

MENTAL ILLNESS AND THE PRIMETIME MEDICAL DRAMA:
REPRESENTATION IN *GREY'S ANATOMY* AND *HOUSE M.D.*

by

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ABSTRACT

This narrative analysis examines the shows *Grey's Anatomy* (2005-present) and *House M.D.* (2004-2012) in an effort to determine how mental illness is represented in primetime medical dramas. The study examined 20 combined episodes from each series. Results indicate that stereotypical depictions of mental illness were apparent, specifically through the narrative frames of the “aggressive” character, the “dishonest” character and the “dependent” character. Additionally, poor treatment by caregivers and a lack of successful treatment options emerged as common factors. It was concluded that the primetime medical dramas examined reinforce the existing mental illness stigma and perpetuate stigmatizing attitudes resulting in detrimental effects on those living with mental illnesses, including treatment resistance and self-oppression. Opportunities for future research as well as ideas for denouncing mental illness stigma are explored.

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INTRODUCTION

According to the National Alliance of Mental Health, as of 2017, approximately one in five adults in the United States experience some form of mental illness in a given year (Mental Health By The Numbers, 2017). Of the 43.8 million with mental illness, only 41% sought out treatment within the past year (Mental Health By The Numbers, 2017). Mental illness has become a controversial topic in recent years, with the public's perception of mental illnesses forming from a foundation of stigma that is propagated by American media. Those who have not studied or had experience with mental illness often get their knowledge from mass media (Fawcett, 2015).

Media are a major source of mental health information and can therefore impact society's understanding and outlook on mental illness (Slopen et al., 2007). In other words, the media have negatively stigmatized mental illnesses and persons with mental illnesses. Unfortunately, most representations of mental illness in mass media create a stigma that negatively reflects on those suffering from such disorders (Holmes, 2016). News coverage of people with mental illness often focuses on extreme and dangerous cases, when, in reality, only 3-5% of violent acts can be attributed to those suffering from a mental illness (Stuart, 2003). These news reports choose only to showcase violent incidents of those living with a mental illness, leading viewers to subconsciously link the two factors together (Holmes, 2016). Statistics in 1989 showed that one-fifth of U.S. primetime programming depicts mental illness in some form (Signorielli, 1989), while more recent research posits that mentally ill characters on television are ten times more likely to commit an act of violence than non-mentally ill television characters

(Diefenbach & West, 2007). Studies of media portrayals of those with mental illness have garnered three common misconceptions: people with mental illness are “homicidal maniacs who should be feared; they are rebellious, free spirits; or they have childlike perceptions of the world that should be marveled” (Rusch, Angermeyer & Corrigan, p. 530). In reality, these violent depictions represent only a small percentage of people with mental illnesses. “Although stigmatizing attitudes are not confined to mental illness, the general public seems to disapprove of persons with psychiatric disabilities more than of persons with physical illness” (Rusch, Angermeyer & Corrigan, p. 530). The public often looks at mental illness as an illness one has control over.

While existing scholarship has identified entertainment television’s representations of mental illness, no studies have focused specifically on medical dramas, which regularly address various issues of health. With medical dramas as fixtures of primetime programming, the purpose of this study is to examine the representations of various mental illnesses represented in medical dramas, exploring the extent to which they perpetuate or challenge the stigma. Such representations may help explain past and contemporary public perceptions of mental illness. The fear of being stigmatized from a mental illness can actually influence a sufferer to avoid seeking treatment; thus leaving the possibility of detrimental effects.

LITERATURE REVIEW

When exploring the existing literature pertaining to the topic, studies looking at overall representations in medical dramas are examined. Additionally, studies comparing real-life hospital statistics to medical dramas are looked into, as well as the effect of medical dramas on the education of medical students. The literature in mental illness and the media is then divided into three sections: media representations of mental illness, media effects on perceptions of mental illness and media effects on the mentally ill.

Turow contextualized years of representations of the medical field in entertainment in his book *Playing Doctor: Television, Storytelling, and Medical Power* (1989, 2010). Turow painted a picture of the “heroic” doctor through television character examples starting in the 1930’s to the 2000’s, highlighting how the depiction of the American medical system on television medical dramas is a long shot from a truthful exemplification of reality. Through the years, medical dramas have shifted from patient-focused story lines to plots emphasizing the personal qualms of physicians. Turow concludes by underlining the absence of modern-day health policy issues in the story lines of modern medical dramas, citing that the avoidance of politics in contemporary television is understandable.

Foss (2014) examined representations of health professionals and patients in contemporary medical dramas in *Television and Health Responsibility in an Age of Individualism*. First focusing on how the personal responsibility model in healthcare is reinforced in modern medical dramas; specifically *ER*, *Chicago Hope*, *Grey’s Anatomy* and *House M.D.* Examination of 536 episodes of these programs found patients to be

repeatedly blamed by healthcare providers for their ailments. Additionally, Foss examined the presentation of medical errors noting that the reputations of doctors are largely preserved, supporting the idea of the “doctor hero” previously established by Turow. Emphasis was placed on previous research indicating that medical dramas can lead to influence attitudes and the behavior of viewers. Ultimately, Foss (2014) argued the emphasis of the personal responsibility model in modern medical dramas could negatively influence support for reformation of healthcare towards universal access.

Foss (2011) had previously examined the frequency of medical errors depicted on contemporary television medical dramas versus real life hospital indicators. Through analyzing shows like *ER*, *Chicago Hope* and *Grey's Anatomy*, the study found that most people miscalculate the regularity of medical errors due to the rare inclusion of errors in media storylines. Medical professionals were depicted as almost always acting conscientiously. When mistakes were made, it was often due to inexperience on behalf of the medical professional, and story lines concerning medical mistakes were found most frequently to be present when young medical students or residents were involved.

Medical dramas have been studied for almost as long as they have been on television, with findings highlighting significant dramatizations compared to real life circumstances. Hetsroni (2009) examined real-life hospital statistics compared to medical drama representations in the dispersal of diagnoses, survival rates and the demographics of patients in *ER*, *Chicago Hope*, and *Grey's Anatomy*. Findings showed Hispanics, senior citizens, infants and women had lower representation than real world patients, with middle-aged white men being represented most frequently. Additionally, dramatic

diseases and injuries had a higher rate of being represented and the mortality rate of television patients was almost nine times higher than real world patients.

Strauman and Goodler (2011) analyzed *House M.D.*'s title character in regards to the mainstay “doctor-hero” that is persistently present in popular medical television. The study examines the messages sent through Dr. House in relation to the customary “doctor-hero” most commonly seen in medical dramas. While Dr. House at first displays quite the opposite behavior of the typical “doctor-hero,” he ultimately presents a new type of medical drama central character, a “doctor-hero” who is successful medically, but struggles interpersonally.

Østbye, Miller and Keller (1997) examined the effects of medical dramas on the teaching of Canadian medical students. The medical drama *E.R.* was used as a teaching vehicle in a graduate course on the epidemiology of major diseases in an effort for students to learn about diseases in general, as well as to become more acquainted with medical vocabulary. Additionally, the researchers wished to link human faces with the disease-related data they were working with. Research found that although there were differences between the scenes shown and real Canadian emergency rooms, the exercise still proved to be realistic, stimulating and advantageous for the students.

The existing literature on media and mental illness has been broken down into three categories: media representations of mental illness, media effects on perceptions of mental illness and media effects on the mentally ill.

Media Representations of Mental Illness

Understanding mental illness stigma can begin by first examining the media's representation of mental illness. Fiske (1987) argued that television is the most powerful medium when it comes to framing the public's perception on certain societal issues. Signorielli (1989) conducted a content analysis on 17 weeks worth of primetime dramatic programming spanning from 1969 to 1985. Analysis focused on the overall presentation of mental illness in the program in addition to the portrayal of employment in regard to the mentally ill character. Signorielli concluded that mental illness was a featured storyline in 20% of primetime programming and mentally ill characters were the most likely to display acts of violence and to be mistreated. Additionally, mentally ill characters were less likely to be employed than general characters (Signorielli, 1989).

