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ABSTRACT

FOUCAULT AND FILM: CRITICAL THEORIES AND REPRESENTATIONS OF MENTAL ILLNESS

by Mark William O'Hara

This study investigates the representation of mental illness in Hollywood film. Using an approach grounded in Foucauldian theory and media literacy, this study will examine six Hollywood films covering a span of six decades, roughly from the end of World War II through the first decade of the twenty-first century. When writers, directors and producers of films portray characters with psychological disorders/disabilities, these representations may result in negative attitudes and skewed impressions among viewers/consumers. Further, inaccurate and demonizing portrayals in filmic texts serve only to create blueprints of stigmatization that could affect real-world persons with psychological disorders. With the agenda of exploring the hegemonic infrastructures of stigma and othering, this study will employ a theoretical framework of Foucauldian theory, along with critical media literacy perspectives to unpack the discursive power carried by popular visual media, as well as to analyze dominant cultural attitudes toward the normal/abnormal binary. In an attempt to emphasize the need for increased awareness of and sensitivity toward the lived experiences of persons with psychological disorders, this study will also highlight the value of curricularizing films featuring mental health/illness issues, and of recommending ways of striving for social justice for persons with these invisible disabilities.

FOUCAULT AND FILM: CRITICAL THEORIES AND REPRESENTATIONS OF MENTAL
ILLNESS

A Dissertation

Department of Educational Leadership

by

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DEDICATION

I dedicate this dissertation to my family and many friends. My late parents and in-laws—William and Mary O'Hara, and Daniel and Kathleen Dittmann—remain in my thoughts each day, their examples a template for my life. Special thanks go to my wife Karen, whose encouragement and unconditional love have inspired me for decades and supported me throughout my coursework, research, and writing; and to my daughter Kristin, who has been a beacon of strength and perseverance.

I am grateful as well to all of my family for their kindness and support. My professors, colleagues and friends in the Department of Educational Leadership at Miami University, and in the larger Miami community, along with my friends at Stephen T. Badin High School, stand among numerous people whose good wishes and words have boosted my motivation to complete the doctoral program.

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Chapter 1: Foucault and Film: Critical Theories and Representations of Mental Illness

Overview

This study will explore how the discourses of selected American films construct and reproduce stigmatizing images of characters with mental disabilities. Through analyzing six films featuring or highlighting characters with mental/psychological disabilities, I will study the construction of mental illness as a label and category, and how aspects of the films shape societal perception of persons marked with these labels. I am particularly interested in examining the tropes and motifs that assist in the process of stigmatization—in the marginalizing of individuals as a result of their appearances and/or behaviors. Major foci will include the demystification of exaggerated or unrealistic portrayals of mental illnesses and disorders, as well as explanations of the effects of stigma upon both persons who live with mental disabilities and those perceived as "temporarily able-bodied." My use of Foucauldian theory is intended to explore the underpinnings of power and its manifestations in the medium of popular film, and to a lesser degree, to clarify and exemplify theoretical points of Michel Foucault in order to demonstrate their effectiveness as a tool of critical theory, especially of critical media literacy.

In the study I use the film texts in the development of analyses of representation, focusing on depictions of mental illness, on the embodied experience of consuming films, and later on the importance of working with students to develop mindsets that critically question and challenge dominant ideologies and meanings as they pertain to portrayals of characters with mental illness. Although I will not develop specific curricular materials that might be useful in teaching courses in disability studies or film, I hope to extend the scope of media literacy and curriculum studies by suggesting the use of films as texts with the purpose of studying representations of mental disorders. Such engagement would carry the purpose of sensitizing students to mental and behavioral health issues, stressing how a fictional filmic text can distort images in order to achieve commercial and consumer popularity. Hobbs (2007) posits that media literacy helps teachers to respond more effectively to the contexts in which their students' learning occurs; it also underscores the development of critical thinking skills that assist students in pondering more deeply about the issue at hand (Hobbs, 2007, p. 57).

Burnett and Merchant (2011) write that "the culture industry is seen as a powerful force in reproducing dominant ideologies and, hence, a sophisticated instrument of social control. Critical media literacy work informed by this perspective is seen as an act of resistance or at least an inoculation against media domination" (pp. 43-44). Putting critical media literacy to use in the classroom would also stress the importance of the promotion of social justice for persons who are denied normative social status, fair treatment and civil rights because of their invisible disabilities.

How can analyses of representations of psychological disabilities in film be useful in developing analyses that would reveal the discursive power of stigma? How can students develop a critical media literacy, especially as these knowledges apply to an emancipatory curricular design?

The primary significance of this study will be its attempt to promote awareness of how the medium of film represents issues faced by persons living with mental disabilities. The study will also add to sparse scholarship in the area of the embodied experience of viewing filmic media in specific connection with fictional portrayals of mental illness. I will use several terms interchangeably, such as *viewers* and *consumers*; *mental*, *psychological*, *psychosocial*, *behavioral*, and *psychiatric*; *illness*, *disorder*, and *disability*. I am aware of the semantic distinctions among these terms, but this study is grounded in discourse analysis and not in extensive use of clinical terminology or theory. Further, through the variances in the ways in which I address "mental illness," I wish to suggest the multitudinous labels as contrasted with the lived experiences of persons, whether or not they have been assigned diagnoses of an invisible/mental condition. Sociocultural beliefs pertaining to individuals who are defined as disabled or labeled with clinical terms indicating disorders or illness mark individuals as defective or deficient, often leading to marginalized status and denial of civil rights, education, employment and accompanying benefits, and other basic rights enjoyed by "temporarily able-bodied" persons. In questioning and problematizing representations of mental disabilities in film, I hope to contribute to scholarship that explores ableist attitudes and discourses. The field of disability studies is a relatively young one in academia, and research and writing dedicated to mental disabilities can only contribute to the growth of the field. Besides analyzing several relevant filmic texts, my study will feature interpretations of theories of Michel Foucault and

how these theories apply to depictions and constructions of mental/psychological disabilities. By using analyses of technologies of power as they appear in the main six films that serve as my content, I hope to clarify Foucault's theoretical perspectives as well as to show how these theories might be useful in promoting deeper thinking in consumers of visual media.

Although I use the term *consumer* interchangeably with *viewer*, *consumer* carries deeper connotations of both the usage of a media product or artifact, and the degree of critical literacy practiced by the person engaged with a film. Clearly, more work needs to be done on viewer reception. It is outside the bounds of this study, but I will suggest that uninformed viewers watch texts but do not problematize the implications of their images. Uncritical viewings of films transform collections of images into "entertainment" read only on a surface, literal level, whereas critical viewings are informed by cultural studies perspectives on popular culture and media literacy. For purposes of this study, "entertainments" are also educative.

In my use of Foucauldian theory and some of the analytics of modernist critical theory—such as critical media literacy—I am aware of some apparent contradictions between poststructural and critical theoretical perspectives on truth. Poststructuralism emphasizes that truth is a production of discourse, while critical theory emphasizes that truth exists independent of discourse, and that discourse either accurately or inaccurately (and ideologically) represents truth.

In short, I choose not to view these two perspectives on "truth" as totally oppositional, however. Clearly, some representations of mental illness are more "truthful" than others in that they attempt to accurately portray the lived experiences of people diagnosed as mentally ill. At the same time, Hollywood is in the business of selling images, and even documentaries are biased in their treatment of mental illness. There is no one, unified truth about mental illness. Foucauldian theories address a wide range of social, cultural and political issues, and critical theories span the works of several thinkers and promote multifarious tenets, many of which Foucault concurred with. Wiggershaus (1995) posits that the Frankfurt School is so diverse "that one aspect of it or another is always currently relevant, and one aspect or another is always turning out to have been unfinished business crying out to be carried forward" (p. 4). Scholars linked with the Frankfurt School shared Foucault's attention to the juxtaposition of knowledge and power inherent in the human sciences and operationalized in the dominant political and

cultural institutions of modern society (Ingram, 1986, p. 312). Like Foucault, these scholars advocated for persons who were largely excluded from meaningful participation in these institutions, and they also strove to reveal relations of power that were so impersonal and far-reaching that they transcended the political and economic divisions within Western capitalism (Ingram, 1986, p. 312). Furthermore, both Foucault and the Frankfurt School repudiated the idea of an autonomous rational subject existing in a world of objects that it seeks to represent and control (McCarthy, 1990, p. 438). Both poststructuralist and modernist critical theories are discourses that lend validity in looking at truths produced about mental disorders in Hollywood film.

As a teacher for over three decades—in venues ranging from middle and high schools, to summer camps affiliated with the Ohio Writing Project, to university courses in writing and disability studies —I have no doubt that my students consume more visual media than they do printed media: I can say that I watch more movies than I read books. Recent statistics about the Netflix viewing service show that the average user watches more than three movies and five television shows per week, via the service (Business Wire, 2012); this does not include free- or cable-television viewing. More than a third of internet users have viewed a television show or a movie online (Madden, 2009, p. 4). In "old-fashioned" theater-going, despite the rapid growth in cable and online services, more than two-thirds of U.S. and Canadian citizens attended at least one movie in 2011 (MPAA, 2011). The American film industry is undergoing massive restructuring during the new century, but there is no doubt that it has established, and maintains, a strong global influence. How much are American consumers influenced by movies? Similar to my inability to remember exactly the moment that I found I could read, I cannot remember my first theater experience. But I do recall our parents taking us to the old movie palace of the Westmont Theater in 1967, the tall rose-colored curtains parting to show us cartoons, a short subject, and then the feature, *The Dirty Dozen*. Sitting in the dark I learned much about military politics, prisoners' rights, even race relations—a result of the treatment by some of the "pardoned" soldiers of Robert Jefferson, Jim Brown's character. The bit of learning that impressed me the most deeply, though, concerned the categorization of the deviant soldiers, from the admirable strongman Samson Posey, played by Clint Walker, to the despicable psychopath Archer Maggott, played by Telly Savalas. Eating my Milk Duds, elbowing my brother, I wondered why the Major and his superiors were treating their men so roughly; why the men had

accepted this dangerous and patriotic mission; why Maggott's behavior was so malicious compared with the other soldiers' behavior.

We have personal histories with movies and, with current technologies, new movies are as plentiful as ever, and even more easily accessed. Studying a very specific dimension of American movies shows my belief in the importance of increasing awareness of the effects of frequent exposure to these very common cultural artifacts. It is easy to sit back in the dark (or virtually anywhere, now) and watch a movie; it is not so easy to deconstruct a movie and discover its effect on my attitudes about the world.

I have used films as texts in my high school English classes since I began teaching in 1980, but lately I've thought a lot about how mentally ill persons are represented in film—as well as in popular culture—and about which methodologies would be most effective in encouraging students to think about these representations and what effect they have on us, citizens in a democratic society. This study will explore the use of Foucauldian theory and other forms of critical theories—including media literacy and disability studies—for the high school and university classroom. It will also reference theories of representation, stigmatization, medicalization, and other theories relevant to how Americans view persons with psychological disabilities/mental illnesses.

Where do we derive our notions and knowledge about mental illnesses? Wahl (2006) asserts that "Americans themselves identify mass media as the source from which they get most of their knowledge of mental illness. That they do so is certainly no surprise, for not only are these media ubiquitous in our lives, but mental illness is a very common theme in their presentations" (p. 3). Wahl lists several major films featuring characters with mental/behavioral disorders, but he also makes the point that American audiences see many more such portrayals on television, especially in series like M*A*S*H* (Wahl, 2006, pp. 5-7). Moreover, more than 70% of people experiencing symptoms of mental illness do not receive treatment from health care staff (Thornicroft, quoted in Henderson, Evans-Lacko, and Thornicroft, 2013, p. 777); factors for this level of care include lack of knowledge of symptoms, and options for accessing care, as well as prejudice toward people with mental illness—and the expectation of prejudice toward themselves (Henderson et al., 2013, p. 777). A good percentage of what little knowledge the public holds about mental illness appears to come from the media.

In *Superstructuralism*, Harland (1987) traces the development of human perception of the world starting in the seventeenth century, when the Renaissance gave way to the Classical period, and the non-human was separated from the human:

> There is a sharp and simple dichotomy: the natural world becomes an object to be known by the human mind as a subject. But, at the same time, this knowing operates in a very close and immediate way, holding subject and object directly up against each other, face to face. Specifically, this knowing operates as representation: the mind re-presents a simulacrum of the outside world. (p. 110)

In the Enlightenment, then, Western European thinking started to focus more on the relationship between individualism and the natural world. Baudrillard's term *simulacra* assists in an examination of modern cinema:

> Today abstraction is no longer that of a territory, a referential being, or a substance. It is the generation by models of a real without origin or reality: a hyperreal…. It no longer needs to be rational, because it no longer measures itself against either an ideal or negative instance. It is no longer anything but operational. In fact, it is no longer really the real, because no imaginary envelops it anymore. (Baudrillard, 1994, pp 1-2)

Baudrillard suggests that Hollywood is in the business of creating copies of copies, recycling and parodying images that reference earlier films and representations. Plainly, how a human sees the world is one copy of perception, a construction of subjectivity and a production of discourse. In a like manner, how a director of a television drama portrays a character with a mental disorder does not necessarily stay true to lived experiences, symptoms, or frequency of occurrence, pertaining to whatever "disorder" is being dramatized.

Of all the normalizing and categorizing tendencies that came out of the Enlightenment, stigmatization is a major factor in governing our perceptions of mental illness which, according to Foucault (2006), "medicine took as an object" (p. 128). Foucault writes about how doctors of the eighteenth century determined whether a person should be confined ("committed") and how there developed "a dualist pathology that will divide everything into binary oppositions—normal and abnormal, healthy and sick—to create two radically different domains separated by the simple formula 'good for confinement'" (Foucault, 2006, p. 128). Arboleda-Florez (2008)

describes the process of stigmatization as "not a static concept, but a social construction that is linked to values placed on social identities, a process consisting of two fundamental components: the recognition of the differentiating 'mark', and the subsequent devaluation of the bearer" (p. 3). Overton and Medina (2008) characterize longer-term effects: "Stigma is debilitating for people with mental illness. It has an impact on their options for life, their beliefs about themselves, and even the course of their illnesses" (p. 149). It is impossible to gauge the effect on viewers of negative portrayals of conditions/disorders, or even of media characterizations of real persons in the news. As a viewer of television, I notice a surplus of fictional villains with supposed mental conditions in today's visual media—in fact they seem more common than the villains who were Nazis in the TV of my youth, or the Soviets in the TV of the 1980's.

Power structures are, of course, always present and always changing. Kincheloe (2008) comments on how burgeoning new media, as examined by cultural studies scholars, have actually altered the ways in which culture operates:

New forms of culture and cultural domination are produced as the distinction between the real and the simulated is blurred. This blurring effect of hyperreality constructs a social vertigo characterized by a loss of touch with traditional notions of time, community, self, and history. This proliferation of signs and images functions as a mechanism of control in contemporary Western societies. (p. 57)

Quotes such as this could be included in curricular activities that seek to emancipate students in more empowering ways, such as the ability to solve problems by examining them from varying perspectives. Students engaged in discussions about literature often contradict each other and offer alternate interpretations of human behaviors. Adding a vantage of critical theory to a discussion of mental illness in movies would serve to sensitize students to issues faced by citizens with psychological disabilities, as well as to alert them to the pernicious operations of stigma. Ideally, teachers using these pedagogies would focus not only on how to empower students, but also on why it is important to be so empowered.

Theories that are forerunners of today's critical outlooks, along with newer media and the literacies they demand, would be important additions to high school and university-level curricula. W. E. B. DuBois recorded his transformative ideas before "critical pedagogy" had a

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name (Kincheloe, 2008, p. 60), and many of these ideas would prove useful in opening the eyes of students to the plight of people facing unequal social treatment and conditions. I do not doubt that secondary school-age students could handle intelligently discussions of critical race theory and how some of its tenets have been appropriated by scholars in the area of disability studies. Campbell (2008) writes that a main characteristic of ableism is the view that impairment is negative and requires curing or elimination: "What remain unspeakable are readings of the disabled body presenting life with impairment as an animating, affirmative modality of subjectivity. Instead of ontological embrace, the processes of ableism, like those of racism, induce an internalization which devalues disablement" (Campbell, 2008, p. 154). Even more interesting and controversial would be to explore the resentment of some scholars toward this cross-theory appropriation and denigration, as when Pickens (2012) blogs, "Black Studies has done too much work on institutional racism to sit silent while institutional ableism relies on racist rhetorics [sic] to run amuck."

For education majors in universities, especially student teachers, mastering new technologies, new media, and new approaches to instruction makes a challenging job even more daunting. I have been the cooperating teacher for eight pre-service teachers during my tenure as a Language Arts teacher in high schools, and all of them have had varying levels of proficiency in grammar and writing, technology and classroom management, and other skills. In today's educational milieu, with publishers issuing deskilling scripts, and neoliberal state legislators dictating what will and will not appear in textbooks, young teachers are required to meet tougher standards and expectations than did teachers of my generation. In special education, an area that many disability studies scholars position as an interventionist and normalizing discourse, teachers must work every day with students who have a wide range of special needs. Among the tasks of effective administrators is, of course, to assist special education teachers with resources such as workable class size and curricular materials, while at the same time to follow state and federal laws governing the fair education of all students. Needless to say, educators of any level of experience should be aware of the bullying, exclusion, segregation, and other types of mistreatment that often result from students' being seen as different from their classmates (Cooley, 2007, p. 35).

I should note that it is not one of my goals in this study to advocate or deny the legitimacy of special education. Surbaugh (2010) writes about the attention that current special education literature gives to self-determination:

> Students with disabilities are the boundary cases for those touting independence and access to the social and economic goods of society. The price of admission, however, is that students with disabilities find ways, with the aid of educators, to erase their dependence on others. (p. 109)

This passage suggests a paradox: although one of the aims of special education is to "promote the abilities of students with disabilities to exercise decision-making skills thought necessary for market citizenship" and to decrease "overdependence," (Surbaugh, 2010, p. 109), the very designation of "special education" or "special needs" functions as a label of impairment that calls for remediation or fixing—creating a relationship described by the medical and social models of disability. How I address special education in this chapter and the next chapter is intended to reflect the discourse as it is in operation currently in American schools.

Students may incur psychological damage by internalizing labels given to them by educators or medical professionals. Further damage may result when these professionals allow labels to guide their interpretations or insights. Harry and Klingner (2007) write that these negative effects "are particularly likely in the practice of the mental health professions because of the overwhelming appeal of science as the basis of psychology and psychiatry, both of which have had a powerful influence on the conceptualization of special education" (p. 13). When members of minority groups are placed disproportionately in special education programs, it is only natural to interpret this treatment as a continuation of institutionalized racism; what is worse is the sanction of science that reifies historical stereotypes and conflicts with the "good intentions" of providing special services to children who need them (Harry & Klingner, 2007, p. 13). Watermeyer and Swartz (2008) write that

> The notion of internalized oppression as it pertains to disability is a familiar one, but again, clear and usable conceptualization remains sorely lacking. The inability (where this obtains) of disabled people socialized and caught within oppressive social structures to clearly recognize actual modes and mechanisms of oppression reflects an internal

world in which disability experience occupies a shadowy, non-legitimate position. (p. 136)

Here is once again a reinforcement of the idea that although students with disabilities might not pinpoint the source of power that is oppressing them, they surely feel devalued and belittled by their placement in a restrictive environment that is perhaps also under-funded and -staffed.

Ineffective or biased teachers constitute another burden to minority students identified as needing special services. In their book-length study of the overrepresentation of minority students in special education, Harry and Klingner (2007) identify numerous weaknesses in both the general and special education classes observed across several years. They acknowledge that risks based in the family and community tend to augment the risks connected with school— which the authors name *school-based risk*; "poor teachers, overcrowded classrooms, negative social-class and ethnic biases, and a host of other detrimental influences" (p. 16) cannot be ignored in the construction of the identities of children assigned acronyms as well as the "stereotypes of low intelligence, stigmatized behaviors, poverty, or detrimental family circumstances. In such a situation, a high rate of referral may be related to prejudices based on combined racism, classism, or cultural hegemony" (pp. 40-41). Aside from unfair arrangements that have been institutionalized across decades, students also face very real biases. Racial biases are noticeable in the tone of teachers' voices as well as in the manner in which they treat students; at times teachers seem uncomfortable or even fearful of the behavioral styles of their students, a circumstance that may be accompanied by low expectations in performance (Harry & Klingner, 2007, p. 55). In a given school district, not one educator might advocate or display biased attitudes or behaviors, but may still be complicit in racist acts because he or she participates uncritically in the system (Harry & Klingner, 2007, p. 17). Rationalization would in most cases preclude an educator from admitting this complicity; if one were guided by an ethical framework, however, he or she might not feel as threatened by recognizing the injustice but instead work to offset it.

Using teaching methods that increase awareness toward issues of mental health would only prove valuable in producing more independent and free citizens. Critical engagement, both in "regular" and "special" education classrooms, with representations of disabilities would be a sensitizing activity for students, a teaching method that should be implemented in all education

classes in university programs. Gruttadaro (2008) comments on the value of solid educative practices:

> The right combination of services and support has led to youth and young adults pursuing college and post-graduate degrees, achieving professional and personal success, and leading productive and full lives in communities across the country. The lack of effective services and supports has led to social isolation, economic hardship, incarceration, and death. (p. 2)

In the end, using a humanistic outlook—one that asserts dignity and a capacity for fulfillment—can be emancipatory both for students who view representations of mental illness in popular culture, as well as for persons with psychological disabilities, who stand to benefit simply from the spreading of knowledge and understanding.

Theoretical Framework

I will justify my claims in part through using theories associated with disability studies, discourse analysis, critical media literacies, and representation. These viewpoints will help to ground my arguments about consumerism of media signs and messages, particularly in the embodied experiences inherent in film viewing. Research in the fields of disability studies and democratic education pedagogies will further develop a critical stance in favor of involving students and young media consumers in developing awareness of socio-political agendas, as well as ways of resisting the effects of these agendas. My analysis of representations of mentally ill characters will be supported substantially by the work and theories of Michel Foucault. His work on technologies of power, governmentality, and medical genealogy especially will prove useful in describing how fictional/filmic texts contribute to the stigmatization of individuals through reproduction of normalization, categorization, surveillance, medicalization, and punishment of characters with mental disorders. In particular, Foucault's theories on power relations will assist my attempts to demystify the structures whose results include stigmatizing persons with mental disabilities. In addition, through my use of Foucauldian theory, this study will promote Foucault's ideas as useful tools in the examination of sociocultural practices and beliefs, especially in their evolution and use with contemporary media artifacts.

The object of my study is the representation of mental illness, or psychological disabilities, in the medium of American film across several decades. I see these representations or portrayals as sets of discursive practices designed as a form of entertainment for consumers in a capitalist culture. These practices can present versions of persons with mental illnesses as othered identities, as beings who do not fit into widely accepted roles and perceptions of normative lifestyles; further, these portrayals often spread stigmatization and demonization toward characters identified as having psychological disorders.

In the human sciences, according to the *Dictionary of Critical Theory* (2000), "discourse" is "used to describe any widely organized body or corpus of statements and utterances governed by rules and conventions of which the user is largely unconscious" (p. 100). The term "discursive" is often interpreted as pertaining to linguistic patterns. But Foucauldian theory couples the word with the noun "practices." In describing the various discourses within the larger realm of mental disorders, Foucault (1972) states that

> one would soon realize that each of these discourses in turn constituted its object and worked it to the point of transforming it altogether. So that the problem arises of knowing whether the unity of a discourse is based not so much on the permanence and uniqueness of an object as on the space in which various objects emerge and are continuously transformed. (p. 32)

So my understanding of "discursive practices" is underpinned by many languages—not just by what is spoken and written, but also by what is culturally produced, crafted and codified—practiced—through conventions and behaviors. Complexity is also a salient aspect of these discursivities; because languages and their results and products are never static, studies of discourses are never final but, instead, always evolving according to current cultural attitudes.

