierarchy (2002: 15).

A wider interpretation of Bourdieu's class based concept of 'habitus' incorporates consideration of "the way in which different social groups classify the world and view it" (Baldwin et al 1999: 356). Fiske considers that a habitus is "both a mental disposition and a 'geographical' disposition in the social space" (1992:45). It is possible that psychosis affects both mental attitude and 'geographical' location. In addition to attempting to determine whether this habitus of experienced psychosis shapes spheres such as social action, perception and taste in relation to film it is also important to take in to account influences that are independent of psychosis and might be considered to be allied to Harbord's interpretation of habitus. Applying the concept of the habitus to marginalised groups Fiske emphasises that individuals who are subordinate by virtue of factors such as gender, age or class are likely to have developed a 'habitus' characterized by a proletarian culture which is notable for its lack of economic or cultural capital (1992:36). Whilst the experience of mental illness indicates marginalisation it does not indicate a

“proletarian culture”, although the two may occur together. Bourdieu explains that our social positions are modified by our cultural tastes because the cultural system in which we are situated attributes more value to certain tastes than to others (Robbins 2000:32). In *Distinction* he argues that “taste classifies and it classifies the classifier” (1994:6). Fiske emphasises the implications for subordinate groups:

The cultural system works like the economic system to distribute its resources unequally and thus to distinguish between the privileged and the deprived. This cultural system promotes and privileges certain cultural tastes and competences...official culture, like money, distinguishes between those who possess it, and those who do not (1992: 30).

Bourdieu’s key concept of the ‘field’ is equally appropriate to a consideration of those who have experienced psychosis. The term is considered by Bourdieu himself:

What do I mean by “field”? As I use the term a field is a separate social universe having its own laws of functioning independent of those of politics and the economy (1993:162-163).

Bourdieu developed the concept of the ‘field’ to denote “the formal context in which every kind of capital must acquire its particular value” (Robbins 2000:37). He argues that individuals identify themselves by their positioning in particular fields; in the case of the interviewees these are widely disparate and might include, in addition to the experience of psychosis, varied employment and varying film knowledge. Referring specifically to the use of interviews with those who have experienced mental illness Holland *et al* point out that “it is not illness itself but the interrelations of various fields of practice that determine the possibilities of self-expression” (1998: 206). Individuals, therefore, observe rules in multiple fields at the same time and adopt strategic positions between and within fields (Robbins 2000:xv). The ‘habitus’ or “inherited

social condition” is, ultimately, modified by “an accumulation of taking positions in other fields” (Robbins 2000: 87).

Bourdieu focuses on the relationship between the production and consumption of cultural products in fields that are socially constructed (Robbins 2000:18); this can be readily applied to film within a wider media framework. He considers that cultural fields are produced by human agents and are artificial constructs that are used for “position taking” (Robbins 2000:30). The acts of production and their reception might be considered to be “a strategy employed by distinct groups in order to sustain their distinction” (Robbins 2000:56). Bourdieu rejects the notion that all cultural fields have equal status; he discounts the ability of popular texts to act as a democratising force, declaring that there is no popular art (Lane 2000:161). Bourdieu views popular texts as largely functional and the antithesis of a genuinely autonomous product (Lane 2000:49). Whilst Jeremy Lane considers that Bourdieu is right to question the liberating nature of popular cultural forms he does take issue with Bourdieu’s contention that marginal groups are incapable of invention. Sandvoss also considers that Bourdieu displays a “too narrow and deterministic understanding of class as a structure of entrapment”; in addition he questions Bourdieu’s assumption that objects of consumption have fixed meanings, arguing that this leads Bourdieu to “underestimate the individual freedom that consumers and audiences exercise through consumption choices” (2005:36). These arguments have direct relevance to an examination of the responses of those who have experienced psychosis. It is notable that interviewees reference a wide range of material including popular media forms but also esoteric material. It is also notable that their responses are characterised by invention and individuality. Hartley proposes Fiske’s introduction of the term “popular cultural capital” (1987) as a necessary modification of Bourdieu’s work. “Popular cultural capital” stands in opposition to dominant values and derives its power from enjoyment in being different; it is an amalgam of meaning and pleasure that can be appropriated by those in subordinate positions (2002:45). Whilst accepting Kevin Glynn’s argument that this approach advances “the interests of disempowered social formations” such as those who experience psychosis (2000:144) I consider Fiske’s work to be limited by its propensity to celebrate subculture and accept Sandvoss’s criticism that it lacks

“Bourdieu’s detailed attention to the interplay of society, culture and economy” and is, therefore, a limited extension to his theory (2005:14).

In the next section of the chapter I will illustrate the variation in economic wealth and education amongst the interviewee cohort and demonstrate that participation in many different social fields has the potential to affect attitudes towards representation. This section will describe some approbation for popular cultural texts but demonstrate that “academic” texts were felt to be more efficient in conveying information about mental illness. It will also show that responses to the wider media ran broadly in line with those to the film text specifically. Whilst interviewees acknowledged positive aspects of existing representation, negative aspects were referenced more frequently and the link between violence and mental illness was considered particularly problematic. Unsurprisingly in a voluntary study based on film, the majority of respondents expressed enthusiasm for film as a media form. This section will illustrate that investment in film does vary and that the nature of the interaction with the text can be a matter of personal viewing strategy.

## **AN APPLICATION OF BOURDIEU’S THEORY TO THE INTERVIEW COHORT**

Considering my interview cohort in relation to the class model employed in The Great British Class Survey (GBCS), defined by Savage *et al* as observing “a trend in ‘cultural class analysis’” (2013:3), enables me to comment in greater detail on media reception. This model offers the advantages of being recent and influenced “by the deployment of Pierre Bourdieu’s conceptual armoury” (Savage *et al* 2013:2). It observes three distinct forms of capital, previously identified as economic, cultural and social, all of which convey “certain advantages” (Savage *et al* 2013:5). Recognition that individuals may possess different “stocks” of all three enables a more complex analysis of social class. This is particularly important in relation to my interview cohort which is defined by employment inequality and concomitant economic disadvantage in respect of household income, savings and property.

Feminist critique has previously argued that “a focus on occupations as the sole measure of class occludes the more complex ways that class operates symbolically and culturally” (Savage *et al* 2013:4). The same principle applies to those who have experienced mental illness. Using the occupationally based Nuffield measure to assess class amongst the cohort, for example, would ignore the inflexions of social and cultural factors upon class; more relevant variables might be the occupation of the main wage earner when the respondent was a child (Savage *et al* 2013:8) or the social capital measure of whether respondents know people in thirty seven different occupations (Savage *et al* 2013:6).

Amongst the twenty four respondents there was variation in economic wealth and education, factors which might be expected to affect taste and the consumption of cultural products. Unsurprisingly, in a study with a media focus, the relationship between the interviewee and the media text was mentioned frequently. Interviewees acknowledged positive aspects of existing media representation. Delyth, Dewi and Carrie, for example, said that they sought out media material about mental illness because of its relevance to their own lives.<sup>78</sup> This fits with Fairclough’s argument that in situations of doubt or insecurity people turn to texts as a means of resolving dilemmas surrounding their own identity (1995:7). Rhys felt that his understanding of his own condition had come from an eclectic range of sources and it would be unrealistic to think that the media did not provide some of these.<sup>79</sup> His comments support Staiger’s view that “our identities or cognitive schemata or psychological profiles are constructed in part from various environmental experiences that do include film and television” (2005:166). Rod was able to cite an actual example of a media text being revelatory in terms of his own illness:

It was the programme that Stephen Fry made...erm...four or five years ago, a diary of a manic depressive. It was through watching that I realized I was manic, I was bipolar..and, and my wife and I were watching it and we looked at each other and she said, “that’s you” so I went to my GP. I’d been treated for depression but not for bipolar so I went to my GP then and said, “I think I’m bipolar”...so referral to a psychiatrist and within 10 minutes my dose of lithium @. That’s been it ..it was revelatory...he was describing some of his symptoms..er you know highs and lows and it just rang a bell you know. The only thing

that I didn't agree with was when he said that he was glad to be bipolar because that was where he got his creativity from. I can relate to that but personally I think I would rather not have bipolar (2011:6-7).

There was consensus that 'serious' media texts such as public service material, documentary and "academic" texts, which focused specifically upon mental health issues were the best way to impart information about psychiatric disorder.<sup>80</sup> Derek felt that information about psychosis should be imparted via instructional videos<sup>81</sup> and Ceri sought out documentaries such as *Horizon* for information.<sup>82</sup> Notably both Ceri and Derek are extensively educated and have worked as mental health professionals, an important part of their 'habitus' which may have influenced their preference for factual texts. Their response might be explained by Bourdieu's argument that lack of interest in popular culture texts is inspired by a "bourgeois habitus" which automatically prompts resistance (Lane 2000:49). Rod, another mental health professional and graduate, however, felt positive about the democratising effect of celebrity culture reflecting, perhaps, Savage *et al*'s argument that "elite culture has become more liberal and tolerant as the middle and upper classes have become more 'omnivorous', keen to partake of both highbrow and popular cultural forms (2013:8). A limited number of respondents welcomed the exploration of mental illness and celebrity culture in mainstream magazines such as *Hello*; both Tabitha and Rod viewed celebrity confession as an important way to address stigmatisation.<sup>83</sup> A larger proportion of respondents, however, felt that the link between bipolar and celebrity was unhelpful and led to misunderstanding.<sup>84</sup> Fiske considers that a hallmark of the proletarian habitus is that it "refuses to distance the text and artist from the audience as it refuses to distance it from everyday life" (1992:40). This viewpoint provides a possible explanation for the way in which the boundaries between celebrity and the everyday were eroded in some responses. A further explanation is provided by Harbord who considers that "the aristocratic cultural taste is predicated on a refusal of culture as life, as ordinary, whilst the working class preference is forged in opposition, the refusal of the aristocratic denial of culture as ordinary" (2002:17). There was evidence of simultaneous approbation for celebrity endorsement of mental illness and acuity when appraising how celebrity works which supports Harbord's view that taste is characterised by class-based position taking. Rod, for example, discriminated between the



individual ‘stories’ of celebrities who experienced mental health issues, accepting some and rejecting others.<sup>85</sup>

Negative aspects of media texts were referenced more frequently than positive. Rod said that he approached factual material on mental illness with caution, as it could be extremely distressing to watch it in the company of his family.<sup>86</sup> This fits with Philo’s 1996 study, which concludes that “service users... show sensitivity in how the media represents them when in the presence of others (for example their children)” (1996:106). It was notable that reference to negative media portrayals amongst respondents focused almost exclusively upon the link between violence and mental illness (1995: 2004).<sup>87</sup> Fourteen respondents cited this, which is not surprising in view of its wide recognition, (see Wahl 1995, Philo 1996, Byrne 2001, 2009, Pilgrim and Rogers, 2005, Morris 2006). Gwen, who worked as a journalist for twenty years, pointed out that despite being made continually aware of an association between mental illness and violence in media texts she could not remember editing a story about a mentally ill murderer during her career.<sup>88</sup>

Turning the focus from media texts in general to the film text specifically it is perhaps not surprising in a study that considers the representation of psychosis in film that a large majority of respondents (nineteen) expressed some enthusiasm for film as a media form.<sup>89</sup> In the case of interviewees such as Tom, Flash, Charlotte, Owen, Dewi and Ali this enthusiasm was pronounced. Personal engagement with the film text is embodied by Tina’s response:

I’m afraid I’m a bit of a romantic. As a child er having had an insular upbringing and not being able to go out because of er being of Italian origin, they brought me up to stay at home and not go out, not to go out teenage years. So I always used to bury myself in film..erm black and whites... the Fred Astaire, the musicals, the romance. And I used to get lost in that because I had nothing else..you know and that used to become my reality the film..and erm my first episode [of psychosis] when I was 17..erm the television the films I became the films during my psychosis (Interview with Tina 2011:1).

Ali's response also reiterated the importance that film can play in the negotiation of personal identity:

If you can relate to something it sort of becomes like a precious part of your cultural interest doesn't it? I don't know if that's the right way of putting it but you know like if you like a film because you can... because it speaks to you it becomes like important (Interview with Ali 2011:26).

A wholly positive approach was not universal, however. Matt considered film to be largely offensive<sup>90</sup> and four interviewees said that they watched very few films and, therefore, knew nothing about film.<sup>91</sup> Harbord considers Bourdieu specifically in relation to film choice:

Choices about film, our putative tastes, are derived from our position within what Bourdieu images spatially as a field, a matrix of relations structured by class, ethnic and national differences. We bring to film and what brings us to film, is our own individual histories, which are none the less social histories produced through institutions of the family, education and work. Our tastes for film, located within our broader positioning of dispositions more generally lead us to the social comfort and ease of certain texts and locations and the rejection of others (2002:2).

Martin Barker and Kate Brooks point out that the 'field' of film requires that audiences "have to be trained how to respond and to participate; audiences have to learn the 'rules' (of efficacy, of success, of aesthetics)" (1998:226). The respondents in the study had been exposed to or had sought out various levels of training; Dewi, for example, studied film as an academic discipline and Owen ran the film club at university. Barker and Brooks, however, provide a definition of 'training' that goes beyond this level of formality; they consider that Hollywood, particularly, has "trained its viewers into distinct modes of response" (1998:226). Comments concerning

Hollywood were distinctive; Tom referenced the aesthetic qualities and technology of the early Star Wars films:

I can remember quite vividly one of the first films I saw was Star Wars...and obviously you know all of that's quite ground breaking with all of the re-issues. You watch all Industrial Light and Magic and then you can see, then, the effort that was put in and everything. Even today it looks great, you know the originals still look really good (Interview with Tom 2011:2).