Likewise, Rose (1998) examined the representation of mental illness on UK television in 1992. Using the theory of social representations as outlined by Moscovici to guide in coding data, the study recorded and analyzed eight weeks of fictional and non-fictional primetime television programming. Rose found that 65% of the time a person with mental illness was featured on the news, he or she was associated with an act of violent crime against another person or people. The research also found a strong link between mental illness and danger in a hospital setting on primetime dramas. Other notable themes discovered were neglect for the mentally ill, and a supposed inability to cope when living with a mental illness. In conclusion, the author heavily put blame on community care of the mentally ill failing as a whole (Rose, 1998).

In fiction and non-fiction programming, mentally ill people are often seen as dangerous. A New Zealand study completed by Wilson, Nairn, Coverdale and Panapa, critically analyzed episodes of 14 prime-time dramas in an effort to evaluate the portrayal of characters living with a mental illness. The most common theme linking these characters together was “dangerousness-aggressive” (Wilson et al., 1999). The researchers challenged mental health professionals working to decrease the stigma surrounding mental illness to have a clear and concise understanding of television production in an effort to work together to decrease the stigma.

In a 2007 study, Wahl, Hanrahan, Karl, Lasher and Swaye examined how children’s television programming might affect a child’s view of mental illness. The researchers analyzed approximately 269 hours of children’s television programming and found mentally ill characters were subject to the common, negative stereotypes most often observed. “The mentally ill characters were most commonly villains. They displayed aggressive, if not violent, behavior and manifested few positive characteristics” (Wahl et al., 131). The researchers also found the programming depicted ineffective ways of behaving towards those with a mental illness. As previous research supports, children are inclined to mimic behavior, thus instilling ideas of ways one should behave towards those with a mental illness.

With the abundance of previous research on mental illness representation, Klin and Lemish (2008) studied two decades of research on mental illness in the media. The researchers broke down their findings by sorting mental illness in the media into three observed areas: production, representation and audiences. Through their observations, the

researchers found the mentally ill to be shown as abnormal, unusual and overall dangerous. The lack of a collective definition for mental illness emerged as an issue, leading to misrepresentations and embellishments. The authors recommended further research in the field incorporating medical doctors in an effort to encourage help seeking behavior.

The popularity of crime dramas has escalated in the past decade. Additionally, they have become renowned for their representations of mental illness on television. Parrott and Parrott (2015) studied the representation of mental illness on recent U.S crime dramas. A quantitative content analysis was completed to examine stereotypes and counter stereotypes surrounding characters with mental illnesses. Sixty-five episodes and 983 characters were analyzed from fictional crime dramas airing on U.S. television between 2010 and 2013. The study found that characters identified as having a mental illness exhibited a greater chance of committing a violent crime or demonstrating violence than other characters (Parrott & Parrott, 2015). This resulted in the viewer being more likely to link mental illness with violence and crime in the future. Another interesting finding of the study was that characters with mental illness exhibited a greater likelihood of also being victimized by crime.

Along with digital media, print media continues to serve as a primary source of information on mental illness (Anderson, 2003). A 2012 study published in the *Journal of Health Communication* examined the content of newspaper articles about mental health and illness in three Central European countries: the Czech Republic, the Slovak Republic and Croatia. The researchers assessed articles discussing mental illness that were

published over five weeklong periods in 2007 from the six most read newspapers and magazines in each given country. A total of 450 articles from the three countries were selected and psychiatry, depression, anorexia, schizophrenic, alcoholic and neurotic were the key words used in selecting the articles (Nawkova et al., 2012). Overall, the study found a collectively high number of articles that associated mentally ill persons and aggressive behavior. The authors planned to share their findings with journalism students in all three countries in an effort to attenuate the mental illness stigmatization that was evident.

Continuing to study the representation of mental illness in print media, Aragonés, Lopez-Muntaner, Ceruelo and Basora (2014) also examined the coverage of mental illness in newspapers. Four key concepts were assessed; dangerousness, what the mental illness is attributed to, treatments of the illness and positive treatment and actions. Of the articles that addressed mental illness directly, articles that associated mental illness with violence and danger were the most frequent. And more specifically, these articles recurrently associated mental illness with committal of violent crimes and serving as a danger to others. The study concluded that the press contributes to the reinforcement of the stigmatization surrounding mental illness (Aragones et al., 2014).

The role of gender in mental illness stigma and stereotyping in print media has also been explored. Yang, Tang and Bie (2017) analyzed mental illness depictions in 10 men's and women's magazines in the United States. The researchers studied what kinds of mental illnesses were covered and how they were discussed and presented in ten highly circulated men's and women's magazines published between 2009 and 2013. The

research found that in men's and women's magazines, depression, anxiety and stress were the most prominent issues discussed. Overall, women's magazines were more likely to present the material in a fashion that promoted a human-interest discourse, i.e. putting an actual face to the issue (Yang et al., 2017).

Media Effects on Public Perception

Research shows that how entertainment and news media depict mental illness impacts public perception. Wahl and Lefkowitz (1989) studied attitudes towards mental illness following the viewing of a television film that portrayed a murderer suffering from a mental illness. Participants who viewed the film about mental illness were consequently more likely to express negative attitudes towards mental illness than those who viewed a film not about mental illness (Wahl and Lefkowitz, 1989). The results indicated that media representations add to the already negative stigma surrounding mental illness.

In a different approach to studying the effects of the stigma the media places on mental illness, Granello and Pauley (2000) assessed the influence television viewing habits have on one's tolerance of those with a mental illness. "It was hypothesized that among this group of individuals, the more television one watched, the less tolerant one would be toward people with mental illness" (Granello & Pauley, 164). Results indicated that the more television an individual watched weekly, the more likely the individual was to express authoritarian attitudes towards the mentally ill (Granello & Pauley, 2000). Attitudes of benevolence and community mental health ideology also decreased when television consumption increased. It was evident to the researchers that electronic media play an influential role in continuing the stigma surrounding mental illness. However,

researchers believed it possible for media to play a productive role, should the media and mental health professionals find a way to work synchronously (Granello & Pauley, 2000). An idea the previously cited Wilson, Nairn, Coverdale and Panapa (1999) touched on, as well.

An increased partnership between the media and mental health professionals could in turn increase feelings of empathy and consideration towards mental illness. However, due to the stigma, it is presumed that society is more likely to show decreased attitudes of compassion and sympathy towards those with mental illnesses. McKeever (2015) gauged feelings of empathy towards characters suffering from major depression while taking into account perceived similarity between the participant and the subject. Eighty participants were divided into three groups; one group read an article about someone highly similar with severe depression, the second group read an article about someone with severe depression and low similarity and the third group did not read an article. All three groups were then directed to a website for a peer-support group. Results of the study showed that an individual was more likely to display empathetic and encouraging attitudes and was more likely to join the support group after reading about someone who was suffering from severe depression but was socially similar to them.

Previously covered research has examined the representation of mental illness in the media. McGinty, Webster and Barry (2013) chose to research the effects of media messages about mass shootings, specifically, on attitudes towards those with mental illness. Researchers conducted a survey where 1,797 participants were divided into groups and asked to read a news story about a mass shooting carried out by a person

experiencing a serious mental illness. A survey completed by participants after reading yielded results that indicated a story about a mass shooting involving someone with a serious mental illness produced adverse reactions and attitudes against those experiencing a serious mental illness (McGinty, Webster & Barry, 2013). These reactions were considerably stronger than the control group participants who did not read an article. This study shows the direct impact the media have on attitudes and opinions concerning those with a mental illness.

With instances of mass shootings on the rise in recent years, the news media's reporting often references mental illness or psychological difficulties as factors contributing to the violence. A similar study by Wilson, Ballman and Buczek (2016) investigated the influence of the media's reporting concerning mass shootings on people's attitudes toward those with mental illnesses. The study surveyed 293 college students who were assigned to read one of five different fictitious news articles pertaining to a mass shooting by a gunman suffering from a serious mental illness. Analysis of a questionnaire that research participants completed after reading the articles showed an increased in the perceived dangerousness of people with a mental illness. It is evident that the media's framing of instances of extreme violence can contribute to continuing a damaging stigma surrounding mental illness.