These attitudes assist in operationalizing a consumerist and uncritical stance; my interest is particularly in how these attitudes are disseminated through American film. "Attitudes" as I use the word here means dominant patterns of thought that influence the dispositions and behaviors of members of society, particularly consumers of popular American film. I am interested in how fictional characterizations of mentally ill persons function to illustrate

Foucault's notions of technologies of power and how power is exercised in the subjugation of human subjects and non-dominant knowledges.

My literature review will include scholarly and popular writing, essay reviews, books, chapters in anthologies, etc. I will focus on critical discourse analysis of film and its representations of characters with mental disorders/illnesses, and use disability studies as a filter, summarizing and commenting (to an extent) on important literature in these fields and areas. From Michel Foucault's work I intend to use ideas related to power structures, in particular, power as disciplinary procedure, as a metaphor for war, as embodied through physicality, as organizational structure and historical signifier, as etiological source of gender bias, and finally, as catalyst for medicalized discourses. I will also cover disability theories, including deviance theory, religious, medical and social models, identity politics, personal experiences of impairment, and other relevant theories and issues. In my final chapter I will review material relevant to theories of representation and critical media literacy, as well as sum up main arguments associated with the six films that are the main texts of this study.

The literature review completed, I will analyze six films that feature characters with psychological disabilities, using Foucauldian theory as my main lens. My intention will be to encourage more critical stances in viewers of film, with a mind toward changing opinions, transforming knowledge—and lessening stigma—about mental illness. My analysis of the six "Hollywood" films will also follow the subtleties of the representation of characters labeled as mentally ill; in Foucauldian terms, my study will be interested in the *genealogy* of this representation. In the final chapter I will review the status of these filmic depictions across the decades of the 1940s through 2010s, including whether they have changed or remained static.

In this study, I will be looking not only at the social structures that harbor hegemony— namely race, class, gender, sexuality, and the often-neglected dis/ability—but at contemporary culture and how it produces meaning about persons with mental illness. Further, I will use critical theories to highlight and demystify the unequal and undemocratic attitudes and treatments faced by these persons, in contrast to what many Americans believe to be the experiences of persons with mental illnesses. Although I will not be developing curricular materials here, I will keep in mind certain questions that would assist a critical educator in addressing images in film: What would a feasible curricular design look like in order to be

acceptable in an American secondary school or university classroom? In what subjects would it be appropriate to introduce disability studies and, in particular, social justice curricula through which educators might attempt a praxis with transformative results among students? What pedagogies would be the most efficient in helping students to determine who is privileged and who is disadvantaged in films featuring characters with mental illness?

The films I intend to use as texts to assist in exploring "dis-abling" attitudes toward mental illness in American movies are *Girl, Interrupted, The Snake Pit*, *Shutter Island, The Soloist, Patch Adams,* and *One Flew Over the Cuckoo's Nest*, films that assume very different approaches in their portrayals of mental disorders and societal attitudes toward them. These films date from the 1940's to the 2010's. Their diverse histories as texts will help me to establish a credible "temperature" of American outlooks on media and views of mental illnesses, as well as a genealogical estimate on the status of the treatment of mentally ill characters in popular film.

Girl, Interrupted (1999) and *The Snake Pit* (1948) build narratives that problematize gender and otherness; *Girl, Interrupted*, in particular, highlights not only the cultural but also the geographical placement of "mad womanhood"—aspects that have remained somewhat neglected in disability literature (Chouinard, 2009, p. 793). These films have also engaged my attention because of the similarities and differences in filmic conventions—especially in feminine performance, confinement, and compliance with medical authority—in works crafted half a century apart. Further, I will examine manifestations of power, particularly in the reinforcement of stigmatization, as well as the depiction of psychiatrization and its historical processes. Theories pertaining to viewers'/consumers' embodied experiences of film watching will assist in analyzing the politicization of images.

Shutter Island (2010) also lends itself to deconstruction through Foucauldian theory. It is a film that I initially refused to see because its theatrical trailers depicted the patients in the hospital for the "criminally insane" as monstrous and sub-human; even after I viewed and took a liking to the film, I noticed that the work was full of paradoxes and even misleading turns of plot. Myers (2012) cites the imagery of duality connected with the main character, Andrew Laeddis (an anagram for Edward Daniels), and the feuding identities and resulting violence triggered by his self-hatred: "…he [Laeddis] has created a twin, an alternate personality for both himself and his wife…Scorsese consistently points to these dualities by means of reflective surfaces—bodies

of water, glass, and even a flask" (Myers, 2012, p. 14). Foucauldian themes such as confinement, sexuality, self-governance, surveillance, madness versus mental illness, clinical language and medicalization, bio-power and knowledge make *Shutter Island* a solid text for interrogating representations of mental disability as well as demonstrating the efficacy of Foucault's ideas in critical examinations.

One Flew Over the Cuckoo's Nest (1975), in both novel and film format, is a seminal work in the depiction of psychological disability. Ken Kesey's 1962 novel and Milos Forman's 1975 film actually span the decades during which much deinstitutionalization was taking place in the United States. The framework of Foucauldian theory fits well with several themes in *One Flew Over the Cuckoo's Nest*, particularly the motifs of surveillance and governmentality. A main reason I chose this film is its handling of deviance, a sociological concept developed largely in the 1950's, which takes into account the variables of setting and circumstances in determining whether an act is criminal/deviant or not:

> Thus the concept of deviance which replaced the older 'social problems' approach found the locus of deviance not in the nature of the act or the character of the actor, but in the process of social definition or 'labelling.' This process cast the person in a social role and often initiated a career of deviance. (Killian, 1981, p. 232)

Labeling is a major part of the process of stigmatization. In the chapter on *One Flew Over the Cuckoo's Nest* I have chosen *Patch Adams* (1999) to be a companion piece, mainly because of contrasts useful in the unpacking of otherization. Patch, the protagonist and a clear trickster figure, is labeled as a rebel by the medical establishment; but more importantly, in an unfortunate reach for dramatic pivot, the filmmakers engage in the labeling and demonization of the mentally ill character Larry, who murders Patch's love interest.

Director Joe Wright's *The Soloist* (2009), based on *Los Angeles Times* columnist Steve Lopez's book, interests me for numerous reasons: first because it traces the growth of the character based on Lopez (who is not the main character) when he finally reaches the conclusion that he cannot force a regimen of psychotropic drugs on Nathaniel Anthony Ayers—the crux of this conclusion being that medicalized discourses are not for everyone. Second, the book and film have in common an agenda that promotes treatment of individuals with dignity and justice,

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whether they are neurodiverse or homeless or marginalized by other sociocultural forces. Finally, both texts preserve the theme of guilt over Lopez's exploitation of Anthony Ayers; even the screenwriter who adapted Lopez's book had to keep marketability in mind as she wrote: "Adapting actual events is all fine and good…until those actual events don't tell a complete and fulfilling narrative. What happens when the screenplay needs components that real life just didn't have?" (Ginsburg, 2009, p. 55) These comments remind viewers/consumers of the constructedness of film, the commercial dimension of media, as well as the static nature of reality.

Education and Transformation

With increased media- and culture-generated attention on teachers, on what they do in the classroom, and even on how they are licensed, how does a teacher "stray" from traditional media and instructional methods in her attempts to teach critical literacy skills relevant to twenty-first century life? Especially if a teacher is creating a unit she will use in attempting to instill knowledge and sensitivity toward disempowered or otherwise marginalized populations, it may be difficult to negotiate state or local curriculum requirements, schedules that eliminate selected curricula in favor of standardized test fodder, and parents who believe in monitoring classroom materials in order to guard their personal values. This study will briefly suggest ways in which an educator might utilize cultural permutations and representations of mental illness in popular culture artifacts.

Teachers regularly see students wearing earbuds attached to various devices, or using smart phones—that is, if these devices are not forbidden during school hours. Rarely does one hear of a school or teacher who encourages the use of personal electronic devices to conduct in-class research or produce knowledge. But what if a teacher not only asked students to use whatever technology was available to them but also assigned topics that seemed to have more social than academic value? This teacher might be seen as challenging and creative—a person whose classes students look forward to each school day—or else the teacher might be perceived as a troublemaker and upsetter of apple carts, who exposes students to materials that are possibly inappropriate for school use. Berry (2007) asserts that

Traditional ways and sources of teaching and learning, especially those based on scientific rationality, logical positivism, and objectivity and print media, have anchored themselves so strongly in school curricula that the introduction of multiple media, especially the influx of popular culture, meets with a host of skepticism and rejection. (p. 689)

New technologies might be easier to introduce in some disciplines than in others, but teachers should strive to encourage familiarity and facility as much as they can. Gillmor (2010) adds "U.S. public education is decentralized, and media are changing so fast that wise teachers need to constantly update what they're teaching" (p. 149). Allowing these technologies into the classroom "meets students where they are," increasing literacy and causing feelings of ownership in learning.

Critical pedagogy could help to free students from flat, lecture-based instruction. Through examining the content area of psychological disorders, or mental illnesses, in popular culture, students would be broadening their own knowledges as well as helping often misunderstood people toward various levels of emancipation. According to Demmitt and Oldenski's (1999), description of the most famous figure in the area, "Freire's pedagogy also empowers the oppressed by entering into the experience of oppression and assisting the oppressed in transforming oppressors through reflection and action. This pedagogy is also one of dialogue and respect" (para.11). In speaking about the prospect of empowering students, Kincheloe (2008) writes "critical educators understand that such an effort takes place in an increasingly power-inscribed world in which dominant modes of exclusion are continuously 'naturalized' by power wielders' control of information" (pp. 4-5). If students and teachers alike have abandoned hopes that traditional modes of schooling and ritualized classroom practices will remain in place, and the populations experiencing oppression will continue to do so, then critical pedagogy informs us that, as Giroux insists, there is still hope: "Hope as a form of oppositional utopianism is one of the preconditions for individual and social struggle and the ongoing practice of critical education in a wide variety of sites—the attempt to make a difference by being able to imagine otherwise in order to act in other ways" (121).

Using teaching methods that promote critical literacy with students would address many curricular needs, and even state-mandated requirements, especially ones that called for critical

thinking skills and social justice education. An instructor could use excerpts from sociology or philosophy in order to suggest that oppression may be overcome, and liberation reached, through a process of critical reflection and action. Discussing "deep" ideas is not beyond the grasp of high school students, particularly if the conversation contains motivating or timely illustrations, in this case from cultural texts that they may have already watched outside of class. It is not the purpose of this study to include specific content and textual analysis, but I incorporate brief details here to illustrate the curricularization of media literacy, surrounding the representational treatment of mental illness in film.

Overton and Medina (2008) describe how the process of stigmatization can affect a person, compromising her ability to deal with daily activities and causing her to view herself in a negative light: "People who have been diagnosed with a mental illness often find that their self-image and confidence are sacrificed by living under the pressure and negative expectations generated by the stigma" (Overton & Medina, 2008, p. 147). In director Joe Wright's 2009 motion picture *The Soloist*, the title character, Nathaniel Anthony Ayers, played by Jamie Foxx, is continually beleaguered by stigma, especially when society imposes calibrations for degrees of normative behaviors. A useful exercise in class to reinforce skills entailed in media literacy theories would be to ask students to identify any signifiers of stigma—that is, any examples that Nathaniel Ayers has been diagnosed with a mental illness instead of being allowed to live the life he has chosen, one on the streets but without medication/medicalization. Examples would also include any other character, public policy, or social practice that reproduces ableism and results in the treatment of Ayers as the "other."

The mechanisms of power that lead to stigmatization are most clear when the other main character, Steve Lopez—the character based upon the real *Los Angeles Times* reporter who authored the book—speaks to the director of the community mental health center where Nathaniel occasionally eats a meal or plays his cello. Lopez first asks about Ayers's diagnosis, and later about the possibility of scheming to commit Ayers to a psychiatric facility in order to force a drug regimen on him. Here students can see clear examples of society's expectations and demands for compliance with "acceptable" behaviors. This turning point in the film, a teaching moment for critical media literacy, might also be a place in which to dispel and demystify false notions of mental disabilities through the ideas of other theorists.

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In *History of Madness* Foucault (2006) describes how during the Renaissance, persons showing "unreason" were not confined but allowed to see "the light of day" (p. 142). Then after the "great confinement," there was a notion connecting madness with evil, and "[i]nvoluntary madness, which possessed men despite their best intentions and conspired spontaneously with wickedness, differed little in its secret essence from the madness simulated by lucid subjects, and it was believed that there was a fundamental similarity between them" (Foucault, 2006, pp. 136-7). That a mental disability is a weakness or character flaw, or that a person can see her or his way to a cure if she or he really wants to be well—these misinformed beliefs originated centuries ago and still flourish in the modern world. In *The Soloist*, Nathaniel Ayers becomes violent when the paperwork that Lopez asks him to sign indicates that Ayers has a "schizophrenic mind." Ayers later profusely apologizes for his outburst, but Lopez finally understands that his tendency to force a normative lifestyle on his friend is obsessive and controlling. Throughout the film, viewers witness technologies of power operating within the medical and legal institutions of Los Angeles, but Nathaniel's determination not to accept what Lopez considers "help" serves as an illustration of Foucault's idea that "the swarm of points of resistance traverses social stratifications and individual unities" (Foucault, 1990, p. 96). In one of the plot lines of the film, Steve Lopez has learned that psychiatrization and psychopharmacology are not for everyone. An instructor attempting to instill the values espoused by critical pedagogies should be careful not to take sides in the debate over whether or not a person should take courses of psychotropic drugs. However, one should point to the manner in which Steve Lopez, played by Robert Downey Jr., gets to know the workings of Nathaniel's life and finally accepts his friend's form of self-liberation—which is a fictional but compelling example of critical pedagogy in action.

In his book about images of mental illness, Wahl (2006) claims that

…the public continues to be exposed to repeated presentations of people with mental illnesses as comical, different, and dangerous—images that perpetuate unfavorable stereotypes which, in turn, lead to the rejection and neglect of those with psychiatric disorders. Until recently, however, there has not been the same sensitivity to media stereotyping of those with mental illnesses. Those with psychiatric disorders, in fact, are one of the only groups of people for whom unchecked media defamation continues to occur. (pp. 164-165)

What is called for here is education and cultural change. A leading scholar in disability studies, Siebers writes that disability has been described recently "as a minority identity that must be addressed not as personal misfortune or individual defect but as the product of a disabling social and built environment" (p. 3). Asking students to study images of mental illness in various texts will go far in transforming their knowledge, and possibly their behaviors, pertaining to real persons with psychological disabilities. Teachers who engage students with multiple texts and technologies, as well as with an eye for love and hope, equality and justice, and inclusivity and responsibility are also going far toward reaching a place where they and their students understand and accept others better, and are in turn understood and accepted.

Methodology: Genealogy/Method: Discourse Analysis

Using Nietzsche's theory of a genealogical view of the past, Foucault (1977) clarifies differences between genealogy and traditional history. A historical approach highlights key events, usually in chronological order; its attempts are reductionistic in explaining the origin of ideas and socio-cultural practices. A genealogy, on the other hand, is messier. Resisting recognition of the value or even the feasibility of locating origins or precise geneses, a genealogy focuses on the errors and accidents, miscalculations and vicissitudes that have accompanied the world down to the present—an analysis of *descent*. Foucault further observes that Nietzsche challenged conventional approaches to history—to tracing origins in linear fashions—because of the futility of searching for the exact and pure origins of ideas and behaviors (Foucault, 1977, p. 142). Genealogists must be bold, Foucault (1977, pp. 144, 146) asserts, in "excavating the depths" and in showing patience in the study of the past so that it is gradually revealed that elements we still value have at their cores not truth but happenstance and randomness. In a sense, Foucault's vision of genealogical analysis serves as an antithesis to the conception, based in the Enlightenment, that knowledge increases freedom: "The search for descent is not the erecting of foundations; on the contrary, it disturbs what was previously considered immobile; it fragments what was thought unified; it shows heterogeneity of what was imagined consistent with itself" (Foucault, 1977, p. 147). Furthermore, genealogies move toward revealing how discourses, social and institutional practices, and even bodies themselves are byproducts of power. Rejecting the significations of structuralism, Foucault instead unearths relations of force and power; in fact he forges the analogy not of language but of war and battle as the historian's point of reference

(Foucault, 1980, p. 114). An important task of genealogy is to reveal how the body is suffused and imprinted by history, as well as to trace history's destruction of the body (1977, p. 148). Foucault's unearthing of behaviors toward those considered deviant is useful in comprehending how stigma is constructed. I will use many of Foucault's ideas in identifying both positive and negative effects of power and, in turn, in understanding how power circulates through the interaction of the people wielding, receiving, and resisting it. In this study I will adopt perspectives that consider genealogical shifts in the representation of mentally ill characters, mainly in an attempt to reveal the presence of images that either impede or promote the emancipatory import of these images upon viewers and their attitudes toward mental illness and persons living with mental illness.

Foucault (1980) troubled the nineteenth century logic that trended toward contradiction, insisting that thinkers must not essentialize the convoluted patterns and strategies of struggle to "the sterilizing constraints of the dialectic" (p. 144). Genealogical research does not position itself as superior to the more conventional study of the past, but it does reject the certainty of salient events and their causes, as well as teleological guesswork (Foucault, 1977, p. 140). Genealogies, according to Foucault (1980), are not positivistic throwbacks to more precise versions of science: they are anti-sciences (p. 85). While the disciplines that comprise the sciences feature strict rankings of power, genealogies endeavor "to emancipate historical knowledges from that subjection, to render them, that is, capable of opposition and of struggle against the coercion of a theoretical, unitary, formal and scientific discourse" (Foucault, 1980, p. 85). Foucault (1980) advocates an "ascending" analysis of power—an inductive interrogation, as it were—starting from the tiniest manifestations (or Foucault's word, "mechanisms") of power in society, and continuing to trace the ways in which these mechanisms have been marshaled and extended by more general and global forms of domination (p. 99).

Is it ironic that genealogists oppose their work to the structure of the binary? Discourses tend to obscure the origins and derivations of truth, ineluctably leading to its loss, according to Foucault (1977, p. 143), who also posits that history is cruel in the way in which it forces a scholar into a reversal of traditional research methodologies. Bouchard (1977) reaffirms this Foucauldian view of reversal, commenting that Foucault bypasses the intentions of authors as well as the demands of traditions when he emphasizes the profound effects of historical accidents

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and superficial interactions (p. 17). If a scholar/historian is carrying out a campaign to combat the oversimplification and obfuscation of the past, genealogy is a sure strategy with which to deconstruct, problematize, and demystify history. This effort is not so much an opposition to conventional paradigms, as it is a realistic complication of the past, especially of those values, behaviors, and actions not validated and recorded in mainstream history books.

A central indictment of Foucault's against binary arrangements comes in *History of Madness*. Commenting on the apparatuses employed in the assessment of mental faculties, Foucault (2006) delineates the philosophical analysis of sanity, blended with the juridical analysis of legal competence. As these disciplinary methods were developing to measure social behavior, they paved "the way for a dualist pathology that will divide everything into binary oppositions—normal and abnormal, healthy and sick—to create two radically different domains separated by the simple formula 'good for confinement'. A rough structuring of social freedom" (Foucault, 2006, p. 128). More than this exclusionary and bifurcated process of looking at how the present came to be, Foucault utilized a transgressive history, according to Bouchard (1977), a history of the "disorder of things," (p. 17).

Another dimension of Foucault's rediscovery and "unlearning" of the past concerns subjugated knowledges. Foucault was deeply interested in how human perceptions of things "create" the things themselves. Graham (2011) observes that a Foucauldian approach to discourse analysis follows this pattern: the words that we use to frame our understanding of ideas and behaviors end up producing those ideas and behaviors. This approach "zeros in" on the relationship between words and things (p. 668). Further, in his work Foucault did not clearly delineate a research method that he consistently used; hence it could be claimed that a precise "Foucauldian discourse analysis" does not actually exist (Graham, 2011, p. 663). Foucault's method is based on attempts to describe the ways in which people discuss, visually represent, and construct the "truth" about mental illness (in the case of my study), within a particular emergent cultural and historical context. My analysis studies various tropes that provide a deep structure to the organization of meaning-making in six films. This study will treat the social construction of mental illness as a subjugated knowledge, and will analyze and challenge the languages used in film that result in the production of discourses that generate and spread marginalization and stigmatization and their accompanying disciplinary measures toward

subjects to whom the title "mentally ill" is assigned. In particular, this study will suggest how central tropes within Foucauldian theory may assist in the deconstruction and interrogation of hegemonic structures of power, and it will illustrate the mechanization of power structures through highlighting examples of Foucauldian theory in American film.

Chapters/ Content

Chapter Three focuses on two films that serve to illustrate disciplinary measures used to control populations, especially people who have been placed in psychiatric hospitals or state institutions. Foucault's genealogical mapping of mental disability and confinement identifies the seventeenth century as an important transition. In earlier times, citizens who demonstrated "unreason" were still included in town life, in "the light of day" (Foucault, 2006, p. 142). Virginia Stuart Cunningham (Olivia de Havilland), in 1948's *The Snake Pit*, and other women committed to the Juniper Hill State Hospital, are repeatedly portrayed as animals (such as snakes) locked in wards or behind reinforced windows. This chapter briefly addresses animal motifs, or animality, as another link of etiology in the construction of stigma and othering. Confinement as a cause of deep feelings of alienation (Foucault, 2006, pp. 79-80) is also apparent in the 1999 release *Girl, Interrupted*. Susanna (Winona Ryder) has been assigned the diagnosis of borderline personality disorder, and she and the other patients confined to Claymoore are objectified by various apparatuses of control, including mesh-fenced windows, frequent room checks, medication regimens, psychiatric observations and, when deemed necessary, measures such as straitjackets, padded rooms, heavy sedation, and shock treatments.

These two films are useful in charting the development of the concept of the "other," a construction that allows viewers/consumers of the films to connect the social status of characters with the signifiers—or stigmas—that mark them as deviant. Also visible is evidence of "descending individualization" (Foucault, 1977, p. 193), an economy characterized by smaller and more targeted mechanisms of surveillance. A key development in the treatment of individuals identified as mentally ill was the increasing medicalization and psychiatrization of these "patients" and their conditions: late nineteenth century psychiatrists expanded the reach of their practices beyond chronic cases farther into the population, so that the term "psychopath," for instance, could now be given to prostitutes and—a new categorization—juvenile delinquents (Grob, 1994, p. 150). Even though systems and themes of control permeate these films, the

characters of the psychiatrists treat their respective patients/characters with compassion. Having expected a higher level of scientific objectification from the psychiatrists, who are seen to represent an impersonal and normalizing dimension of larger society, I was surprised to find characterizations that belied stereotypes: these doctors—albeit fictional—do not condescend but instead speak to their clients on very human levels.

Finally, this chapter addresses the intersection of psychological disability/mental illness and sex. The women in the wards face discrimination both from a male-dominated society, and from the non-disabled population (Wendell, 2009, para. 4). However, part of their process of survival derives from their bonding, and the support they offer one another. The interactions among the female patients, as well as with their doctors and medical staff, also display ways in which people care for themselves—paths toward emancipatory living, which serve as nuances noticeable to viewers, and also to teachers interested in encouraging the development of critical media literacies.

With the purpose of suggesting how theory may assist in the deconstruction and clarification of a work of art, Chapter Four explores the construction of power as metaphor for war, as embodiment through physicality, as organizational structure and historical signifier, and finally, as catalyst for medicalized discourses. In director Martin Scorcese's 2010 film *Shutter Island*, the prison-like "Ward C" of Ashecliffe Hospital (for the "criminally insane") was built during the American Civil War, during a time when, according to Foucault, the social body replaced the sovereign—the king or queen—as the object that needed protection in a quasi-medical sense (Foucault, 1980, p. 55). This chapter will explore how power is operationalized as well as how warfare acts as a motif that permeates the film, from scenes in which the warden invokes both God and violence, to flashbacks of the main character Teddy Daniels (Leonardo DiCaprio) helping to liberate Dachau; from references to North Korea (the film is set in 1954, just after the conflict), to Teddy's own fits of anxiety and rage. In fact, Teddy seems continually to be fighting other forces, layers of surveillance and control which Foucauldian theory would seek to reveal and interrogate, and which, therefore, make for a good filmic work for students to study in order to sharpen skills in critical media literacy.