Tom's response is evidence perhaps, of what Savage *et al* refer to as "emerging cultural capital" (2013:9); his knowledge of film does not fit with conventional Bourdieusian interpretations of highbrow culture, demonstrating, instead, alternative cultural acquisition. Seth, however, said that he valued the work of Ken Loach more highly than anything that came out of Hollywood because he considered him to prioritise the story and not to prioritise "the treat."<sup>92</sup> His response to Hollywood embodies a more traditional interpretation of Bourdieusian cultural capital, born perhaps, of his cinematic acculturation. Tom's celebratory response is countered by Seth's criticism; both provide evidence that attitudes towards Hollywood are not consistent or the result of formal training. Adding a further dimension to the work of Bourdieu, Barker and Brooks coin the term 'investment' in relation to film which they feel is closely related to and supplements Bourdieu's concept of 'habitus'. They consider that the "orientation" of the individual to the film text is dependent upon both 'habitus' and 'investment'. They question how important a film is to an individual and what they hope to achieve through participation. Dahlgren adds to the concept of 'investment' by suggesting that it refers to the degree to which people "*care* about their participation or involvement in a leisure activity" (1998:308) (my italics). Dahlgren concludes that intensity of involvement is an important factor in making sense of media texts. Investment amongst the respondents to my study ranged from Mari telling me that she "did not watch a lot of film...and did not go to the cinema"<sup>93</sup> to Tom who admitted that he:

Can get very drawn in to a film, you know. When I'm in the cinema, your popcorn and your drink, do the adverts and the trailers then deadly silence through the film. I'm so irritated if anyone even creaks a chair during the film 'cos I just like to get absorbed in it you know (Interview with Tom 2001:1)

Tom's response incorporates key aspects of Livingstone's checklist for the analysis of media reception; she considers the variety of media texts consumed, the level of attention paid to media forms and whether the consumption of texts is social or individual to be significant (1998:19). For Tom concentration and the social act of viewing are important; he also states that without being "snobbish about it" he hunts out an eclectic range of films (Interview with Tom 2001:1). His use of the word "snobbish" emphasises, once again, his recognition of film as an aspect of emerging cultural capital.

Interviewees were asked to reflect specifically upon the way in which psychosis is represented in film. The more focused nature of this discussion will be considered in the next section of the chapter where the circular relationship between the interviewee and the film text is illustrated. In this section I will illustrate that respondents expressed a desire for a wider exploration of issues surrounding mental illness and placed emphasis upon the importance of responsible filmmaking. The dominant reaction to the way that psychosis is represented in film was critical. There was debate about whether film successfully conveys the experience of psychosis and recognition of the conflict between commercial representation and film as an art form. The figure of the director was felt to be particularly influential in the portrayal of psychosis.

## **REFLECTIONS ON THE PORTRAYAL OF PSYCHOSIS IN FILM**

Whilst the work of Fiske, Barker and Brooks is useful in extending Bourdieu's arguments, the central tenets of 'habitus' and 'field' remain key when considering interviewee responses. The respondents in my study participate in many different social fields, all of which have the potential to affect their attitudes towards filmic representation. This can be illustrated by Meic

whose experience as an aluminium fitter meant that he focused much more on the ‘inaccuracies’ of Mr Jones’ portrayal as a roofer than his mental health in response to the opening sequence of *Mr Jones* (1993). The most obvious influence in terms of frequent reference was the mutually inhabited field of experienced psychosis, (this links with the notable emphasis given to the experience of psychosis documented in the first section of this chapter). Robbins points out, “behaviour in relation to the internal rules of one field always occurs alongside behaviour in other fields which is external to that field” (2000:87); the relevance of fields varied according to the respondent. There was some evidence that respondents considered the worlds of film and mental health to be mutually exclusive. Eight respondents, for example, said that they had not learnt anything about mental health from a film.<sup>94</sup> This was a more emphatic response than was produced in relation to whether anything had been learnt from more general media forms, linking, possibly, with the previously expressed view that factual texts were more ‘educational’ than fictional or popular texts. At the same time there was evidence that films were a point of reference when processing mental illness. Matt said that when he learnt that he had schizophrenia his only frames of reference came from film:

I watched, you know, I watched, I saw *The Shining*, *One Flew Over the Cuckoo’s Nest*. You know, I’ve seen a few films, you know and all that, and I thought when they said schizophrenia, I thought that’s what I was like. I thought that’s what I was going to be like. I thought I was going to be absolutely uncontrollable and I was scared (Interview with Matt 2011:25).

Matt’s response testifies to the influence exerted upon him by the film text. Employing Livingstone’s circularity of cognition model (1998:30) the lived experience of psychosis also influenced Matt’s attitude towards film; he felt that films that deal with mental illness have a duty to offer hope to those who experience it.<sup>95</sup>

There was recognition amongst interviewees that conflict exists between the representation of mental illness and film as an art form. Ali was the only respondent to suggest that the essential

purpose of film is to create and to challenge;<sup>96</sup> Ali had completed an art degree and embarked on a masters in an art-related field, therefore it is logical to view her response as directly related to her habitus. Flash saw morality in film and the representation of psychosis as incompatible;<sup>97</sup> this tension is explored in the field of Disability Studies. Ross argues that “artistic license and the creative imperative are meagre proxies for informed comment and the experiential evidence provided by those who live the life every day” (2003:135). Enns and Smit, on the other hand, feel that a dominant focus on disability has detracted from the idea of film as art (2001:xi). This is reinforced by Hoeksema and Smit who argue that “students of disability and film need to be concerned with portrayals of disability, not solely because of their inadequacies but because they are emotional, relational and artistic offerings as well (1995:42). Barker similarly recognises the importance of what he calls “filmicness” when seeking meaning from a film text (2000:192). He coins the term ‘pro-filmic approach’ to explain a process whereby films are appraised according to their ability to “generate possible (sensuous, emotional, aesthetic, cognitive, social) roles for audiences to occupy”. The acknowledgement of these qualities means that “the imaginative universe” of the film world and its interaction with the audience’s lives are considered specifically in relation to audience pleasure (2000:193).

There was some debate about whether film was a useful media form to convey the experience of psychosis. Whilst Derek, Esme and Flash<sup>98</sup> said that they felt that film was not a suitable medium to convey psychosis Ali felt that the creative possibilities of film were endless<sup>99</sup> and both Charlotte and Owen said that psychosis provides great material for a filmmaker.<sup>100</sup> These divergent views may once again result from habitus; Esme and Ali share common features of habitus as mother and daughter but Esme had not undertaken Ali’s extensive art education. A further explanation is offered by the detailed description of psychosis provided earlier in this chapter. Five respondents said that capturing the variety and complexity of psychosis posed problems for the filmmaker;<sup>101</sup> the spectrum of psychosis is reflected in the descriptions of Derek and Terry. Derek believed that some of his own experiences were so apocalyptic that a) they would be too expensive to present on screen and b) an audience would struggle to accept their plausibility as psychotic episodes<sup>102</sup>; his response illustrates the scale and intensity of psychosis. Terry, on the other hand, felt that his own psychotic depression was not suitable for film

treatment because it is characterised by withdrawal and would offer little audience interest or pleasure.<sup>103</sup>

The dominant reaction to the way that psychosis was represented in film was critical; criticisms ranged broadly and were predicated, in part, on the identification of ‘absent’ narratives. Great emphasis was placed upon the importance of responsible film making which showed mental illness fairly, accurately and in context.<sup>104</sup> There were frequent recommendations that those who had experienced psychosis should be consulted in the making of films about psychosis.<sup>105</sup> Henderson recognises this expressed lack of consultation, citing it as leading to imbalanced representation (1995:64). Further exploration of the issues surrounding mental illness was felt to be necessary by respondents who felt that certain narratives did not make it to the screen. These included: the aetiology of mental illness;<sup>106</sup> narratives on acute wards;<sup>107</sup> challenges to the medical profession;<sup>108</sup> the contribution to society made by people with mental health difficulties<sup>109</sup> and the impact of mental illness on children.<sup>110</sup> Narratives which show agency amongst those who experience mental illness were also notably absent,<sup>111</sup> mirroring Philo et al’s observation that “positive images of people coping with their illnesses seem to be very few” (1995:75). The “missing” narratives illustrate a desire to supplement, address and challenge existing representations with material which mirrors lived experience.

Representation was considered to be formulaic, incorporating stereotypes such as the “needy” or institutionalized protagonist or the clichéd representation of the strong, coercive female nurse.<sup>112</sup> A less frequent but notable response was that screen portrayals of psychosis tend to be “quaint” and effectively sanitise the true nature of mental illness by avoiding its unpleasant aspects.<sup>113</sup> Film’s propensity for ‘schizophilia’ was also recognised (Erb 2006: 32). Both Owen and Seth were sceptical of this celebration of ‘genius’ arguing that it is patronising.<sup>114</sup> Seth and Ali felt that there was an index between films about psychosis and “art-house pretension”.<sup>115</sup> By far the most emphatic response towards representation which was perceived to be ‘unfair’ or ‘biased’, however, was concerned with the sensationalised presentation of psychosis.<sup>116</sup> Seth argued that the “anarchy” and flamboyance of “uncontrolled madness” is irresistible to film makers.<sup>117</sup> This propensity is also recognised by Wahl who considers that “interacting with the attraction of the

philosophical/existential challenge presented by madness is the public's appetite for arousal and excitement, its desire to be frightened and titillated" (1995: 111). Rod considered that the former exploitation of physical 'difference' to establish a "freak show mentality" in film had been transferred to mental health.<sup>118</sup> Martin Norden identifies a "paradoxical repulsion-attraction" which is exerted by those with a disability and functions as a dramatic device (2001:Xi). Norden argues that this also establishes the persistent "association of disability with malevolence" (2001:2) which has been noted in Chapter 5 (p182) and also more generally in media texts. The result is a dramatic portrayal which creates "an inaccurate and unbalanced view among the general public" (Morris 2006:10).

Respondents were analytical in providing explanations for the way in which psychosis is presented in film. Three respondents linked sensational portrayals with film's primary function of making money,<sup>119</sup> confirming Byrne's view that "film is art but it is also a ruthless commercial enterprise, driven by populism and low cunning: 'follow the money' is the first rule of movie psychiatry" (2009:286). Esme attributed sensational films to the demands of audiences to be shocked, frightened or entertained<sup>120</sup> and concurred with Wahl that the screen staple of the psychotic villain is a lazy way of avoiding the need to establish motivation<sup>121</sup> (1995:112). The centrality of the director and their personal motivation were perceived to influence the portrayal of psychosis. Mari said that she felt it was extremely unlikely that a director would not have a personal agenda.<sup>122</sup> This agenda was interpreted by Matt as the human trait of needing to feel superior:

And they can go ha ha! You're a mental patient, I'm alright, so makes them feel good about themselves. So I haven't got a mental illness, I'm superior. Makes them feel good about themselves rather than thinking about the mental patient who goes and sees that film and thinks Oh my god I feel more depressed than before I went to see it (Interview with Matt 2011:31).

Seth, however took a diametric approach:



I think that some directors are genuinely concerned. They might have a relative who's experienced mental health problems and they want to further the cause of people with mental health problems...you know it's a genuine desire to further the cause of mental illness (Interview with Seth 2011:11).

Directorial fear of and curiosity about psychosis were felt to be catalysts for its treatment in film.<sup>123</sup> Mari said that filmmakers had a stark choice; they could use film as an opportunity for growth or they could take the route of superficial entertainment.<sup>124</sup> She felt that there was a danger that filmmakers could use their power irresponsibly for personal catharsis.<sup>125</sup> Her response provides evidence that respondents defined discourse in terms of the personal struggle or choices of the director. Although there was little focus upon specific, named directors, this emphasis can be seen as part of an auteurist tradition that accepts the centrality and free will of the artist and provides evidence for Rose's assertion that "the free, rational, conscious, choosing, autonomous self is a creation of western capitalist democracies"(1989 Xii). John Blewitt's argument that "auteurism dominates the aesthetic consciousness of the educated middle classes" (1993:368) may also provide an explanation when Mari's response is regarded as the reflection of an extensive education and a preference for elite culture (Savage *et al* 2103:8). There was no voiced recognition of the director as 'discursive subject', positioned by the wider field of history or influenced by language. Similarly challenges to the centrality of individual agency by external factors such as ideology and technology were not recognised (Cook 1999:300-301).

In addition to commenting upon the way in which psychosis is represented in film, interviewees discussed what experiencing psychosis means to the viewing experience. The final section of the chapter will illustrate that the relevance of films which feature psychosis to those who have experienced it cannot be assumed. In this section I will argue that the experience of psychosis is a key factor in the reception of film; it can make interaction with the text more difficult and may affect film taste. Interviewees employ media texts to "see what they want to see" (Nightingale 2003:30). They rarely cite films that contain representations of psychosis as evocative of their

own psychotic experiences but do identify aspects of films that do not appear to have anything to do with it denotatively as resonances. The chapter concludes by arguing that the experience of psychosis and the effect of this upon textual decoding may offer a unique case study of the interaction between audience and text.

## THE RELATIONSHIP BETWEEN PSYCHOSIS AND FILM VIEWING

A key research finding was that the relevance of films which feature psychosis to those who have experienced psychosis could not be assumed. Both Ralph and Gwen pointed out that a thematic focus on mental health issues does not necessarily have a bearing on whether, or not, they wish to see a film;<sup>126</sup> relevance is also governed by factors such as genre, cast and nationality. Seth explained that he would avoid any Hollywood portrayals of mental illness such as *Shine* (1996) because “they are just trashy to me.”<sup>127</sup> Gwen explained that she did not see *A Beautiful Mind* (2001) simply because it did not hold sufficient attraction as “a good night out”<sup>128</sup> and Rod said that he prioritised “artistic merit” over subject matter.<sup>129</sup> Meic actively avoids films that feature psychosis as he needs light relief from the condition and not exposure to filmic explorations of it<sup>130</sup>; he felt that the target audience of films such as *A Beautiful Mind* (2001) could only be those who had not actually experienced psychosis. Gwen explained that film is relevant to her experience of psychosis but she prefers to seek out resonances in films that are not directly about mental illness as they represent psychosis in a positive, non-judgemental way and are consequently more enjoyable than films which set out to explore the issue.<sup>131</sup> This embodies Nightingale’s view that people use media texts to see what they want: “they often use the information provided by the media...to elaborate old experiences” (2003:30).