In addition to being perceived as dangerous, those living with a mental illness are often viewed as unemployable. Kapoor (2017) studied the effects of the stigma surrounding mental illness when it comes to the perception of employability. Through this study, the researcher found that individuals labeled as depressed were less likely to

be suggested for employment as opposed to applicants living with a physical illness. The researcher found decreased recommendations for employment were the result of the stigma connected to mental illness, not genuine concerns of job performance. The study concluded that mental illness stigma is still prevalent and it can have life hindering effects on those living with mental illnesses.

The role of gender and mental illness representation in the media was examined in the previously cited study of Yang, Tang and Bie (2017). And the role of gender in the societal view of a person with a mental illness has also been studied. In regards to public perception of those with mental illness “ . . . males are more likely than females to be stereotyped as violent, while females are more likely than males to be stereotyped as dependent” (Wirth & Bodenhausen, 2009, 169). The study examined this spectacle through a national experiment involving an ethnically diverse panel of 172 participants. First, participants read a case summary of a male or female experiencing a male-typical or female-typical disorder. Male-typical disorders included alcohol abuse, while female-typical disorders included major depression. Upon completion of reading, participants were administered an assortment of rating scales to determine their level of stigmatization placed upon the focus of their case study. The results of the study found that when a person exhibited a gender a-typical mental illness, they were more likely to receive a favorable reaction as opposed to someone experiencing a gender typical illness.

Media Effects on Those with Mental Illness

The presence of a stigma surrounding mental illness is prominent through the previous stated research, and it is important to examine the effects of the stigma on those

experiencing a mental illness, as well. Link et al. (1997) explored the effects of stigma on 84 men with diagnoses of a mental illness in addition to substance abuse. Participants were studied at two points in time; at entry into treatment and a year into treatment. The researchers found a strong connection between stigma and the participant's well being despite the treatment process. The researchers concluded health professionals should address stigma as a separate but equally important entity of the treatment process for those with a mental illness.

Similarly studying those with a mental illness seeking treatment, Markowitz (1998) studied the connection between stigma, psychological health and life contentment amid people living with mental illness. The researcher garnered 610 participants from self-help groups and outpatient treatment programs. Results from questionnaires showed that 72% of participants felt that people with a mental illness, similar to them, would be degraded and discriminated against. The research concluded with recommendations on ways stigma and its effects can be studied in deeper aspects.

In addition to a decline in help-seeking behaviors, several other negative effects of the mental illness stigma have been found. Stuart (2006) examined media portrayals of mental illness and what kind of effect they have on those who have a mental illness. The researcher found that erroneous representations of mental illness could have overwhelming effects on those living with them. "The expectation that one will be stigmatized because of a mental illness produces social dysfunction and disability" (Stuart, 103). Self-confidence is hindered, the desire to seek help is obstructed and the overall recovery process is set back. Stuart challenged future research to shy away from

present media portrayals and shift focus on to how the media can benefit the mentally ill and improve the chance of recovery.

In addition to their own social dysfunction, those living with a mental illness often have to deal with the withdrawal of society from them. Imai and Dailey (2016) explored these effects in relation to requests for favors from a mentally ill individual. The study included 414 participants who interacted with a supposed “target” on the social network Facebook. The “target” was identified as having schizophrenia, depression or a tooth cavity (the control group). The researchers were searching for the perception of the request for a favor to the individual in terms of threat level. Participants were asked a variety of questions and favors from the individual, including being asked if the target could stay at the participant’s home overnight. Results of the study signified that a request for a favor from a person with schizophrenia threatened the participant’s positive attitude more so than a request from a depressed individual or an individual with a cavity. Responses to the target with schizophrenia also tended to be more conservative, while responses to the target with depression tended to be more helpful. The study supported the hypothesis that society tends to withdraw from those living with a serious mental illness.

The previous literature examined demonstrates that there is a stigma that surrounds mental illness, and this stigma is perpetuated through media representations. This study will look to build on the previous literature through the addition of research on mental illness representations in medical dramas, a staple of primetime programming.

THEORETICAL FRAMEWORK

This thesis will draw from Hall's theory of representation, Lipmann's theory of stereotyping and Gerbner's theory of cultivation, as these theories assist in giving meaning and understanding to media. Stuart Hall (2013) explains representation as connecting meaning to culture through language. But what exactly does that mean? When thinking about representation in relation to media studies, one thinks about how people or groups of people are being portrayed. Hall (1997) emphasizes the importance of remembering that television and movies are not real life. They represent the real world and one version of reality, but they are not actually reality, as media and culture are co-constitutive entities. When connecting representation with mental illness on primetime medical dramas, one can conclude that just because a mentally ill character is portrayed one way on television does not mean mentally ill people are actually that way in reality.

When taking a look at how mental illness is represented in primetime medical dramas, stereotyping emerges as another prominent theoretical framework. Richard Dyer (1984) further explored Lipmann's work in relation to the representation of gay men in media and found stereotypes to be the ever-present theme:

There is plenty of evidence to suggest that stereotypes are not just put out in books and films, but are widely agreed upon and believed to be right. Particularly damaging is the fact that many gay people believe them, leading on the one hand to the self-oppression so characteristic of gay people's lives, and on the other to behavior in conformity with the stereotypes which of course only serves to confirm their truth" (p. 23).

This idea can also directly translate to stereotypes of mental illness with society's idea of persons with mental illness to be a stereotypical one, shaped by the media. Negative stereotypes contribute to the present stigma and lead to negative consequences for those experiencing mental illness, including oppression and self-doubt. When examining how characters experiencing a mental illness are represented in *Grey's Anatomy* (2005-Present) and *House M.D.* (2004-2012), stereotyping emerges as a noticeable theme amongst the representations depicted.

Additionally, the cultivation theory centers on the idea that television has the power to alter our perceptions of reality, creating unrealistic worldviews. Gerbner's theory of cultivation is summarized as, ". . . those who spend more time watching television are more likely to perceive the real world in ways that reflect the most common and recurrent messages of the television world, compared to those who watch less television but are otherwise comparable in terms of important demographic characteristics" (Gerbner & Gross, 1976). For example, those who watch a lot of violent crime dramas on television may be more likely to perceive the world as a more dangerous place than it realistically is. The theory of cultivation can be directly applied to the representation of mental illness on television. If television depictions exaggerate the frequency with which people experiencing mental illness are violent, dangerous and unstable, then heavy television viewers are likely to similarly exaggerate their estimates of how violent, dangerous and unstable such individuals are in reality.

Representation, stereotyping and cultivation shape the structure in which this study will be conducted. Examining mental illness depictions through the lens of

representation will allow analysis of a large group of people in comparison to real life. The way characters with mental illnesses are represented could lead to the potential of stereotyping, with society widely believing these portrayals to be accurate. Furthermore, perceiving the world as it appears on medical dramas, not just when it comes to mental illness, can prove dangerous. As cultivation chooses to highlight the prevalence of some aspects of an issue, while simultaneously leaving other aspects out, unrealistic portrayals are a possibility.

METHOD

This study analyzes medical dramas for depictions of mental illness. Specifically, this research examines representations of characters with mental illness in *House, M.D.* and *Grey's Anatomy*.

A narrative analysis is used to examine the ideas, structure and language used in mental illness representations in *Grey's Anatomy* and *House M.D.* Through narrative analysis, the research analyzes broad ideas of the sample. According to Riessman (1993), “We use narratives to explain who we are, why events occur, how we act and respond, and what we value; consequently, narratives provide a mirror for social truths, although not always an exact record of truth (Riessman, 1993).” By using narrative analysis, we can analyze how mentally ill characters are represented in *Grey's Anatomy* and *House M.D.* and create our own interpretations. Riessman continues, “Narrative analysis then takes the story itself as the object of study. Thus the focus is on how individuals or groups make sense of events and actions in their lives through examining the story, and the linguistic and structural properties” (Riessman, 1993).