Even though the psychological pressures on Teddy are immense, the pure physicality of power over bodies is constantly before the viewer's eyes, in a similar way that the freezing

climate in a Jack London story is always before a reader—truly as important as a human character. For instance, Teddy searches fruitlessly for a location in which he will not be followed and observed, finally breaking into a mausoleum in the hospital's forlorn cemetery. The "gaze" of the warden finds Teddy here, however, illustrating Foucault's idea that medicine established itself as a master of truth and a judge of rationality, an agent that hangs the name of deficit upon what is really impairment (Hughes, 2005, p. 83). Never out of the sight of medico-juridical eyes, Teddy also actually suffers from the physical power of control in the form of withdrawal symptoms, including shaking, and hallucinatory episodes. It is as though Teddy is facing the incarnation of medicalized discourse, which has gone beyond merely observing its subject to the point of forming a regime of pathology (Hughes, 2005, p. 82).

In a culture in which education receives frequent negative attention from various media, the issue of media literacy might best be handled as the next back-to-basics movement. There is a segment of the educational community, after all, that has maintained the importance of writing skills throughout the politically-toned arguments promoting high-stakes testing (my tenth graders in Ohio, for example, must pass a writing test, along with other sections that seem to call for more memorization). It is surely possible to engage students in deeper critical thinking by exposing them to modern thinkers like Foucault, especially if a vital curricular need is perceived as being addressed, namely in students' processing, understanding and engaging with ever-expanding formats and markets of media.

Chapter Five studies cinematic representations of the "soul"—according to Foucauldian thought—power relations, the human sciences and penality, and finally, binary relationships. The three films I use to illustrate these major Foucauldian ideas are *Patch Adams, The Soloist,* and *One Flew Over the Cuckoo's Nest.* The soul in this context does not reference religious beliefs, but reflects the ways in which power relations invest the body, a political tool that 'imprisons' the body (1977, pp. 24, 30). In both of these texts, it is ironic that the technologies of power—to which the respective protagonists Patch Adams and R. P. McMurphy pose staunch resistance—retain their surveillance and elements of control, no matter the level or intensity of "fighting back." Furthermore, the legal and medical institutions work together in these films, demonstrating how modern human sciences can be seen to legitimize the protocols and agendas of juridical and clinical practitioners: in modern times, criminal justice continually invokes other

power-wielders (Foucault, 1977, p. 22); this trope is clear especially in the courtroom scene in *Patch Adams*, as well as in McMurphy's transfer from prison to psychiatric hospital in *One Flew Over the Cuckoo's Nest*. So many contentious and confrontational behaviors result in "black and white thinking," or what Foucault called "the sterilizing constraints of the dialectic" (Foucault, 1980, pp. 143-144). All of the authorities that generate and conduct power relations operate with this binary thinking and naming, watching and categorizing, locating and disciplining the individual subject (Foucault, 1994, p. 199).

In the film version of Steve's Lopez's book *The Soloist*, power relations appear most clearly in Lopez's exploitation of Nathaniel Anthony Ayers (Jamie Foxx). Lopez (Robert Downey, Jr.) at first bristles at the suggestion that he is making money and fame from writing his columns on this man marginalized not only by his psychological disability but by his race and socioeconomic status—his homelessness—as well. Lopez exhibits both power and privilege when, speaking to the manager of a behavioral health-centered community center, he suggests that Ayers should be hospitalized in order to force him to start a regimen of psychotropic drugs. Ayers reluctantly accepts some of Lopez's conditions: he plays his donated cello at LAMP (the community center) and not on the streets; and he acknowledges that an aging person like himself is better off sleeping in the apartment that Lopez acquires, instead of in underpasses and alleys. However, Ayers' resistance takes prominence when he refuses to accept a diagnosis of a "schizophrenic mind" (Foucault, 1990, p. 95). That Ayers will not comply with every attempt to normalize his behavior and situation illustrates Foucault's idea that a person can resist and frustrate power structures no matter how he is socially or financially situated in society (Foucault, 1990, p. 96).

I group these three films in the same chapter in order to comment on changes or shifts in the representation of mental illness over the last four decades, as well as to trace similarities in the characterization of main characters with mental illness labels through comparisons with the literary convention of the trickster.

Chapter Six concludes this study with a discussion of representation theories applied to mental illness in cinema. It will also suggest the efficacy of using critical media literacy education with students in grades nine through university level classes. The chapter will contain precise summaries of the central arguments of Chapters Three, Four and Five, along with

suggestions of the value of using Foucauldian theories in helping students to decode visual texts featuring portrayals of mental illness.

Chapter 2: Disability Studies, and Foucault and Theory

Part 1 Disability Studies

When I was given the opportunity to teach "Media Illusions of Disability", a 300-level university class, I was not sure where my "home department" would be located, as the course was cross-listed under Sociology, Educational Psychology, and Disability Studies ("DST" not being an actual department but the designation of a minor). The sponsoring department was Sociology, the class in a beautiful old building halfway across campus from my home department. An indicator of the status of disability studies: those of us who taught classes hailed from Educational Leadership, Educational Psychology, Sociology, English, Psychology, Gerontology, and a few more departments—in classrooms scattered in any buildings available.

Disability studies is seen as a relatively young field in academia. Mason (2010) traces its development as an interdisciplinary field of academic inquiry emerging in the 1970s in the United States and the United Kingdom: "Disability Studies grew out of the Independent Living movements, and gained momentum as people with disabilities and their advocates began deeper and more active engagement in the political process so as to effect changes in public policy" (Mason, 2010, p. 252). Siebers (2008) discusses the main models into which the field is usually divided, the medical and the social: "While seen historically as a matter for medical intervention, disability has been described more recently in disability studies as a minority identity that must be addressed not as personal misfortune or individual defect but as the product of a disabling social and built environment" (Siebers, 2008, p. 3). In short, a person whose life condition eludes what society deems as "normal" should not be viewed as a person who needs fixing or curing, but as a person who is marginalized both by societal attitudes and by physical obstructions engendered by these attitudes. Rembis (2010) emphasizes political dimensions of the movement when he states that "the modern disability rights movement, which in most countries consists of a broad cross-section of the disabled population and highlights a politicized disabled identity, emerged out of the social turmoil and civil rights struggles of the 1960s and 1970s" (Rembis, 2010, p. 20). Ferguson (2012) also highlights the importance of the lived experience of persons with disabilities (PWDs) when he characterizes the field as "the academic side of the disability rights movement" (Ferguson, 2012, p. 71). Further, disability studies represents the work of scholars—both with and without disabilities—to analyze and theorize

about the salient points of protest of people with disabilities and their families (Ferguson, 2012, p. 71). A particular hallmark of disability studies in the United States is the focus on routinized discriminatory practices—hence the resemblance to "minority-group" activism (Anders, 2013, para. 3). For the purposes of my study, disability studies functions as an increasingly prominent academic field to use in positioning my examination and troubling of media/film representations of mental illness.

A study of laws pertaining to disability rights and education locates legislation designed to bring about more equity in the classroom and in society in general. The Americans with Disabilities Act of 1990 defines a disability as "a physical or mental impairment that substantially limits one or more major life activities" (www.ada.gov, Section 12102). During the same year, the 1975 Education of All Handicapped Children Act was changed "(with substantive updates) to the Individuals with Disabilities Education Act (IDEA)" (Cooley, 2007, p. 7). An even earlier piece of legislation, the civil rights-oriented Section 504 of the Rehabilitation Act of 1973 requires "schools to give students with disabilities or 'handicapping conditions'—including mental health and learning disorders—equal opportunity to succeed in the classroom" (Cooley, 2007, p. 8). To provide meaningful educative experiences, teachers often resorted to a "504 Plan" when students perceived to have disabilities—especially "those with behavioral or psychological disorders" (Cooley, 2007, p. 8)—were not served adequately by the ADA or IDEA. I note here how treating phrases such as *mental health* and *behavioral or psychological disorders* as a type of addendum within the phrasing of federal legislation subtly historicizes the unequal standing of individuals with biological brain disorders.

For over 40 years, then, it could be argued that the laws governing special education in American schools could be useful in implementing curricular programs benefiting students with various special needs. Schools even began to seek help from community-based resources with personnel trained in the treatment of students with emotional-behavioral disorders (E/BDs). According to Danforth (2009), in recent years there has been an increasing number of alliances between community service agencies and public schools. However, many schools maintain segregated classrooms in which special education students are taught compliance with authority. Danforth (2009) states, "there is little or no indication in the special education research literature or in the realm of public school E/BD programming that the field of special education has

responded in any significant way to the 'curriculum of control' critique. By all accounts, the curriculum of control is alive and well" (Danforth, 2009, 85-86). Although special education programs in many schools practice inclusion and other pedagogical techniques intended to achieve equality of access in education, one can find in some contemporary programs structures of power that nullify attempts at reaching this equality. Employing a Foucauldian viewpoint, Joseph (2003) writes that situations like this exemplify "the disciplinary society. Social cohesion is based on the conformity to social norms and on the correction of deviants through a combination of coercion and persuasion. The aim is the production of what Foucault calls 'docile bodies'. So there is a shift … to a society based on judgment and surveillance" (Joseph, 2003, p. 171). It may seem extreme to equate the word "deviants" with students who have been diagnosed with learning, cognitive, psychological or other disabilities, but here the word can be seen to apply to students—whether or not they are "behavior problems"—who are different from non-disabled students, or who occupy the role of "the other."

Although the major purpose of this study is to look at how psychological disabilities are portrayed in Hollywood film, special education also interests me: some scholars see it as an "interventionist" field located outside disability studies, that is, a pedagogical category in which students identified with "special needs" will usually be actively separated from a school's general population in order to receive remediation. The intersection of race and disability also surfaces in looking at the history (as well as the current status) of special education in the United States, where non-white students are disproportionately represented. A publication from the National Education Association (2007, p. 1) states that overrepresentation of culturally and linguistically diverse students—a group given the acronym *CLD*—was first noted when the U. S. Office of Civil Rights began keeping records in 1968. This observance was long-delayed, as public attention was attracted to the practice of placing non-white children in classes for "slow learners" not long after the landmark Brown vs. Board of Education decision in 1954. Critics called this practice a covert form of racial segregation, especially in states reluctant to comply with federal orders to desegregate schools (Blanchett, Klingner & Harry, 2009, p. 394). The civil rights movement is credited with boosting the status of the special education movement:

> Progress toward universal schooling for children regardless of handicapping condition
> was fueled by its [special education's] rhetoric of equality and solidarity…. Special

education became a way to provide separate services for some students, a disproportionate percentage of whom were students of color…. Indeed, the establishment of the Bureau of Education for the Handicapped in the 1960s and the passage of the Education for All Handicapped Children Act (EHA) in 1975 followed in the wake of the civil rights movement. (Blanchett et al., 2009, p. 393)

Efforts to achieve educational equity have resulted in countless hard-working and caring individuals entering the field of special education. Legacies of racism and neglect have survived, though, causing African American students to be positioned as the most overrepresented of all groups, especially in subjective categories such as Mentally Retarded, Emotionally Disturbed, and Learning Disabled (or whichever acronymic labels are currently used) in virtually every U.S. state (Ferri, 2004, p. 510). How some of the main missions of special education—promoting equity in classrooms and providing meaningful opportunities to learn—have been diminished is a question that carries many components. The historical position of special education within the civil rights activities of the middle twentieth century is crucial to disability studies, however, as the struggles of persons within this emerging field have often been compared with the long period of patience and resistance demonstrated by civil rights workers.

The ways in which special education programs in the United States harbor and aid institutional racism must be stressed and addressed. First, the very existence of separate educational programming resurrects the question of the binary: is it not an ethical infraction to promote a discriminatory structure? The very nature of being "special" and not for "all" is a mandate that divides the school population and the school itself (Heydon, 2005, p. 388). It would no doubt take extraordinary efforts on the parts of school administrators and teachers, teacher-training programs and social service agencies, and several other stakeholders in the educational complex to promote complete inclusion of students with special needs into general classrooms. Indeed, the face of American classrooms would have to change immensely, a plainly unlikely scenario. Further, massive infusions of federal, state and local monies would be required to operationalize a merger between special and general programs. Still, in the past 15 years, the number of special education students served in general classrooms has increased dramatically (Skiba, Poloni-Staudinger, Gallini, Simmons, and Feggins-Azziz, 2006, p. 412). Although inclusive instruction is on the rise, the deeply rooted racist tendencies that pervade

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American schools continue, positioning a disproportionate number of African American and other non-white students in special education facilities.

For several decades, educators have heard complaints about African American students and other students of color being overrepresented in special education. According to Blanchett et al. (2009), it is remarkable that this disproportionality has only recently been connected to issues of race, culture, poverty, and language:

> This is in part because researchers have been able to document that the experiences of students of color in special education are very similar to the experiences of students in urban settings, and they have been able to use the urban education research to effectively make this case by applying an equity lens to contextualizing the treatment of students of color with disabilities. (p. 392)

Here is a case in which scholars and critics have adapted research to work in an area for which it was not originally created. Is there other existing research that might be employed to further the arguments and stress the needs of students referred for special services? Ferri (2004) claims that the field of special education has been generally dismissive of its critics, and unwilling to question its "taken-for-granted assumptions" (p. 509). She also proposes transforming the general education classroom into a place where all learners would be welcomed and accommodated, a possibility that would "widen the influence of our practice and make an important contribution to the democratic goals of education for all" (Ferri, 2004, p. 513). Once again, the integration back into general education classrooms of students who are accustomed to different instructional techniques and even different facilities would be a lengthy and costly process, though it might be spurred on by remembering that special education was conceived on instrumental theories and functionalist psychology, ideologies that "focus on the individual as a site of pathology." (Heydon, 2005, p. 384)

Although massive increases in the rates of inclusion seem unlikely, critics continue to call for reforms to the mission of special education. Harry and Klingner (2006) posit that until the field can "develop the reputation of being a service designed to remediate and integrate students with learning and behavioral difficulties, it will continue to be a source of stigma and controversy" (p. 181). In the end, Stubblefield's use of the phrase *white supremacy* actually

desensitizes white readers to the sinister emotional charge connected with infamous hate groups, and informs these readers about centuries of racial bigotry and violence, and perhaps even enables them to see how being "colorblind" is in itself a form of racism: "White people who are color evasive do not acknowledge the ways in which they are privileged by being white in our society and the ways in which their individual behaviors and choices contribute to the oppression of black people" (Stubblefield, 2005, p. 140). Considering the ways in which special education has been defined and operationalized since the 1950s, the word *integrate* might best be interpreted, especially in the case of minority students, not so much as an act of inclusion but more as a policy of desegregation.

Educational reform movements have garnered much attention but have fallen short of solving perceived academic shortcomings of American students, no matter their race or ethnicity. In short, most states have installed various types of standardized testing over the last few decades, calling their tests by different names and requiring various grade levels to take them. Although the idea of holding students and their teachers accountable for spending their time in school well is a popular one, the variety of tests across the country, along with the purposes for which these tests are used, calls forth the question of validity. This study does not permit the space for arguing the merits or disadvantages of tests as engines of real learning or purveyors of popular politics, but their multifarious forms attest that all of the titles given to educational reform movements by each Presidential administration—from Reagan's A Nation at Risk, to Clinton's Call to Action for American Education, to Bush's No Child Left Behind, to Obama's Race to the Top—have suggested the existence of a crisis in American schools but have failed to achieve unity in designing and implementing reforms that remain intact long enough to make a meaningful difference in the lives of American schoolchildren. Sanchez's comment on this lack of coordination seems relevant: "The fact is we don't really have an education system in the United States—certainly not in the sense of South Korea's centralized system. We have a balkanized patchwork of bureaucratic fiefdoms" (Sanchez, 2011, p. A7). And if these "fiefdoms" cannot achieve satisfactory outcomes in the schooling with which they are charged to oversee, the segments of the student population that arguably suffer most are the many minorities—of race, ethnicity, and certainly ability.

One element that many education critics readily identify is racism directed at minority students, and standardized testing has gained a large share of the accusations of unfairness. Students of color with disabilities—not to mention disabled students who are poor, immigrants, or limited in English proficiency—are often faced with teaching and testing (and even counseling techniques) that might be fitting for middle-class European American students, but not for them (Grossman, 2002, p. 23). The possibility that a state-adopted measure of learning would be handled more easily by students in a white majority than by non-white students (and particularly by students coping with disabling conditions) suggests a semblance of human hierarchy, an arrangement in which some humans are perceived and treated as better, more special and more normal than others—and also an arrangement that is the pre-condition for human oppression (Stubblefield, 2005, pp. 12-13). Whether state education officials develop their own assessment tools or buy them from standardized test publishers, if it is true that a test markedly favors one group over others, then the use of this tool certainly reproduces the structures and cultures of oppression that minority and exceptional students have faced for many years.

> The content, language and format of standardized tests that purport to measure
> intelligence are biased. They are poor predictors of students of color and poor students'
> academic achievement or their learning potentials…. They do not explain or justify
> ethnic or socioeconomic class differences in students' achievement or their enrollment in
> special education programs. (Grossman, 2002, pp. 13-14)

Unfortunately, minority students who have disabilities and who are placed in special education programs face more serious obstacles to their academic success than unfair high-stakes testing.

An additional obstacle is inadequate funding. Commenting on No Child Left Behind, Gay (2007) writes, "Failure to adequately finance its mandates makes NCLB merely a political ploy to veil the resurgence of social reproduction practices and perpetuate inequities in educational opportunities and outcomes" (p. 285). Insufficient funding may seem unconnected to racist and ableist practices, with budget-trimming austerity being a common managerial procedure in the neoliberal atmosphere of the new century, but this practice is also arguably an example of invisible racism. In many districts a severe shortage of bilingual special education teachers and classroom aides has caused school officials to limit services to their special needs

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students who are not proficient in English. Some districts even stop identifying these students as needing special services (Grossman, 2002, p. 30). It seems that budget cuts are intruding upon the instruction of some of the least powerful segments of the American school population—and this is not an ethically viable outcome.

Persons with disabilities experience marginalization outside of classrooms as well, and many disability studies scholars assert that language thrusts the greatest weight upon the shoulders of persons with disabilities. Knoll (2009) questions the use of "overcoming language," which "resituates the individual with a disability as solely responsible for his/her success and happiness, rather than placing responsibility on society for equal access to physical and social privileges" (Knoll, 125). It is a form of social privileging, for example, when a disabled person is described as having triumphed over his/her disability; this ableist framing calls no attention to environments that erect and reproduce barriers to self-determination. Knoll (2009) continues:

> Some oppressed groups, and / or some groups seeking equal rights, have reinforced this "ideology of overcoming" by situating people with disabilities as, "the 'they' that we are not." This reinforces the separateness, or "Otherness," of people with disabilities, despite the fact that both women and people with disabilities have had to fight for their rights and work to dismantle oppressive social structures and attitudes. (Knoll, 2009, p. 125)

Representations of disability as seen through this overcoming, or "triumph narrative" are common in cultural texts such as television, online, and print advertisements, as well as cinematic or literary texts. Triumph rhetoric crafts and reproduces normalizing paradigms that are pleasing to consumers—"Hollywood" endings that cause a character to be admired for the courage and strength needed to "beat" his or her disabling condition. Couser (2009) remarks how even autobiographical triumph narratives—carrying the authority of lived experience— frame disability as misfortune or loss (Couser, 2009, p. 111).

The rhetoric of the binary, so clearly exposed in so much of Foucault's work, surfaces frequently in studies of the positionality and cultural location of disability. A person with a psychological disability, for instance, may be viewed as having a deficit or personal weakness if the condition does not carry a diagnosis rooted in traumatic events. The process of stigmatization changes, however, when "psychosocial explanations—where mental health

problems are seen as caused by adverse life events—appear to be associated with more positive attitudes and behavior" (Sholl, et al, 26). That a mental illness is sometimes called an "invisible disability" further complicates the perception of disability in the eyes of the non-disabled.

When Valeras (2010) deconstructs the factors affecting persons with hidden disabilities, she employs very convincing narrative methods, relying on first-person transcripts from persons with conditions such as Juvenile Rheumatoid Arthritis, Muscular Dystrophy, Epilepsy, and Celiac Disease. Although Valeras reaches reasonable conclusions about the statuses of these interviewees, she never directly mentions the identities of persons with brain-based disorders, or mental disabilities. It is ironic that a scholar writes so well of the binary dividing persons with disabilities (the genitive phrase preferred by many people, over *disabled persons*) and *able-bodied* (or *non-disabled*) persons but neglects even to acknowledge persons with mental illnesses. Valeras (2010) alludes to an array of conditions that are mostly "invisible" in public, and highlights the dual mindsets held by those living with these conditions. Whether a person should disclose or reveal her or his condition is always an issue, and therefore, stressors that accompany having a disorder or disease are always present. Valeras (2010) even frames the conflict as a socio-political issue: "Their stories revolt against the pressure our society upholds to dichotomize, segregate, and place people into clear-cut categories, and reveal the multiplicity and malleability of identity." Despite the mildly militant tone created by words like "revolt," the wide net cast by this statement misses the innumerable states of mental wellness and the citizens who choose or do not choose to identify as mentally ill.

Issues of mental health are largely neglected in the media, and when representations of psychological disorders do appear, they are often inaccurate; hence misrepresentations are so unfortunate because many consumers have little experience or understanding about mental health conditions save for what they observe in media (Merskin, 2012, p. 45; 51). Stump (2002) describes how inaccurate depictions of persons with psychological disabilities create fear from film viewers' lack of understanding, as well as stigmas that might prevent PWDs from seeking needed treatment (p. 189). Donaldson (2002) explores categorization within the Americans with Disabilities Act, including how an American with a physical impairment—according to the social model, in which disability is assigned by society—is constructed as normal, whereas an

American with a mental—hence invisible and non-physical—disability is categorized much differently:

> …the impairments of severe mental illness challenge the normalizing logic of this model. Using a wheelchair does not disrupt the notion of American quite so much as being delusional does. For example, although the physical barriers that exist for wheelchair users are very real and pervasive, they are quite different in nature from mental competency requirements that restrict the abstract right to vote or to refuse medication. (Donaldson, 2002, pp. 111-112)

Even a cursory look through the programs of disability conferences will show many times more sessions and presentations on physical disabilities and related issues than on mental ones. In whatever form it appears, the under-valuing of mental disabilities has far-reaching effects. "Disability politics," writes Meekosha (1999), "is in ferment, as governments roll back the gains of the movement in the name of rejecting political correctness. Popular representations of disability in its complexity play an important part in political discourses" (pp. 27-28). Fictional depictions of disability can influence political discourses, and vice versa (Donaldson, 2002, p. 101).

Chandra and Minkovitz (2007) report that more than 80% of teens who require mental health care do not receive services. Granted, this statistic includes all teenagers who, under the medical model of viewing illnesses, would be diagnosed and advised to enter some type of therapy and possibly a regimen of psychotropic medication. Still, the enormous numbers of young people who become symptomatic as teenagers should be recognized as having hidden disabilities that greatly affect their identities. My teaching in one middle school and three high schools across the years has informed me that the number of full- or part-time professionals, on site, who are qualified to diagnose and treat students with mental/psychological disabilities is virtually nil. School psychologists are largely psychometricians, testing students to see if they qualify for special services, or in larger districts, administering state-mandated standardized tests. Guidance counselors also hand out, collect, and mail back standardized tests; schedule students' classes, as well as meetings with parents to create IEPs and several other documents. I understand that some districts with more sophisticated special services do employ trained therapists for students with psychological disorders/disabilities, but in my time teaching since

1980, and during my term on my county's board of mental health, I have not observed direct on-site services (involving school staff members or community health centers) needed by students showing symptoms of depression, anxiety or other disorders. Our school nurse dispenses "meds" and might utter comforting words to students who choose to talk with her, but she also knows that the best expedient for obtaining mental health care is for parents to drive their child to an emergency room.