A further notable finding from the interviews was that the experience of psychosis is a key factor in the reception of film. Respondents commented frequently on how psychosis affects their viewing habits. Ceri said that watching films when actively psychotic means that her senses are more heightened and she is more focused;<sup>132</sup> Gwen said that certain films (her favourites) are particularly enjoyable during a psychotic episode.<sup>133</sup> There was a general feeling, however, that

psychosis made interaction with the film text more difficult. Psychosis was noted to impact upon concentration,<sup>134</sup> the ability to relax sufficiently to watch an entire film<sup>135</sup> and tolerance of technology; Charlotte, for example, explained that she now avoids visuals, preferring, instead, to listen to the soundtrack of a film.<sup>136</sup> Ali expressed a sense of loss that she is no longer able to deal with films that she considers to be complex, (she cited *Inception* (2010) with its multiple levels of reality as an example).<sup>137</sup> Gwen said that post psychosis she is troubled by lack of resolution in films:

I like er storylines that I can understand and stories that are resolved at the end of the film..and especially since I've been ill I don't watch films which are psychologically worrying.. 'cos they have a deep effect on me and I I didn't like them even before I was ill but now I try not to watch them. I don't like films that just provoke a psychological unease without giving you any pointers on how to to act or manage that unease...but I don't mind films where people die. I I I mean I I can I can handle events in films where people die or commit suicide as long as the the situation is resolved in a communal way, so long as a person isn't left isolated at the end of the day (Interview with Gwen 2011:1-2).

Shocking subject matter did not affect Gwen but lack of narrative closure left her feeling that something was “hanging over her” and films where someone was left in isolation disturbed her deeply.<sup>138</sup> Six respondents said that they avoided sensitive or provocative film material for fear that it would exacerbate their illness;<sup>139</sup> Ceri said that she found black and white films particularly “painful” to watch when she was ill.<sup>140</sup> There was a significant adverse reaction to horror films amongst those interviewed; twelve respondents said that they did not like horror films because they found them deeply unsettling.<sup>141</sup> It is possible, therefore, that the experience of psychosis affects the relationship with specific genres of film. Responses, as always, were characterised by departures and inflections. Delyth was the only respondent who stated that she actively enjoyed watching horror films;<sup>142</sup> Dewi was unusual in seeking out material that he found disturbing. He emphasised that he disliked horror, but not because of the effect it had upon him. He actively enjoyed science fiction because it mirrors his “dark episodes.”<sup>143</sup> Dewi responded to intensity in film and portrayals of surveillance, in particular, as these link with his

own feelings of paranoia.<sup>144</sup> Livingstone emphasises the importance of “social cognition” as a component of audience studies. This approach considers “the processes by which people make sense of their world, processes involving both the construction and use (or reconstruction) of social knowledge” (1998:27); there was a clear sense in which Dewi uses the film text in order to understand his world.

Another key finding was that respondents rarely cited films that contain representations of psychosis as evocative of their own psychotic experiences. There were two instances, however, when *The Shining* (1980) was mentioned in relation to personal experience. Ralph identified with the actor Jack Nicholson as an embodiment of a psychotic individual<sup>145</sup> and Tom described how he watched the film prior to a psychotic episode and remembers, distinctly, feeling as if he were “shining” or communicating through psychic abilities or extra sensory communication during his psychosis.<sup>146</sup> Whilst specific films that deal with psychosis were not referenced widely there was marked evidence that film, more generally, has played a role in the psychotic experience. Tina, for example, said that becoming a film character has been a marked feature of her psychosis;<sup>147</sup> she has previously used a variety of texts as a means to escape reality and enter a screen world. Two respondents said that their psychotic episodes had taken the form of a film; Glen likened a psychotic episode to a scene from *Men in Black* (1997)<sup>148</sup> and Carrie described one episode as a Bond movie with a huge cast of personnel including the army and a corresponding body count.<sup>149</sup>

A further key finding from the interviews was that aspects of films that may not appear to have anything to do with psychosis can mirror the experience; Ceri felt that a very small part of a film that does not denotatively feature psychosis might be sufficient to resonate with someone who has experienced it.<sup>150</sup> Gwen described psychosis as:

A bit like what I’ve seen in a *Star Trek* film where erm your body goes out of itself when you have like a shaded shadow of yourself running around like a white shadow running around which is you outside of your body. (Interview with Gwen 2011:6).

Meic felt that associating psychosis with films that did not specifically reference it was not surprising; he emphasised that the issue is not so much about how film makers represent psychosis as how people with psychosis identify themselves in film:

It's it's the opposite side of the coin from the portrayal of of madness is when people see themselves in a film. Rather than a film portraying clearly mentally ill people, mentally ill people can see themselves in films that might not be about them erm *Die Hard II* (Interview with Meic 2011:14).

An important issue in examining the reception of texts that feature psychosis is whether readings are based on the inherent semiotics of the text itself (Sandvoss 2005: 108). Barthes' consideration of denotation and connotation explores the difference between denotated or 'stable' meaning in relation to connotated meaning which is dependent upon context and is both ideologically and culturally inflected. Denotation is associated with textual closure and singularity; connotation, on the other hand, enables the opening of the text to multiple meanings (Barthes 1995:90-93). In view of this potential multiplicity Sandvoss suggests that "the key question is one of degree: of just how many and how easily different readings can be constructed from a given text" (2005:125). For Sandvoss there is no such thing as a "monosemic text"; he cautions that, consequently, the open nature of the text is rarely challenged (2005:124). Sandvoss considers that the issue of multiple meanings is particularly applicable to the discipline of fan studies as "the more that approaches to fandom emphasise the element of the reader's self in the construction of meaning, the greater the degree of polysemy they imply" (2005:126). Sandvoss suggests that the self-reflexive use of the fan text means that, at times, texts might be considered to carry no inherent meaning; they become polysemic to such an extent that they are 'neutrosemic'. He defines this as "the semiotic condition in which a text allows for so many divergent readings that, intersubjectively, it does not have any meaning at all" (2005:126). Ultimately, however, Sandvoss concludes that whilst the concept of neutrosemey is useful in examining cultural change no text can be "read in any and every way" (2005:126); for Sandvoss

the more pertinent debate is why certain texts lose objective meaning and become sites for creating self-reflexive meaning. Fiske, whilst emphasizing the dominance of the audience, also questions the plausibility of the endlessly interpretable text. He asserts that audience members are able to make of texts what they will subject to two constraints; the text itself and social influence (Abercrombie & Longhurst 1998:22). Fiske describes a situation where interpretation is constrained:

When an artist produces a message for a defined audience using shared codes – when, that is, s/he produces a narrowcast message – s/he can expect that the range of meanings negotiated by audience members will be very limited (1990:78).

Even when a text appears to be polysemic Stuart Hall is also resistant to the notion of unconstrained signifiers generating endless meaning:

Of course there will always be private, individual, variant readings. But ‘selective perception’ is almost never as selective, random or privatized as the concept suggests. The patterns exhibit, across individual variants, significant clusterings (2003:60).

There was evidence of patterns or clusters in the responses generated by the interviewees. Three respondents, for example, said that comic book films with hyperbolic and often flawed heroes came close to psychosis.<sup>151</sup> The link with the text was repeated sufficiently to imply that there may be a commonality of experience which influences textual interpretation. Similarly action heroes,<sup>152</sup> and major iconic screen characters<sup>153</sup> were felt to be evocative of psychosis. Films that involved temporal shifts were also cited to evoke the experience of psychosis by more than one respondent: both *Groundhog Day* (1993)<sup>154</sup> and *Fifty First Dates* (2004) were mentioned by two respondents<sup>155</sup>. Films which centre on a confusion with reality and paranoia such as *The Truman Show* (1998) were also cited by a significant cluster of respondents as being evocative of psychosis.<sup>156</sup>

There was also evidence, however, that respondents appropriated texts in relation to their own personal experience of psychosis, leading to an individual response and an embodiment of Nightingale's assertion that "variability of interpretation is the constant law of mass communications" (1996:35). This runs counter to Philo's argument that "audiences within a culture do not typically create a new meaning with each "reading" or encounter with an encoded message (2008:537). Ceri said that films which feature non-animate things becoming animated immediately reference her own psychosis.<sup>157</sup> Ali cited horror films such as *Candyman* (1992) or *I Know What You Did Last Summer* (1997) because her psychosis feels like a "bogeyman waiting to pounce".<sup>158</sup> Gwen described consistent reference to *Star Trek* and *Star Wars* because she feels as if she is in dialogue with "the force."<sup>159</sup>

Fiske considers the "difference of 'reading' that derives from different experience" to be "what Eco (1965) refers to as *aberrant decoding*" (1990:78). He suggests that members "of a different culture" produce aberrant readings, which are essentially a mismatch of intended meaning between what is encoded and what is decoded. Hartley also considers that those from "different cultures" produce aberrant readings. He moves towards a qualification of "different culture" by suggesting that aberrant decodings are unexpected except in instances where decoders do not know the language or are from "future generations" or "belief systems" (2002:1). Fiske also refers to "numerous subcultures" whose codes may differ substantially from those encoding media texts. Both Fiske and Hartley emphasise that, according to Eco, aberrant decodings predominate in the reception of contemporary media texts. The implication of this is that there must be a difference between an aberrant reading and a complete misunderstanding. Hall concedes that "total misunderstandings" of the text might occasionally occur (1980:135-6). I would classify Gwen's interpretation of Spider as "a warm individual" as a misunderstanding (Interview with Gwen 2011:25). I would similarly consider Flash's evaluation of *One Flew Over the Cuckoo's Nest* (1975) as "surreal and psychotic in its portrayal of mental illness" and "a deterrent to drug induced psychosis" as further evidence of misunderstanding (Interview with Flash 2011:7). Hall's concession is felt to be underdeveloped by Hills who argues that a more forcible acknowledgement that total misunderstandings exist "would open the door to the

possibility that readers' codes might be entirely unrelated to the codes used in encoding, challenging the very logic of Hall's model, in which decodings must be related to encodings" (2005:87).

The question remains, however, of whether the responses of those who have experienced psychosis can be considered to be "misunderstandings" or "aberrant" readings. There seems to be something more complex going on here, at times, than the slip between encoded and decoded meaning illustrated above. There is a definite sense in which interviewees use film texts for reasons of identity, for example, treating them as a resource which can be utilised to fashion a sense of self (Abercrombie & Longhurst 1998: 24). In applying the Narcissus myth to the media text Marshall McLuhan considers that "men at once become fascinated by any extension of themselves in any material other than themselves" (1994: 41). It is possible to apply the principles of narcissism to aspects of fandom and to my cohort of interviewees. Abercrombie and Longhurst make the link between utilising a text in order to fashion identity and counter perceived social powerlessness (1998:24). Fiske's work is also concerned with subordinate groups who show resistance to incorporation in to the media text and choose to subvert it (1998:15). The activity of those who have experienced psychosis does not indicate that the preferred meaning of the text is subverted or resisted so much as suggest that it is appropriated for a personal reading. What does seem apparent is that there is an element of "textual poaching" going on which is foregrounded in the work of de Certeau (1984) and Jenkins (1992). The analogy with poaching emphasises that readers, "like the poachers of old...operate from a position of cultural marginality and social weakness"(1992:26). The value of the analogy between the way in which those who have experienced psychosis use the text and the work of both de Certeau and Jenkins is that theirs is "a theory of appropriation, not of "misreading" (Jenkins 1992:33). The further applicability of de Certeau's work is made evident by Jenkins' comparison between the model of textual interpretation provided by Hall and that provided by de Certeau. Hall's model "tends to imply that each reader has a stable position from which to make sense of a text rather than having access to multiple sets of discursive competencies by virtue of a more complex and contradictory place within the social formation"(1992:33). The changing nature of the experience of psychosis, which has been documented by those taking part in the



study, tends to suggest that if texts are appropriated because they are evocative of psychosis then this is not done from a stable position.

Work in the field of fan studies provides useful similarities to the way in which those who have experienced psychosis utilise the text but a direct comparison also reveals notable differences. Jenkins' view that fans "appropriate popular texts and reread them in a fashion that serves different interests" certainly applies to my cohort of interviewees (1998:23); Gwen's relationship with *Star Trek* implies this. Similarly de Certeau's key observation that readers are not simply "poachers" but are also "nomads" who move continually between texts in order to make meaning is also relevant (Jenkins 1992:36); Meic, for example, cites evocations of his psychosis in films as diverse as *Sticky Wickets* (1990), *Die Hard* (1988), *Darkman* (1990) and *Airplane* (1980).<sup>160</sup> His specificity underlines the principle of readers being ultimately isolated from each other through their desire to serve only their own particular interests; Jenkins considers this to characterise fandom (1992:45). Hills considers fandom to be a site for intense pleasure and also for play (2002:65, 93); Abercrombie and Longhurst also reference the ludic nature of audience interpretation, considering it to be characterised by unpredictability rather than resistance and a tendency to replace the ordered structure of the text with disorder (1998:31). This playfulness can be seen in Tina's enjoyment of losing herself in "unreality."<sup>161</sup>

Whilst a sense of play is discernible, a notable difference between the way in which fans and those who have experienced psychosis utilise the text, however, is that for the latter the pleasure principle is not always guaranteed. Jenkins characterises "textual poaching" as "an impertinent raid...that takes...only those things that are useful or pleasurable to the reader" (1998:24). It is possible to argue that Ali's link between the experience of psychosis and the 'bogeyman' in *Candyman* (1992) conforms with Jenkins' description of taking material that is useful because it helps her to make sense of psychosis but she did not overtly state this.<sup>162</sup> Notably the element of pleasure derived by the fan seems more prominent than that of my interviewees who cite both pleasant and unpleasant resonances of psychosis in film texts. In addition, fan readings seem more systematic and targeted. Jenkins suggests that fan responses often come about because texts "fail to satisfy" (1992:23). Whilst those who have experienced psychosis do critique absent

narratives there is no firm evidence that this perceived inadequacy prompts their individual readings of texts. Additionally, Jenkins foregrounds an initial link between the text and the fan by stating that “there is already some degree of compatibility between the ideological construction of the text and the ideological commitments of the fans” (1992:33). The connection between the interviewee who has experienced psychosis and the text seems far more ephemeral and arbitrary than this. Meic, for example, explains a perceived link with *Casino Royale* (2006).

MEIC: Right um *Casino Royale* the first woman he gets close to in that film very Spanish looking lady have you seen the film?

SUE: Yeah

MEIC: Lovely long, dark, black hair...she dies tortured. You don't see it thank god but you see her body washed up on the beach and then Vesper who kills herself. But in my twisted mind, months before I was sectioned, I thought is that about me? Could that be Denise and the love of my life Lauren? I have gone.. this is film.. something from the ether telling me you know don't worry about those women any more they're safe. Yeah I really thought there was a link there (Interview with Mike 2011:19).