Narrative analysis goes beyond the text, as Barnett (2005) explained, to “help us construct the irrational and rational, the illogical as sensible, and the tumultuous as safe. They provide a way for us to establish cause and effect and explain to ourselves and others the reasons why events transpired as they did” (Barnett, p.13). This methodology is also useful for understanding the construction of stereotypes in the episodic and overarching storylines. Applied here, narratives in medical dramas are identified as they relate to the stereotyping of mental illness.

Sample

To explore representations of mental illness in medical dramas, episodes of the programs *House, M.D.* and *Grey's Anatomy* were examined. These shows reflect contemporary medical dramas, and were both popular and critically acclaimed. *Grey's Anatomy* originally premiered on American Broadcasting Company (ABC) on March 27, 2005. Created by Shonda Rhimes, the medical drama centers on a staff of surgical interns beginning their careers at fictional Seattle Grace hospital and their navigation through the trials and tribulations of becoming well-rounded doctors. Patients with mental illness are represented periodically throughout the series.

House, M.D. (2004-2012) is a medical-drama that aired on the Fox network for eight seasons. The series centers on the cynical Dr. Gregory House and his crew of medical diagnosticians as they navigate unusual medical conditions and their causes at Princeton-Plainsboro Teaching Hospital in New Jersey. *House M.D.* reached its ratings peak in its third season, averaging 19.4 million viewers per episode. In the show's eight seasons, House and his team go through the diagnostic process with patients presenting often unusual and unexplainable symptoms. The title character Gregory House battles mental illness throughout the show and it becomes an ongoing backbone storyline for the series.

Operationalization

Selected episodes of *House, M.D.* and *Grey's Anatomy* were first examined for depictions of mental illness. For the analysis of *House, M.D.* and *Grey's Anatomy*, the American Psychiatric Association's definition is used: "Mental illnesses are health

conditions involving changes in thinking, emotion or behavior (or a combination of these). Mental illnesses are associated with distress and/or problems functioning in social, work or family activities” (What Is Mental Illness, 2015). In selecting episodes, characters who were directly referred to by doctors as mentally ill or “crazy” were then further analyzed. The analysis focuses on 15 episodes from various seasons of *Grey’s Anatomy* and five episodes throughout *House’s* eight seasons.

To analyze how the mentally ill characters are represented, several questions are posed. What are the demographics of the mentally ill character? What are the physical actions of the character like? What kind of body language does the character use? What are the mannerisms of the character like? How do the characters speak in general and about themselves? How do the characters’ friends and family treat them in person? How do the characters’ friends and family treat them not in person? What kind of jargon do the characters’ friends and family use when speaking to them and about them? How does the medical staff treat the character in person and not in person? What kind of jargon do the medical staff use when speaking to the character and about the character?

In looking for the answers to these questions throughout the sample episodes, the study serves to answer whether *Grey’s Anatomy* and *House M.D.* align their representation with common stereotypes of mental illness. The study defines stereotype for the purpose of the research as “...a fixed, over generalized belief about a particular group or class of people” (Cardwell, 1996). Corrigan and Watson (2002) identified three common attitudes about those with mental illness leading to stereotyping, “...a) fear and exclusion: persons with severe mental illness should be feared and, therefore, be kept out

of most communities; b) authoritarianism: persons with severe mental illness are irresponsible, so life decisions should be made by others; c) benevolence: persons with severe mental illness are childlike and need to be cared for” (Corrigan & Watson, 17).

Additionally:

Severe mental illness has been likened to drug addiction, prostitution, and criminality. Unlike physical disabilities, persons with mental illness are perceived by the public to be in control of their disabilities and responsible for causing them. Furthermore, research respondents are less likely to pity persons with mental illness, instead reacting to psychiatric disability with anger and believing that help is not deserved (p.17)

By using these questions and common stereotypes as a guideline, the objective of this study is to analyze the sample episodes to determine the representations of mental illness in each series in relationship to cultivation, stereotyping and representation. Specifically, examining the representations of mental illness in each series and whether or not they perpetuate or challenge the mental illness stigma.

FINDINGS

Overall, in *Grey's Anatomy* and *House M.D.*, mental illness is not a prevalent topic in either series, as it only appears as a storyline occasionally. Cases of mental illness appear in only 15 out of 317 episodes as shown of this writing in *Grey's Anatomy*. Although it is an underlying and not often confronted subject throughout *House M.D.* (as Dr. House himself is eventually diagnosed with clinical depression), it only appears as a major storyline in five out of 177 episodes. When mental illness is present in the narrative, it can either serve as a major storyline spanning several episodes or be a storyline in only one episode. It was found that mental illness representations exist in all types of characters throughout each series, including patients, doctors, main characters and guest characters, but appear most often with fictional patients. However, in *House M.D.* the doctor becomes the patient for a serial storyline surrounding mental illness. Although there is a fairly even dispersal when it comes to the gender of mentally ill characters, that is not the case when it comes to race, as most often the characters with mental illnesses are Caucasian.

Mentally ill patients in each series receive their diagnosis from doctors or it eventually comes from doctors. Varying levels of treatment are provided for the patients with mental illnesses, from medication to in-patient therapy. Additionally, most of the characters with mental illness are unable to function in their day-to-day life and need assistance on some varying level, whether that is from doctors, loved ones or medications. Overall, the series suggest that people with mental illnesses are unhappy, ashamed and resistant to treatment. As a whole, health professionals tend to treat patients

with mental illnesses negatively. They use stigmatizing language in reference to the patients, including words like “crazy,” “moron,” and “lunatic.” For instance, in the *Grey’s Anatomy* episode Shiny Happy People (2010), Dr. Arizona Robbins says when answering if she thinks a patient is mentally ill, “I think she threatened to stab a syringe into her own heart, so I’m leaning towards crazy.”

In some representations, fictional doctors speak about their mentally ill patients to other characters without addressing them directly. For example, in the *Grey’s Anatomy* episode “Freedom Part 2” (2008), Dr. Isabelle Stevens addresses a patient’s loved one saying “Alex, she’s sick, she needs help you can’t possibly give her, you have no idea what you’re doing, you could do more damage by taking her home.” All the while, the patient is sitting feet away and can hear this conversation. In fact, friends and family tend to treat the mentally ill patients more sympathetically than their treating physicians. Stereotypical depictions of mental institutions are also used in *House M.D.* with the Mayfield Psychiatric Hospital, which conforms to the clichéd portrayal of psychiatric institutions. Everything is bare and metal with absolutely no color, only whites and greys. Although there is an overall lack of positive representation when it comes to psychiatric treatment, *House M.D.* does showcase a few positive images in relation to treatment. During Dr. House’s stay at Mayfield, he does manage to make meaningful connections with some of the patients, as well as eventually “graduate” from the in-patient program. Although, the doctors and patients at the institution see him off in a strange and somewhat depressing ceremony where their final wishes state, “We hope to never see you

again.” There is also a lack of representation of all mental illnesses, with only the rare and extreme illnesses being diagnosed.

Through analysis of the sample episodes of *Grey’s Anatomy* and *House M.D.* the findings are broken down into three narrative frames: the “aggressive” mentally ill character, the “dishonest” mentally ill character and the “dependent” mentally ill character.

The “Aggressive” Mentally Ill Character

The “aggressive” character displays hostility through verbal or physical aggression towards themselves or others. This narrative frame is evident in *Grey’s Anatomy* and *House M.D.* In the 2010 *Grey’s Anatomy* episode, “Shiny Happy People,” a character named Haley is introduced as she is lying on a gurney whispering, “I’m not crazy” repeatedly. Viewers learn more about the patient from an unnamed intern, “Haley May. 16. Diagnosed Paranoid Schizophrenic. Tried to claw her eyes out.” Her father explains to the doctors, “She’s on every med in the book, she doesn’t eat, she doesn’t sleep, the slightest thing sets her off, so we’re having her committed.” In the midst of this conversation, Haley hastily grabs a large syringe full of some form of medication and holds it to her chest threatening to stab herself in the heart in order to kill herself. Dr. Alex Karev is able to convince Haley to hand over the syringe by saying to her, “Everyone outside thinks you’re crazy, but something is going on inside and none of us understand.” All of this occurs in the two-minute opening scene in which we are introduced to the character. Additionally, the word “crazy” is used ten times throughout the scene by Haley or in reference to her. We later see her character having to be

strapped down by hospital staff in order to receive an MRI as a precaution against another violent outburst. Doctors, in reference to the patient, use the word crazy an additional six times.