A brief review of issues facing students with psychological disabilities—diagnosed or not—suggests the number of obstacles these students face. Gruttadoro, Pollard and Wallis (2007) state that the "overwhelming majority of children and adolescents with mental illnesses fail to be identified and linked with services," and that, further, several educators lack sufficient understanding of early onset mental illnesses. Mental health care is not adequately tied into the daily lives of students in American public schools; and when it is, it is subject to funding cuts and other budgetary constraints. According to Capella, Frazer, Atkins, Schoenwald and Gibson (2008), "In some schools and districts, mental health services and prevention initiatives are isolated from the usual resources, rhythms, and activities of schools; they are vulnerable to replacement or removal as funding and priorities change" (p. 398). It seems, then, that students of school age face a two-fold tragedy: their illnesses position them as "others," and the social and medical services designed to help students—where these programs exist at all—are subject to whimsical funding or cancellation. No clear framework of policy and practice informs the implementation of mental health services in American schools. Whatever measurement is done, it focuses on the impact of mental health services on educational *achievement*, rather than on the creation of mental health-oriented activities that affect and promote learning (Capella et al., 2008, pp. 397-398). How ironic that even curricular programs in mental health should be related to the trend in under-funded high-stakes testing currently traveling the roads of the American educational landscape!

Could stigmatization—or othering—serve as a hindrance to seeking help for maladjustment or general unwellness? When emotional needs are neglected, children and families with clear psychosocial needs often overwhelm the resources of schools. Consequently, the schools' capacity to educate children is seriously compromised, especially in low-income

communities where the need is acute (Capella et al., 2008, p. 397.) Arboleda-Florez (2008)

supplies a history-based definition of "stigma":

> …a tattoo or brand in Greek (from the verb *stizein*), was a distinguishing mark burned or
> cut into the flesh of slaves or criminals by the Ancient Greeks so that others would know
> who they were and that they were less valued members of society. Although the Greeks
> did not use the term 'stigma' in relation to mental illness, stigmatizing attitudes about the
> illnesses were already apparent in the sense that mental illness was associated with
> concepts of shame, loss of face, and humiliation, as in Sophocles' *Ajax* or in Euripides'
> *The Madness of Heracles.* (1-2)

Overton and Medina (2008) state that stigma "is debilitating for people with mental illness. It

has an impact on their options for life, their beliefs about themselves, and even the course of

their illnesses" (149). Although it is difficult to envision long-term outcomes and effects of an

incurable illness—particularly if the parent's main concern is to get the child through the day, or

to initiate contact with psychiatric care through the slow bureaucracy of the emergency room—a

parent has the maturity to grasp the ramifications of the suffering in store for the child.

Stigmas attached to people with psychological disabilities contribute greatly to their

marginalization. Lack of awareness and education about mental health issues and symptoms

often leads to an atmosphere in which mentally ill students flounder and fail. Effective mental

health care and therapies are often difficult to locate and afford, and this scarcity of resources is

even worse when the patient is a minor. Gruttadoro et.al. (2007) reveal that

> [National Institute of Mental Health] researchers found that half of all lifetime cases of
> mental illness begin by age 14, and that despite effective treatments, there are long
> delays—sometimes decades—between first onset of symptoms and when people seek and
> receive treatment. Untreated mental illnesses can lead to a more severe, more difficult to
> treat illness and to the development of co-occurring mental illnesses. (slide 3)

When parents are able to obtain mental health care for their children, there is no guarantee that

the services will be consistent, accurate or affordable in diagnosing and effectively treating

whatever symptom, disorder or syndrome is troubling the child. Tragically, society's failure to

meet the needs of mentally ill young people may actually worsen the symptoms and suffering of American school children.

Among the factors that contribute to the "othering" of mentally ill students are the very symptoms they experience. Evans and Andrews (2005) write that, "Unfortunately, teens with mood disorders are at high risk for poor attendance, academic underachievement, school failure, and dropping out. In the midst of an episode, they can find it very difficult to pay attention, think clearly, solve problems, recall information, sit still, and follow classroom rules." It would seem that an experienced teacher would recognize these cues as soon as they appear, and might label the student as a trouble-maker.

> When confronted with a teen who has special needs, some teachers and administrators are quite adaptable and eager to help. Others, however, are inflexible and unsympathetic, based on ignorance or prejudice about mental disorders. Your challenge as a parent is to build an effective partnership with the school. Your goal is to support the positive teachers, educate the uninformed ones, and avoid the few who are unable to understand what your teen is experiencing. (Evans and Andrews, 2005, p. 135)

In an ideal educational setting, of course, parents should not be the ones who face the task of educating teachers about how to deal with children who have psychological disabilities. How ironic that educators and parents of classmates should be oblivious to the plight of parents of mentally ill students, and especially to the suffering of the students themselves. It is reasonable to assume that, since most children with serious mental conditions are not diagnosed—or perhaps are not seriously symptomatic—until they are finished with grade school or even high school, classmates are not aware of clinical terms or may not have been educated by their own parents about how compassionately to treat fellow students who exhibit aberrant behaviors. But even young students figure out how they can ostracize children who act differently. Howard (2006) writes, "Individuals from the dominant group are usually unaware of their own power and can carry on the daily activities of their lives without any substantial knowledge about, or meaningful interaction with, those people who are not part of the dominant group" (Howard, 2006, p. 61). Although it is difficult to believe that children are unaware of their own power—or the influence their ridicule can have on others—clearly many children live daily lives away from the company of mentally ill students. Simply put, students know how to stigmatize and "otherize." What can

be done to minimize the effects of ignorance about the issues of psychological disabilities? Greater exposure to individuals with mental illness helps to minimize prejudiced beliefs. Overton and Medina (2008) write that the "more personal contact a person has with a stigmatized group, the fewer stigmatizing attitudes he or she will have." Hence "inclusion" or "mainstreaming" are terms that in recent decades have been used to describe very worthwhile educative processes (Overton and Medina, 2008, p. 148).

Indeed, educational approaches must be deliberate, well-funded and -researched, in part because the process of othering seems almost to be a normal behavior in our species. Shapiro (2007) writes

> Since otherness is a construct of exclusivity, it is also potentially a tool of social control. By maintaining attitudes of otherness toward persons who are ill (as well as toward other stigmatized, minority and disadvantaged groups), society promotes homogeneity and certain standards of belongingness. Therefore, on both the individual and the societal level, otherness can be seen as fulfilling certain reassuring and cohesive functions. But otherness designations also create in-groups and out-groups, shunning, shaming, avoidance and attack. To deny our own vulnerability, to quiet our own anxiety, we engage in distancing from, silencing and isolating the diseased or different other. (p. 482)

It would seem, then, that in order to protect their status or power, humans tend to "other(ize)" humans perceived to be significantly different. Attitudes that result in marginalizing behaviors are deeply-rooted and serve as formidable obstacles to students with psychological disabilities in American classrooms.

In ways similar to people who cope with certain physical disabilities, people with mental conditions may choose whether they will reveal their conditions, as well as whether they will seek or accept help from medical professionals. Valeras (2010) uses the terms "bi-ability" and "bi-abled" to suggest an active awareness and engagement with society and its views on disabilities. An excerpt from her discussion seems relevant to persons with mental disabilities, especially if the word "body" in the final sentence were replaced with the word "mind":

> Bi-abled people are a population that transforms their identity and needs depending on the situational context. With a foot in both the nondisabled and the disability worlds,

they belong to both and fit comfortably into neither. Persons with a hidden disability serve to uphold the notion that the body is constantly evolving and changing and thus, the disability category is a fluid and porous one. (para. 41)

Scholars such as Watermeyer (2008, p. 603) record how disabled persons frequently feel pressures to edit or cosmeticize their everyday experiences. He states:

> …disabled people have often described how a layer of experience—that which pertains to both disability and impairment—tends to remain undisclosed in most relationships. This is due to the apprehension of a subtle, yet clear message from the social world that observers will struggle to manage, tolerate or accept descriptions of such experience, due to its evocative, threatening or disturbing nature. What is rendered by this situation is a mode of being within the disabled person which tends towards a level of disguising of experience and the dampening down of authentic responses to a discriminatory world. (p. 601)

A student with whom I was acquainted a few years ago, a young man with spina bifida, faced a routine unknown to his classmates: every school day he wheeled himself into a restroom stall— which had recently been enlarged to accommodate his chair—and catheterized himself. Not many fellow students recognized, either, that he was severely allergic to latex, a condition that resulted in the banning of latex balloons from the school, to be replaced by Mylar. (During this student's time at the high school, latex gloves in the clinic and kitchen were also supplanted by non-latex products. I believe these measures are no longer in effect since the young man's graduation.) Fellow students' ignorance about his condition was due in part to this young man's modesty: another part of his life that he did not advertise was his prowess on the basketball court, playing for a local Paralympic league. I can only surmise that one reason this student did not share his experience with non-disabled students is the great effort it would have taken to describe the routine he had been following for years, even if he felt the motivation to do so.

In surveying literature pertaining to disability history, special education curriculum, learning disorders and mental health issues in education, I am struck by the numerous diagnoses attached to American school children, and especially by the overwhelming number of approaches intended to offset or manage the behaviors that triggered the diagnoses. The task of

understanding "what is out there now" is surely more challenging than memorizing clinical terminology sent to each staff member in thick stapled piles. Add to the array of special education requirements the paradox of increasing government oversight—in the form of high-stakes testing, use of dollars, etc.—and solutions seem unlikely to come soon. After all, colleagues in the high school where I teach, as well as in the graduate classes I have recently taken, shudder at the thought of nationalized standards in curriculum. It is clear too that general education classroom teachers are un- or under-prepared to work with students who exhibit any serious symptoms of learning disabilities or behavioral issues. An example can be seen in the story of a Florida kindergarten teacher who made the unfortunate decision to ask her class to vote on a classmate who was continually disruptive—and who was later diagnosed with Asperger's, a syndrome on the autism spectrum. Fitzpatrick (2009) writes about the controversy, "the incident may point to more than the judgment of one teacher. Parents, educators and disability advocates say it highlights an often overlooked problem with inclusion, the national trend toward placing special needs students in regular classrooms: Many general education teachers receive little to no training in how to manage students with disabilities before they walk into class." In one of my undergraduate courses I remember receiving training in operating ditto machines, 16mm projectors, and filmstrips. I had no instruction on what would later be called IEPs. Thirty years later, from contact with other teachers in schools, in graduate classes, and at conferences, I note a similar lack of training in young teachers—with the exception of special education teachers and administrators of student/special services. If it has taken over a quarter of a century for disability studies to become recognized at the postsecondary level, what chance do the knowledges entailed in this field have of penetrating the structures and routines of pre-K-12 schooling at a quickened pace?

Among the reasons for my interest in the field of disability studies is the need for education about impairments and disabilities in all of their numerous and complicated forms. If disability studies is the academic incarnation of the disability rights movement, then disability studies scholars should strive as much as possible to address the real issues facing PWDs and people close to them. In my years as a classroom teacher I have seen how students' understanding and identification have been engaged through learning about facts or issues which, at the start of the school day, they did not know existed. Beyond school settings, moreover, education is more sorely needed. One meaningful context in which critical disability theory can

be applied is with healthcare providers. Garden (2010) comments how clinicians can learn about their patients' stories in subtle and important ways by reading disability narratives, a type of autopathography, which often reveal how a person is reduced in the medical community either to a pitiable figure whose function is to affirm others' normalcy (the abnormal side of the binary coin), or to a "good patient" who bears suffering stoically: "By knowing how to read between the lines of these scripts and stock representations, clinicians can help their patients to resist them" (Garden, 2010, p. 122). In short, disability studies can be used as an educative venue to access emancipatory consciousness within the realm of medicalized intervention. Regardless of where representations of persons with disabilities appear, it is crucial to know how and why to analyze them, in part in order to see how language creates and constitutes reality.

Part 2 Foucault and Theory

If disability studies exists essentially in order to raise awareness and extend emancipation to people who are disabled by society's attitudes and environments, then a theory of disability cannot embrace the idea that a person is merely a passive subject vulnerable to the repressive technologies of power. Therefore, it is important to ponder and place into context Foucault's position that bodies are docile and without agency, products of discursive power. Isn't one of the salient points of resistance to ableism the idea that attitudes and obstacles built by society in fact ignore and neglect the lived experience and embodiment of physical, developmental, cognitive, psychological, or any other type of disablement? Although Foucault rejected the classificatory names of structuralist and later of post-structuralist, and defied the notion of self-empowerment, there is a certain fleshiness that lingers even after one considers how the body is constructed by language-based operations and meanings. Foucault himself states that the history that affects us takes the form not of language and signs but of war, of relations of power (Foucault, 1980, p. 114). Hughes (2012) claims that disability activism should not be reduced to the intentions of individual disabled actors, but neither should it be reduced (in Foucault's vision) to the disembodied mechanisms of discourse (Hughes, 2012, pp. 80-81). So Foucault's take on agency and on theories of resistant bodies must be included in arguments based on self-determination: activism does provide agency for resistance and for deconstruction of disciplinary regimes.

Some scholars attack Foucauldian theory because they think his work attributes too much importance to language and not enough to the physical—that is, to the economic and structural

aspects of the operation of knowledge and power (Hall, 1997, p. 51). Others charge Foucault with relativism when they critique his rejection of a pure criterion of truth in the human sciences—in favor of a *regime* of truth and the will-to-power (or the determination to make things "true") (Hall, 1997, p. 51). As a middle- and secondary-school teacher of English and drama, I see the importance of language in every communication, and so I find Foucault's views on language to be mostly helpful in studying film and the construction of psychological disability.

Hughes (2012) posits that Foucault's work can be used to good effect when one is trying to reveal the backstory of the strictures set in place to control people, particularly those with disabilities (Hughes, 2012, p. 80). When Foucault dates the beginning of the modern clinic in the late eighteenth century, he unearths the concept of the medical gaze and pinpoints the moment at which disease could be knowable; this analysis also marks the start of biomedicine and cements into place the difference between the normal and the pathological—in effect, the binary logic that allows the stigmatization of people based on bodily impairment (Hughes, 2012, p. 82). This new clinical gaze issues from a qualified doctor with the power to make decisions and intervene; it is the genesis of the medical examination (Joseph, 2003, p. 165). Relating to disability studies, Foucault's attention to the combined mechanisms of medicine and governmentality—or the surveillance and management of populations—is invaluable in the indictment of the medical model—of the medicalization of language and every approach to the intervention toward perceived impairments. Foucault (1994) calls the emerging institution of medicine the "lay carbon copy" of the Church, tasked not only with palliating pain but also with watching over the public good (Foucault, 1994, p. 32):

> Medicine must no longer be confined to a body of techniques for curing ills and of the knowledge of *healthy man*, that is, a study of *non-sick man* and a definition of the *model man*. In the ordering of human existence it assumes a normative posture, which authorizes it not only to distribute advice as to healthy life, but also to dictate the standards for physical and moral relation of the individual and of the society in which he lives. (p. 34)

The word *normative* is a key one: its true definition is just as tenuous and imprecise as the word *non-disabled*, the terminology often used to characterize persons who are supposedly without impairment and, therefore, without the life-obstructions (or disability) caused by being different.

Another convolution that disability theorists must debate is ambivalence toward policies and legislation intended to assist persons with disabilities. For instance, the Americans with Disabilities Act of 1990 was designed to counter social inequalities, both in material allocations and in potentialities of self-determination (Anders, 2013); but, as Anders (2013) argues,

> …measures such as the ADA ultimately depoliticize and privatize these claims by reinserting them into the purview of judicial institutions…Furthermore, such measures not only neutralize political claims as private interest, but through bureaucratic codification reify the subject categories that are meant to protect and serve as a means of further disciplinary regulation. (para. 16)

That communities for whom rights-centered legislation is intended to be emancipatory instead deem it at least partially oppressive appears ironic. Yet the definition of the term *impairment* varies widely: whether physiological or psychological, impairments are socially conditioned and framed (Anders, 2013, para. 25). Foucauldian theory centered on the disciplinary society addresses the objectification of persons: "Their visibility assures the hold of the power that is exercised over them. It is the fact of being constantly seen, of being able always to be seen, that maintains the disciplined individual in his subjection" (Foucault, 1977, p. 187). From the perspective of lived experience, then, visibility is elicited in multifarious forms, from answering highly detailed and personal questions on applications for benefits, to meeting workplace standards and expectations; whatever the situation, who is to determine the extent or even the existence of impairment?

In fact, the "affirmation model" of disability problematizes the separation of disability from impairment proposed by the social model. Swain and French (2010) discuss how the social model does not negate "a non-tragedy view," creating the "possibility that even in an ideal world full of civil rights and participative citizenship for disabled people, an impairment could be seen to be a personal tragedy" (Swain and French, 2010, p. 155); the affirmative point of view promotes that a person with a disability can possess a positive identity and lead a fulfilling life

(Swain and French, p. 154). He or she either does not want or does not need intervention—or both. Disability theorists or activists may find it unimaginable for disabled persons to go without medical or social interventions, but the way in which they are distributed is paternalistic (Anders, 2013, para. 43), signifying what Foucault calls "the disciplinary mechanisms of power" that focus on the abnormal individual (Foucault, 1994, p. 199).

At the same time in which medicine was evolving into its modern state, power relations were transforming politics. The late eighteenth century saw the early use of demographics, statistical measures of birth and mortality rates, along with other economic and social information, which Tremain (2012) calls "bio-politics' first objects of knowledge and the targets that it seeks to control" (Tremain, 2012, p. 4). Bio-power was the name that Foucault gave to this supervisory control of bodies. Tremain emphasizes the importance of critical work on bio-power because it has fabricated an entire economy of systems and procedures that is intended to watch over the well-being of the general population but that in fact has engendered and reproduced the non-normative discourse of the disabled subject (Tremain, 2012, p. 5). In Foucauldian terms, *subject* has dual meanings: (1)to be dependent upon or under control and (2)"to be tied to one's own identity by a conscience or self-knowledge" (Tremain, 2012, p. 6). It is not true that power is only repressive; the most effective use of power, according to Foucault, is in guiding the potential of conduct—an idea exemplified by types of intervention as widely disparate as weight loss regimens, special education programs, and psychotherapy (Tremain, 2012, pp. 5-8). The hospitalization, incarceration, and psychiatrization of persons with psychological disabilities, along with any accompanying treatments, therapies and rehabilitation courses are, therefore, procedures bound to affect the field of possible action; and the concealment of these procedures—"these limits of possible conduct"—legitimizes them within a discursive formation, making possible the reproduction of more hegemonic structures (Tremain, 2012, p. 8). What is useful here for disability studies—as well as for hermeneutic rhetoric and literacy—is the layered versatility of Foucault's methodology. In most filmic representations of mentally ill characters, for instance, their conditions have already been diagnosed, their treatments or punishments prescribed. Hence the viewers or spectators might automatically surrender their criticism or disbelief in the validity or authority of diagnoses and treatment; the pathologization is in place and the audience inured. Based on the character's difference from normative behavior,

stigmatization and hegemony can only increase. Foucault's approaches lend viewers both the perspective and the vocabulary to deconstruct and problematize the byzantine relations of power.

In using Foucauldian theory as my main filter to view representations of psychological disabilities, I am able to assemble approaches to understanding and interpreting that fit well within the medium of film and, in particular, within the content of my chosen six films. About the original vantage that Foucault crafts in looking at the past, Harland (1987) writes

> So, whereas the orthodox history of human thought is a history of the different things that have been seen in the world by human eyes, "archaeological" history is a history of the different worlds that different human eyes have seen. Foucault's achievement is to give us, for a moment, those different eyes, and have us realize, for a moment, how natural and obvious a different world can seem through them. (Harland, 1987, p.106)

The topics that Foucault takes on, and his innumerable ideas about them, allow me ample room to explore my own ideas about mental disabilities: because Foucault is seen as a specialist in disciplinary societies, I may borrow his lens to examine how "mental patients" have been constructed and treated; because Foucault is seen as a master of categorization, I am able to develop systems of interpretation in order to explore or trouble intersections of ability, race, class, gender and age, along with themes of confinement and punishment, sexuality and medicalization, power and knowledge, and madness and governmentality. The range of his subjects enables me to choose a topic, and then several subtopics upon which to expand and adapt ideas relevant to my work. Using Foucault's ideas, I find no dearth of content to write about.

Perhaps the Foucauldian theme most germane to this study is madness, which in recent centuries has been conflated with mental illness (Foucault, 1995, p. 293). In writing about madness, Foucault builds in a rhetorical underlayment that reminds us of foundational differences in long-past eras: we simply do not know what culture and manners were like during the seventeenth and eighteenth centuries, we are reminded, and a genealogical approach will help us to understand as much as we can. In the classical age, madness became associated with sins of the flesh and crimes against reason; persons who feel alienated today might trace their plight to this unfortunate linkage (Foucault, 2006, p. 86). "What the fall of man was to sin, so was

madness to the other faces of unreason" (Foucault, 2006, p. 158) is Foucault's analogy; in fact any behavioral or psychological disturbance—and even delirium and lying—were exemplary of unreason, and treated the same (Foucault, 2006, p. 141). Whether a person was spending money excessively, or disgracing the family name, or exhibiting promiscuity, or showing symptoms of what would be diagnosed today as mental illness, the person was confined: "In an important sense, confinement and the whole police structure that surrounded it served to control a certain order in family structures, which was at once a social regulator and a norm of reason" (Foucault, 2006, p. 89). Of especial importance is the relation that Foucault reveals among madness, medicine, confinement and the juridical system.

During the Renaissance, societies isolated "madmen" without granting them a medical status (Foucault, 2006, p. 118), but in the classical age, "[w]hen the seventeenth and eighteenth centuries confined madness together with debauchery and libertinage, the point is not that they had failed to diagnose an illness but that they understood it in radically different terms" (Foucault, 2006, p. 109). One perception common during the time was man's bestiality proved that a "madman" was not ill: his animality (i. e. thick skin, invulnerability to cold) in fact protected him from misery and suggested that society need not provide protections such as, for example, heat in freezing workhouses (Foucault, 2006, p. 148). Madness, accompanied by its seeming bestiality, became naturalized, and the fear of this animality generated the horrid practices in handling the insane; society's hope was that madness, which was still considered "the counter-natural violence of the animal world," could be controlled only through constraint, punishment and training (Foucault, 2006, pp. 150-151). A small percentage of people confined was actually offered medical status; the majority led a correctional existence (Foucault, 2006, p. 111).

The juncture where medicine met law points to Article 64 of the 1810 French code as an important landmark: No crime was committed if the offender was of unsound mind at the time of the offense. Layers of examinatory procedures, diagnoses, and normative judgments were accreting in the legal system, and a person with a designation of insanity was automatically not guilty (Foucault, 1977, pp. 19-20). Medical experts were at this time invited into courtrooms as advisers: Is the defendant dangerous, and if so, how should the public be protected? For a study of film characters with psychological disabilities/disorders, it is important to focus on the

development of the picture of what Foucault calls "medico-judicial treatment" (Foucault, 1977, p. 22). *In One Flew Over the Cuckoo's Nest,* what entity was invested with the power to transfer McMurphy from prison to the psychiatric hospital? In *Patch Adams*, why was his clinic not considered a normative medical facility, and how could Larry have been treated more effectively? In each film, why do drugs play such key roles in the treatment of mental illness? The sources for the answers lie in the eighteenth century, according to Foucault, when the social "body" became a field for medical intervention, and the doctor a practitioner of public hygiene (Foucault, 1994, p. 184):

> It must not be forgotten that, in most Western countries, psychiatry was then trying to establish its right to impose upon the mentally ill a therapeutic confinement. After all, it had to be shown that madness, by its nature, and even in its most discrete manifestations, was haunted by the absolute danger, death. The functioning of modern psychiatry is linked to this kinship between madness and death, which was not scientifically established but, rather, symbolically represented in the figure of homicidal mania. (Foucault, 1994, p. 185)

Clinical and legal terms change with the dictates of social, cultural and economic shifts, and these changes do not necessarily bring progress. Theories promulgated by Michel Foucault, particularly the approach to a genealogical "history of the present," are useful in examining depictions of mental illness in film, as well as viewers'/consumers' attitudes toward mental illness and persons having received a diagnosis of mental illness.