Despite Jenkins' emphasis upon the isolated nature of fandom there also seems to be an element of community in fan behaviour which is rooted in responses to the text but is also promoted by additional fan activity (1992:45). Abercrombie & Longhurst cite Fiske (1992) as arguing that fans are productive in three aspects, “semiotically, enunciatively and textually” (1998: 147). As far as I am aware from the interviews carried out only the first of these aspects is applicable to those who have experienced psychosis; an exploration of whether any responses to the text are sustained beyond an initial private moment of recognition would provide a fascinating further study.

In conclusion, therefore, what does characterise the response of the person that has experienced psychosis to the text? Meic's comments on *Casino Royale* reinforce Miller and Philo's argument that even when providing a reading which appears to be aberrant "varied audience groups have a very clear understanding of what is the intended message and can reproduce it very accurately" (2001:1). Meic was clearly responding to *Casino Royale* on two levels – the first as a film text, which he knew very well, and the second as a platform to negotiate meaning in his own life. The issue with those who have experienced psychosis, therefore, does not seem to be misreading or aberrant readings so much as an apparently arbitrary and unpredictable appropriation of texts relating to psychosis which is, nevertheless, rationalised by an internal logic. The experience of psychosis and the effect of this upon textual decoding may offer up a unique case study of the interaction between audience and text. The closest description I can formulate in response to the way in which the text it used is an 'evocative' reading that identifies and sets out to explore the intensely personal nature of experiencing psychosis.

This chapter has identified dominant discourses in relation to film representation amongst those who have experienced psychosis. It demonstrates that the exploration of psychosis amongst respondents is thorough and significant and that the many manifestations of psychosis offer a challenge to the filmmaker. This chapter illustrates that respondents place great emphasis upon autonomy and the support of other sufferers, discourses that are not acknowledged in Chapters 4 and 5. The present chapter also considers why key discourses that have been identified in previous chapters remain under-developed amongst respondents. It documents the commonalities that do exist with Chapters 4 and 5, including an exploration of what constitutes normality and manifestations of power, but demonstrates that these discourses are inflected according to the positioning of the stakeholder. Discourse amongst respondents is characterised by notable resistance to dominant discourse as well as endorsement of it.

In the next, and concluding chapter I will summarise my main arguments and findings in order to critically evaluate them. I will also include an assessment of my strengths and weaknesses and the implications that these have for further study.

## **CONCLUSION**

In this thesis I have sought to explore how psychosis is constructed in clinical terms and also cinematically. I have set out to understand if and how those who have experienced psychosis respond to its cinematic portrayals. My concluding chapter will begin by summarising the content of my thesis, focusing particularly upon my research findings, and will further clarify how my research makes a contribution to work in the field of cultural studies from the perspectives of film studies, disability studies and audience studies. I will then detail the implications that my data analysis has for further study. This Conclusion will evaluate both the theoretical and methodological frameworks that inform my study and will make recommendations for future developments. It will consider alternative approaches that might have been taken and will detail limitations of the study. I will conclude with a consideration of the strengths and weaknesses of my work.

## **IN SUMMARY: CONTEXTS, THEORIES AND METHODS**

This thesis builds upon the work of others who have examined the representation of mental health issues in the wider media, most notably Philo (1996) and Wahl (2003, 2004) and more specifically, in film (Fleming and Manville 1985, Gabbard and Gabbard 1999, Byrne 2000, 2001, 2003, 2009a, 2009b). It also draws upon the work of Johnson who provides a rare example of a Foucauldian analysis of a mental health text (2008). This thesis supports an on-going process of scrutinising mental health representation; it recognises a range of representation and confirms that whilst aspects of it are dynamic and can be positive (Johnson refers to a shift from “negative, derogatory...insane “Others”” to “heroes, celebrities and everyday citizens” (2008:28/29)) problematic areas remain, prompting Byrne to conclude that “mental health stereotypes have not changed over a century of cinema. If anything, the comedy is crueller, and the deranged psychokiller even more demonic than earlier prototypes” (2009a:4). This study recognises, as a particular cause for concern, the media association between mental health and violence which has been referenced repeatedly (Philo 1996, Rogers and Pilgrim 2005, Byrne

2009a, Bithell 2010:4). Before discussing the implications of my findings I will summarise the theoretical and methodological approaches that have underpinned my conclusions.

Chapters 4 to 6 have provided the main thematic discussion for my thesis. Chapter 4 considered the discourses that contribute to the naming of clinical psychosis. It examined historical and social influences on the definition of mental disorder, including psychosis and how discourses surrounding it are formulated, circulated and received in a contemporary setting. Chapter 4 established the work of both Foucault and Fairclough as key in relation to discourse, setting these up as a thread which also ran throughout Chapters 5 and 6; it used discourse analysis to explore the language used in medical texts defining psychosis. This chapter drew upon Foucault to scrutinise the ontological nature of science and assess psychiatry's place within medical science; it also identified discourses of resistance to psychiatry. It considered a Foucauldian appraisal of science to be productive but deemed a binary division between science and pseudo-science to be reductionist. Chapter 4 also foregrounded the contestatory nature of psychopathology and showed that its heterogeneity makes classification difficult. It demonstrated that power in the psychiatric field is problematic and that not all attacks upon psychiatry are valid.

Chapter 5 considered the discourses surrounding psychosis that are present in film. It demonstrated that film cannot be treated as an undifferentiated mass and contested the view that film fails to capture the complexity of psychosis (Gabbard & Gabbard 1999). Chapter 5 argued that psychosis can be culturally versatile; its representations provide the basis for social realist film but also act as a vehicle for escapism. It exposed a reductionist tendency to interpret filmic material that deals with psychosis as revealing the psychiatric world as repressive and coercive. Instead it demonstrated that film discourse relates more closely to a Foucauldian paradigm that illustrates the circulation and contestation of power. Chapter 5 carried out a comparative analysis with the available discourses in Chapter 4 and also considered absent clinical discourses in popular film. It applied Fairclough's concept of discursual practice to the production, consumption and distribution of film. It acknowledged film as an important site for the negotiation of identity and established that whilst positive representations do feature on screen, representation tends to be negative, problematising violence and sexuality. Chapter 5 illustrated

both the challenges and opportunities offered to the filmmaker by psychosis. It reviewed prominent screen discourses, including the role of the carer and the curative properties of love. It also established common discourses with Chapter 4, including shared clinical and dominant filmic divisions between pathology and normality. Chapter 5 concluded that film prioritises specific areas of concern whilst neglecting others (Ellis 1992:15). It does not explore social attitudes to mental illness in any depth, preferring to prioritise the problems of the individual. Regrettably a focus on self-help and the strategies employed by service users to improve their own lives is an absent discourse.

The primary focus in Chapter 6, according to Fairclough's tri-partite system, was the textual analysis of discourse generated by the interviews with those who have experienced psychosis. Chapter 6 completed the ongoing process of comparing the most salient aspects of discourse from respondents to dominant discourse in Chapters 4 and 5; it confirmed that different hierarchies exist amongst stakeholders. Chapter 4, for example, was dominated by contestation about the validity of psychopathology and an examination of the circulation of power in the psychiatric field. The emphases in Chapter 5 conformed to cinematic "modalities of meaning" (Ellis 1992:15), demedicalising psychosis and prioritising discourses centring on schizophrenia, 'love conquers all' and the role of the carer; violence and sexuality were also problematised. Chapter 6 demonstrated that the exploration of psychosis amongst respondents was more personal and nuanced than it was in Chapters 4 or 5. It identified that any discussion of the ontological nature of 'madness' centred upon its interface with normality and illustrated that definitions of madness were open to interpretation. Both positive and negative aspects of psychosis were described and interviewee response was characterised by re-iterations of dominant discourse but also resistance to it, demonstrating that discourse can be both discontinuous and contradictory (Hook 2001:24). Interpretations of the text were also shown to be inflected by educational, cultural and social capital (Savage *et al* 2013:5). I will now discuss the implications which can be drawn from the findings in my thesis.

## KEY FINDINGS: FROM BIOGRAPHICAL EXPERIENCES TO EVOCATIVE READINGS

My study develops knowledge in specific areas, making a contribution to both film and cultural studies' traditions. A focus upon the formal properties of film acts as a useful corrective to work in disability studies that has considered representation without paying due attention to the media text itself (Hoeksema & Smit 2001).

My thesis acknowledges that the major emphasis in work that centres upon media representations of psychosis is textual and goes beyond this to produce audience focused work. By adopting a cultural studies approach I ensure that my thesis takes account of interviewees' biographical experiences and that emphasis is placed upon interaction with the film text. I supplement an existing body of audience studies' and disability studies work by interviewing a cohort that I consider to have previously had a restricted voice in relation to the media text and images of psychosis.

By adopting a Foucauldian approach I challenge existing work that views the representation of psychosis from the standpoint of its utility within a medical model; Pirkis *et al* refer to this as "cinematherapy" (2006:535) and it is evidenced widely (see Bhugra 2003, Clarke 2004, Ritterfeld and Jin 2006, Darbyshire and Baker 2012). My study can, therefore, be seen to offer a counter and non-medical perspective. It recognises that work on the representation of psychosis which originates in the medical domain tends to acknowledge but leave undeveloped the existing body of work in audience studies. It challenges uncontested statements about media effect such as M. Anderson's assertion that "*Psycho* is one of the most influential films ever made" (2003:303) or Morris' statement that it is the worst types of representation (the "insensitive" and "grossly exaggerated") which create the greater impact and tend to be more memorable for the viewer" (2006:143), illustrating, instead, that influence cannot be predicted or generalised as meaning production is "dependent on what people bring to their engagement with the media" (Kitzinger 2004:24). My thesis also recognises that work on the representation of mental health, from both a medical and a non-medical perspective, has focused narrowly upon potential

negative influence on the general public (Philo 1996, Wahl 2003, Bhugra 2003, Byrne 2000, 2009a, Clarke 2004, Pinfold and Thornicroft 2006). Pirkis *et al* emphasise that far more attention has been paid to potential negative effect than positive and identify a need to consolidate work on the “extent, nature and impact” of representations of mental health (2006:524). They also argue that whilst research suggests that non-fiction media may perpetuate negative public attitudes towards those who experience mental health difficulties, less is known about fiction, including film (2006:523-524). Carrying out empirical audience work has prevented me from making assumptions about effect and, also, what constitutes positive and negative portrayal. It has enabled me to show that audience readings are inflected by individual histories and the multiple fields inhabited by respondents (Bourdieu 1993:162-3) and that simple assumptions cannot be made about textual responses which are governed by personal freedoms.

As a direct result of analysing the responses of those who have experienced psychosis to the representation of psychosis in film I believe that I have established that interaction with the text takes place in a way that has not, yet, been adequately described by audience theorists. Meic, (a respondent), argued that the issue is not how film-makers represent psychosis but how those who have experienced it recognise themselves in film (interview with Meic 2011:14); this concurs with Staiger’s argument that “how we think of ourselves as individuals and our imagined communities in our media experiences” is central to reception (2005:8). Sandvoss argues that the presence of the self in the construction of meaning might lead to ‘neutrosemy’; a condition whereby a text invites so many readings it loses intrinsic meaning (2005:126). Like Fiske, however, Sandvoss emphasises the essential qualities of the text and concludes that it is not endlessly interpretable (Sandvoss 2005:126, Fiske 1990:78). My study provides evidence that “there will always be private, individual and variant readings” (Hall 2003:60) suggesting, possibly, that these are not as unusual as Stuart Hall implies (2003:60) whilst at the same time qualifying Sandvoss’s concept of neutrosemy. My findings do not concur with Sandvoss’s argument that specific texts have the propensity to lose inherent meaning to become sites for self-reflexive meaning, however, as respondents made associations with a wide variety of texts, individually as well as collectively (2005:126). Their interpretations did not provide a perfect fit for either Fiske’s definition of aberrant decoding (1990:78) or Hall’s category of “total



misunderstandings” (1980: 135-6), but appeared to be the result of fashioning a sense of the self (Abercrombie and Longhurst 1998:24). There were parallels between interviewee activity and fan behaviour, for example in the realm of ‘textual poaching’ (de Certeau 1982, Jenkins 1992), which is defined as a model of “appropriation” and not ‘misreading’ (Jenkins 1998:33). Audience response was also illustrative of de Certeau’s key concept of the cultural ‘nomad’ who seeks out texts to serve individual interest (Jenkins 1992:45). This was, at times, ludic in nature but pleasure, an important aspect of fan behaviour, (Abercrombie and Longhurst 1998:31, Jenkins 1998:24, Hills 2005: xi, Scodari 2007: 52, Gray 2007:84,) was, perhaps, not as significant in motivating the textual investment of the individual who has experienced psychosis as negotiating meaning in respect of psychosis and identity. The response of interviewees to the text also differed from the typical fan reading in that it did not appear to be prompted by a perceived inadequacy in the text (Jenkins 1992:23). The connection between interviewee and text is also, perhaps, more ephemeral in nature as it appears to be governed by the desire to ‘capture’ psychosis which itself is essentially dynamic. As a result of being unable to find a term that precisely describes the way in which my respondents interact with the text I have coined the term an ‘evocative reading’, which I feel best describes the way in which those who have direct knowledge of psychosis use texts in order to make sense of and associatively evoke their own experiences. The next section of the chapter will consider the implications of this for further research.

## **IMPLICATIONS FOR FURTHER STUDY**

The shifting nature of psychosis prompts Fuery to question:

How does one represent that which cannot by its very nature be represented, that which constantly resists translation, interpretation, and stability? The impossibilities of defining madness are also part of the impossibilities of representing it (2004:13).

The challenges offered by psychosis justify it as the focus of this research; its fecundity means that further research could profitably be carried out to build upon my existing findings. This is possible in the field of media reception, particularly as little work exists looking at the reactions of those who have experienced psychosis to the text. The implications of ‘evocative’ reading may be applicable to all textual interpretation and so could be highly relevant in audience studies. Whilst the experience of psychosis remains culturally and discursively specific, there is a danger of ‘Othering’ those who experience it by assuming that they, alone, use texts ‘evocatively’. A democratising aspect of further study might, therefore, be to interview a control cohort who have not experienced psychosis but who otherwise match my respondent profile to see whether they use film texts in the same way to evoke alternative significant experiences and emotions. In terms of my existing interviewee cohort, it would also be fascinating to develop my hypothesis that the texts selected to negotiate meaning in relation to psychosis are ephemeral in nature. Further study would establish whether the significance of ‘evocative’ texts fades, over time or whether the influence of certain film texts endures; my interviews lacked a longitudinal dimension, although this was partly a result of my PhD’s timetable. More extensive work could begin to map patterns between ‘evocative’ texts and establish whether those who have experienced psychosis display recognised aspects of fan behavior, for example productivity, in relation to the text (Hills 2002:30).