The *House M.D.* episode “Resignation” (2007) features a similar representation. A young woman, Addie, is admitted to the hospital and is inconsolable and screaming about pain in her head. It is later revealed that Addie is depressed and attempted suicide as a result. Dr. Gregory House (“House”) says to her, “You tried to kill yourself by throwing down kitchen cleanser. Now most normal suicidal morons would have just drank the stuff...but being a college educated suicidal moron you wrapped it in gel caps that left no trace but burned a hole in your intestine.” Dr. House reveals Addie’s situation to her parents and recommends medication and therapy as she is discharged.

The “aggressive” mentally ill character is also evident in *House M.D.* episodes in which the main character, House, voluntarily admits himself to Mayfield Psychiatric Hospital at the conclusion of season five. Season six begins with the episodes “Broken Part 1 and Part 2” (2009) with House confined to a solitary room, writhing in his bed, screaming in pain. He is seen banging on the door trying to get out shouting dispersed cries of “HELP!” He is then seen throwing medication at a nurse and is ultimately strapped down to his bed by staff members so that he is unable to get up. Later in the episode, he bursts in to the head doctor’s office unannounced, demanding to be discharged. When he is refused, House threatens the psychiatrist, “I’m going with turning this ward upside down, making you and your boss’s job and life so unmanageable that he’ll write whatever he has to write to get rid of me.” Throughout the episode he makes it

his mission to hone in on the other patient's weaknesses, making an effort to turn them against one another, as well as the doctors. Other patients in these episodes also behave aggressively at Mayfield. One patient is shown pulling out her hair and shaking violently while hospital staff attempts to strap her down to a gurney. In the hospital common room, another patient suddenly drops to the floor, shaking and grabbing his head while screaming. Later in the episode, a patient impulsively decides to burst into the hospital pharmacy and the doctors forcefully subdue him.

The only serial storyline¹ featuring the "aggressive" mentally ill character appears over 18 episodes in seasons three and four of *Grey's Anatomy*, with the character Rebecca Pope. In the 2007 episode "Walk on Water," she is introduced as "Jane Doe," a victim who is unrecognizable from a horrific ferryboat accident. Once she somewhat recovers, she assumes the name of Ava and is later identified as Rebecca Pope and these were the episodes used in the analysis. She is ultimately diagnosed with a mental illness, which leads her to slice her own wrists in an unsuccessful suicide attempt.

The "Dishonest" Mentally Ill Character

The "dishonest" mentally ill character is another common narrative frame in characters in *Grey's Anatomy* and *House M.D.* This character often displays secretive tendencies or possesses some form of hidden agenda. The "dishonest" character acts conniving or manipulative in order to achieve a goal, whether that is known or unknown to the viewer, conveying that people with mental illnesses cannot be trusted. The schemes of the "dishonest" characters often result in impulsive behavior that can lead to their

¹ While Dr. House is diagnosed with mental illness, the episodes that directly involve his diagnosis are limited.

being portrayed as the aforementioned “aggressive” character. They are frequently erratic and volatile, with their actions depicted as consequences of unpredictable emotions.

In *Grey's Anatomy*, “Jane Doe”/Ava/Rebecca Pope exemplifies the “dishonest” narrative frame. During her lengthy hospital stay, Rebecca bonds with her physician, Dr. Karev. He shows the most interest in her case and they have an underlying romantic tone between them. At first, she appears to have amnesia, with no memory of her accident or of who she was before it. However, in the episode “Testing 1-2-3” (2007), while conversing with Dr. Karev, Rebecca casually states about her baby, “She has my Dad’s nose though, girl’s got to have a big personality to pull off that nose,” insinuating that she remembers her former life. Realizing her mistake, she quickly tries to backtrack saying, “I have no idea where that came from...don’t get all excited.” However, it is apparent through his facial expressions that Dr. Karev is onto her and thinks her memory has returned and she is hiding it. This is the first inclination that Rebecca is withholding something and has some form of ulterior motive. Rebecca finally reveals she was in an unhappy marriage and left her husband as she admits to Dr. Karev that her memory returned a few days prior. However, she is going to deny that to the other doctors and claims, “...it will be your word against mine” if he reveals her secret, because she does not wish to return to her former life.

After departing the hospital, Rebecca returns unexpectedly and begins dating Dr. Karev for several episodes, until she shows up unexpectedly once again and blurts out that she is pregnant. She continues to show up at inopportune times, uninvited, to confront Dr. Karev about the situation. A fellow doctor makes a remark about the their

relationship, “I’m a little worried about Alex (Dr. Karev) because his Jane Doe girlfriend keeps showing up like something out of *Fatal Attraction*.” Meanwhile, Rebecca has an ultrasound from an intern who is unable to find a heartbeat, leading viewers to learn Rebecca is not actually pregnant—a fact she keeps secret from Dr. Karev. However, Dr. Karev is unaware of the results and he and Rebecca are together happily while he feels her stomach. Rebecca continues her ruse, claiming the morning sickness is extreme in this pregnancy while Dr. Karev caters to her every need. When another doctor informs Rebecca that she is not pregnant, she denies the results and claims that she knows she is pregnant and accuses the doctor of being “out of her mind.” In a discussion between doctors, the word crazy is used eight times in reference to Rebecca, saying things like, “Rebecca’s crazy and Alex is pretending she’s not.” Rebecca never accepts the fact that she is not pregnant and continues her ruse until the bitter end of her storyline.

We also see the “dishonest” mentally ill character in *House M.D.* in the episode “Failure to Communicate” (2006), in which a successful journalist, Fletcher Stone, is suddenly unable to speak coherently. After the patient’s wife claims he lives a very clean lifestyle, Fletcher tests positive for amphetamines in his system. He is consistently dishonest with doctors about his medical history, as it is clear he knows a piece of information that could help them in treating him, however he wishes to keep everything a secret from his wife, as we later learn. The doctors treat the patient unfairly throughout the episode, first breaking into his house in an effort to discover the missing link since he will not advise them, and then informing him he is going to die as a scare tactic to get him to reveal his medical history. House finally solves the mystery and diagnoses the

patient, “Being bipolar makes you take risks, you seek excitement, you make up stories. You couldn’t tell anybody you were bipolar in your profession, until you fell in love and hear there’s a surgical cure...bilateral cingulotomy, an experimental surgery that some people claim helps mood disorders.” The patient finally reveals that he has bipolar disorder and underwent an experimental surgery where lesions are produced in the tissue of the frontal lobe of the brain (Medical Dictionary, 2018), in an effort to correct his mental illness and hide the diagnosis from his wife, resulting in the scarring of his brain. Throughout the episode, Fletcher went to great lengths, including putting his physical health in jeopardy, to keep the truth concealed from his loved ones and doctors.

Deception as a means to access prescription drugs is portrayed, as well. Fletcher Stone’s colleague reveals to the doctors that he was previously a drug user, then amphetamines are found in his system through his blood work. The doctors also find caffeine pills, amphetamines and anti-convulsive medications that are not prescribed to him inside his home when they break in to search for more information about his medical history. Additionally, a previously mentioned character who dropped to the ground in agony at Mayfield in the episodes “Broken Part 1 and 2” (2010) was actually doing so in an effort for the hospital staff to administer him the drug “Haldol,” which is an antipsychotic drug used to treat disorders like schizophrenia. A nurse informs him to stop and that he will not be getting any more, which implies this behavior is regular for the character. House’s roommate informs him they have nicknamed the patient “Hal” due to his affinity for the drug.