Chapter 3: Watching Power: Foucauldian Truth in *The Snake Pit* and *Girl, Interrupted*

How do representations in Hollywood films of persons with psychological disabilities affect viewers/consumers? In this paper I will discuss how viewers' interactions with films are located not only in cognitive processing but also in embodied experience, in part resulting in the construction of stigma toward PWDs (Persons with Disabilities). As fictional and filmic texts continue to utilize the plights of patients and prisoners as sources of dramatic narrative, it is useful to unpack the discursive imbrications of power and how power may be used to displace pathos in the minds of consumers. The purposes of this paper include the examination of (a) the manifestations of power in two American films made half a century apart; (b) the depiction of psychiatrization and its historical processes; (c) the challenges faced by persons with psychological disabilities, particularly involving the intersection of sex. Finally, I will map out a Foucauldian reading of *The Snake Pit* and *Girl, Interrupted*, two important works in the genealogy of filmic representation of mental illness, and argue that *Girl, Interrupted* is more accurate in conveying progressive attitudes and treatments of patients in psychiatric hospitals.

At once an educator, historian and philosopher, Michel Foucault maps the momenta of control and manipulation, often providing vocabularies useful in the interrogation of inequities within modern institutions. Foucault's genealogical mapping of mental disability and confinement zeroes in on the seventeenth century as a crucial transition. In earlier times, citizens seeming to demonstrate "unreason" were still included in town life, in "the light of day" (Foucault, 2006, p. 142). After a gradual cultural evolution, however, the Classical Age began to see citizens confined as a result of behaviors considered aberrant. Moreover, the ways in which psychological disabilities—in Foucault's diction, *madness*—were perceived changed the very facilities of housing and treatment from mental asylums into prisons (Foucault, 2006, p. 120): "From the day when Bethlem [sic], the hospital for curable lunatics, was opened to hopeless cases in 1733, there was no longer any notable difference between the London hospital and the French Hopital General [built in Paris in 1629], or any other house of correction" (Foucault, 2006, p. 121). This development is so striking in part because the place to treat illness was traditionally the home, with the family participating in caring for its sick member—before medicine pathologized the condition with clinical language and protocols (Foucault, 1994, p. 17).

In a sense, the family member became the patient, and then the prisoner: it was the age of confinement.

Power issuing from confinement is evident from the opening sequence of the motion picture *The Snake Pit* (1948). We see Virginia (Olivia de Havilland), the protagonist, sitting on a bench, a park-like setting behind her. It seems she's addressing a doctor, who must be out of the shot. Quickly, though, the camera goes wider and we see not a doctor but another patient, Grace (Celeste Holm), of whom Virginia was unaware. Then a call comes to signify that recreation time is over, and we see the trees are in the yard of the Juniper Hill State Hospital, outside New York City. The conversation happened in Virginia's head, then, and she is quickly herded, with hundreds of other female patients, into the enormous building, her friend Grace helping to negotiate the crowded corridors and locked wards, as well as to dispel Virginia's confusion. Part of Virginia's running interior monolog: "It's a zoo. I don't like a zoo. I'm sorry for the animals locked up in cages." The crowd scenes in *The Snake Pit* are compelling, depicting the filmmaker's vision of mid-century American mental institutions; one scene, located in the chaotic Ward 33—the higher the number, the farther the patient is from "normal" behavior and release—lends the picture its title, when in a trick shot the camera zooms upward and the women of the ward appear as tiny writhing figures in a chasm. A constant reminder of the women's lack of freedom is the motif of locked doors and the omnipresent shots of windows covered in mesh fencing, made menacing by shadows. Foucauldian theory suggests that the societal gestures of segregation, of excluding those who do not conform to institutional norms for the performance of self, is a prototypical cause of alienation (Foucault, 2006, pp. 79-80). Contrasting Virginia's (and her fellow patients') plight behind bars, with the sequences from everyday life in the home and city, in which she interacts with her future husband, not to mention her parents and a former fiancé, viewers of the film begin to understand how the figure of the outsider or "other" is constructed. Anders (2013) writes that "disabled people are made *subject to* the invasive examinations, surveillance, and objectification that are the hallmark and most obviously oppressive aspect of normalization" (para. 18). Even though Virginia seems to have reached a normative state upon her release from Juniper Hill, her mood still seems tentative and unsure—though the film is neatly tied up with Robert, her husband, replacing her wedding ring before they walk off together.

The seemingly ungovernable character of Susanna (Winona Ryder) in *Girl, Interrupted* (1999) has very different symptoms of psychological trauma from Virginia's. It is not clear whether Susanna is rebellious or unmotivated. Her parents are perplexed and worried, and her high school guidance counselor has lectured her for being the only graduating senior not going on to college. In a series of flashbacks, we witness Susanna falling asleep and missing her name called at graduation, as well as scenes with a former lover—a married friend of the family—and her current boyfriend Toby (Jared Leto). In the film's present time Susanna sits in the home of another family friend, a retired psychiatrist named Dr. Crumble (Kurtwood Smith). In a swift and stoic gesture, Crumble arranges for a taxi to transport Susanna to Claymoore, a private mental facility nearby. Even though Susanna is assured that she is not being forced into hospitalization, she signs herself in, and commences to undergo the disciplinary procedures that accompany commitment to this institution. Although many of the motifs of imprisonment are apparent— such as steel mesh covering every window, and personnel performing surveillance—the level of medicalized language and protocol is greater in this film than in *The Snake Pit*, and we hear that Susanna is diagnosed as having borderline personality disorder. It takes Susanna a time to become accustomed to Claymoore's routines: she must answer nightly calls in which a nurse doles out medicines—apparently laxatives, sleeping pills and other sedatives—and she also learns the consequences of disobedience. For instance, Susanna twice witnesses the return of a runaway patient, Lisa (Angelina Jolie), who is brought back to the campus by police, and escorted to a bare room at the end of the corridor. At various times Lisa is also coerced into electroshock therapy, or put into restraints. Even though the setting of *Girl, Interrupted* is 20 years later than that of *The Snake Pit*, both films represent regimes of disciplinary power, including time discipline and regimentation, totalizing or near-totalizing surveillance, and confinement. It is important to remember that the power exercised over Virginia and Susanna is not only a form of prohibition upon the weak inhabitants of fictional asylums; this power travels through them, pervading their worldviews and behaviors, putting pressure on them as well as receiving the power of their resistance (Foucault, 1977, p. 27). Power travels through these women and attaches itself to their bodies, producing them as subjugated bodies. This disciplinary power is also internalized as a worldview that characterizes the life-world of the institution, so that inmates/residents become increasingly dependent on their "masters," and their resistances

grow more difficult to sustain. It is as though each patient in the dayroom is a node on an institutional grid that brings patients under an individualizing surveillance.

Foucault viewed individualization as a major method of modern disciplinary control. In both *The Snake Pit* and *Girl, Interrupted*, the main characters at times appear lost in a sea of bureaucracy and bodies. However, scenes in which Virginia and Susanna interact with their psychiatrists undergird each work. The women never elude the higher and more anonymous dimensions of the disciplinary regime—of the regulation and normalization of behaviors—(not even when Lisa coaxes Susanna to escape Claymoore and use Daisy's apartment as a stopover on their way to Florida; in Daisy's rooms, in fact, they all experience traumatic results of power and, collaterally, of their reaction to their own objectification). It is in the psychiatrization of behaviors that Virginia and Susanna are most closely controlled. This "descending individualization" (Foucault, 1977, p. 193) is exemplified in ongoing minute surveillance and, in these filmic adaptations of books, psychiatric observation and judgment are represented as resulting in mostly positive outcomes, at least for the main characters.

By the middle of the nineteenth century, psychiatry had established its role as a sort of scientific overseer of public hygiene. Because crime was thought to have a reciprocal relationship with madness, psychiatry expanded its jurisdiction beyond delirium and dementia, to include not only dangerous behaviors, but dysfunctional family relationships as well (Foucault, 1999, p. 120; 141; 146). Late nineteenth century psychiatrists continued to extend their ministrations beyond the severely mentally ill to include categories of deviant behavior: thus the term "psychopath" could now be applied to prostitutes and unruly youth, or juvenile delinquents (Grob, 1994, p. 150). The mental hygiene movement of the early twentieth century distanced itself from the old idea that disease resulted from sin, or disregard of morality (Grob, 1994, p. 151)—which is one definition of the religious model of disability. The movement preserved belief in free will and personal responsibility, and asserted that disease resulted from environmental and hereditarian imbalances; but it added a faith in the restorative influence of science (Grob, 1994, p. 151). The psychiatrists in both *The Snake Pit* and *Girl, Interrupted* seem to be advocates of mental hygiene. The doctors serve as readers or interpreters that dominate and manipulate female subjectivity; the doctors' penetrating looks resemble what Foucault called the

medical "glance" (instead of the "gaze," which goes straight to its object) (Doane, 1985, pp. 210-211).

Dr. Mark Kik (Leo Genn) always acts kindly and paternally toward Virginia Stuart Cunningham. A portrait of Freud on the office wall behind him, Kik answers patiently with observations and finally uncovers some of the roots of Virginia's growing problems. Through flashbacks we witness Virginia's love for her father and later, for her fiancé, both martinet-like figures who, through their deaths, abandon her. Throughout much of the film, Virginia acts disoriented and forgetful: at one point in the ward, crowded with beds whose head- and foot-boards resemble jailer's bars, Virginia appears lucid and admits to Kik that she has "lost" the past five months. When Kik has "established contact" satisfactorily with Virginia, he orders a stop to her shock treatments—one of the more controversial therapies used on mental patients in the twentieth century, and one that can certainly be viewed as a high-powered micro-technology of control. How is the viewer to regard Dr. Kik? His character is symbolic of the psychiatrist's right to intervene in a wide disciplinary field that includes the family, the school, the hospital and the jail—in short, he can pathologize and investigate behaviors that take place in any social institution (Foucault, 1999, p. 150); he may medicalize the smallest eccentricity. On the other hand, Kik genuinely seems to care for Virginia's welfare. He is available to talk at almost any hour; he recommends against her release when the hospital's administrative doctors complain of overcrowding; and he even remains accessible after Virginia is transferred out of his ward. Wise and compassionate, Kik appears as the ideal doctor to represent the postwar American mood: *We'll make every effort for our patients,* he seems to say, *and in due time we'll get rid of these hospital-like warehouses.*

As much as Dr. Kik cares for Virginia's welfare, his role is clearly a male doctor who holds power over a female patient. Virginia is a highly intelligent writer—a sedulous student of human behavior—and her lapses of memory must be a source of devastating anguish. Dr. Kik appears as a tireless advocate—patient and avuncular at all times—but the psychoanalytical talking cure he uses, although purporting to reveal the inner life of a troubled woman, actually reasserts patriarchal dominance and women's subservience to men (Semarne, 1994, p. 144). Further, Kik occludes Virginia's comprehension of the scenes of her past life that we see in flashback, by superimposing his interpretation over hers, thus subsuming her point of view

(Hollinger, 1992, p. 44). Granted, Virginia has lost months of memory and appears in dire need of guidance, and after all, in the minds of mid-twentieth-century moviegoers, it is Kik who bears the authority to diagnose and treat whatever illness is keeping Virginia from leading a productive life. Hollinger (1992) expands on *The Snake Pit* as a "medical discourse film":

> The film's investigation of the female image fails finally to reveal its female character's essential compatibility and successful realignment with her "proper" position in patriarchal society as an object of male desire. It attempts to provide an easy solution to Virginia's psychological problems and thus to minimize their social implications by blaming female nature for Virginia's illness, by placing responsibility for her breakdown on her inability to recognize differences within patriarchal society. (pp. 45-46)

Dr. Kik's influence extends also over the hospital's nurses, all of whom are female (and most of whom are portrayed as either indifferent or hostile to Virginia), but it is Virginia as patient who receives the full force of modern psychiatry's intervention (and it is notable that *The Snake Pit* marked the debut of electro-shock therapy in film) (Walter & McDonald, 2004, para. 3).

It is ironic that Virginia claims to be in the hospital in order to research life in prison for a novel, when Dr. Kik is the one who is forever writing, his typed journal pages (containing notes on Virginia's daily progress) scrolling intermittently across the screen (Semarne, 1994, p. 148). As viewers of *The Snake Pit* witness Virginia throughout various stages of her life, and contrast her interactions with family members and fiancés against her behaviors inside the institution, the medical model of disability can be followed like a formulaic script:

> The medical model thrives by sustaining an essential difference between nondisabled and disabled people, defining disability not as a flourishing of biological diversity but as an individual defect that medical professionals cure or eradicate to restore a person to the superior state of health required by the ideology of ability. (Siebers, 2008, p. 144)

While the seriousness of Virginia's disorder—and it is laudable that the filmmakers have not given it a clinical name—requires time and a place for her healing, it should also be noted that Virginia undergoes the gamut of therapeutic interventions that an ableist society views as necessary. For instance, science is privileged through the depiction of shock treatments—now formally named electro-convulsive therapy or ECT; it is only after four of these sessions (all

experienced without anesthesia) that Virginia's mind seems clear enough for Dr. Kik to begin psychotherapy (Walter & McDonald, 2004, para. 3). This positive depiction of ECT would be contradicted by countless negative filmic depictions once the anti-psychiatry movement reached full development.

The sociocultural mood in the postwar United States informs an array of agendas promoted or suggested by the film. First, delicate word choice about persons with disabilities, even though they might be fictional, was not paramount in the language of the day, including in the review from *Variety*: "[The] picture probes into the processes of mental illness with a razor-sharp forthrightness, giving an open-minded display of the make-up of bodies without minds and the treatments used to restore intelligence" (p. 74). The description here is imprecise and the tone offensive: "bodies without minds" evokes in consumers' minds countless stigmatizing clichés, and intelligence is surely not what is "lost" in a person experiencing a psychological disorder. *The Snake Pit* admirably addresses overcrowding and inhumane treatment in 1940s asylums—hence the level of accuracy in certain depictions might be called "forthright"; however, "open-minded" is a relative term in any age.

The film also positions the imperative of homemaking and motherhood as the counterpoint to ambition. Virginia Cunningham has spent years practicing the solitary craft of writing—of making herself into a writer—yet the values of the day (and the persons and institutions that reinforce them) consistently devalue her need to write. It is perhaps useful to recall that women who filled the jobs of men during the Second World War were expected to forfeit those jobs to the returning citizen-soldiers. Virginia had not worked in a factory or in construction, but she had ventured into what Fishbein terms "the 'masculine' realm of the intellect" (Fishbein, 1979, p. 652).

> Freudianism was revived in the late Forties in response to the exigencies of the postwar world. Women who had experienced paid employment outside the home during the wartime emergency often had difficulty readjusting to a more restrictive domestic role. Whereas during the war it had been women's patriotic duty to contribute to the nation's economic life, afterward there was scant cultural support for women who did not wish to be fulltime homemakers. (Fishbein, 1979, p. 641)

The sequences in which Kik offers therapy to Virginia serve as a primer to Freudian theory: Keogh (2004) comments that "the script's reductive psychoanalysis, typical of 1940s movies, seems dismissible now" (p. 39). Indeed, the normalizing gaze here becomes a stare as Virginia is continually reminded of the traditional role for women to fill in postwar United States culture. For instance, when Virginia's self-doubt causes her to diminish her own importance in conversation with her husband Robert, he insists that the time he spends with Virginia constitutes his freedom—suggesting that true freedom resides within marriage bonds (Fishbein, 1979, pp. 660-661). Fishbein (1979) suggests that the perceived social problem of the "masculinization" of women—of their becoming more aggressive in seeking equality in business and other careers— engaged the makers of *The Snake Pit* more than the crisis in mental health care (p. 657). Thus, with its subtle mixing of ableism, sexism and medicalization, the film occupies a salient hashmark on a timeline charting the treatment of mental health and illness in American cinema.

The milieu of *Girl, Interrupted*, set two decades after *The Snake Pit* (but actually made half a century later), is suffused with social and cultural revolution. Young people are often portrayed as promiscuous and rebellious; it's the worst year of the war in Vietnam; Martin Luther King is murdered and Bobby Kennedy shown campaigning hopefully. The two psychiatrists who take on Susanna's case appear professional , caring, and mostly patient with the young woman's recalcitrance. Dr. Melvin Potts (Jeffrey Tambor) listens to Susanna—though he dozes off once or twice—and he is the one who retrieves her from Daisy Randone's home after the suicide. (One would assume he could have had the police return the runaway Susanna, but he drives her back to Claymoore, both of them silently crying over the loss of Daisy.) The filmmaker never shows the doctors circulating on the ward—in the dayroom or art room or corridors—nor is it revealed if these doctors have private practices or affiliations with other psychiatric hospitals. We are given only the artifice of Susanna "on the couch" in their offices (except when Potts transports Susanna back to Claymoore). But we can assume that their administration has a part in creating a supportive atmosphere: the nurses and attendants show respect for the patients, and Nurse Val (Whoopi Goldberg) continually overlooks Susanna's provocations, one time commenting that this private hospital is luxurious compared to the state facilities.

Dr. Sonia Wick (Vanessa Redgrave) finally assumes Susanna's obdurate case. Her character is paradoxical: she poses challenging questions to Susanna, and we can tell that Susanna finally takes her situation seriously as the camera zooms very slowly into a close-up. Sonia pronounces, "The choice of your life. How much will you indulge in your flaws?...If you embrace them, will you commit yourself to hospital for life?" This idea might be construed as a perpetuation of the ignorant and harmful stereotype that a person with a mental illness may choose to overcome it, or choose to succumb to it. At the same time, Sonia speaks to Susanna as an adult, promoting self-analysis because she wants Susanna to avoid those parts of her personality that might defeat moral courses of action (Kerr, 2001, p. 234). This "care of the self" theme surfaces frequently in Foucault's writings. Although Foucault seemed to distrust psychiatry in general, he once wrote, loftily, about the gods' purpose for sending disasters to humans:

> …so that they can tell of them, but men speak of them so that misfortunes will never be fully realized, so that their fulfillment will be averted in the distance of words, at the place where they will be stilled in the negation of their nature. (Foucault, *Language, Counter-memory, Practice,* 1977, p. 54)

What is talk therapy doing for Susanna but palliating the suffering caused by the "misfortunes" of her young life? Here is a crucial use of discourse, an instance of one's words not only naming but *becoming* acts—in Susanna's case, gaining self-awareness that serves not as a cure but a coping mechanism. Sonia's greatest contribution to Susanna's care, though, might be the generous and forgiving atmosphere of the institution. The protocols involving dressing in one's own clothes, or entertaining visitors, for example, herald many of the ways in which behavioral health units are run today. These privileges do not represent reductions of power but micro-technologies that exert a more totalizing gaze of power over the patient body. By the 1960's, technologies of power had become less ponderous but more micro-managing, less apparent but ever-present (Foucault, 1980, p. 58). What appears as a relaxed atmosphere is actually a veil of strictures. There is no doubt that the behaviors of all of the women of Claymoore receive the closest surveillance and scrutiny:

> Breakdowns and instability in the representation of female subjectivity are evident in all types of the woman's film, but in the films of the medical discourse they receive a special

twist. For these inconsistencies and instabilities do not remain unseen or unrecognized by the texts; on the contrary, they are recuperated as the signs of illness or psychosis. In this way, the purported subject of the discourse, the woman, becomes its object: and her lapses or difficulties are organized for purposes of medical observation and study. (Doane, 1985, p. 211)

Women, then, and not only their disorders or disabilities, are objectified—medicalized and hystericized.

The variable most clearly influenced by power is the sex of the patients in *The Snake Pit* and *Girl, Interrupted*. The hordes of women in the hierarchical wards of Juniper Hill State Hospital, along with the dozen or so women on the ward of the private Claymoore, must negotiate the "double-bind" discrimination of ableism and sexism. Wendell writes that "[d]isabled women struggle with both the oppressions of being women in male-dominated societies and the oppressions of being disabled in societies dominated by the able-bodied" (Wendell, 2009, para. 4). The self-concepts of these women are no doubt affected by stereotypes and stigmas, as the loss of body parts or bodily functions tends to trouble the concepts of stability and identity (Lindgren, 2004, p. 148). Although persons with disabilities at times face hostility or even violence, the more common form of discrimination lies in being refused the chance to play the social roles of their non-disabled peers (Asch, 2004, pp. 10-11). Furthermore, women have been disproportionately—and often incorrectly—diagnosed as having mental illness (Donaldson, 2002, p. 101). The differentness of the young women in the group that Nurse Val accompanies into town, in what must be a granting of privilege and a journey for normalization, becomes blatant when they react in defense of Susanna when she is verbally abused by Mrs. Gilcrest (Mary Kay Place), with whose husband Susanna had had an affair. After Mrs. Gilcrest's very public display of anger, the women—who are sitting in an ice cream parlor enjoying their cones—return a raucous disrespect, full of references to the danger inherent in their "insanity." Stunned, Susanna watches Mrs. Gilcrest's embarrassed daughter, apparently a former friend, usher her mother out of the shop.

Susanna's character is uniquely objectified. She appears to be a rebellious, promiscuous female who has been assigned a clinical diagnosis of borderline personality disorder, a label that is not treated with the same psychotropic drugs given to her fellow patients. For example, she

may be issued sedatives and laxatives, but not lithium (and this is the 1960s, before modern antidepressants and anti-convulsive medications often used to supplant antidepressants). Because of the intersectionality of her identity—young white upper-middle-class female with a behavioral disorder/disability—Susanna fits the profile of "double jeopardy," the tendency of people with multiple category memberships to experience more discrimination than people having a single membership (Shaw, Chan, and McMahon, 2012, p. 83). Defiance and non-normative behaviors only place Susanna more directly under the lens of the powers that have institutionalized her, as well as under the attention of the viewers of *Girl, Interrupted*.

Chouinard (2009) asserts that *Girl, Interrupted* "constructs important cultural narratives about where women who perform 'mad womanhood' in particular ways belong and why" (p. 794). Susanna Kaysen has demonstrated what society would certainly judge as promiscuity, suicidal tendencies, and various oppositional behaviors; she has also voluntarily committed herself to Claymoore. (Whether she had "signed herself in" out of naïveté or ignorance is irrelevant, as she seemed to have sensed the need to accept cultural pressures to conform.) Aside from Susanna's need for help, and protection from her own behaviors, she could be perceived by hospital staff as posing threats to individuals, property, and sociocultural institutions. Foucault asserts that

> The idea of *dangerousness* meant that the individual must be considered by society at the level of his potentialities, and not at the level of his actions; not at the level of the actual violations of an actual law, but *at the level of the behavioral potentialities they represented.* (Foucault, 1994, p. 57)

Having "acted out" on the ward by sabotaging medication orders, by rebelling with racist attitudes toward Nurse Val, and by having sex with her visiting boyfriend (and nearly running away with him); having witnessed the treatment of uncooperative patients—especially of Lisa after her two dramatic reintroductions to Claymoore—Susanna appears slowly to resign herself to accept the combination of therapy and self-discipline needed to be released. Susanna approaches life with a sly and writerly world view: she records both general impressions and minute details in an extensive diary—perhaps itself an artifact that enables her eventually to accept the interventions of this psychiatric facility. It is a small irony that Susanna displays acute awareness of her diagnosis, and her prospects for either further institutionalization or release, but

that it takes her almost a year inside Claymoore's walls to quell her compulsions and compunctions enough to feel comfortable again outside of those walls. Susanna certainly does not have *anosognosia*, or lack of insight and awareness of her condition. Commenting on Winona Ryder's acting, Ebert (2000) writes that the actor "shows again her skill at projecting mental states; one of her gifts is to let us know exactly what she's thinking, without seeming to" (Ebert, rogerebert.com, 2000). It seems entirely appropriate that the producers cast an actor with the perspicacity to portray a character with the cursed and glorious sensitivity of a young writer.