The application of Bourdieu’s concept of cultural capital to the interviewee cohort recognises that other avenues might be further explored to determine potential cultural influences upon media reception. This study acknowledges that factors beyond psychosis may exert an influence and even eclipse its significance. Wilde’s analysis of both non-disabled and disabled audience response to images of impairment and disability in the media concludes that “viewers do not make simple identifications on the basis of impairment or disability status, or indeed, by gender, class, ethnicity or sexuality” (2010:42). Wilde’s study is valuable in considering reception from multiple angles and also in challenging assumptions surrounding the centrality of disability to reception. It provides a platform for future research; for the purpose of this study, however, the cultural positioning of psychosis as a form of disability, which is presently under-explored in relation to media reception, provided a logical initial focus.

Profitable further study might also stem from research findings which confirm the problematic nature of representation. The first area centres on the female and psychiatry. Allen argues that historically “the female is not the ‘special’ but the normal form of the psychiatric patient” (1986:85). She considers that:

It is not difficult to demonstrate that psychiatry is contingently sexist, normative and guilty of many abuses against women. Indeed, given the general conditions of society outside of psychiatry it would indeed be curious if one could not find such features inside psychiatry as well (1986:95).

Fuery considers that gender difference translates to the screen, arguing that gender roles are a vital part of how madness is shown in film (2004:21). Despite the clear significance of gender, however, a more specific focus on its meanings, at this stage, would detract from the main aim of the study which has been to establish, more generally, how psychosis has been experienced by my respondents, and how they react to its presentation in film regardless of gender, and specifically in relation to clinical and dominant-filmic discourses of psychosis.

A second problematic area emerges from the combined results of both reception and textual analysis. The relationship between genre and patterns of representation is key, most notably in the horror genre (see p172). Links between psychosis and horror are well documented (Tudor 1989, Carroll 1990, Simpson 2000, Schneider and Shaw 2003) and have led to widespread concern amongst those who campaign for an end to discrimination against service users (see Byrne 2009a). Reception analysis in this study has added to a body of largely textual material that considers the link between psychosis and violence to be a problem. Notably a significant proportion of those interviewed expressed dislike of horror (see p242). In addition to adverse reaction to the psychological effects of horror respondents also condemned the sensational presentation of the ‘psychotic’ protagonist and the link between representations of psychosis and

violence (see p232). This suggests that the expressed dislike of horror was also a reaction against representation that was perceived to be inaccurate and discriminatory. Deni Elliot argues that “it is unethical to present people with disabilities in negative or exploitative ways because it is inaccurate and unfair to an oppressed societal group” (1994:78) and that this may result in actual harm (1994:74). It is not unreasonable to consider that horror genre representations of psychosis may be harming those who have experienced it. Elliot believes that accurate representation is a media responsibility and that any presentation that results in harm should be justified (1994:74). Further research to address issues of media responsibility and explore an area of representation that is potentially discriminatory and problematic is necessary, although my discursive evocative approach challenges and complicates the assumption that “accurate” denotations of psychosis are easily possible. A challenge nonetheless exists to media personnel to show sensitivity to those who have experienced psychosis in order to increase understanding of what it means to manage the condition.

A revisiting of my original PhD proposal also prompts recommendations for further work; this planned to compare the psychosis oriented textual interpretations/reactions of both those who have experienced psychosis and those who have not experienced it directly but have observed it in close proximity as a partner, parent, close relative or carer. I streamlined this initial design to consider only those with lived experience of psychosis because I wanted to focus upon a relatively confined sample in detail. After carrying out a Foucauldian analysis, however, I feel that an extended study which produced discourse generated by someone close to the experience of psychosis would be a fascinating addendum in terms of power and stakeholder interest. My original design also incorporated the use of focus groups. As I explained in Chapter 3 I replaced these with long interviews in order to elicit individual responses but I continue to feel that focus groups would provide further insight in to the experience of psychosis in relation to the film text, and would be extremely useful in developing the themes that have emerged from the study so far. The use of focus groups would also be a small step in moving towards a user-controlled research model. Focus groups would not address the objection of service users to “being subjected to the...gaze of researchers” (Barnes 1999:10) or solve the problems of “tokenism’ and disempowerment in traditional research” (Turner and Beresford 2005: v) but low key facilitation

may help to emphasise “the importance of expertise by experience” which has traditionally been “undermined by more mainstream ways of producing knowledge” (Rose Online: no date). Diana Rose sees the future for mental health research as one where service users become “activist scholars in the way that has been done by other marginalised groups” (Online: no date). Whilst I appreciate that service user control is key in ensuring that the power inequalities that have characterised traditional research are not perpetuated, I continue to feel that participatory research is preferable to an outright silencing of the voices of those who experience psychosis. In concluding this chapter, and my PhD overall, I will address the strengths and weaknesses of my work.

## **STRENGTHS AND WEAKNESSES: ISSUE OF REPRESENTATIVENESS AND REFLEXIVITY**

My thesis is a site for both strengths and weaknesses. I note Marian Barnes’ observation that it cannot be assumed that user groups are representative, either of society as a whole or “all other users” (1999:34). I have endeavoured to provide as wide a range of variables as possible in terms of age, ethnicity, sex, education and clinical diagnosis amongst my interviewee cohort; this has been largely achieved apart from ethnicity (see Appendix p350). I concede, however, that although I emphasised that enjoyment of film was not a necessary requirement when taking part in the study, (a spectrum extending to indifference would have been more balanced and preferable), I suspect that the study attracted film enthusiasts and could, therefore, be accused of being unrepresentative in this sense. I also suspect that, despite interviewing individuals with a wide range of diagnoses, the nature of chronic depression means that individuals who experience this, in particular, were not inclined to take part and hence are under-represented amongst respondents.

I have tried to be reflexive and sensitive throughout to the ways in which both my positioning as researcher and the research process itself may have exerted influence upon the data collected. Clough and Nutbrown point out that:

Our identity, as man, woman, academic, mother, father – is (to a greater or lesser extent) a driving force in our research foci. What we do and how we do it is informed by who we are, how we think, our morals, our politics, our sexuality, our faith, our lifestyle, our childhood, our ‘race’, our values (2002:70).

My positioning in all of these respects, together with my prior assumptions and experience, may have influenced the significance I have placed upon certain discourses. I may also have identified frames which would not have been prioritised by another researcher, who may have pulled out different inferences or deductions. I consider, however, that I have used reflexivity to transform “a problem [in]to an opportunity” (Finlay 2002:212). To this end I have used introspection about my own positioning in order to aid my insight into how my research is constituted. Reflexivity has led to a closer analysis of my relationship with my respondents and an acknowledgement of the shifting positions between us (Finlay 2002:224). I have observed psychosis closely in both a professional and a familial setting; this has exposed and sensitised me to an unusually wide range of discourse in the field of mental health. I have not, however, experienced psychosis directly. This inevitably influences aspects of difference and power in relation to my interviewee cohort. My role as a teacher of film has also inflected interviewee/interviewer subject positions. I feel that it has meant that I have accrued a knowledge base which has allowed me to pick up on material in interview that I may otherwise have missed. It may have been intimidating to interviewees, however, who felt that their views were being appraised by a film ‘expert’. More generally my unique ‘cultural capital’ (Grenfell 2004:28), including my age and regional accent (not Welsh) have all affected the exchanges I have had with respondents.

In presenting my results I also recognise my own definition of psychosis to be a construct as “the effects of discursive practices is to make it virtually impossible to think outside of them” (Hook 2001:2). I accept Slade and Priebe’s argument that “there are different concepts of evidence”, all of which are disputable as absolute concepts by postmodern epistemology (2006:3). At the same

time as I accept the position that “no single framework will ever be able to explain everything”, however, (Bracken and Thomas 2006:233) carrying out a Foucauldian discourse analysis has prioritised an attempt to understand how historical and social conditions have inflected discourse over epistemological relativism (Harper 2006:52). I accept that prioritising the subjective experience of those who have experienced psychosis might be interpreted as a phenomenological approach which attempts to understand the essential nature of the psychotic experience but consider that I have approached this from a Foucauldian perspective which sees the experience as constructed from available discursive resources (Harper 2006:53). A Foucauldian constructivist approach has been invaluable in problematising the factual status of mental ‘illness’; ultimately, however, my own stance in respect of psychosis combines a critical realist and social constructionist approach, a combination that Rogers and Pilgrim do not consider to be necessarily “set in opposition” (2005:16) and which is implied by Shorter’s belief that:

Psychiatry is, to be sure, the ultimate rule maker of acceptable behaviour through its ability to specify what counts as “crazy”. Yet there is such a thing as mental illness. It has a reality independent of conventions of gender and class, and this reality can be mapped (1999: viii).

Accessing the wealth of textual material that has potential relevance for a study of the representation of psychosis in film has proved to be a challenge. Patrick Fuery points out:

It is not enough to look to those films that show acts of madness...this is because, in part, although there are many films that engage in such representations, ultimately such a study will lead to a simplifying arrangement of the categorising of types and overt manifestations (2004:17).

To this end I have not restricted my study to an examination of texts where psychosis has been named but have extended it to texts where psychosis is implied as well as exploring audiences’

evocative readings which go beyond textual denotations or even connotations of psychosis. I have gone beyond Fleming and Manvell's design which is restricted to "certain major feature films, which have for the most part enjoyed wide distribution and general acceptance (1985:19) to include marginal films (see p145). I have considered films from different eras and from different nationalities.

Methodologically speaking by including two film clips for analysis by all respondents (*Spider* 2002 and *Mr Jones* 1993) I concede that I have been somewhat directive; at the same time this ensured that the study incorporated a greater measure of continuity and comparative study. I have also facilitated an aspect of spectatorial choice in encouraging respondents to nominate their own choices of texts that approximate 'madness'; this mitigates against the possible subjectivity of my own selection and works well in combination with the standardising function of the film clips.

In terms of strengths, I consider that the use of Foucauldian discourse analysis has helped me to engage, in detail, with clinical, filmic, textual and audience discourses. It has underpinned a method that has enabled me to pay attention to discourses related to psychosis that circulate in three distinct areas: the naming of clinical psychosis; the film text and amongst those who have experienced it. A Foucauldian approach has been wholly appropriate as a means to directly compare statements and discourse positions from stakeholders in these domains. It has helped to identify the rules of possibility that make certain discourses possible and has also aided the identification of limits upon discourse. It has also allowed me to evaluate power relationships between discourses and contexts and the implications of this for those who experience psychosis.

I consider that a further strength of my work is that I have concentrated on an area that does not receive wide media coverage. Jenny Morris explains that:



The experience of ageing, of being ill, of being in pain, of physical and intellectual limitations, are all part of the experience of living. Fear of all these things, however, means that there is little cultural representation that creates an understanding of their subjective reality”(1992:164).

I have implemented the necessary arrangements to elicit the responses of a vulnerable population to film texts. This has necessitated a robust consideration of ethical issues (Koivisto et al 2001, Davies 2005) but has resulted in access to voices that have historically been silenced in film and audience studies (Clough and Nutbrown 2002:45). The requisite considerations of working with a cohort who have experienced psychosis are ongoing and will extend to the dissemination of my findings. I consider the communication of these to research participants to be essential (see p98). I will send an accessible report to Mind and the geographically dispersed bipolar support groups but intend to present it in person at Four Winds, the drop in centre in Cardiff where several of my interviews took place. I have contended with a high drop-out rate of interviewees and extended the interview period as a result of this. I have been committed in my desire to negotiate access to respondents and have shown flexibility in carrying out interviews, for example, I have travelled extensively in South Wales in order to explore the narratives of those who have experienced psychosis. In doing so I have been privileged to engage in dialogue with respondents who have articulated their own interpretations of psychosis. Carrying out this study has made me aware that psychosis is not so much an aspect of illness as an aspect of identity. The struggle to pin down its elusive and fascinating nature in words brings me full circle to my opening discussion of language, again foregrounding the inadequacy of the terms available to fully do justice to the complexity and variability of clinical, filmic and experiential discourses of psychosis.

## ENDNOTES

<sup>1</sup> Bracken (2009) distinguishes between a ‘technical’ paradigm which views “mental health problems as primarily technical problems to be analyzed, classified, sorted, and treated” and a non-technical paradigm which is concerned with “values, relationships, the question of power, question of meaning and the search for meaning”.

<sup>2</sup> Interview with (Ralph 13. 07.04.11 p23)

<sup>3</sup> Interview with Glen: (10. 06.04.11 p9)

<sup>4</sup> Interview with Ceri: (12. 07.04.11 p17)

<sup>5</sup> Interview with Ali (3.21.02.11 p9),

<sup>6</sup> Interviews with: (Ruth 1. 20.01.11), (Derek 2. 17.02.11), (Ali 3.21.02.11), (Matt 5. 28.02.11), (Esme 6. 03.03.11), (Terry 7. 07.03.11), (Delyth 8. 14.03.11), (Gwen 9. 16.03.11), (Glen:10. 06.04.11), (Mari 11. 06.04.11), (Ceri 12: 07.04.11), (Ralph 13. 07.04.11), (Dewi 14. 26.04.11), (Seth 15.05.05.11), (Carrie 17. 19.05.11), (Tabitha 20. 26.05.11), (Meic 21. 08.06.11).

<sup>7</sup> Interviews with: (Dewi 14. 26.04.11), (Owen 16. 19.05.11), (Carrie 17. 19.05.11), (Tina 18. 26.05.11), (Tabitha 20. 26.05.11).

<sup>8</sup> Interview with Glen: (10. 06.04.11 p26)

<sup>9</sup> Interviews with: (Derek 2. 17.02.11), (Ali 3.21.02.11), (Rhys 4. 22.02.11), (Matt 5. 28.02.11), (Terry 7. 07.03.11), (Gwen 9. 16.03.11), (Glen:10. 06.04.11), (Mari 11. 06.04.11), (Ceri 12: 07.04.11), (Dewi 14. 26.04.11), (Seth 15.05.05.11), (Owen 16. 19.05.11), (Tina 18. 26.05.11), (Tabitha 20. 26.05.11), (Meic 21. 08.06.11), (Rod 23. 29.07.11).