However, the most prevalent deception in order to obtain prescription medication in the series happens with House himself. His addiction to the prescription pill Vicodin, which he uses to treat pain from a prior leg injury, is recurrent throughout the series. In the episode “Detox” (2005) referring to Vicodin, House says, “I’m an addict...I’m not stopping...they let me do my job and take away my pain.” House determines that the hallucinations he is experiencing in the episode “Both Sides Now” (2009) is due to his dependency on Vicodin, which leads him to voluntarily admit himself into the Mayfield Psychiatric Hospital. During the duration of his stay he is weaned off the drug and diagnosed with clinical depression.

The “Dependent” Mentally Ill Character

The “dependent” mentally ill character is a frequent narrative frame, assuming that a person living with a mental illness is incapable of living alone and functioning without the assistance of others. They often come across as not present in the moment; they are physically present but mentally are “somewhere else” and rely on others to help get them through their day-to-day life. This character might also suffer from hallucinations, with entire scenes playing out for them that, in reality, never happened.

The character of Rebecca Pope in *Grey’s Anatomy*, after learning she was not pregnant, becomes almost comatose, having to move in with Dr. Karev and be helped with menial tasks most do not think twice about. Dr. Karev discovers her sitting on the floor of the shower, rocking back and forth stating, “I don’t understand, I don’t understand...I was pregnant I know I was.” Dr. Karev tries to console her saying, “It’s okay, you just got confused...that’s all.” She becomes contingent on Dr. Karev to bathe

her, dress her and feed her, as she is incapable of even holding a spoon to feed herself. In one instance, she soils her pants and is reliant on Dr. Karev to help clean her up and change her clothes. Dr. Stevens addresses the situation to Dr. Bailey saying, “She’s crazy...and I don’t mean funny crazy...bad crazy... Alex is home with her right now and he’s going take a bite, take a bite...and it’s sad...and weird.” Dr. Karev resorts to taking days off work in order to care for her every need, resulting in her becoming an extreme burden on him. He has to watch her every moment like a parent caring for a child, and the moment he looks away for one second is when she slices her own wrists, as previously mentioned.

Dr. House exemplifies the “dependent” mentally ill character in the episode “Both Sides Now” (2009). In the final scene of the episode, with his colleague and love interest, Dr. Lisa Cuddy, House realizes he has been hallucinating about what occurred between the two of them the previous night as Dr. Cuddy informs him, “You insulted me, I walked out. Nothing that hasn’t happened 100 times before.” To which House replies, “No, no that’s not what happened. I needed you, you helped me.” In House’s mind, the two were intimate and worked together to help him detox from his Vicodin addiction. However, in reality, House made a rude comment to Dr. Cuddy in her office and never revealed his addiction. As House is realizing his version of events never occurred, he hallucinates another scenario and Dr. Cuddy can visibly see something is wrong. House admits that he is “...not okay” and realizes he needs outside help, resulting in him admitting himself to the Mayfield Psychiatric Hospital. Upon trying to leave Mayfield not long after arrival, the head psychiatrist informs House, “Your issues run deeper than

Vicodin...you need to be transferred to our long term ward, set up on medication, talk therapy...you can't go back to practicing medicine.”

While at the Mayfield Psychiatric Hospital in the 2009 episodes “Broken Part 1 and 2”, most patients identify as the “dependent” mentally ill character. They are unable to live without supervision, and is a reason they are in the institution to begin with. In a group therapy session, a doctor introduces a new patient, Steve, to the group. Steve corrects his introduction by saying, “Oh it's ‘Freedom Master’, Steve Alkerteen is just a cover. It's like Clark Kent or Bruce Wayne or Peter Parker...I try to blend in in the outside world but I figure in here, everybody gets it.” Steve believes he is a super hero and has super human strength and the ability to fly and dodge bullets. He also has delusions about other patients, including a voiceless woman, whom “Freedom Master” believes cannot speak because the resident doctors have stolen her voice box. Ultimately, Steve's altered perceptions cause him great injury. Believing he can fly, Steve hurls himself off of the top of a parking garage onto the pavement below.

The three emergent narrative frames found are significant, as they dominate the representation of mental illnesses put forth by each of the series. The analysis will take an in-depth look of the narrative frames and their implications.

DISCUSSION

In the broad scope of both *Grey's Anatomy* and *House M.D.*, mental illness was not a prevalent story line topic. Both programs are known for shocking medical cases often leading to outlandish and bizarre diagnoses. Although mental illness is a widespread societal issue today, unlike a teenage boy completely encased in hundreds of pounds of cement or a victim of a lion attack (both of which are cases seen on *Grey's Anatomy*), a mental illness is not a medical diagnosis that one can actually see. According to a poll on Ranker.com, with over 8,000 votes from fans, the top three most popular episodes of *Grey's Anatomy* are Death and All His Friends (2010), Flight (2012) and Sanctuary (2010); episodes that involve an active shooter in the hospital and a gruesome plane crash. Viewers seem to be drawn to episodes involving intense and often gruesome story lines that include captivating imagery as opposed to a character suffering from an inner struggle.

In the medical dramas studied, characters often initially refused treatment. Kohn, Saxena, Levav and Saraceno (2004) examined 37 different studies for the World Health Organization to determine median treatment gaps for various mental illnesses around the world. Findings show a high volume of those living with mental illnesses do not seek treatment, including 50% of those with bipolar disorder, 56% with major depression and 32% with schizophrenia (Kohn et. al., 2004). Treatment refusal can be linked with a variety of factors. When thinking of a mental health institution, many often think of the stereotypical insane asylum, as treatment for mental illnesses in the media is often depicted as extreme and uninviting. This alone can lead mental illness sufferers to oppose

treatment due to the assumption that all treatment is this way. Stuart (2006) highlights the lack of personal recovery in media representations of mental illness, resulting in distrustful views of treatment opportunities and contributing to a deficiency of mental health resources.

Resistance to treatment can also stem from the way the characters with mental illnesses are treated by medical professionals. Often throughout episodes, patients with a mental illness are treated negatively by medical professionals, regularly through the use of stigmatizing language like “crazy” or “insane”. Viewing depictions of authority figures in place to help patients with mental illnesses treat the characters like they are second-class citizens can be very disheartening. Those living with mental illnesses can be discouraged from seeking medical help for their illness out of fear they too might be treated negatively.

Throughout all episodes analyzed for this study, there was only one character living with a mental illness that appeared somewhat happy. Misery and unhappiness have become a staple depiction of mental illness in fictional media portrayals. In addition to being unhappy, many characters were ashamed of their mental illness. They make efforts to conceal their diagnosis, apologizing to those around them for their illness or making efforts not to address the illness at all. Feeling ashamed is already common in those living with mental illness, with approximately 31% of people with a mental illness report their choice to not seek treatment due to the fear of being judged (Should You Be Ashamed of Your Mental Illness, 2015). In return, as our culture constantly views unhappy and ashamed mentally ill characters, these ideas are reinforced and society reacts with the

notion that mentally ill people are perpetually unhappy and therefore not likely to contribute to society. Glozier (1998) found that when employers were faced with a decision between a potential employee with diabetes and a potential employee with depression, who were otherwise identical candidates, the depressed candidate had a significantly decreased chance of employment.

The “aggressive” mentally ill character is one of the most common characters not only found in the primetime medical dramas examined in this study, but in media representations, overall. This character is violent, angry and ostentatious and is most often going through a struggle that manifests from within and is displayed outwardly. This character appears to belong in a psychiatric hospital, in a straight jacket or strapped to a gurney. The representation of the “aggressive” mentally ill character across primetime medical dramas might be the most damaging. As Link, Cullen, Frank and Wozniak (1987) related the link between violence and mental illness to resulting in societal distancing from this living with a mental illness. The “aggressive” mentally ill character frequently acts impulsively, and displays violence towards others and themselves, often through suicide attempts. In the broader media picture, it seems that using mental illness as reasoning for otherwise seeming unexplainable acts of aggression and violence has almost become the “easy out”. As Stuart (2006) suggests, including psychopathic factors is a common theme because they allow a framework to be created to tell stimulating and sensational stories that captivate audiences and maintain their attention. Additionally, “...media representations that implicate psychopathology as the cause of societal violence allow mass audiences to distance themselves from the

seemingly random and brutal acts committed by psychopaths” (Johnson & Miller, 2016). Attributing the aggressive acts of characters, like Haley and Rebecca in *Grey’s Anatomy*, to severe mental illnesses allows viewers to enjoy the shock value of the story line without the fear of something similar happening to them.