Is it possible that female viewers of the film could process the message that Susanna Kaysen's performance of self is gender non-normative—might her behaviors require the intervention and medicalization supplied by a long-term stay in an asylum? Haller (2010) writes that media representations

> help us understand the media's role in "constructing" people with disabilities as different and their role in framing many types of people who may not fit with "mainstream" constructions. These media images affect society as a whole, but they also have implications for the self-concept of people with disabilities themselves. (Haller, 2010, p. 41)

Girl, Interrupted is not a comedy, but its ending could be deemed happy and pleasing in a "Hollywood sense"—that is, the protagonist not only survives but seems to have recovered; but the scene in which Susanna leaves Claymoore with the same taxi driver who delivered her there the year before smacks of normalization, privileging normativity and compliance with medical authority. In highlighting Susanna's "redemption" in contrast to Lisa's figurative death and continued incarceration, Chouinard (2009) not only underscores the binary thinking applied to PWDs and the non-disabled, but also troubles the myth that recovery/normalcy is a choice:

> The good, moral and now compliant patient is rewarded while the "bad," immoral one is socially and spatially "contained." This reinforces notions that places of psychiatric care are places of healing; at least for those who ultimately make the "right" moral choices. It also helps to demarcate boundaries between more and less acceptable ways of grappling with being a woman with mental illness—paradoxically casting Lisa's performances of a

mentally ill self in place as "unacceptable" even evil, despite also being disturbingly human. (Chouinard, 2009, p. 800)

The Claymoore created for *Girl, Interrupted* in fact contains multiple places—the dayroom, corridors and sleeping rooms where the women socialize and follow the hospital's routine, but have no real privacy; the after-hours dark rooms where the women bond but also congregate to taunt Susanna; the medical offices where the women are most clearly constructed as patients requiring intervention: psychiatrists' offices, bathing rooms, and the room where Lisa was apparently forced to undergo electro-convulsive therapy. The characters in this narrative learn lessons about what society expects from women whom it has classified as mentally ill; viewers as well are taught the cultural narrative that "the path of least resistance" is compliance.

Morag (2006) echoes the recognition of reward for obedience and punishment for disobedience. For example, Daisy's "bulimic body" is represented not "as a political body engaged in struggle, but rather, in reactionary fashion, as a body silenced into its final destruction" (Morag, 2006, p. 162). The fates of the non-compliant characters are clear:

> [The text's] attitudes toward both the bulimic girl who is a victim of incest (Daisy) and the supposedly reckless psychotic girl (Lisa) is negative. Both are punished, one by suicide, the other by electric-shock therapy and ongoing hospitalization. In complete contrast, the text accepts Susanna as a "good girl" who recovers from reckless sexual behavior in the past and accepts that judgment until she is released. (Morag, 2004, pp. 161-162)

Even though Susanna seems to learn from the mistakes—and punishments—of others, she must sacrifice pride, modesty and privacy numerous times during her long stay at Claymoore; at first rebellious and defiant (characteristics of her diagnosis), her character eventually assumes a mien of maturity that gains the trust of the various levels of hospital administrators. Goffman (1963) writes

> Apparently in middle class circles today, the more there is about the individual that deviates in an undesirable direction from what might have been expected to be true of him, the more he is obliged to volunteer information about himself, even though the cost to him of candor may have increased proportionately. (Goffman, 1963, p. 64)

That the setting of *Girl, Interrupted* is the 1960s is appropriate, as it is the decade during which societies began to see less necessity for larger and visible means of control and surveillance, in favor of looser ones (Foucault, 1980, p. 58). But an accurate historicization of the treatment of persons with psychiatric disabilities would have to count the numbers of less visible mechanisms of control that evolved during this period: nationwide, psychiatric wards were releasing patients to their relatives and to group homes, actions that simultaneously saw a burgeoning of social services and psychopharmacological advances. The character of Susanna Kaysen may go home in the same taxi that first brought her to the institution, but she has earned her physical release through proving that the nature of her recovery was genuine and not merely a pose for the normalizing gaze.

The ideological stance that control over women's sexuality is wielded through visual representation remains central in debates about media (Chinn, 2004, p. 196). In *Girl, Interrupted,* sexual themes appear frequently enough to become motifs: Lisa pushes her sexuality to prominence in many scenes—particularly during the escape sequence when in the van she kisses Susanna, and in the bar when she virtually seduces a man before stealing his money; even in Claymoore, sexual tension emanates from Lisa like an almost-visible aura. Though Susanna's performance of sexuality is less continuously noticeable, it is surely a seminal part of her diagnosis of borderline personality disorder. Early in the film the viewer observes Susanna's "over-friendliness" with men, and in the psychiatric hospital her preoccupation is again highlighted through her interactions with her boyfriend as well as with the male attendant with whom she has been flirting for an extended time, breaking a basic rule of hospital operation:

> One may also wonder why, in the hospitals, psychiatric or not—which were designed for healing—sexual behavior, sexual activity, was forbidden. A certain number of reasons having to do with hygiene can be adduced; yet these are marginal in comparison with a kind of general, fundamental, and universal decision according to which a hospital, psychiatric or not, should take responsibility not only for the particular function it exercised over individuals but also for their existence as a whole. (Foucault, 1994, p. 82)

Here Foucault references the power that hospitals extend over patients in their functions as facilities of care and healing; but hospitals also reinforce and shape the moral functions demanded by dominant culture, and Susanna Kaysen continually rejects the strictures imposed

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upon her. The contexts in which Susanna's sexual behaviors occur clearly portray them as non-normative—in need of control and correction; Susanna may be a patient in a women's psychiatric ward, but the performance of her sexuality is constructed as a problem that, unless solved, threatens to postpone her release indefinitely.

Theories of visual power have been promulgated throughout the American intellectual landscape (Chinn, 2004, p. 196). Foucault characterizes the medical gaze as a type of governmentality, beginning markedly in the eighteenth century, that collected information with a complex momentum that resulted in a gargantuan, ever-multiplying clinical institution (Foucault, 1994, p. 29):

> Following an autonomous movement, the medical gaze circulates within an enclosed space in which it is controlled only by itself; in sovereign fashion, it distributes to daily experience the knowledge that it has borrowed from afar and of which it has made itself both the point of concentration and the center of diffusion. In that experience, medical space can coincide with social space, or, rather, traverse it and wholly penetrate it. One began to conceive of a generalized presence of doctors whose intersecting gazes form a network and exercise at every point in space, and at every moment in time, a constant, mobile, differentiated supervision. (Foucault, 1994, pp. 30-31)

Susanna's sexuality, combined with multiple symptoms that in psychiatric terms constitute a disorder, at first attract a local gaze, of her friends and teachers and parents, but later of the medical supervisors/managers of the larger society—in the persons of Dr. Crumble and his psychiatrists/colleagues at Claymoore—and finally, of the countless mechanisms of surveillance and manipulation that have been developed to "watch" patients/citizens. Garland-Thomson (2010) adapts theories of visual power into her idea of the "stare," describing how this act constructs disability as a marker of difference instead of simply a variety of the human form; further, staring evokes disability identity by putting into effect the power relations, through subjectification, between the disabled and able-bodied (Garland-Thomson, 2010, p. 190). Of course, Susanna's disability would be invisible in public, but non-physical disabilities still engender stigma from onlookers—stigma that disturbs the social order and weakens bonds between equal members of the human world (Garland-Thomson, 2010, p. 190).

Images and the Construction of Stigma

The effects of viewing negative and stigmatizing depictions of persons with mental illnesses are devastating to the extent that a person with psychological disability internalizes these depictions. Media representations frequently draw criticism for their unrealistic portrayals of psychiatric disorders, the negative stereotypes they solidify, and the myths they reproduce. Hollywood films both reflect and shape cultural dispositions toward persons with psychological disabilities (Livingston, 2004, p. 124). Preceding the invention of motion picture cameras, film and projection, however, still photography was the first to capture and constitute images of otherized subjects. One must wonder if the art of photography and the science of psychiatry, both born as the world experienced the throes of industrialization and modernity, each helped to legitimize the other:

> As psychiatry strove to shed connotations of quackery and turn itself into a legitimate science, the notions that clinicians could describe, define, and even diagnose the insane according to their portraiture became increasingly important. Indeed, the ability to catalog mental pathology from outward appearances underpins psychiatry's "discovery" of madness as a phenomenon amenable to a "clinical gaze". (Cross, 2004, p. 200)

The reach of its supervisory and managerial potential extending through the capturing of images on celluloid and paper—a duplicitous rendering of reality—psychiatry appeared to have perpetuated what we recognize today as the major models of disability: the medical, in which difference is pathologized with the agenda of bringing it to normativity, and the social, in which impairment is re-fashioned by disabling attitudes and environments. Medical doctors were making pictures of psychiatric patients in order to invent a system by which persons, just through their outward appearances, could be more readily recognized and cordoned into groups needing intervention and cure. Photographs of persons with disabilities, according to Garland-Thomson (2010),

> absolve viewers of responsibility to the objects of their stares at the same time that they permit a more intense form of staring than an actual social interchange might support…This license to stare becomes a powerful rhetorical device that can be mobilized to manipulate viewers. (p. 191)

Such photographs were doubtless difficult to produce, requiring time and painstaking care to avoid over- or under-exposure, blurriness, and so on: photography was new, and it would certainly take time for social scientists to study and develop critical stances and rhetorics with which to critique its effects.

Another factor affecting film consumers' construction of stigma toward PWDs is the physicality of the viewing experience. According to Swaminath and Bhide (2009), filmic images should be used to challenge the stigma that many people hold toward psychiatric disorders (p. 246). *Girl, Interrupted* at least presents two sides of the experience of being a woman with mental illness—as "comfortingly ordinary and as disturbingly horrific and other" (Chouinard, 2009, p. 800). It is the "horrific" aspect that raises concern about the ways in which Hollywood film depicts, for commercial profit, the experiences of persons living with psychosocial disorders. Whether or not a viewer has a disorder, whether he or she is well-informed or ignorant of the etiology or behavioral varieties associated with the disorder being portrayed, the viewer's attention will be captured for two hours through a medium that is as compelling as it is complex. Voss (2011) describes the process by which a viewer engages with a film:

> [The film] is able to seem "genuine" to the spectator if it is able to put him into a state of affective-mental resonance. It is not the deceptive imitation of an empirical event that constitutes the power of film to produce an effect. Rather, it is the overvaluation of the cinematic event as a whole, which for the duration of the film presentation takes on the role of a dominating environment for the spectator, who psychophysically interacts with it. (pp. 143-144)

A person immersed in the viewing of a film—in *consuming* it—can be said to be having a visceral experience, then, using the combined faculties of mind and body to receive, process, and store the information and embodied memory surrounding the viewing event. Whether or not the information (in this case about the portrayal of a mental disability) bears a true or erroneous resemblance to reality would probably not occur to the viewer to ponder. How likely, after all, is she or he to investigate the level of verisimilitude expressed in the depiction? Viewers' knowledge and experiences with psychosocial/mental disorders would vary, of course, but the salient theme is that inaccurate representations of mental illnesses in movies exacerbates in viewers' minds the cultural bane of stigma (Swaminath and Bhide, 2009), p. 246.

The camaraderie among the women in these films takes various forms. Grace in *The Snake Pit* appears when she's needed, guiding Virginia to the correct ward or appointment, helping to dispel the heaviness of the ordeal of confinement. Late in the film, when Virginia has recovered much of her former composure and sociability, Virginia befriends Hester (Betsy Blair), a young woman who does not speak but sometimes displays her anxiety through violence. (By the film's end, Hester utters a few words to Virginia, tying off one of the subplots happily.) A confidante is not an uncommon discursive device in narratives, and in *Girl, Interrupted*, Susanna has many. Georgina (Clea DuVall) is her roommate, while Polly (Elisabeth Moss) is like a little sister; Susanna also grows close to the unpredictable Lisa. Characters sharing similar stigma are sympathetic others who supply each other with insider knowledge, moral support and feelings of acceptance and regularity (Goffman, 1963, p. 20). Although circles of friends enhance both character development and plot, they can also prove to be unrealistic artifices, as when R. P. McMurphy in *One Flew Over the Cuckoo's Nest* takes his cohort from the ward out on a fishing boat, or when Susanna Kaysen and the others explore the bowels of their labyrinthine building, playing with an old bowling game or breaking into offices to steal looks at their files. It's good bonding and comic relief, even, but these movie friendships and the hijinks they engender are false methods of recovery that almost certainly do not occur in reality (Kondo, 2008, p. 250). The truth is, these characters are still confined and controlled.

Across the decades, many of the portrayals of psychological disability in film have been negative and downright inaccurate. These false representations have infiltrated our consciousness and have no doubt added stigma to an already misunderstood array of disorders (Kondo, 2008, p. 250). Berger (2013) characterizes late twentieth century films as uneven in their handling of disability themes, "with some films rehashing negative themes and others portraying disabled people in a positive light" (Berger, 2013, p. 205). Holloway (2010) underscores the mixed feelings held by activists when they witness disabled characters played by nondisabled actors (and notes that only one out of the six disabled characters in regular primetime television roles is played by an actor with a disability) (para. 1; 14). It has been almost a quarter of a century since the passing of the Americans with Disabilities Act, and 15 years since the making of *Girl, Interrupted*, but in more recent Hollywood films I see only a small increase in the degree of sensitivity toward characters with psychological disabilities and their life situations. How people manage their lives with disabilities is a subject about which judges and juries need more

education; this knowledge would ultimately cause anti-discrimination laws to assist people with disabilities to enter the mainstream more readily (Asch, 2004, p. 12).

In looking at characters who "examine" other characters in *The Snake Pit* and *Girl, Interrupted*, I am impressed by how the psychiatrists craft their questioning toward helping their patients care for themselves. In *The Care of the Self*, Foucault (1986) writes about ethics of control, the idea that one "belongs" to himself/herself; further, he comments that it is important to establish a relation with oneself "as a concrete relationship enabling one to delight in oneself, as in a thing one both possesses and has before one's eyes" (p. 65). It is ironic that movies set 45 and 65 years ago, periods before today's advanced medications, feature practitioners who engage their patients with questions about who they are and how they feel: from what I have learned about current methods of treatment, a second professional (a psychologist or talk therapist of some type) would need to be located, introduced to the patient's history, and compensated on an indefinite basis. Logan (2013) writes compellingly about this lack of attention to the self: "For many psychiatrists, mental disorders are medieval problems to be treated with medications, and a patient's crisis of self is not very likely to come up in a 15-minute session with a psychopharmacologist" (para. 41). For all of their obsolete methods of diagnosis and control, and their contrived and moderately happy endings, these two films portray mental health professionals who speak sincerely to the people in their care, with the agenda of helping them to restore a functional lifestyle.

Theories espoused by Michel Foucault are especially useful in the deconstruction and comprehension of power structures as they exist in institutions. In tracing the development of entities whose purposes included the surveillance and correction of growing populations, Foucault writes, "[t]his whole network of nonjudicial power was designed to fulfill one of the functions that the justice system assumed at this time: no longer punishing individuals' infractions, but correcting their potentialities" (1994, p. 57). Film and other media are the main sources of information, for most Americans, about mental disabilities (Wahl, 2006, p. 3), and pieces of the clinical vocabularies developed over centuries by the criminal/medical institutions—the diagnostic jargon and protocols that have been termed psychiatrization—have made their way into everyday vernacular; frequently the careless use of psychiatric terminology offends persons with psychosocial disabilities and their family members, who know from lived

experience the pain that these disabilities produce (Wahl, 2006, p. 26). The reproduction of cultural values is enabled in large part by what Americans see in Hollywood movies; Ryan and Kellner (1988) conceptualize the process of this reproduction:

> [T]he prevailing patterns of thought, perception, and behavior that help maintain capitalism and patriarchy are determined, we would argue, by representations, the dominant forms or modes through which people experience the world. (p. 267)

While the purpose of this paper is not to engage in the politicization of systems of government and economics, it is important to note that politics is arguably inherent in any representation; people learn about the world frequently by hearing or watching or otherwise sensing portrayals of what the speaker or filmmaker or advertiser is attempting to construct as reality. Images in films, for example, are arranged by humans: they are cultural products, not natural ones (Nichols, 1981, pp. 21-24).

In the case of the films *The Snake Pit* and *Girl, Interrupted,* the intersectionality of sex and disability should be the crux of any analysis: the very word *intersection* is almost misleading, as the times during which the protagonists' sex carries meaning are uncountable because they are continuous: the image evoked is not of a single junction at which two roads meet, but rather of a convoluted landscape of passageways and re-crossings that even the most technology-bolstered tracking shot would fail to capture. Hollinger (1992) asserts that classical Hollywood films objectify women: women are spectacles to be viewed from a male vantage (Hollinger, 1992, p. 35). What is necessary for a reasonable analysis, then, is a conscious examination that reminds the viewer of the nature and parameters of the text:

> Since images bear an analogous or iconic relationship to their referent (a relationship of resemblance), it is easy to confuse the realms of image and the physical world by treating the image as a transparent window …We need to recognize a signifying of presence-through-absence, the adoption of referentiality by communication. We seldom mistake a menu for a meal or a map for a territory; to confuse an image with its referent or a film with reality is to commit precisely this kind of error, an error that many realist narratives and documentaries seem to explicitly invite. (Nichols, 1981, p. 21)

An old Borges joke: the only accurate map would be the size of the territory it represents. *Fictional* and *representation* are, therefore, redundant, but even though it is unutterably simple to suspend our disbelief as we consume a film, a well-told story can evoke sympathy and empathy (Baker et al., 2008, p. 23) without our realizing. Especially relevant to Susanna Kaysen *in Girl, Interrupted* [the authors are writing about the non-fiction book here, but I wish to link their points to the film]:

> The study of literary representations depathologizes DSH [deliberate self-harm] and BPD [borderline personality disorder] through examining the phenomenology behind DSH and the collection of otherwise baffling and frightening behavior associated with BPD. (Baker et al, 2008, p. 23)

Representations of characters with psychological disabilities can place so-called non-normative behaviors into the contexts of life, then, dispelling at least partially the pathologisation and stigmatization that can accrue from not only negative representations but from simple ignorance and lack of interaction with actual people with disabilities. What can be done to minimize the effects of ignorance about the issues of psychological disabilities? For one, education in psychology or psychiatry, along with personal experience of psychosocial disabilities, affects people's ability to identify personality disorders as psychological illnesses (Furnham et al., 2011, p. 54). Further, greater exposure to individuals with mental illness helps to minimize prejudiced beliefs. Overton and Medina (2008) write that the "more personal contact a person has with a stigmatized group, the fewer stigmatizing attitudes he or she will have" (p. 148). How meaningful an impact can this prescriptive philosophy have on the attitudes of consumers of contemporary Hollywood movies, even if "personal contact" is construed simply as viewing characters with disabilities?

Nichols (1981) outlines strategies that might expand the written and cinematic conventions of narrative realism in order to alter dominant cultural positions: "[D]ifferent character representations, different plot strategies, different moral configurations, different tropes of actions, etc." (p. 268). There's a rub, though: "[W]hile such modernist formal revisions are essential, they can also get in the way of gaining access to popular audiences in ways that work to reshape the dominant figures and narratives of patriarchal capitalist social life" (Nichols, 1981, p. 268). In a free market, building movies with more accurate representations of characters

with psychological disabilities, for instance, does not automatically translate into wider audience appeal and larger profits. Riley (2005) outlines an image commonly equated with money-making Hollywood "tear-jerkers" featuring characters with disabilities:

> The big star spends a few days, maybe a whole week, chatting up patients and doctors in addition to reviewing medical footage of tics and spasms, drooling, and wobbling to be practiced before the mirror while the writers fill in the blanks of screenplays so hopelessly derivative of "classics" in the genre that one wonders if there is a workbook generally available in the California public library system with templates for the blind, deaf, returning veteran, and degenerative muscular or neurological disease movies. (p. 70)

With a focus on the long-term efforts that would be required both to educate and entertain the viewing public, Hirshorn's (1988) approach appears practical: "[M]ass media is slow to shed its various skins of bigotry until public opinion—usually sparked by activism—demands more realism in front of the screen" (para. 7). After all, activists determined to confront and change hegemonic structures of any stripe know that resistance is actually a component of power, and that a long struggle often leads to lasting change. A small aspect of this change takes the form in both films of increasingly humane treatment of patients in psychiatric wards, illustrated well through compassionate and extended talk therapy delivered by psychiatrists. *Girl, Interrupted*, though, contains the greater balance of scenes showing progressive attitudes toward psychosocial disorders and persons who are diagnosed as having them. In a genealogical exploration of representations of mental illness in film, this work features greater convolution of modern life and cultural interconnectedness. Although they are still subjected to surveillance and disciplinary procedures, the patients in Claymoore experience at least a greater semblance of normalization in the form of individual attention and freedoms such as the ability to wear one's own clothing and to leave campus for rehabilitative visits.

In their years of production, *The Snake Pit* and *Girl, Interrupted* effectively bracket the second half of the twentieth century. The setting of *Girl, Interrupted*—1968—places the films only 20 years apart, however, an apt arrangement considering both works may be called Women's Films whose protagonists chronicle their experiences as females facing extended institutionalization. Viewers may remark that Virginia Cunningham and Susanna Kaysen at least

assume active roles through narrative structure, namely voice-over narration. Further, Virginia is befriended by characters like Grace and Hester who are themselves troubled but who support Virginia in their own ways, while Susanna ultimately forms firm relationships with several females, from Georgina to Polly to the kind mother-figure, Nurse Val. It is no small irony, then, that the final scene of each film features male figures that cast subtle shades of patriarchy upon the female protagonists. Hollinger (1992) characterizes this intrusion:

> This subversion can take many forms: the female narrator's story can be finished, interpreted, or interrupted by a male character, exposed as a lie, or revealed as a misinterpretation of events. In all the above cases, however, female narrational power is shut down in some way by a final decisive male intervention that implicates the spectator strongly in this masculine point of view. (Hollinger, 1992, p. 35)

In each finale, it is a man who carries the woman away from the psychiatric hospital, Robert replacing the wedding band on Virginia's finger, and Monty Hoover—the taxi driver who over a year before picked up Susanna outside Dr. Crumble's house as Susanna's mother looked on passively—piloting her back to her home address. Even Susanna's voice-over closing monologue is interrupted by her driver:

<div align="center">Susanna</div>

Declared healthy—and sent back into the world. My final diagnosis? A recovered borderline. What that means, I still don't know. Was I ever crazy? Maybe. Or maybe life is.

<div align="center">Monty</div>

Hey, I remember you.

Considering Susanna's past performance of sexuality with males, perhaps her interchange with Monty just minutes after her release from Claymoore recasts her relationship, however briefly, with appropriate males. Viewers/spectators consume the final shots of both films, thinking not of power relations but observing, as it were, a normative dance in which the male extends his hand and the woman accepts it, following his lead. Made 50 years apart but similar in subject— women who are recovering from psychological disorders but who still fall under the control of

the male-dominated clinical world-- *The Snake Pit* and *Girl, Interrupted* occupy prominent positions in the canon of Hollywood films about mental illness.

Chapter 4: Using Foucault to Explore *Shutter Island*

Viewed from a Foucauldian perspective, the social and political atmospheres of the late twentieth century saw a reduction in the obvious structures of power that governmental bodies had been exercising over populations since the eighteenth century. The forceful disciplinary "regimes" affecting multiple dimensions of society—hospitals, armed forces, factories, down to the level of families—transformed into a sort of transparent net of power. Foucault (1980) writes that "starting in the 1960's, it began to be realized that such a cumbersome form of power was no longer as indispensable as had been thought and that industrial societies could content themselves with a much looser form of power over the body" (p. 58). It could be argued, then, that the changes in lifestyles made possible by social movements such as civil rights legislation and increased access to education, as they filtered throughout the cross-sections of American culture, were not an augmentation of freedom but a production of mechanisms of more minute control. Societies prior to the 1960's—such as the fictional setting in the 2010 film *Shutter Island*, the text that this paper will engage—operated under a more visible topography of control.