<sup>10</sup> Interviews with: (Owen 16. 19.05.11), (Meic 21. 08.06.11).

<sup>11</sup> Interviews with: (Tina 18. 26.05.11), (Glen:10. 06.04.11).

<sup>12</sup> Interviews with: (Glen:10. 06.04.11), (Ralph 13. 07.04.11), (Owen 16. 19.05.11), (Tina 18. 26.05.11).

<sup>13</sup> Interviews with: (Esme 6. 03.03.11), (Delyth 8. 14.03.11), (Ralph 13. 07.04.11), (Dewi 14. 26.04.11), (Carrie 17. 19.05.11), (Tina 18. 26.05.11), (Rod 23. 29.07.11), (Flash 25: 08.09.11).

<sup>14</sup> Interviews with (Tabitha 20. 26.05.11), (Rod 23. 29.07.11). (Tina 18. 26.05.11), (Tom 22: 07.07.11).

<sup>15</sup> Interview with Meic (21. 08.06.11).

- <sup>16</sup> Interview with (Ceri 12: 07.04.11).
- <sup>17</sup> Interviews with: (Gwen 9. 16.03.11), (Flash 25: 08.09.11).
- <sup>18</sup> Interview with (Rhys 4. 22.02.11).
- <sup>19</sup> Interview with Rod (23. 29.07.22).
- <sup>20</sup> Interview with Rod 23. 29.07.11 p8
- <sup>21</sup> Interview with Mari 11. 06.04.11 p32
- <sup>22</sup> Interview with Carrie 17. 19.05.11 p11.
- <sup>23</sup> Interview with: (Matt 5. 28.02.11), (Terry 7. 07.03.11).
- <sup>24</sup> Interview with Delyth (8. 14.03.11)
- <sup>25</sup> Interview with Owen 16. (19.05.11 p10).
- <sup>26</sup> Interview with Gwen (9. 16.03.11 p20)
- <sup>27</sup> Interviews with (Rhys 4. 22.02.11), (Matt 5. 28.02.11), (Derek 2. 17.02.11), (Terry 7. 07.03.11), (Esme 6. 03.03.11), (Glen:10. 06.04.11), (Carrie 17. 19.05.11), (Tina 18. 26.05.11), (Rod 23. 29.07.11).
- <sup>28</sup> Interviews with (Ruth 1. 20.01.11), (Delyth 8. 14.03.11), (Tabitha 20. 26.05.11).
- <sup>29</sup> Interview with Derek (2. 17.02.11 p12).
- <sup>30</sup> Interviews with (Gwen 9. 16.03.11) (Owen 16. 19.05.11).
- <sup>31</sup> Interviews with: (Ruth 1. 20.01.11), (Derek 2. 17.02.11), (Dewi 14. 26.04.11), (Owen 16. 19.05.11), (Ralph 13. 07.04.11),
- <sup>32</sup> Interviews with (Derek 2. 17.02.11), (Rhys 4. 22.02.11), (Matt 5. 28.02.11), (Esme 6. 03.03.11), (Gwen 9. 16.03.11), (Glen:10. 06.04.11), (Mari 11. 06.04.11), (Ralph 13. 07.04.11), (Dewi14. 26.04.11), (Carrie 17. 19.05.11), (Tom 22: 07.07.11), (Rod 23. 29.07.11), (Flash 25: 08.09.11).
- <sup>33</sup> Interviews with (Ceri 12: 07.04.11), (Glen:10. 06.04.11), (Dewi14. 26.04.11), (Owen 16. 19.05.11), (Carrie 17. 19.05.11), (Meic 21. 08.06.11).
- <sup>34</sup> Interviews with: (Ruth 1. 20.01.11), (Ali 3.21.02.11), (Carrie 17. 19.05.11), (Tina 18. 26.05.11), (Gwen 9. 16.03.11), (Seth 15.05.05.11).
- <sup>35</sup> Interviews with: (Matt 5. 28.02.11), (Esme 6. 03.03.11), (Terry 7. 07.03.11), (Delyth 8. 14.03.11), (Ralph 13. 07.04.11), (Owen 16. 19.05.11), (Seth 15.05.05.11).
- <sup>36</sup> Interview with Matt (5. 28.02.11 p28),
- <sup>37</sup> Interview with Seth (15.05.05.11 p11).
- <sup>38</sup> Interview with Seth (15.05.05.11 p23).

<sup>39</sup> Interviews with (Ralph (13 07.04.) and (Flash 25: 08.09.11)).

<sup>40</sup> Interview with Charlotte (19. 26.05.11 p23).

<sup>41</sup> Interview with Mari (11. 06.04.11),

<sup>42</sup> Interviews with (Gwen 9. 16.03.11), (Ceri 12: 07.04.11), (Ralph 13 07.04.), (Seth15.05.05.11), (Owen 16. 19.05.11), (Tina 18. 26.05.11), (Charlotte 19 26.05.11).

<sup>43</sup> Interview with Ralph (13 07.04 p14)

<sup>44</sup> Interviews with: (Ralph 13 07.04), (Owen 16. 19.05.11), (Tina 18. 26.05.11).

<sup>45</sup> Interview with Tabitha: (pre-interview comment 20. 26.05.11).

<sup>46</sup> Interview with Meic (21. 08.06.11 p11).

<sup>47</sup> Interview with Glen (10. 06.04.11 p37).

<sup>48</sup> Interview with Esme (6. 03.03.11 p6)

<sup>49</sup> Interview with Ruth (Ruth 1. 20.01.11 p12)

<sup>50</sup> Interview with Seth (15.05.05.11 p17).

<sup>51</sup> Interview with Gwen (Gwen 9. 16.03.11 p4)

<sup>52</sup> Interview with Glen (10. 06.04.11 p27)

<sup>53</sup> Interviews with: (Matt 5. 28.02.11), (Esme 6. 03.03.11), (Terry 7. 07.03.11), (Delyth 8. 14.03.11), (Mari 11. 06.04.11), (Ceri 12: 07.04.11), (Ralph 13 07.04), (Seth15.05.05.11), (Owen16. 19.05.11), (Carrie 17. 19.05.11), (Tina 18. 26.05.11), (Charlotte 19 26.05.11), (Tabitha 20. 26.05.11), (Rod 23. 29.07.11).

<sup>54</sup> Interview with Ceri (12: 07.04.11 p9).

<sup>55</sup> Interviews with: (Esme 6. 03.03.11), (Terry 7. 07.03.11),

<sup>56</sup> Interviews with (Tabitha 20. 26.05.11), (Rod 23. 29.07.11), (Delyth 8. 14.03.11), (Rod 23. 29.07.11).

<sup>57</sup> Interview with Glen (10. 06.04.11 p43)

<sup>58</sup> Interview with Glen (10. 06.04.11 p42)

<sup>59</sup> Interview with Owen (16. 19.05.11 p17).

<sup>60</sup> Interview with Seth (15.05.05.11 p17)

<sup>61</sup> Interviews with: (Gwen 9. 16.03.11), (Seth 15.05.05.11),

(Tina 18. 26.05.11), (Meic 21. 08.06.11), (Rod 23. 29.07.11).

<sup>62</sup> Interview with Ceri:(12: 07.04.11 p44).

<sup>63</sup> Interviews with: (Gwen 9. 16.03.11), (Carrie 17. 19.05.11), (Flash 25: 08.09.11).

<sup>64</sup> Interviews with: (Rhys 4. 22.02.11), (Matt 5. 28.02.11), (Ali 3.21.02.11), (Esme 6. 03.03.11), (Terry 7. 07.03.11), (Gwen 9. 16.03.11), (Glen10. 06.04.11), (Ceri 12: 07.04.11), (Ralph 13 07.04), (Dewi14. 26.04.11), (Seth 15.05.05.11), (Owen 16. 19.05.11), (Tina 18. 26.05.11), (Charlotte 19 26.05.11).

<sup>65</sup> Interview with Mari (11. 06.04.11 p25).

<sup>66</sup> Interview with Delyth (8. 14.03.11 p32).

<sup>67</sup> Interviews with: (Derek 2. 17.02.11), (Glen:10. 06.04.11).

<sup>68</sup> Interviews with (Ralph 13 07.04), (Seth 15.05.05.11).

<sup>69</sup> Interview with: (Ceri 12: 07.04.11 p39).

<sup>70</sup> Interview with (Gwen 9. 16.03.11), (Ruth 1. 20.01.11).

<sup>71</sup> Interview with (Gwen 9. 16.03.11 p22)

<sup>72</sup> Interviews with (Terry 7. 07.03.11), (Matt 5. 28.02.11), (Carrie 17. 19.05.11),

<sup>73</sup> Interview with: (Matt 5. 28.02.11 p35).

<sup>74</sup> Interview with: (Carrie 17. 19.05.11 p28).

<sup>75</sup> Interview with: (Esme 6. 03.03.11 p13).

<sup>76</sup> Interview with: (Ceri 12: 07.04.11 p45).

<sup>77</sup> Interview with: (Ceri (12: 07.04.11 p45).

<sup>78</sup> Interviews with: (Delyth 8. 14.03.11), (Dewi14. 26.04.11), (Carrie 17. 19.05.11).

<sup>79</sup> Interview with (Rhys 4. 22.02.11 p20).

<sup>80</sup> Interviews with: (Seth 15.05.05.11), (Owen 16. 19.05.11), (Tina 18. 26.05.11), (Charlotte 19 26.05.11) (Tabitha 20. 26.05.11), (Rod 23. 29.07.11).

<sup>81</sup> Interview with: (Derek 2. 17.02.11 p11).

<sup>82</sup> Interview with: (Ceri 12: 07.04.11 p19).

<sup>83</sup> Interviews with: (Tabitha 20. 26.05.11), (Rod 23. 29.07.11).

<sup>84</sup> Interviews with: (Seth 15.05.05.11), (Owen 16. 19.05.11), (Tina 18. 26.05.11), (Charlotte 19 26.05.11) (Tabitha 20. 26.05.11), (Rod 23. 29.07.11).

<sup>85</sup> Interview with: (Rod 23. 29.07.11 p4/5).

<sup>86</sup> Interview with: (Rod 23. 29.07.11 p6).

<sup>87</sup> Interviews with: (Ruth 1. 20.01.11), (Derek 2. 17.02.11), (Matt 5. 28.02.11), (Esme 6. 03.03.11), (Terry 7. 07.03.11), (Delyth 8. 14.03.11), (Gwen 9. 16.03.11), (Ralph 13 07.04), (Dewi14. 26.04.11), (Seth 15.05.05.11), (Owen 16. 19.05.11), (Tina 18. 26.05.11), (Charlotte 19 26.05.11), (Rod 23. 29.07.11).

<sup>88</sup> Interview with: (Gwen 9. 16.03.11 p21).

<sup>89</sup> Interviews with: (Derek 2. 17.02.11), (Ali 3.21.02.11), (Rhys 4. 22.02.11), (Terry 7. 07.03.11), (Delyth 8. 14.03.11), (Gwen 9. 16.03.11), (Glen10. 06.04.11), (Ceri 12: 07.04.11), (Ralph 13 07.04), (Dewi14. 26.04.11), (Seth 15.05.05.11), (Owen 16. 19.05.11), (Carrie 17. 19.05.11), (Tina 18. 26.05.11), (Charlotte 19 26.05.11), (Tabitha 20. 26.05.11), (Meic 21. 08.06.11), (Tom 22: 07.07.11), (Flash 24: 08.09.11).

<sup>90</sup> Interview with: (Matt 5. 28.02.11 p7).

<sup>91</sup> Interviews with: (Ruth 1. 20.01.11), (Esme 6. 03.03.11), (Mari 11. 06.04.11), (Rod 23. 29.07.11).

<sup>92</sup> Interview with: (Seth 15.05.05.11 p15).

<sup>93</sup> Interview with: (Mari 11. 06.04.11 p1).

<sup>94</sup> Interviews with: (Delyth 8. 14.03.11), (Terry 7. 07.03.11), (Gwen 9. 16.03.11), (Glen10. 06.04.11), (Mari 11. 06.04.11), (Dewi14. 26.04.11), (Seth 15.05.05.11), (Owen 16. 19.05.11).

<sup>95</sup> Interview with Matt: (5. 28.02.11 p6).

- <sup>96</sup> Interview with: (Ali 3.21.02.11 p25).
- <sup>97</sup> Interview with: (Flash 24: 08.09.11 p18).
- <sup>98</sup> Interviews with: (Derek 2. 17.02.11), (Esme 6. 03.03.11), (Flash 24: 08.09.11).
- <sup>99</sup> Interview with: (Ali 3.21.02.11 p25).
- <sup>100</sup> Interviews with: (Owen 16. 19.05.11), (Charlotte 19 26.05.11).
- <sup>101</sup> Interviews with: (Derek 2. 17.02.11), (Terry 7. 07.03.11), (Delyth 8. 14.03.11), (Ralph 13 07.04), (Flash 24: 08.09.11).
- <sup>102</sup> Interview with: (Derek 2. 17.02.11 p6).
- <sup>103</sup> Interview with Terry: (7. 07.03.11 p20).
- <sup>104</sup> Interview with Seth (1505.05.11).
- <sup>105</sup> Interviews with: (Delyth 8. 14.03.11), (Dewi14. 26.04.11), (Seth 1505.05.11), (Owen 16. 19.05.11), (Tina 18. 26.05.11), (Charlotte 19 26.05.11).
- <sup>106</sup> Interview with: (Flash 24: 08.09.11).
- <sup>107</sup> Interview with: (Owen 16. 19.05.11).
- <sup>108</sup> Interview with: (Mari 11. 06.04.11).
- <sup>109</sup> Interview with: (Esme 6. 03.03.11).
- <sup>110</sup> Interview with: (Charlotte 19 26.05.11).
- <sup>111</sup> Interviews with: (Ceri 12: 07.04.11), (Glen10. 06.04.11), (Dewi14. 26.04.11), (Owen 16. 19.05.11), (Carrie 17. 19.05.11), (Meic 21. 08.06.11).
- <sup>112</sup> Interviews with: (Ruth1. 20.01.11), (Matt 5. 28.02.11), (Owen 16. 19.05.11).
- <sup>113</sup> Interview with: (Ali 3.21.02.11).
- <sup>114</sup> Interviews with: (Seth 15:05.05.11), (Owen 16. 19.05.11).
- <sup>115</sup> Interviews with: (Ali 3.21.02.11), (Seth 15:05.05.11 p30).
- <sup>116</sup> Interviews with: (Esme 6. 03.03.11), (Ralph 13 07.04), (Owen 16. 19.05.11).
- <sup>117</sup> Interview with: (Seth15:05.05.11 p13).
- <sup>118</sup> Interview with: (Rod 23. 29.07.11 p12).
- <sup>119</sup> Interviews with: (Seth 15:05.05.11), (Charlotte 19 26.05.11), (Flash 24: 08.09.11).
- <sup>120</sup> Interview with: (Esme 6. 03.03.11 p10).
- <sup>121</sup> Interview with: (Esme 6. 03.03.11 p10).