While being able to distance themselves from the acts of violence being depicted, society simultaneously links violence and mental illness together, whether consciously or subconsciously. The result is a negative impact moving forward, with society’s natural reaction being instinctual recoil towards those living with mental illness. Johnson and Miller (2016) suggest that aggressive and violent depictions of mental illnesses results in a widespread outlook of societal violence solely as a result of mental illness, rather than an outcome of individual, societal and environmental influences. *Grey’s Anatomy* and *House M.D.* both linked characters acts of aggression directly with their mental illness, providing no other means of possible explanation. However, when examining the real-life statistics, attributing all societal violence to mental illness is not a plausible argument. Lenzenweger, Lane, Loranger and Kessler (2007) claim true psychopathy, or psychotic symptoms, generally originates from the less common, severe mental illnesses, which affect only 0.5% of the population. However, widespread media portrayals so often incriminate “psychopathy” as the fundamental cause of societal violence. However, this just simply is not the case. According to the American Psychiatric Association, “...mental illness is a poor predictor of violence, ranking well after these factors: youth, male gender, history of violence, or poverty....people with mental illness commit violent acts at the same rate as non-patients, and 80 percent to 90 percent of people with mental

illness never commit violent acts” (Levin, 2001). Aggressive portrayals, like the ones seen in *Grey’s Anatomy* and *House M.D.* perpetuate the violent stereotype linked with mental illness. And despite the real-life statistics, media representations instill the notion to fear mental illness, which in turn leads to devastating repercussions for those living with one.

Grey’s Anatomy and *House M.D.* feature characters with mental illness that act dishonest in an effort to hide something or to gain something through their fabrications. The character of Rebecca in *Grey’s Anatomy*, who suffers from borderline personality disorder, is stereotyped as the lovesick woman so infatuated with a man she is willing to go to any length necessary to lock him down. Through deceit, she is almost able to achieve what she wants but in order to get that she must mislead everyone around her. However, viewers see that once her lies begin surfacing, those around her no longer trust her. Fletcher Stone in *House M.D.* is also depicted as deceitful and ultimately untrusted by doctors and loved ones.

Research does show that lying and dishonesty are common behaviors for those living with borderline personality disorder, as well as bipolar disorder (Compulsive Lying and Borderline Personality Disorder, 2017). While both shows were accurate in their depictions of a common symptom of these disorders, these are two of the more uncommon mental illnesses, as dishonesty is not a common symptom of most mental illnesses. The symptoms of Borderline Personality Disorder can result in impulsive behavior, mood swings, relationship difficulties and bouts of anxiety and depression (National Institute of Mental Health, 2018). There are a variety of treatment opportunities

available that have proven effective in subduing symptoms. However, the case of borderline personality disorder depicted in *Grey's Anatomy* through Rebecca Pope was an extreme, uncommon case where the result of her treatment plan was left unknown to viewers.

The presence of mental illness in the primetime medical dramas studied was often linked with dishonesty in an effort to acquire prescription drugs. When looking at prescription drug misuse, research shows that those with a mental illness are more likely to display indications of drug dependency than those without mental illnesses (Ghandour, Martins & Chilcoat, 2008). When looking further into the link between mental illness and prescription drug abuse, research indicates that in many cases, the mental illness precedes the substance abuse (Harrington et al. 2011). Unfortunately, research shows that abuse of medication is a statistically noteworthy predictor when it comes to the likelihood of violence and police encounters for those with severe mental illnesses (Swartz et al., 1998). Although statistically speaking, a person with a mental illness could very likely also be drug dependent, depictions of those with mental illnesses abusing drugs can still prove damaging in a multitude of ways, specifically when it comes to seeking treatment and medication adherence.

The depictions of the use of deception in an effort to acquire drugs increases the fear of seeking treatment in those living with a mental illness, fearing they might be scorned as “drug-seeking” or a liar. Additionally, the lack of positive representations of medication actually helping those with mental illnesses discounts the benefits of medication when living with a mental illness. The lack of imagery supporting the benefits

of medications or other treatments of mental illness has caused audiences to seriously doubt the positive impact treatment opportunities can create (Stuart, 2006). Contrary to research providing evidence of the effectiveness of mental illness treatments, treatment opportunities are viewed circumspectly by policy makers and monetary funders resulting in more challenging access (Stuart, 2006).

So often media depictions of mental illness conform to the stereotype that those living with mental illness are dependent. This portrayal seems to take the “easy way out” to explain a character’s strange behavior or add reasoning to an otherwise unexplainable storyline. Additionally, this is also the instance where the typical stigmatizing language relating to mental illness is most likely to be used. Viewers hear words and phrases such as “crazy,” “psycho,” “nutcase,” “insane,” and “disturbed.” Throughout Rebecca Pope’s evolution in *Grey’s Anatomy*, she is a victim of stigmatizing language from several doctors to explain her behavior. The commonality of these phrases in media depictions such as this has allowed them to become normalized societal jargon. Shattell (2009) highlights the importance of practicing proper language when speaking about mental illnesses, “Language shapes understandings, which can then shape society’s treatment of persons with mental illness that subsequently impacts public policy.”

This directly applies to an example from the state constitution of New Jersey, which as recently as 2007 contained the wording “No idiot or insane person shall enjoy the right of suffrage,” banning those with mental illnesses from voting (Smoyak, 2007). When media representations utilize stigmatizing language surrounding mental illnesses, society becomes habitual users of the inapt terms. The National Alliance on Mental

Illness states “...using stigmatizing language like crazy, insane, deranged, nut, links mental illness to this kind of behavior. Describing individuals with mental illness as ‘not normal’ and ‘not mentally there’. This implies that there is a fundamental difference between individuals without mental illness (‘normal’) and individuals with mental illness (‘not normal’)” (2017). Seeing these terms used by characters in positions of power, like doctors, increases the illusion of appropriateness to viewers.

Through the character of Rebecca Pope in *Grey’s Anatomy*, viewers see someone who is unable to manage her mental illness and who, in turn, becomes completely dependent on a significant other. Rose (1998) found the inability to cope to be a common theme of mental illness portrayed in primetime programming. Additionally, Wirth and Bodenhausen (2008) found that media portrayals of women with mental illness often stereotypically depict such women as dependent. Portrayals of dependence and coping inability leaves a negative reflection to fear those living with a mental illness, contributing to the societal apprehension of forming relationships with someone with a mental illness.

The “dependent” mentally ill character also raises the debate on mental illness vs. insanity. Throughout the sample episodes, characters are seen with mental illness so severe that they are incapable of living independently, but does this certify them as insane? *Psychology Today* defines insanity as, “Mental illness of such a severe nature that a person cannot distinguish fantasy from reality, cannot conduct her/his affairs due to psychosis, or is subject to uncontrollable impulsive behavior” (2009). By this definition, characters seen in *Grey’s Anatomy* and *House M.D.* can be considered insane.

It is not that these cases of mental illness to the extent of insanity do not exist, it is that, as stated previously, these instances are rare and do not represent the reality that most people living with a mental illness experience. Depicting characters suffering from mental illnesses so severe that they are dependent on those around them to get through their day-to-day lives sends the message that that is the reality of all mental illnesses. The Huffington Post states, “The truth is that people who suffer from mental illness are not crazy, they are simply human and misunderstood” (2015).