Because an examination of a filmic text can take countless directions, I will limit the scope of this paper to a study of how the theories of Michel Foucault—most notably the theories concerning power and its effect on bodies—come to be manifested in *Shutter Island*. With a purpose of suggesting how theory may assist in the deconstruction and clarification of a cinematic artifact, this paper will explore the genealogy of the reception and representation of mental illness. It will place a particular focus on the construction of power and, in particular, power as disciplinary procedure, as metaphor for war, as embodiment through physicality, as organizational structure and historical signifier, and finally, as catalyst for medicalized discourses. Eisenhauer (2008) asserts that stigmatization "results from an unquestioned *repetition* of images that support and create stereotypes and negative representations of mental illness" (p. 17). In order to trace and trouble the emplacement of stigmatization in viewers of films that feature depictions of characters with psychological illness, this paper will also critique imagery of animality and duality, along with the literary/cinematic conventions of setting and characterization—elements that combine to reinforce and construct inaccurate and adverse impressions.

The salient themes in *Shutter Island* serve best to elucidate Foucault's theories on power. Among the interviews in *Power/Knowledge*, Foucault (1980) calls power, "…one of the great inventions of bourgeois society. It has been a fundamental instrument in the constitution of industrial capitalism and of the type of society that is its accompaniment. This non-sovereign power, which lies outside the form of sovereignty, is disciplinary power" (p. 105). The opening shots of the film reveal a ship emerging from thick fog: a ferry to the underworld, as it were, which usually carries patients from the mainland to the island from which they will probably never return, Ashecliffe Hospital, a facility for the "criminally insane" that is harder to escape than Alcatraz. An odd form of slave ship, empty manacles dangling from its inner cubicles, this ferry deposits just two passengers at the only accessible dock of the entire island (the rest of its rugged coastline is fortified by rocks and cliffs). Long before we discover the reasons for the men's visit, we tour the ways in which the facility has engineered the control of its inmates; we are introduced to the physical spaces, walls, processes and finely designed procedures that are reminiscent of Foucault's description of ongoing subjugation—of the micro-mechanisms of power exerted over bodies and behaviors (Foucault, 1980, p. 97). Only later do we learn about why the administration of Ashecliffe wishes or needs to control the inmates/patients who are sentenced there; only later do we wonder if there is a conspiracy among the doctors, or among larger government structures even, concerning unethical surgeries or psycho-pharmacological experiments that recall those of the Third Reich. Dr. Cawley, portrayed by Ben Kingsley, tells Teddy Daniels—the protagonist, played by Leonardo DiCaprio—that what the institution has built is a "moral fusion between law and order and clinical care." We viewers begin to wonder if this microcosmic ruling class is really interested in the treatment and recovery of these patients whom society has shunned and segregated. About the real interests of those who dominate others, Foucault writes

> The bourgeoisie is interested in power, not in madness, in the system of control of infantile sexuality, not in that phenomena itself. The bourgeoisie could not care less about delinquents, about their punishment or rehabilitation, which economically have little importance, but it is concerned about the complex of mechanisms with which delinquency is controlled, pursued, punished and reformed etc. (1980, p. 102)

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It is fitting that two main buildings of the facility—the luxurious doctors' quarters and the prison-like "Ward C"—were constructed during the American Civil War, during the century when, according to Foucault, the social body replaced the sovereign—the king or queen or other feudal figure—as the object that needed protection in a quasi-medical sense (Foucault, 1980, p. 55). Of course in this film version of Dennis Lehane's novel, director Martin Scorcese strongly implies that it is the society back on the mainland that is being protected from the "others" who populate this isolated facility. It is useful to remember that medical facilities, or *clinics* to use Foucault's word, are important to larger society in many ways, among them as structures that contribute to the social utility and political purity of medicine and the manner in which medical practices had been reorganized since the eighteenth century (Foucault, 1994, p. 70). The ancient and threatening sea, the ruggedness of shoreline and cliffs, the stark and striking structures of Ashecliffe's enclave: the viewer is placed quickly into the contained world of this story, a place that grows more fascinating as it grows more repellent.

An ever-present variable in Hollywood film is the bifurcation of representation and its effects on audience. How much positive influence, for example, can *Shutter Island* have on the community of mental health professionals, when it has been produced for entertainment and box office "punch"? In recent years, claims a writer for *Script* magazine (2009), "noir, with its hard-boiled heroes, expressionist-tinged visuals, and motifs of guilt, betrayal, madness and murder, has turned out to be hard to sell" (p. 41). Screenwriter Laeta Kalogridis, characterized as liking disturbing stories, planned to preserve the aura of darkness and paranoia that pervades Dennis Lehane's novel (*Script*, 2009, p. 42). Yet for all of the action and violence in her adaptation, Kalogridis was also engaged by the "nexus" in the history of psychotherapy, the point in the middle of the twentieth century when early psychotropic drugs largely replaced lobotomy in the treatment of mental disorders; she portrays Dr. Cawley as an advocate of cognitive therapy—a doctor who is ahead of his time but who is nevertheless disdained for his theories (*Script*, 2009, p. 43). In a survey of modern films featuring characters with mental disorders, the portrayal of empathetic medical professionals such as Dr. Cawley would be notable.

Seventeen percent of the biggest Hollywood hits of the 1990s featured at least one character who was a mental health professional, a statistic that suggests Americans' fascination with the mental health field; moreover, the most common motivation among movie mental health

professionals was found to be concern for others (Dine Young, Boester, Tate Whitt, & Stevens, 2008, pp. 94-95). Doctors, psychologists and other professionals, as well as those preparing for mental health fields, would certainly deem this finding reassuring. In fact, a recent trend in "pre-med" undergraduate programs, as well as in medical schools, has been offering courses in which students study psychiatric disorders in film. Viewing of this nature offers the opportunity to observe psychopathology that might not be accessible in regular core rotations (Datta, 2009, p. 265). Although doctors and other health care professionals would still be part of the "disciplinary regimes" of which Foucault wrote, at least the treatment of characters with psychological disabilities/disorders seems to be delivered with more personal attention and compassion, and this is a striking development in a genealogy of mental illness in film.

Warfare operates as another motif that permeates *Shutter Island* and demonstrates an operational dimension of Foucault's theory. As Teddy Daniels, a federal marshal turned quasi-fugitive after he appears to learn too much about the hospital's workings, is picked up by the head warden, he is told, "God gives us violence to wage in His honor….Can my violence conquer yours?" At this point in the plot, after Teddy has shown fits of anxiety and anger uncharacteristic of a law enforcement officer, we wonder about his identity; it is as though we have determined the narrator of the text engaging us becomes suddenly unreliable. We are reminded of Teddy's flashbacks from his service in World War II, when he was among the liberators of Dachau and apparently participated in the murder of Nazi guards. We think of the recurrent disturbing dreams featuring Teddy's deceased wife, dreams flooded with the imagery of blood and water, and ashes floating about, as though from the chimneys of death camps. Scorcese and his collaborators manage to invoke several sources of power that infused the film's 1954 setting: there is mention of Communist propaganda—and how it is demonized in the United States; North Korea's brainwashing of captured American soldiers; repeated references to fascism (actor Max von Sydow's Dr. Jeremiah Naehring is a German émigré whom Teddy seems to equate with Dr. Mengele). Across this complicated span of personal and world-wide experiences, Foucault's notion of genealogy helps to explain history, with all its lost and discarded knowledges:

> The history which bears and determines us has the form of a war rather than that of a language: relations of power, not relations of meaning. History has no 'meaning',

though this is not to say that it is absurd or incoherent. On the contrary, it is intelligible and should be susceptible of analysis down to the smallest detail—but this is in accordance with the intelligibility of struggles, of strategies and tactics. (1980, p. 114)

Indeed, *Shutter Island* can be viewed as a template for a thematic analysis of Scorcese's body of work: Myers (2012) cites the filmmaker's preoccupation with violence and corruption, the outsider and redemption, and the driving theme of *Shutter Island*, power (p. 6). In tracing the appearance and importance of mental illness in Hollywood film, scholars and reviewers cannot ignore the prominence of control and its accompanying resistance. Through examining power in this film, the viewer should also remember the post-structuralist view that power does not have any real "seat"—that it is decentralized and exists only in action (Foucault, 1980, p. 89). In fact Dr. Cawley—who acts as the arbiter of clinical power to the warden's function of governmental power—is quite a progressive figure. Myers (2012) points out the "new rituals" that Cawley has employed, including "the prohibition of chains indoors, mandatory small group sessions and private therapy with a primary care giver, strict schedules, productive work assignments, and medication only when absolutely necessary" (p. 10). Hence Dr. Cawley appears as a central link in the transition from large and visible engines of control to the more subtle mechanisms of which Foucault writes. It is almost as though, through Cawley's insistence that the men and women inhabiting Edgecliffe are "patients" and not "prisoners," Scorcese is sketching a map of the evolution (in the middle of the twentieth century) of the treatment of psychiatric patients. Further, the non-linear narrative of the film serves almost as an "anti-structure"; the persons in the story who are exercising power are largely off-screen, and it is ultimately Teddy himself who seems to be self-determining.

Although Foucault sees humans merely as vehicles of power, he pays a great deal of attention to the physicality of power, the ways in which power is exerted over, and in, bodies. It is through medicalized language that Foucault's theorization can be applied to this film. One of the few locations on the island where modern surveillance techniques are not in place is the cemetery, where Teddy takes brief refuge in trying to order his thoughts. Late in the film, though, even the mausoleum into which Teddy has broken falls under the "gaze" of the warden, who must know from Teddy's "partner" where he might be hiding. In researching the genesis of the modern clinic, Foucault finds that medical language takes a step beyond merely observing

and into forming a discourse of pathology (Hughes, 2005, p. 82). About this transition Hughes comments that,

> It is only in this moment that medicine acquires the clarity and power that is necessary to make disease (and, by implication, impairment) knowable…. In addition, this distinction establishes normality (and its opposite) as the domain around which medicine comes to be organized. Hence, the distinction sets in place the dualistic logic that legitimates the invalidation of people on the grounds of bodily difference from a medically fabricated norm and, furthermore, valorizes a regime of truth in which impairment offends against the biological laws of nature. (Hughes, 2005, p. 82)

 From a Foucauldian perspective, then, Teddy Daniels is never out of the range of the powers exercised over him. Even when he believes he has escaped the doctors and guards and orderlies, and eluded his alleged partner—whose status another patient caused Teddy to doubt—Teddy suffers from symptoms of withdrawal from psychotropic drugs, including tremors and hallucinations. Further, he is rather easily recaptured when he stumbles into what he thinks is a sinister laboratory but is really a staged intervention. Soon Teddy comes under the control of the "Board of Overseers" of the psychiatric hospital, people who have connections to larger economies of control at the state and national levels. It is these layered controls that Foucauldian theory would seek to uncover and trouble. Foucault observed that medicine established itself as a master of truth, a judge of rationality and biological integrity whose normalizing gaze names impairment as deficit (Hughes, 2005, p. 83).

Because methods of control are so obvious in *Shutter Island*, it is natural for the viewer to question the paradox represented by the sign "Hospital for the Criminally Insane." In fact Foucauldian theory would interrogate the practice of treating mental patients as prisoners. (It is ironic, of course, when Dr. Cawley corrects Teddy frequently when Teddy—himself a patient—terms the persons around him "prisoners.") Before Teddy was institutionalized, he was an officer charged with enforcing laws: how appropriate that the filmmakers use Teddy as an unwitting mouthpiece to denounce those who would pass the harshest penalty on murderers, no matter their mental state when committing the crime. "Madness cannot be crime, just as crime cannot be, in itself, an act rooted in madness," Foucault asserts (Foucault, 1999, p. 32). Foucault traces the compromising of the legal profession to the early nineteenth century, when judges

began sentencing citizens found guilty to hospitals instead of prisons. He further historicizes the modern concept of "expert medical witnesses" when he describes the introduction in 1832 of the maneuver of "extenuating circumstances," which made it possible to sentence a person not only according to the details of the crime, but also according to the description and diagnosis of the criminal (Foucault, 1999, p. 32). Thus juridical and medical disciplines formed an alliance that had been institutionalized long before (the fictional) Teddy's time and carried down to the present.

But physical manifestations of power are more immediately compelling in this film. When Teddy Daniels breaks protocol and visits "Ward C," the ancient brick fortress from the 1860's that houses the most dangerous of the mental patients, he finds himself chasing a patient who was freed during a power outage caused by a hurricane. Dashing through a labyrinth of dark and leaky passageways, up flights of unstable metal stairways, Teddy is ambushed by the patient, who almost strangles Teddy while muttering imprecations about the outside world he no longer knows and the hydrogen bomb that is now capable of destroying it. Teddy's comment from earlier in the film surfaces now: "Crazy people. They're the perfect subjects. They talk, nobody listens." Are Scorcese and screenwriter Laeta Kalogridis framing this dangerous patient as the conventional truth-teller, the sooth-sayer whose behavior and physical condition does not fit the normative profile favored by cultural attitudes, but who possesses the clearest vision? Shortly afterwards, the patient is recaptured, and we see more of the infrastructure of confinement: cells in which wailing naked prisoners sit in filth, arms reaching through crossbars. When the storm ends, the perimeter around the compound is re-electrified and the barbed wire and walls begin to be restored. Uncovering the methods through which madness became considered as mental illness, Foucault traces the small steps that witnessed the exclusion of humans from the environs of the medieval town—in the case of leprous citizens who were "drummed out," their possessions distributed as if they were already dead—through the altogether different exclusion (which Foucault actually calls an *inclusion*): namely, the quarantining of plague victims for the safety of the population. When asylums and other warehousing facilities emptied as the plague passed, nearly any person considered "undesirable" could become, for the protection of society and the State, marginalized and imprisoned, fillers of the asylums:

[T]he character of the marginal was produced by the gesture of segregation itself. For the day came when this man, banished in the same exile all over Europe in the mid-seventeenth century, suddenly became an outsider, expelled by a society to whose norms he could not be seen to conform; and for our own intellectual comfort, he then became a candidate for prisons, asylums and punishment. In reality, this character is merely the result of superimposed grids of exclusion. (Foucault, 2006, pp. 79-80)

Economies of power that had developed over centuries are firmly established in these remote Harbor Islands, even though hope of a more humane approach to treating persons with psychological disabilities appears when Dr. Cawley speaks of handling patients with dignity, and of attempting to develop drugs that will make them more normal or even "cure" them.

Critics frequently frown upon the use of dreams in fictional works: humans experience them, but are dreams anything more than cheap artifice in storytelling? Nightmares are central in *Shutter Island,* giving Teddy Daniels direction in his crime solving and finally—as we discover the entire premise of Teddy's visit is actually an extended form of therapy cooked up by the psychiatrists (one of whom has been posing as Teddy's law enforcement partner) in order to "spring" Teddy from deep psychological denial—fusing into flashbacks that reveal the terrible trauma that befell him. What can be interpreted from these dreams is the insubstantiality of truth that confronts doctors or other scientists searching for positivistic approaches to explain and correct behaviors. Are Teddy's dreams really contacts from his wife, or signs of stress caused by Teddy's hunt for the man who supposedly set the fire that killed her? Are they caused by drugs slipped to him in aspirin or even cigarettes, or by his paranoia and increasing psychosis that is defying the latest in therapies? It is this medicalization that constructs Teddy's illness and even gives his doctors the inclination that he might be returned to a normative state. Foucault calls psychiatric practitioners to task in these matters; as Harland (1987) writes,

In the end, the Unconscious is not just beyond the consciousness of the individual patient, but beyond anyone's consciousness. Thus Foucault goes on to describe the 'invincible torture' that schizophrenic madness represents for the psychoanalyst…. The light that was to have been shed upon the object falls back upon the subject; and instead of a new depth of understanding, there is only the recognition of the impossibility of understanding. (p. 117)

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Dreams even impinge upon reality when Teddy fires a fake pistol and hallucinates blood spurting from Dr. Cawley's chest, and then notices his own delusion. The filmmaker seems to suggest that science has as much chance of fully understanding and curing brain-based illnesses as they have of deciphering the randomness of dreams. As frustrating as the "invincible torture" of schizophrenic disorders might be for doctors who cannot fully understand them, how much more agonizing are these lived conditions to the persons classified as "patients"? Viewers of *Shutter Island* may develop nebulous ideas about the complicated psychological state of Teddy Daniels, but representation goes only so far: Ormel (2008) posits that "mental disorders are especially disabling to personal relationships and social life, which implies that they are disabling more because they create psychological barriers rather than physical barriers to functioning" (para. 33). Even this research-based position, however, discounts the discomfort surely felt by Teddy Daniels—a discomfort beyond the social and into the untranslatable, utterly inner life of consciousness.

Harland (1987) develops an analogy comparing the discourse of psychiatric language to "wine-buffery": "[T]he prestige and authority accorded to the discourse drives out other equally possible, equally valid discourses" (p. 105). In other words, because language is seen to lack adequate descriptors of taste and smell, experts have created ways of verbalizing a highly personal experience, and this language has taken root to the exclusion of alternate ways of describing wine. In a similar fashion, psychiatric patients are trained to speak a jargon back to themselves and their doctors, unwittingly submitting to yet another mechanism of control in validating the medicalized vocabulary imposed upon them. Certainly after more than a century of use, much of psychiatric language has been naturalized and standardized, creating its own object to be objective about (Harland, 1987, p. 104). In the film this type of communication is framed by the doctors, Cawley and Naehring, and later by the doctor posing as Teddy's partner, Chuck Aule. With his childhood bracketed by the World Wars, Teddy is a product of the time— a hard-boiled detective-type and early-century American slang-speaker—and it is not surprising to learn that both the novelist and film director intended this work to reference period pieces in suspense, horror, and noir. In a sense, Teddy's plain-spoken interrogations of medical personnel reflect much of Foucault's skepticism about medicalized discourses and the power structures they tend to create and reproduce. The more Teddy sees of the repressive and routinized security on the island—and he is most uncomfortable when, out his jurisdiction, he is forced to surrender

his firearm—the less he likes. Power is seen to be only negative here, exercised by forces that forbid (Foucault, 19, p. 140): but Teddy refuses to say yes to the prohibition. Ironically, Teddy's assertiveness and skill in critical thinking suggest he is regaining his grasp on reality. However, his inability to comprehend all of the sublanguages of control around him—all of the invisible layers of power—suggests he will not prevail over the "sovereign" experimenting with his life in the name of saving it.

Foucault's theories often trouble binary thinking, and in *Shutter Island* a crucial binary relationship exists between the normal and abnormal.   First, the filmmakers install and reinforce stigmatization toward the mentally ill. (I will develop this thought more later.) Through several images of prisoners/patients working on the hospital grounds, viewers are made aware of the danger and the different-ness represented by these "criminally insane." Overton and Medina (2008) state that "[s]tigma is debilitating for people with mental illness. It has an impact on their options for life, their beliefs about themselves, and even the course of their illnesses" (p. 149). As a federal marshal, Teddy is protective of the public in general, but he is clearly repulsed by one woman who stares at him as he enters the compound, a wide-eyed and menacing look on her emaciated face. The audience doubtless experiences a similar feeling of horror based on their personal histories resulting from stigmatization of the "other." Foucault traces this binary relationship to the initial stages of industrial societies, when punitive apparatuses were set up to separate the normal from the abnormal (Foucault, 1980, p. 61). Furthermore, according to Foucault (2006), in the seventeenth and eighteenth centuries,

> [m]adness becomes a form related to reason, or more precisely madness and reason enter into a perpetually reversible relationship which implies that all madness has its own reason by which it is judged and mastered, and all reason has its madness in which it finds its own derisory truth. Each is a measure of the other, and in this movement of reciprocal reference, each rejects the other but is logically dependent on it. (*History of Madness*, p. 29)

This dualist pathology measures not only looks but social behaviors, examines a person's abilities to make and honor contracts, and so spans psychological and juridical disciplines (Foucault, 2006, p. 128). One of the more insidious elements of this binary is the clear line drawn between morality and sin. Modern victims of stigmatization and alienation can trace their

plights to the classical age, when madness was connected with sin and offenses against reason (Foucault, 2006, p. 86; Joseph, 2003, pp. 164-5). Repression and confinement were seen then as necessary constraints coming to the assistance of divine justice: therapeutic punishments must be employed to cure the body and purify the soul (Foucault, 2006, p. 87). In the film, Dr. Cawley speaks of his philosophies of humane treatment of the insane, as well as of the punishing treatments, some of which were still used in the 1950's. A morbid contradiction arises, however, at the point when Cawley tells Teddy Daniels, whose real name we discover is Andrew Laeddis (an anagram), that he may receive a frontal lobotomy if he fails to "reset" and return to his right mind, putting his repressed fantasies aside and recognizing reality, no matter how horrifying it is.

The inhumanities committed in the first half of the twentieth century weigh heavily on Teddy Daniels. Frozen stacks of bodies at concentration camps; heinous crimes that he, as a United States Marshal, is responsible for solving; his own wife and children killed—witnessing these events would explain Teddy's resulting trauma (a word that Dr. Naehring defines at length: Greek for *wound*, German for *dream*…). It may be that Teddy, the Modern Man, is wrapped up in his own psychological world, making him less likely to identify with fellow sufferers because they (the others) lie outside of self-recognition (Walton, 2005, p. 67). On the other hand, Teddy may be pulled from his mindset of inwardness by a postmodern mode of thought; according to Harland (1987), "the attitude of aloofness and superiority that man has so long maintained towards the rest of the world begins to slip irretrievably away from him" (Harland, 1987, pp. 114-5); and so it is possible that Teddy can remain neither in the safety of his solipsism nor in the company of pain-inflicting humans.

The purpose of this paper is not to review a film. Nor is the purpose to explore the harmful effects of stigmatization or the ways in which stigmatization accomplishes this harm. It is reasonable to state that some potential consumers of *Shutter Island* found the graphic representations of persons with mental illnesses in the previews to be distasteful, and so avoided the film. It is also reasonable to claim that through dramatizing characters in extreme conditions of physical and mental degradation, the filmmakers were exploiting people with mental disabilities. Then there is the argument that the producers simply created a work of fiction, including images meant to shock and horrify, for the purpose of entertainment. In the interviews collected in *Power/Knowledge,* Foucault (1980) posits that the "role of theory today seems to me

to be just this: not to formulate the global systematic theory which holds everything in place, but to analyze the specificity of mechanisms of power, to locate the connections and extensions, to build little by little a strategic knowledge" (p. 145). If the role of theory is explaining how the world works, then it can surely be employed in supporting opinions; in this case the theory is not the opinion, but theory can assist the critic in verbalizing ways in which a film is strong or weak, or in pinpointing reasons for admiring or disdaining a work of art. Theory can be especially valuable when shallow thinking or "gut-reactions" cause a person to praise or dismiss a text without offering reasons.

Gut- or knee-jerk reactions are precisely named: viewers of film, according to Sobchack (2008), "have always made sense of the cinema (and everything else) not only with their eyes but with their entire bodies" (p. 196). During especially dramatic moments, how likely is a filmgoer to process the implications of images, let alone to analyze innumerable and very personal perceptions, which have combined with cultural values to become codes? Macey (2000) claims that a message "must be formulated in terms of a code (encoded) and must refer to a context understood by both sender and receiver (p. 64). A key image from *Shutter Island* might assist in examining both coding and comprehension, as well as in revealing the absence of understanding that is inherent in the immediacy of film-watching. When Daniels/Laeddis is taken on a short tour of Ashecliffe, he spots an older woman who stares at him as he passes, her eyes bulging as she lifts her finger to her mouth to give the *schtum* signal—as if she is complicit in secrecy. Actor Jill Larson plays this "Manacled Woman," her nearly bald wig bearing hair like ham gravy, causing her to look like a menacing character from a Flannery O'Connor story somehow cast in a Hitchcockian thriller. About to enter the building in which he will meet Dr. Cawley, Daniels pivots to look again at the woman, and viewers see again that her appearance is far from normative. Larson (2011) commented in an interview that she had "been offered a day with Scorcese, and even though I'll be playing a balding, haggard, manacled, ropy-scarred hag, I never once thought I wouldn't take the job" (para. 23). Clearly this nameless character's appearance is meant to startle and repel the audience; this revulsion completed, viewers follow Daniels into the main building and wait for the next shocking sight.