- 122 Interview with: (Mari 11. 06.04.11 p4).
- 123 Interview with: (Delyth 8. 14.03.11).
- 124 Interview with: (Mari 11. 06.04.11 p3).
- 125 Interview with: (Mari 11. 06.04.11 p4).
- 126 Interviews with: (Gwen 9. 16.03.23), (Ralph 13 07.04).
- 127 Interview with: (Seth15:05.05.11 p15).
- 128 Interview with: (Gwen 9. 16.03.11 p23).
- 129 Interview with: (Rod 23. 29.07.11 p11).
- 130 Interview with: (Meic 21. 08.06.11 p23).
- 131 Interview with: (Gwen 9. 16.03.11 p11).
- 132 Interview with: (Ceri 12: 07.04.11 p17).
- 133 Interviews with: (Gwen 9. 16.03.11 p12).
- 134 Interviews with: (Tina 18. 26.05.11), (Charlotte 19 26.05.11).
- 135 Interview with: (Tina 18. 26.05.11 p2).
- 136 Interview with: (Charlotte 19 26.05.11 p7).
- 137 Interview with: (Ali 3.21.02.11 p4).
- 138 Interview with: (Gwen 9. 16.03.11 p2).
- 139 Interviews with: ( Ali 3.21.02.11), (Gwen 9. 16.03.11), (Ceri 12: 07.04.11 (Dewi14. 26.04.11), (Owen 16. 19.05.11), (Tina 18. 26.05.11).
- 140 Interview with: (Ceri 12: 07.04.11 p15).
- 141 Interviews with: (Ruth 1. 20.01.11), (Derek 2. 17.02.11), Ali (3.21.02.11), (Esme 6. 03.03.11), (Glen10. 06.04.11), (Ralph 13 07.04), (Dewi 14. 26.04.11), (Seth 15:05.05.11), (Tina 18. 26.05.11), (Tabitha 20. 26.05.11), (Meic 21. 08.06.11), (Flash 24: 08.09.11).
- 142 Interview with: (Delyth 8. 14.03.11 p5).
- 143 Interview with: (Dewi14. 26.04.11 p8).
- 144 Interview with: (Dewi14. 26.04.11 p7).
- 145 Interview with: (Ralph 13 07.04 p11).
- 146 Interview with: (Tom 22: 07.07.11 p12).
- 147 Interview with: (Tina 18. 26.05.11 p1).
- 148 Interview with: (Glen10. 06.04.11 p11).



- <sup>149</sup> Interview with: (Carrie 17. 19.05.11 p10).
- <sup>150</sup> Interview with: (Ceri 12: 07.04.11 p15).
- <sup>151</sup> Interviews with: (Ralph 13 07.04), (Charlotte 19 26.05.11 ), (Meic 21. 08.06.11).
- <sup>152</sup> Interviews with: (Glen10. 06.04.11), (Ralph 13 07.04), (Meic 21. 08.06.11).
- <sup>153</sup> Interview with: (Charlotte 19 26.05.11 p26).
- <sup>154</sup> Interviews with: (Gwen 9. 16.03.11), (Ceri 12: 07.04.11)
- <sup>155</sup> Interviews with: (Gwen 9. 16.03.11), (Glen10. 06.04.11).
- <sup>156</sup> Interviews with: (Ali 3.21.02.11), (Dewi 14. 26.04.11), (Owen 16. 19.05.11), (Flash 24: 08.09.11).
- <sup>157</sup> Interview with: (Ceri 12: 07.04.11 p27).
- <sup>158</sup> Interviews with: (Ali 3.21.02.11 p16).
- <sup>159</sup> Interviews with: (Gwen 9. 16.03.11 p12).
- <sup>160</sup> Interview with: (Meic 21. 08.06.11).
- <sup>161</sup> Interview with:(Tina 18. 26.05.11 p2).
- <sup>162</sup> Interview with: (Ali 3.21.02.11 p16).

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An Angel at My Table. (1990). Directed by Jane Campion. (DVD). New Zealand, Australia, UK. Artificial Eye.

Asylum Erotica. (1971). Directed by Fernando Di Leo. (DVD). Italy. Avenue Entertainment.

A Beautiful Mind. (2001). Directed by Ron Howard. (DVD). USA. Universal Studios Home Entertainment.

A Long History of Madness. (2011). Directed by Mieke Bal . Screening at Cardiff University.

A Woman Under the Influence. (1974). Directed by John Cassavetes. (DVD). USA. Criterion Collection.

Battleship Potemkin. (1925). Directed by Sergei Eisenstein. (DVD). Russia. Kino International.

Bedlam. (1946). Directed by Mark Robson. (DVD). USA. Odeon Entertainment.

Benny and Joon. (1993). Directed by Jeremiah S Chechick. (DVD). USA. Metro Goldwyn Mayer.

Black Swan. (2010). Directed by Darren Aranofsky. (DVD). USA. Twentieth Century Fox Home Entertainment.

The Cabinet of Dr Caligari, (1920). Directed by Robert Wiene. (DVD). Germany. Eureka Entertainment.

Candyman. (1992). Directed by Bernard Rose. (DVD). USA. Columbia Tristar Home Entertainment.

Casino Royale. (2006). Directed by Martin Campbell. (DVD). UK. Sony Pictures Home Entertainment.

Copycat. (1995). Directed by Jon Amiel. (DVD). USA. Warner Home Video.

Crazy People. (1990). Directed by Tony Bill and Barry L. Young. (DVD). USA. Paramount Home Video.

Darkman. (1990). Directed by Sam Raimi. (DVD). USA. Universal Studios Home Entertainment.

David and Lisa. (1998). Directed by Lloyd Kramer. (DVD). USA. Carlton Entertainment.

Dead Ringers. (1988). Directed by David Cronenberg. (DVD). Canada. USA. The Rank Collection.

Die Hard II. (1990). Directed by Renny Harlin. (DVD). USA. 20th Century Fox Home Entertainment.

The Dream Team. (1989). Directed by Howard Zieff. (DVD). USA. Universal Studios Home Video.

Dressed to Kill. (1980). Directed by Brian de Palma. (DVD). USA. MGM Home Entertainment.

Family Life. (1971). Directed by Ken Loach. (DVD). UK. Kestrel Films.

Friday the Thirteenth. (1980). Directed by Sean S. Cunningham. (DVD). USA. Warner Home Video.

Girl Interrupted. (1999). Directed by James Mangold. (DVD). USA and Germany. Columbia Tristar Films.

Groundhog Day. (1993). Directed by Harold Ramis. (DVD). USA. Columbia Tristar Home Entertainment.

Halloween. (1978). Directed by John Carpenter. (DVD). USA. Anchor Bay Entertainment.

I Know What You Did Last Summer. (1997). Directed by Jim Gillespie. (DVD). USA. Columbia Tristar Home Entertainment.

Images (1972). Directed by Robert Altman. DVD. UK/USA. MGM Home Entertainment.

Inception. (2010). Directed by Christopher Nolan. (DVD). USA. Warner Home Video.

Julien Donkey- Boy. (1999). Directed by Harmony Korine. (DVD). USA. Palisades Tartan.

Lilith. (1964). Directed by Robert Rossen. (DVD). USA. Sony Pictures Home Entertainment.

Love Actually. (2003). Directed by Richard Curtis. (DVD). UK. USA. France. Universal Home Entertainment.

Mad Love. (1995). Directed by Antonia Bird. (DVD). USA. Touchstone Pictures.

The Madness of King George. (1994). Directed by Nicholas Hytner. UK. MGM Home Entertainment.

Manic. (2001). Directed by Jordan Melamed. (DVD). USA. IFC Films.

The Matrix. (1999). Directed by The Wachowski Brothers. (DVD). USA. Warner Home Video.

The Matrix Defence (2003). Directed by Simon Egan. (DVD). (UK). Channel 4 Television Corporation.

Men in Black. (1997). Directed by Barry Sonnenfeld. (DVD). USA. Sony Pictures Home Entertainment.

Me, Myself and Irene (2000). Directed by Bobby Farrelly and Peter Farrelly. (DVD). USA. 20<sup>th</sup> Century Fox Home Entertainment.

Mr Deeds Goes to Town. (1936). Directed by Frank Capra. (DVD). USA. Columbia Tristar Home Entertainment.

Mr Jones. (1993). Directed by Mike Figgis. (DVD). USA. Columbia TriStar Home Video.

My Sister's Keeper. (2002). Directed by Ron Lagomarsino. (DVD). USA. In2Film. Slamdunk Media. Metrodome.

Natural Born Killers. (1994). Directed by Oliver Stone. (DVD). USA. Warner Home Video.

Nurse Betty. (2000). Directed by Neil LaBute. (DVD). Germany USA. Universal Home Video.

One Flew Over the Cuckoo's Nest. (1975). Directed by Milos Forman. (DVD). USA. Warner Home Video.

Ordinary People. (1980). Directed by Robert Redford. DVD. USA. Paramount.

Patch Adams. (1998). Directed by Tom Shadyac. (DVD). USA. Universal Studios Home Entertainment.

Peeping Tom. (1960). Directed by Michael Powell. (VHS). (UK). Warner Home Video.

Persona. (1966). Directed by Ingmar Bergman. (DVD). Sweden. Metro Tartan Distribution Ltd.

The Prisoner. (1968). Creator Patrick McGoochan. (DVD). UK. Everyman Films. Incorporated Television Company.

Psycho. (1960). Directed by Alfred Hitchcock. (DVD). USA. Columbia Tristar Home Video.

Psychosis. (2010). Directed by Reg Travis. (DVD). UK. Lionsgate.

Red Desert. (1964). Directed by Michelangelo Antonioni. (DVD). Italy. France. Criterion Collection.

Repulsion. (1965). Directed by Roman Polanski. (DVD). UK. Odeon Entertainment.

Requiem for a Dream. (2000). Directed by Darren Aronofsky. (DVD). USA. Momentum Pictures Home Entertainment.

Rosemary's Baby (1968) Directed by Roman Polanski. DVD. USA. Paramount Home Entertainment.

Shine. (1996). Directed by Scott Hicks. (DVD). Australia. Buena Vista International.

The Shining. (1980). Directed by Stanley Kubrick. (DVD). USA. Warner Home Video.

Shock Corridor. (1963). Directed by Sam Fuller. (DVD). USA. Metrodome Distribution.

Shutter Island. (2010). Directed by Martin Scorsese. (DVD). USA. Paramount Home Entertainment.

The Sign of the Killer. (2001). Directed by Kasi Lemmons. (DVD). USA. Universal Studios Home Video.

Silence of the Lambs. (1991). Directed by Jonathan Demme. (DVD). USA. 20<sup>th</sup> Century Fox Home Entertainment.

Silver Linings Playbook. (2014). Directed by David O Russell. (DVD). USA. Odeon Entertainment.

Sling Blade (1996). Directed by Billy Bob Thornton. (DVD). USA. Walt Disney Home Entertainment.

The Snake Pit. (1948). Directed by Anatole Litvak. (DVD). USA. Optimum Releasing.

Some Voices. (2000). Directed by Simon Cellan Jones. (DVD). UK. Film Four.

Spellbound. (1945). Directed Alfred Hitchcock. (DVD). USA. Criterion Collection.

Spider. (2002). Directed by David Cronenberg. (DVD). Canada. UK. Redbus Film Distribution.

Star Trek: The Motion Picture. 1979. Directed by Robert Wise. (DVD). USA. Paramount Home Entertainment.

Star Wars: Episode IV A New Hope (1977). Directed by George Lucas. (DVD). USA. 20<sup>th</sup> Century Fox Home Entertainment.

Sticky Wickets. (1990). Directed by Dewi Humphreys. (TV Film). UK. BBC Wales.

Suddenly Last Summer. (1959). Directed Joseph L. Mankiewicz. (DVD). USA. Columbia Tristar Home Entertainment.

Sybil (1976). Directed by Nunnally Johnson. USA. Lorimar Productions.

Three Faces of Eve. (1957). Directed by Nunnally Johnson. (DVD). USA. 20th Century Fox Home Entertainment.

The Truman Show. (1998). Directed by Peter Weir. (DVD). USA. Paramount Home Entertainment.

Twelve Monkeys. (1995). Directed Terry Gilliam. (DVD). USA. Universal Studios.

Vertigo. (1958). Directed by Alfred Hitchcock. (DVD). USA. Universal Pictures Home Entertainment.

What About Bob? (1991). Directed by Frank Oz. (DVD). USA. Buena Vista Home Entertainment.

White Heat (1949). Directed by Raoul Walsh. DVD. USA. Warner Home Video.

Wild at Heart. (1990). Directed by David Lynch. (DVD). USA. Universal Pictures Home Entertainment.

The Wizard of Oz. (1939). Directed by Victor Fleming. (DVD). USA. Warner Home Video.

**APPENDICES**  
**APPENDIX A POSTER AD**

**Would you be prepared to help?**



**If you have ever experienced psychosis or know someone well who has Sue Bisson (a part time PHD student from Cardiff University) would love to interview you!**

**In the interview you will be asked your thoughts about the way that psychosis is featured in films. It does not matter if you do not like or know any films – this is also of interest to Sue. If you love film that is great too! At the end of the interview you will be shown 2 clips and asked to give your views.**

**The interview is a chance for you to make your opinions known. It will be taped and will take place at a time and place that is convenient for you.**

**Sue can be contacted by email ([sue.bisson@btinternet.com](mailto:sue.bisson@btinternet.com))**

**Or by 'phone (07968 047516)**



**It would be great if you could find time to help.**

*Thank you for your interest!*



## APPENDIX B INFORMATION SHEET

# INFORMATION ABOUT THE RESEARCH

**Title of Project:** The Representation of Psychosis in film.

Name of Researcher: Susan Bisson

### Part 1

You are being invited to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask if there is anything that is not clear or if you would like more information. Please take time to decide whether or not you wish to take part.