This type of language and representation is detrimental to those living with a mental illness. Fear of being labeled as “crazy” or the “psycho” is established. It deters those who have not been diagnosed to postpone or avoid a possible diagnosis out of fear they will be ostracized, asking questions like “Will everyone think I’m crazy?” The fear of stigma is attributed as a major factor of non-help seeking behavior. Additionally, stigma contributes to the deprivation of major life opportunities, like employment and adequate housing (Ma, 2017). In turn, it can spark questions in those living with a diagnosed mental illness. Public stigma of mental illness can lead to the internalization of these endorsed feelings, resulting in the detriment of self-stigma (Michaels & Corrigan, 2013). Ultimately, delusional representations stereotypes mental illnesses causing damage to those living with mental illnesses, as well as leading society to question the benefit of forming relationships with those living with a mental illness.

The fate of the characters portrayed in *Grey’s Anatomy* and *House M.D.* was often left unknown, with viewers not knowing how their story ended and if they overcame their mental illness. Many patients are depicted as wanting to get out of their treatment

circumstances, with a lack of content portraying successful treatment situations. Stuart (2006) also cites that mental health professionals blame unfavorable media portrayals for issues surrounding mental health treatments, like symptom denial, resistance to seek treatment, and opposition to treatment compliance. The episodes of *House M.D.* revolving around a psychiatric treatment facility represented all three of these concerns from mental health professionals. Patients were seen not acknowledging their symptoms as well as resisting group therapy set ups, medication recommendations and being in the facility altogether.

Referring back to the theoretical framework of the study, Hall's theory of representation (2013) can be directly applied to the representation of mental illnesses on the primetime medical dramas studied. Although the characters with mental illnesses in *Grey's Anatomy* and *House M.D.* are portrayed as aggressive, dishonest and dependent, that does not mean that is the reality of those living with mental illnesses. Additionally, the idea of stereotypes as laid out by Lipmann (1922) was emergent through the narrative frames evident in the sample episodes and can possibly serve as a means of confirmation to those living with mental illnesses, resulting in self-oppression. And finally, Gerbner's cultivation effect (1976) can directly relate the representations of mental illness found in the series. Just as those who watch a lot of violent crime dramas perceive the world more dangerously, those who experience an increased number of negative representations of mental illness in the media they consume will be more likely to view mental illness in the way it is depicted.

LIMITATIONS/FUTURE RESEARCH

Through this study, narrative analysis was used to examine the representation of mentally ill characters on the primetime medical dramas *Grey's Anatomy* and *House M.D.* Through the examination of 20 episodes between the two series, it was determined the mentally ill characters are portrayed in a negative light through the emergence of several discernible frames. To expand upon research on mental illness in primetime medical dramas, a quantitative approach could be used to analyze the stigmatizing language that emerged as a common theme throughout the series. Additionally, an audience study, including fans and non-fans of the series, as well as people living with a mental illness, might prove insightful to elicit their observations on the portrayals of the mentally ill characters. Lastly, exploring newer medical dramas and their representations of mental illness, as *Grey's Anatomy* and *House M.D.* both premiered over a decade ago. Studying more recent series could prove insightful in evaluating whether or not the medical drama genre is moving away from stereotypical portrayals.

Further research could analyze these series as a whole using a quantitative analysis to determine how often mentally ill patients are represented. This study could include all primetime medical dramas premiering in the last 15 years to increase the size of the sample and increase the accuracy of the results. Reaching further, audience analysis could be utilized to ascertain societal views on mental illness before and after viewing an episode of a primetime medical drama featuring a patient with a mental illness. Additionally, audience analysis could be used to gauge the effect of representations of mental illness on primetime medical dramas on those living with

various mental illnesses. Do the effects differ depending on the illness? Lastly, variations in primetime series genres can be explored for their mental illness representations. The primetime crime drama is another common genre where mental illness is a frequent topic. An evaluation comparing and contrasting the two genres could be completed to gauge if similar themes are found across the board.

CONCLUSION

Mental illness continues to be stigmatized in our society. The primetime medical dramas in this study were found to reinforce the stigma surrounding mental illness. Existent themes of violence, dishonesty and dependency commonly associated with mental illness representations were evident throughout the characters with mental illnesses in both series. Suicidal characters, like Rebecca Pope, Haley and Addie reinforce the message that those with mental illness are capable of violence and aggression. Characters who lie and mislead, like Fletcher and House, are willing to hurt those around them in order to get what they want, reinforcing the idea that those with mental illness are deceitful. Characters who are incapable of independence, like Rebecca and the many patients at Mayfield only bolster the view of mental illness and dependency already in place by society.

In addition to highlighting existing stereotypes, the representations found in the medical dramas studied perpetuate the stigma surrounding mental illness. The lack of storylines involving mental illnesses in each series neglects the opportunity to call attention to a prevalent societal issue. Additionally, the lack of depictions of patients optimistic about treatment or successful in treatment, like Fletcher Stone or the many patients at Mayfield, propagates treatment opposition. Poor treatment by medical professionals, like the stigmatizing language used by many of the doctors in *Grey's Anatomy*, sends a message of distrust and adds an air suspicion around care providers. Ultimately, the lack of conclusions in the storylines involving patients with mental illnesses disengages viewers, leaving the characters forgettable.

The reinforcement and perpetuation of mental illness stigma found in the medical dramas studied has detrimental effects on those living with mental illnesses. Through the stereotypical depictions seen, those with mental illnesses can be left with feelings of discouragement, degradation and exclusion. Seeing someone with a mental illness treated poorly by medical professionals, be completely dependent on other people, or attempt suicide, can leave a person living with a mental illness feeling hollow. The effects of these results not only impact those living with mental illnesses, but also their families and society as a whole, perpetuating a never-ending cycle surrounding mental illness and the stigma surrounding it.

With mental illness becoming a more and more prevalent issue in our society, it should in turn become a topic covered more frequently in mass media. As a result, it should be a goal of the media to denounce the stigma surrounding these disorders. Media producers should collectively work towards presenting factual information, and treatment opportunities should be represented in an effort to simultaneously denounce the stigma while encouraging those suffering to seek the treatment they need. Although the goal of media producers of medical dramas is to ultimately entertain, denouncing stigma and entertaining audiences do not have to be mutually exclusive. For example, in a 2008 episode of *Grey's Anatomy*, members of The Kaiser Family Foundation worked with scriptwriters in an effort to bring awareness and knowledge to HIV and pregnancy. In the episode, an HIV positive pregnant woman was presented with the information that with proper treatment, her baby has a 98% chance of being born without the virus. In a study conducted by the foundation, 45% of viewers remembered the statistic six weeks after

viewing the episode (USA Today, 2008). Additionally, episodes of *Grey's Anatomy* have worked to bring pro-social awareness to other issues, like immunization, date rape and gender bias, among other issues. Medical dramas can work to bring awareness and knowledge to mental illnesses in the same way. Stories of recovery and personal success have been found to decrease stigma (Corrigan et al., 2013), and should therefore be present in the narratives the media presents about mental illness.

Some steps are being made to facilitate open conversations about the topic to spread the message that those living with mental illness are not alone. In February 2018 it was announced that pop superstar Demi Lovato, who has been diagnosed with bipolar disorder, will be offering free sessions with professional mental health counselors before every show on her upcoming tour. Normalizing the conversation with initiatives like this from well-known and admired public figures can help denounce the stigma around living with a mental illness and asking for help.

Others can help denounce the mental illness stigma by taking action when they witness a negative representation. The National Alliance on Mental Illness recommends, “If you notice derogatory and stigmatizing language in the media, contact the news station or journalist to let them know. Highlight the language you felt was stigmatizing and explain why it’s important they *not* use this type of language” (Frankham, 2017). By taking action, individuals can help make an impact in stopping the stigma on a large scale. On a smaller scale, individuals can make an effort to become more conscious of how they speak about mental illness while encouraging those in their lives to also do the same. Actions have been taken since the premiere of both *Grey's Anatomy* and *House*

M.D. to open the conversation and make the topic of mental illness less taboo. If the media, as well as consumers, all recognize the issue and the collective need for change, the stigma surrounding mental illness could be forcefully challenged and hopefully one day, defeated for good.

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