#### **What is the purpose of the study?**

The purpose of the study is to look at the way in which psychosis is represented in film in order to examine why representations are as they appear in film.

#### **Why have I been asked?**

You have been chosen because you have been identified as someone who has experienced psychosis.

#### **Do I have to take part?**

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason. A decision to withdraw at any time, or a decision not to take part, will not have any sort of repercussion.

#### **What will happen to me if I take part?**

If you decide to take part in the study you will be given a pre-interview questionnaire asking you about film. You will then be asked to take part in an interview that will take approximately an hour. During the interview you will be asked about your opinions on film. This interview will be audio taped and will include two film clips.

#### **What sorts of questions will I be asked?**

Initially you will be asked about film in general and the sorts of films that you like and dislike. You will then be asked about your views on the representation of psychosis in film. You will be asked your opinion on whether certain types of film treat psychosis in different ways and whether some films show psychosis more than others. You will also be asked specifically about what it is like to experience psychosis. Finally you will be asked what advice you would give to a filmmaker who wished to include a representation of psychosis in his/her film.

**What are the possible benefits of taking part?**

This will be a useful opportunity to make your own first hand views on psychosis and the way it is shown in film known to others.

**What if there is a problem?**

Any complaint about the way you have been dealt with during the study or any possible harm you might suffer will be addressed.

**Will my taking part in this study be kept confidential? Is it possible to remain anonymous?**

The answer to both of these questions is 'yes.' Ethical and legal practice will be followed and all information about you will be handled in confidence. Data will be stored securely. In the event of any publication or presentation resulting from the research your name will be changed and you will remain anonymous. Just to re-iterate, you will not be named in any publications resulting from this research. Once the interviews and focus group discussion is over the session will be transcribed and all participants will be given fake names.

If the information in Part 1 has interested you and you are considering participation, please read the additional information in Part 2 before making any decision.

**Part 2**

**What will happen if I don't carry on with the study?**

If you withdraw from the study, I will destroy all your identifiable information. With your permission I will use the data you have given up until your withdrawal. This will be anonymous. If you would prefer the data not to be used at all it will be withdrawn completely.

**What if there is a problem?**

If you have a concern about any aspect of this study, you should ask to speak to Sue Bisson, the researcher, who will do her best to answer your questions. Further contacts at JOMEC include Dr Matt Hills, the research supervisor and Dr Andrew Williams the Ethics officer at JOMEC.

**Will my taking part in this study be kept confidential?**

All information will be made anonymous and stored in compliance with the data protection act. No individual will be able to be identified in any reports or publications that result from the study.

**What will happen to the results of the research study?**

The results of the study will be presented in the form of a PhD thesis and may be written up for publication in journals. If you would like a copy of the summary report this will be available to you after the study is completed.

**Who has reviewed the study?**

The study has been reviewed and approved by the JOMEC ethics committee.

In the event that something does go wrong and you are harmed during the research and this is due to someone's negligence then you may have grounds for legal action for compensation against Cardiff University, but you may have to pay your legal costs.

**Contact for Further Information**

If you require any further information about this study, please contact : Susan Bisson, JOMEC, Bute Building, King Edward VII Avenue, Cardiff CF10 3NB.  
Telephone: 07968 047516. Email: sue.bisson@btinternet.com

**Thank you for considering taking part in this study.**

## APPENDIX C – PRE-INTERVIEW QUESTIONNAIRE

### **PRE-INTERVIEW QUESTIONNAIRE:**

Thank you for agreeing to take part in an interview for my PHD project which will look at how psychosis is shown in film. Thinking about the following questions will mean that we can get off to a good start in talking about films when we meet up for an interview. Please do not worry if you cannot think of any films which feature psychosis – this does not matter at all as my PhD is also about whether, or not, these types of films are popular at all.

1 Roughly how often do you watch a film?

2 What sorts of films do you like?

3 Are there any sorts of films you particularly dislike?

4 If you do watch a film where do you tend to watch it? (for example at the cinema or at home) and do you tend to watch alone or with other people?

5 Can you remember watching any films that have featured psychosis. Please list them in the boxes below. Two columns are included – one for films that you have enjoyed and one for films that you have not enjoyed.

FILMS YOU HAVE ENJOYED	FILMS THAT YOU HAVE NOT ENJOYED

6 Do you think that your enjoyment of the film had anything at all to do with the way in which psychosis is shown in the film? Try and explain your reaction to the film.

## **APPENDIX D – INTERVIEW GUIDELINE**

### **INTERVIEW GUIDELINE**

#### **OBJECTIVE**

The objective is to discover what those who have experienced psychosis and their close contacts think of representations of psychosis in film. Two guidelines exist: one for the cohort that has experienced psychosis and the other for the cohort of close contacts.

**Questions that will answer this objective will centre on the following areas:**

- 1: What film consumption is like (i.e. whether, or not, films are a relevant area of cultural interest for the two distinct cohorts and how they tend to be consumed).
- 2: Whether the interviewee can recognise/nominate any films at all that feature psychosis and if so what they are.
- 3: Whether the interviewee has any opinions on the actual representation and if so what these are.

The main questions in the interview guide will be designed to be in descriptive form. They will not be asked rigidly and may show some variety in order to elicit the above. The questions are designed to be conversational and to encourage the interviewees to begin describing their own cultural arenas. Hopefully the interviewees will be able to access material about their

experiences and understandings in relation to filmic representations of psychosis. The focus of my study is on what is going on rather than why it is going on.



## **QUESTIONNAIRE FOR THE COHORT THAT HAVE EXPERIENCED PSYCHOSIS**

**The introductory questions link to the pre-interview questionnaire and are designed to put the interviewee at their ease; they will not take up much interview time but will merely act as icebreakers.**

- 1: Tell me about your favourite films.
- 2: Tell me about films that you have particularly disliked and the reasons why.
- 3: Could you tell me about what it is like to experience psychosis?
- 4: Do you expect certain types of film to look at the subject of psychosis more than others? For example is psychosis featured in romantic comedies more than in documentary or art house movies more than mainstream?
- 5: Does the way in which psychosis is shown in films differ according to genre? (For example if psychosis appears in the horror genre does this tend to be in a way that is different from when it is shown in an action movie?)
- 6: What sorts of films do a good job of capturing the experience of psychosis?
- 7: What sorts of films do a bad job in capturing the experience of psychosis?
- 8: Do you think that anything you have personally learnt about psychosis has come from film or another media text?
- 9: What sorts of advice would you give to a filmmaker who was considering making a film that features psychosis?

Follow up questions and prompts will be used to elicit as much information as possible.

## QUESTIONNAIRE FOR THE COHORT OF CLOSE CONTACTS WHO HAVE WITNESSED PSYCHOSIS

**The introductory questions link to the pre-interview questionnaire and are designed to put the interviewee at their ease; they will not take up much interview time but will merely act as icebreakers.**

- 1: Tell me about your favourite films.
- 2: Tell me about films that you have particularly disliked and the reasons why.
- 3: Could you tell me about what it is like to be an onlooker when somebody close to you experiences psychosis?
- 4: Do you expect certain types of film to look at the subject of psychosis more than others? For example is psychosis featured in romantic comedies more than in documentary or art house movies more than mainstream?
- 5: Does the way in which psychosis is shown in films differ according to genre? (For example if psychosis appears in the horror genre does this tend to be in a way that is different from when it is shown in an action movie?)
- 6: What sorts of films do a good job of capturing the experience of psychosis?
- 7: What sorts of films do a bad job in capturing the experience of psychosis?
- 8: Do you think that anything you have personally learnt about psychosis has come from film or another media text?
- 9: What sorts of advice would you give to a filmmaker who was considering making a film that features psychosis?

Follow up questions and prompts will be used to elicit as much information as possible.

## **APPENDIX E- CONSENT FORM**

## Consent Form

### The Representation of Psychosis in Film

Name of Researcher: **Susan Bisson**

Please  
initial box

1. I confirm that I have read and understand the information sheet dated 10.10.2010 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

☐

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason.

☐

Consent form:

You must be 18 years of age or older to take part in this research. If you agree to take part in this study and understand the information outlined above, please sign your name and indicate the date below.

---

Participant Name..... Date.....

Signature.....

---

Person Obtaining Consent ..... Date.....

Signature.....

## APPENDIX F – INTERVIEWEE DESCRIPTORS

### DESCRIPTORS OF INTERVIEWEES

<b>No of interview</b>	<b>NAME</b>	<b>GENDER</b>	<b>AGE</b>	<b>OCCUPATION EDUCATION</b>	<b>SELF NOMINATED CONDITION</b>
1	<b>Ruth</b>	Female	20-30	Part time M.A. <b>Student</b>	Schizophrenia
2	<b>Derek</b>	Male	30-40	Working for Hafal Computers <b>Technical Middle Class</b>	Bipolar
3	<b>Ali</b>	Female	30-40	M.A <b>Student</b>	Schizophrenia
4	<b>Rhys</b>	Male	40-50	Degree. Own business computers <b>Technical middle class</b>	Bipolar
5	<b>Matt</b>	Male	30-40	Carpenter <b>Precariat</b>	Schizophrenia
6	<b>Esme</b>	Female	50-60	Administrator For post office (former) <b>New affluent workers</b>	Close contact (Mother)
7	<b>Terry</b>	Male	60-70	Former accountant <b>Established Middle Class</b>	Close contact Depression
8	<b>Delyth</b>	Female	40-50	Not working <b>Precariat</b>	Not specified but has experienced psychosis
9	<b>Gwen</b>	Female	40-50	Former journalist <b>Established Middle Class</b>	Schizophrenia
10	<b>Glen</b>	Male	40-50	Farmer <b>Traditional Working Class</b>	Bipolar
11	<b>Mari</b>	Female	70+	Retired nurse <b>Technical Middle Class</b>	Carer (Life partner)
12	<b>Ceri</b>	Female	60-70	Retired social worker <b>Established Middle Class</b>	Bipolar

13	<b>Ralph</b>	Male	50-60	Former art teacher <b>Technical Middle Class</b>	Bipolar
14	<b>Dewi</b>	Male	20-30	<b>Student</b>	Schizo affective disorder
15	<b>Seth</b>	Male	40-50	Former mental health worker <b>Emergent Service Sector</b>	Bipolar
16	<b>Owen</b>	Male	40-50	Poet <b>Technical Middle Class</b>	Bipolar
17	<b>Carrie</b>	Female	30-40	Forensic scientist <b>Technical Middle Class</b>	Bipolar
18	<b>Tina</b>	Female	50-60	Farm worker <b>Traditional Working Class</b>	Bipolar
19	<b>Charlotte</b>	Female	40-50	Hairdresser <b>Emergent Service Sector</b>	Bipolar
20	<b>Tabitha</b>	Female	40-50	Former nanny <b>Precariat</b>	Schizophrenia/ Bipolal
21	<b>Meic</b>	Male	40-50	Aluminium Fitter <b>Traditional Working Class</b>	Schizophrenia
22	<b>Tom</b>	Male	30-40	Mental Health worker <b>Emergent Service Sector</b>	Bipolar
23	<b>Rod</b>	Male	40-50	Retired social services <b>Traditional Working Class</b>	Bipolar
24	<b>Flash</b>	Male	60-70	Retired guest house owner <b>Emergent Service Sector</b>	Schizophrenia

## APPENDIX G – INTERVIEW LOG

INTERVIEW	INTERVIEWEE	PAGES	DATE
1	KATHERINE (RUTH)	25	20.01.11
2	DAVE (DEREK)	24	17.02.11
3	ISOBEL (ALI)	39	21.02.11
4	CHRIS (RHYS)	33	22.02.11
5	MARK (MATT)	40	28.02.11
6	MAUREEN (ESME)	22	03.03.11
7	TONY (TERRY)	32	07.03.11
8	MARGARET (DELYTH)	34	14.03.11
9	JAYNE (GWEN)	28	16.03.11
10	GARETH (GLEN)	45	06.04.11
11	JUDITH (MARI)	35	06.04.11
12	KATE (CERI)	45	07.04.11
13	JOHN (RALPH)	30	07.04.11
14	TRISTRAM (DEWI)	29	26.04.11
15	DAVE (SETH)	41	05.05.11
16	ANTHONY (OWEN)	43	19.05.11
17	DEB (CARRIE)	34	19.05.11
18	ROSALIA (TINA)	35	26.05.11
19	JULIA (CHARLOTTE)	51	26.05.11
20	MARGERET (TABITHA)	35	26.05.11
21	JONATHAN (MEIC)	32	08.06.11
22	STEVE (TOM)	25	07.07.11
23	NIGEL (ROD)	24	29.07.11
24	JONATHAN (FLASH)	25	08.09.11

## **APPENDIX H – TRANSCRIPTION CONVENTIONS**



## APPENDIX

## SYMBOLS FOR DISCOURSE TRANSCRIPTION

Units	
Intonation unit	{carriage return}
Truncated intonation unit	--
Word	{space}
Truncated word	-
Speaker identity/turn start	:
Speech overlap	[ ]
Transitional Continuity	.
Final	?
Continuing	!
Appeal	?
Terminal Pitch Direction	
Fall	\
Rise	/
Level	-
Accent and Lengthening	
Primary accent	^
Secondary accent	˘
High booster	!
Low booster	!
Lengthening	=
Tone	
Fall	\
Rise	/
Fall-rise	\/
Rise-fall	\/
Level	-
Pause	...
Long	... (N)
Medium	...
Short	..
Latching	(0)

(cont.)

## Appendix Continued

Vocal Noises	
Vocal noises	
Inhalation	( )
Exhalation	(H)
Glottal stop	(Hx)
Laughter	%
	@
Quality	
Quality	<Y Y>
Laugh quality	<@ @>
Quotation quality	<Q Q>
Phonetics	
Phonetic/phonemic transcription	( / )
Transcriber's Perspective	
Researcher's comment	(( ))
Uncertain hearing	<X X>
Indecipherable syllable	X
Specialized Notations	
Duration	(N)
Intonation unit continued	&
Accent unit boundary	
Embedded intonation unit	<   >
Restart	{Capital Initial}
False start	< >
Code switching	<L2 L2>
Nontranscription line	\$
Reserved Symbols	
Phonemic/orthographic symbols	'
Morphosyntactic coding	+ * # { }
User-definable symbols	" ~