Why do viewers find Manacled Woman so revolting? She is, after all, among the "criminally insane" doing yard work on this maximum security campus. Her eyes enlarged by

gruesome contacts, a scar glued onto her face, professionally-stressed clothing hanging from her frame, this character represents what consumers of film have been taught is the embodiment of ugliness and danger. The cue of her diminutive stature may elicit even more fright: looks can deceive. What viewers do not necessarily realize during the sensory-rich experience of viewing is why they feel shocked and how the stigma they may hold toward those categorized as insane has been deeply reinforced. Surely images consumed over several years have formed into codes that are second-nature. Hall (2001) writes

> The operation of naturalized codes reveals not the transparency and "naturalness" of language but the depth, the habituation and the near-universality of the codes in use. They produce apparently "natural" recognitions. This has the effect of concealing the practices of coding which are present. (Hall, 2001, p. 170)

The reaction to Manacled Woman, then, is accomplished by the conventions, tropes—and in the hands of lesser directors, clichés—that visual representations of insane characters register within audience members. Images like those of this bit player pass too quickly to be understood fully. After all, they have been crafted not for critique but for entertainment and profit—and the crafting is most careful. If images depicting mentally ill characters as horrid and dangerous make it to the final cut of a film, and do not end up on the cutting room floor of the DVD's deleted scenes or in the limbo of hard drives and servers, then the codes that collect around stigmatization become more naturalized.

The depiction of the occupants of the Civil War-era Ward C emerges as a prominent reinforcement of stigmatization. After Teddy retaliates violently against the escaped patient who had assaulted him, Teddy finds himself wandering the dank corridors between cells. The cages are heavy, portcullis-like, and ultimately reminiscent of the multifarious rooms and labyrinths appearing in nineteenth-century British and American novels—works with gothic embellishments often featuring detectives attempting to solve heinous crimes. Arms spring from the bars to grasp at Teddy's white coat. Shots of the prisoners/patients serve to zoomorphize their forms—men who have shed their clothes writhe on the stone floors, one marking on the wall with a finger dipped in the blood of his open wound. Referring to the comparison of mentally unstable humans to lower animals, often made in the Classical Age, Foucault (2006) writes

The mad were protected by their animality from all that was fragile, precarious and delicate in man. The animal solidity of madness, and the thick skin that was inherited from the animal kingdom, was a carapace for the insane against hunger, heat, cold and pain. It was common currency until the late eighteenth century that the mad could put up indefinitely with the miseries of existence. Hence there was no need to protect them, cover them or even provide warmth for them. (p. 148)

Foucault's qualification of the popular perception of "mad" humans suggests stigmatization so extreme that it re-classifies the object as certainly less-than-human—in fact as an inferior species. In the eighteenth century, various categories of madness were seen as analogous to the great structures of animal life (Foucault, 2006, p. 150). Viewers of *Shutter Island* see no guards or other personnel in this labyrinthine Ward C: no one to supply medical care to the incarcerated men, let alone necessities such as food, water or fresh clothing. The stooped or supine figures do not even cry out for help, reinforcing Foucault's suggestion that "their kind" is not viewed as requiring human comforts. Myers (2012) posits that the residents of Ward C are actually the scapegoats of Edgecliffe, prisoners in fact (Myers, 2012, p. 11)—and not Dr. Cawley's "patients," an idea that suggests films made at the close of the first decade of the twenty-first century still work at installing stigma toward the mentally ill.

Suspense during Daniels' search through Ward C is heightened by the mise en scene: the darkness that causes him to continually light single matches; the dripping water and its accompanying ghostly echo; and especially the animality suggested by the bodies that surround Daniels yet are separated from him—under the complete power of the institution that is more prison than hospital:

During the classical period, madness was shown but on the other side of bars; if present, it was at a distance, under the eyes of a reason that no longer felt any relation to it and that would not compromise itself by too close a resemblance. Madness had become a thing to look at: no longer a monster inside oneself, but an animal with strange mechanisms, a bestiality from which man had long since been suppressed. (Foucault, 1965, p. 70)

Eisenhauer (2008) argues that Foucault's point leads to the conclusion that if the "madman" is a beast, then the culture in which this representation occurs condones that it is acceptable to treat him as a beast (p. 15). Of course viewers are informed gradually that Teddy Daniels himself is the most dangerous inmate in the whole of Ashecliffe, as he is equipped with combat training and an intractable mix of guilt and obsession. Separated from his partner (in reality his psychiatrist posing as a U. S. marshal), stumbling through dungeon-like corridors, Teddy begins to take on traits of animality—heavy breathing, the anxious movements of a figure both predatory and pursued—though the caged and neglected humans surrounding him lend viewers the most prominent impression that persons with mental illness should be controlled and confined, kept away from the normal majority. The scenes in the darkness of Ward C illustrate that persons with psychological disorders are represented in ways similar to those popular hundreds of years ago, in the Enlightenment and Classical periods.

The notion of Teddy Daniels' alter-ego—Laeddis, Daniels' real name and the figure that, in Teddy's extensive delusion, set the fire that killed Delores, Teddy's wife—adds to the repository of double imagery in film and literature, and to an extent reifies stigmatization in viewers. As the manifestation of Teddy Daniels' disordered mind, the *doppelganger* called Laeddis appears only once in the film, in a phantasmagoric dream experienced by Daniels as he is resting from a migraine, lying on a cot onto which orderlies have placed him. After viewers witness a scene at Dachau, frozen bodies beside boxcars, and the motif of a little girl "waking" from death to ask Teddy why he didn't save her, the scene shifts to the luxurious doctors' quarters at Ashecliffe, the camera moving slowly past the wing chair in which Teddy first met Dr. Naehring to reveal the ghastly visage of Laeddis. It is notable that Laeddis'(actor Elias Koteas) face is split diagonally by a thick red gash, running from the right temple across the bridge of the nose nearly to the left ear lobe. The wound is stapled but still fresh, and there also appears to be a forked scar or deep wrinkle on the right cheek, further suggesting the idea of dualism. Laeddis' left eye is whitish with cataract; Daniels suspiciously eyes Laeddis' bewhiskered, smiling mug.

"Hey Buddy!" is the double's greeting as the scene cuts to him suddenly standing and lighting a match for Teddy's next cigarette. "No hard feelings?" Laeddis queries and offers a flask before another cut shows Chuck Aule/Dr. Sheehan in Laeddis' place. The spectacle of

Laeddis could be viewed as a sort of Dorian Gray's portrait, a disfigured incarnation of Teddy Daniels' violent self: Daniels tends to conflate the wickedness he has witnessed in the world (both in Holocaust-torn Europe and in his personal tragedies) with his own crimes and survivor's guilt (Fuller, 2010, p. 17). At once detective and criminal, investigator and miscreant, Daniels simply observes the terrible object of his search but does not attack or apprehend Laeddis; it is as though, horrified and frozen, Daniels regards his other self and realizes how qualities of good and evil intermingle. Exploring tropes in detective fiction, Shiloh (2010) writes that "as the success of the investigation is contingent on the detective projecting himself, in an imaginative leap, onto the criminal mind, the difference between the investigator and the perpetrator is gradually obliterated" (p. 5). Although Daniels' face is not bisected by a visible scar, it is cut and bandaged, and his appearance continues to deteriorate as he descends farther into the maelstrom of the massive rationalization that he is still a marshal and not an inmate. Waking from his extended combination of flashback and nightmare, Daniels—now both a creator and a Frankenstein-like product of his own fate—resumes his search for his wife's killer and for the lost patient #67—himself in both cases.

Setting in *Shutter Island* is key in the characterization of Teddy Daniels. When he meets the apparition of the maintenance man and fire-setter Laeddis, Daniels finds himself in the richly-furnished room occupied usually by the doctors whom he detests. Voluminous smoke from his cigarettes fills the air (and actually, dreamlike, at times runs in reverse back into his cigarette); a fire roars in the hearth; a rainstorm rages outside, pounding the windows. Daniels' mood is existential, reflected in the elements around him. As Daniels awakens and the hurricane winds recede, he continues his hunt for the truth in Ward C, where viewers watch him navigate ever darker and narrower passages. Throughout history, societal fear of the "other" has applied more effort to exclusion and imprisonment than to treatment or restoration to wellness. The very design of asylums and the treatment of their residents were copied from the prison and viewed as a venue through which to protect the "normal" (Eisenhauer, 2008, p. 15). In this scene Teddy darts through the rooms as though through the structure of a Poe story, each space representing a different, undiscovered compartment of the brain. The labyrinth that is Ward C thus stands simultaneously for order and chaos (Shiloh, 2010, p. 6), a reflection of the dichotomous condition of Daniels' mind. Although it is not usually difficult for viewers to distinguish flashbacks or dream sequences from events anchored in reality, in *Shutter Island* this task is

sometimes challenging (Berardinelli, 2010, para. 5). As a result of the manipulation of images by Scorcese and his production team, viewers are transfixed in the long moment of movie-viewing:

> Since images bear an analogous or iconic relationship to their referent (a relationship of resemblance), it is easy to confuse the realms of the image and the physical world by treating the image as a transparent window (especially the photographic image), or by treating the physical world idealistically by assuming that something like its essence has been transferred or reproduced in the image. (Nichols, 1981, p. 21)

The literary elements of setting and characterization, adapted here into film, collaborate in causing the consumers/viewers virtually to believe what they see—an example of how the stigmatization and devaluation of persons with psychological disabilities can come into being. Because depicting characters with psychosocial disorders as violent and dangerous seems to be so common in entertainment and news media (Palmer-Mehta, 2013, p. 361), imminent cultural change is unlikely. "Research on media representations of mental illness is burgeoning; however, the intersection of disability with mental illness is an area that has not received due scholarly attention" (Palmer-Mehta, 2013, p. 353). The very term *mental illness* is in fact illustrative of the medical model of disability: any filmmaker who represents a character's psychological issues inaccurately is complicit in a false representation that invites only misunderstanding, stigmatization, and rejection.

It should be noted that some reviewers and scholars look beyond the negative responses that may be installed in consumers, and instead focus on positive, even helpful, traits of *Shutter Island*. Klaus Martin (2010) writes:

> Although on the surface the usual stigma of medication and its side effects, neurosurgery for mental disorders and psychotherapies are part of the movie, the film also shows empathy with a psychotic patient and attempts to counter the stigma of psychiatry….Medical and other health professionals will benefit from being aware of this movie since it promotes empathy, explains how mental illness can affect a patient's life and gives a good account of psychopathology. (Klaus Martin, 2010, p. 467)

The empathetic medical figure referenced here is certainly Dr. Cawley, the patient, white coat-wearing psychiatrist who is the counterpart of the blue-coat wearing warden—an appropriate

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binary relationship related to costuming (all of the orderlies, even at times marshal/patient Teddy Daniels and his partner, wear white, whereas all guards dress in dark blue uniforms). Institutional affiliation is quite clear. Although the focus of this paper has been on the negative effects of power in a mid-century psychiatric hospital/prison, it is understandable that some critics see in *Shutter Island* the potential to assist medical professionals in the current day. Dine Young, Boester, Tate Whitt, and Stevens (2008) report that filmmakers often overdramatize and misinterpret the motivations of mental health professionals, but that sometimes the motivations are portrayed accurately (p. 85).

Hollywood films are not produced to train future psychiatrists, and their use for this purpose could be problematic (Greenberg, quoted in Datta, 2009, p. 261). However, using movies in medical school is part of a broader effort to introduce more courses in the humanities into medical curriculum (Datta, 2009, p. 261). It is laudable to utilize novel pedagogical approaches in a rigorous field like medicine. Students often compare their own clinical experiences to what they've watched in class, and the critical thought that results often reveals hard facts about psychological issues usually omitted from popular movies (Datta, 2009, p. 264). The use of film in medical school courses, Datta (2009) writes,

> may even provide an opportunity to correct the misconceptions medical students have of psychiatry and mental illness, and such films can be used to spark debate as to the role of cinema and other visual media in perpetuating stigmatizing notions of psychiatry and mental disorder. (p. 265)

Once again, the focus here is on critical thought, and when future psychiatrists and other therapists realize the stigmatizing potential of images, it is a valuable cognition that will benefit real people whose psychological disabilities are often misrepresented on the screen.

It can be argued that *Shutter Island* is an accomplished work by an iconic American director and his production team. But the film is also flawed because it is ultimately dishonest. What matters in the climax is not only the treatment of Teddy Daniels as a patient, but also the articulation of a pernicious stereotype about mental illness—namely, that one can choose to recover from it. In *History of Madness* Foucault (2006) describes how during the Renaissance, persons showing "unreason" were not confined but allowed to see "the light of day" (p. 142).

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Then after the "great confinement," there was a notion connecting madness with evil, and "[i]nvoluntary madness, which possessed men despite their best intentions and conspired spontaneously with wickedness, differed little in its secret essence from the madness simulated by lucid subjects, and it was believed that there was a fundamental similarity between them" (Foucault, 2006, p. 136-7). Further, particular signs of insanity, which had been recognized for centuries, commenced to be elided; the "madman" of the classical age was locked in the same facility as others deemed undesirable—womanizers, homosexuals, libertines—and lost the signifiers of his condition, blending into the vague mass of humanity determined to lack reason (Foucault, 2006, p. 118). The advancing medicalized technologies and protocols of the 1950s, combined with the doctors' clinical argot, serve as a summation of Foucault's genealogical characterization of the insane: "Mental illness and madness, merged with and mistaken for each other from the seventeenth century on, are now becoming separated from each other under our very eyes, or rather, in our language" (1995, p. 293). As benevolent as their agendas may be, Drs. Cawley and Naehring are intervening in an illness, not accepting a state of madness. That a mental disability is a weakness or character flaw, or that a person can see her or his way to a cure if she or he really wants to be well—these misinformed beliefs originated centuries ago and still flourish in the modern world. So when Teddy is "shaken up" by the doctors in the lighthouse scene, reminded of his family's deaths and of the urgency of his own return to reason, the powers governing him are no longer invisible.

Waking up from an apparent sedation, Teddy repeats the tragic facts that he had been repressing, and it is here that earlier words of Dr. Cawley's come to mind: "Sanity's not a choice, Marshal. You can't just choose to get over it [insanity]." In the final scene, with Andrew Laeddis (Teddy Daniels) cleaned up and sitting on the front steps of the barracks, the viewer is probably hoping to witness a "new leaf" in his life. But Laeddis seems to lapse into his former repressed state, calling his doctor, "Chuck" again—the name of his character in the role play. This regression had been foreshadowed, but DiCaprio plays it subtly. Are we to believe that the efforts of the entire span of the film were fruitless? Laeddis' last line is telling: "Which is worse, to live as a monster, or to die as a good man?" As Laeddis joins the warden and a guard, along with an attendant whom we glimpse carrying surgical instruments, we are faced with a paradoxical ending. This plot pivot could be interpreted as unawareness on Laeddis' part, a possibility approved by the author of the novel:

When he asks the question, he does it in such a way that, if he were to say it as a
statement…then there's no solution here but to stop the lobotomy. Because if he shows
any sort of self-awareness, then it's over, they wouldn't want to lobotomize him….I think
that in one moment, for a half a second sitting there in that island he remembered who he
was and then he asks that question and he quickly sort of lets it go. (Lehane,
moviesblog.mtv, 2010)

Laeddis (now pretending to be Daniels, I argue) may utilize the phrasing of a rhetorical question,
but his composure belies massive rationalization; his pronouncement is, in fact, a statement.

The idea of truth is important in Foucault's theories. In *The Birth of the Clinic*, Foucault
states

At the end of the eighteenth century, as at the beginning of the Renaissance, education
was given a positive value as enlightenment: to train was a way of bringing to light, and
therefore of discovering. The childhood and youth of things and men were endowed with
an ambiguous power: to tell of the birth of truth; but also to put to the test the tardy truth
of men, to rectify it, to bring it closer to its nudity…. What allows man to resume contact
with childhood and to rediscover the permanent birth of truth is this bright, distant, open
naivety of the gaze. (1994, pp. 64-5)

What the makers of *Shutter Island* want us to believe is that Laeddis/Teddy has recovered his
reason—regained the truth, in other words—but has chosen to feign a regression because he
cannot live with the altered gaze of reality. Because he blames himself not only for his wife's
death but also for the deaths of his children, Laeddis cannot face the re-education that his doctors
have inscribed upon him by way of the elaborate ruse of "playing detective." As a result of
relentless guilt, Laeddis views his "mad" version of reality preferable to the version in which he
is unconditionally bad and thus unredeemable; were he able to recognize his monstrous acts, he
might view himself as conditionally bad and thus able to make restitution (Clarke, 2012, p. 93).
He will not be enlightened as he sees no point in facing the blinding truth (and in spending
decades in an asylum or prison—being examined/surveiled constantly). His last line informs us
that he will accept the death-of-identity delivered by surgical lobotomy, and as we watch him
join the escort of officials—as if in a dead-man-walking march—we are struck by his self-

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betrayal. Still recovering from the extended premise of Teddy-as-marshal, a plotting choice that sits the fence between suspenseful technique and tortuous red-herring, viewers are confronted with Laeddis' disingenuous decision: choosing to lose his reason, somewhat the reverse of Cawley's statement asserting that one cannot simply cure himself by choice. Extra irony appears because the now-"sane" Laeddis will get his conscious wish to be oblivious, when the purpose of lobotomization was to erase the anguish of those without the full faculties of reason.

One facet of Foucauldian theory that fails to prove useful in examining this text is the idea that, although cultural practices like surveillance construct the body, the body is not seen as an agent of self-determination. Hughes (2005) argues that "Foucault's notion of the body as a 'docile' target of power underestimates that body's role as subject, that is, as an agent of self- and social transformation" (p. 80). One interpretation of Laeddis' actions suggests he is in fact a hapless victim about to be deprived of his identity, not so much because of the intensity of his anguish but because of the politicized operations of control within medical institutions. A more likely scenario, however, would trace his decision to recreate the ruse of his "marshal-self" in order to avoid living through the next several decades with the guilt of killing his wife and taking on partial responsibility for his children's deaths as well. Perhaps he even sees living in a brain-damaged state as physical penance. In any case, this scenario casts Laeddis as a coward, and imbues the film with an unsatisfying ending short on foreshadowing and cinematic integrity. Although Foucauldian theory would suggest that bodies possess little discursive power or content, it is still useful in explaining the interactions of characters and the structures of power that hold sway over them.

If Andrew Laeddis indeed has recovered any level of identity and self-awareness as a result of the intensive role-playing as Teddy Daniels, he does not practice effective technologies of self at the end of the film. Foucault (1986) describes the practices in which one engages to form oneself into an ethical subject, including shunning ambition and intense concern with the external world—and instead embracing behaviors that allow one to recall one's past pleasantly to mind, and to form "a concrete relationship enabling one to delight in oneself, as in a thing one both possesses and has before one's eyes" (pp. 65-67). Kerr (2001) references pedagogies proposed by many modern health care providers, including self-monitoring:

[M]ood charts are a discursive practice and technology of the self for emerging as the desired ethical subject. Mood charts are designed as daily self-assessment tools used to monitor mental status, which when reviewed with the physician, may lead to altering or changing medications if the individual failed to generatively produce the desired characteristics associated with being mentally well and "normal." Mood charts place the burden on the patient to identify, monitor, and avoid life events which may interfere with becoming mentally well—acts which over time may become antithetical and "abnormal" in relation to the norms of the ethical subject. (Kerr, 2001, para. 28)

Of course Andrew Laeddis is too beleaguered to keep any type of cogent journal, but Drs. Cawley and Sheehan have been employing progressive cognitive therapies as part of his treatment; they have kept extensive charts and formulated convoluted therapies. Herein lies a clarification of the reception and representation of psychological disorders across eras: as mid-twentieth century psychiatrists, Cawley and Sheehan are acting upon their perception of animality in the violent Laeddis, a quality they categorize as the essence of disease—whereas centuries earlier, in the classical period, the "madman" was not considered a sick man (Foucault, 1965, p. 74). In *Shutter Island*, disciplinary power is operationalized through various technologies, including spatialization. Sets and settings—from the individual patient rooms, to rocky promontories and caves, to the island itself—serve as stark and remote partitions between normative existence and patients/prisoners marked as defective. Spatialization of control is a visible presence represented primarily in the past, a grainy leftover of the "dark ages" from which the "enlightened" present can be constructed. Despite the intended humanistic advances effected by Dr. Cawley, it is not until at least another ten years, according to Foucault (1980, p. 58), that looser forms of power over the body will replace imposing forms of control.

Following the argument that Laeddis has regained faculties sufficient for shouldering responsibility and making choices, viewers of *Shutter Island* note that Laeddis has failed in self-monitoring and -assessment. In a genealogy of Hollywood films that feature depictions of mentally ill characters, this film captures the mid-century mood of massive structures of order and control. In this film psychiatry appears to be moving in progressive directions, only to be obstructed by clinical protocols from an older time. In short, *Shutter Island* ultimately hearkens back to films made decades earlier, reproducing the identification of difference and deficiency

that marks the medicalization of mental disorders, while subtly heralding their micro-management that is in place more than a decade into the twenty-first century.

Chapter 5: Tricksters Three: Representations of Mental Illness in *One Flew Over the Cuckoo's Nest, Patch Adams* and *The Soloist*

A trickster in a cinematic work often starts out in a position of imprisonment or other restraint (Bassil-Morozow, 2012, p. 24). The protagonists of *One Flew Over the Cuckoo's Nest, Patch Adams,* and *The Soloist* function as tricksters who struggle and arguably prevail against disciplinary regimes. These characters—Randle Patrick McMurphy, Hunter Adams, and Nathaniel Anthony Ayers, respectively—exemplify the Foucauldian theory of the soul, as they are subjected to methods of supervision, restraint, and punishment (Foucault, 1977, p. 29). Their resistance to disciplinary power reflects the nature of the trickster as a pervasive trope that can be emancipatory for characters who are constructed as mentally ill.

One Flew Over the Cuckoo's Nest, one of the most renowned cultural artifacts of the 1970s, assumes a radically anti-psychiatry, anti-institutionalization stance. It is a liberal humanist work that lionizes the rebellious antics and tactics of Randle Patrick McMurphy who, in his role as trickster, is determined not only to cross boundaries of normalization and challenge authority, but to cause the "patients" around him to take stands for their own dignity and liberation. In a sense Jack Nicholson's portrayal of McMurphy expresses the dichotomous status of madness whose genealogy Foucault (2006) locates roughly in the early nineteenth century, when madness was viewed as sickness but also warranted punishment and confinement (p.114). Of course in the film, McMurphy tweaks his subjection as patient/prisoner with a modern mix of bawdy humor, reckless violence, and relentless defiance of institutional control.

Patch Adams also occupies an anti-psychiatry position but with less radical effect; "Patch" seems to treat his own depression by busying himself with palliating the severe illnesses of those around him. The psychiatrist treating him is portrayed as a passive buffoon, and at least two doctors in the teaching hospital where Patch is later a medical student are depicted as impersonal and even callous. The real Hunter Adams attempted to mount an assault on established medical practice by raising money to open a free clinic, as he sought a different course from "a profession that traded house calls for higher profit margins" (McDonald, 1998, p. 56). The fictional Patch of the film conveys these themes well, although the script calls for the overall effect of comedy tempered by touches of tragedy, with both of these elements involving representations of mentally ill characters.

Of these three films, *The Soloist* crafts the most liberatory discursive production of truth intended to resemble the lived experience of persons with mental illness. In his role as Nathaniel Anthony Ayers, Jamie Foxx dresses in combinations of motley, his face painted white in one scene to mimic Uncle Sam, and Foxx's characterization lends Ayers a tone that often reveals a love of beauty and fun. Bassil-Morozow (2012) comments on the failure of trickster protagonists to recognize their loneliness (p. 47). Much of the film's duration sees Ayers in a situation of homelessness, many times building a one-night shelter in a Los Angeles doorway, defending his shopping cart with a nail-ridden club. The script informs viewers that Ayers' disorder is schizophrenia, a term that Bassil-Morozow (2012) uses to describe the cultural atmosphere of modern living:

> Essentially, fragmentedness is a trickster quality—as are the sense of "unreality," identity confusion, and a lack of psychological unity and completeness….The trickster is a mirror reflection of the urban individual who, unlike the misguided "wholesome" subject of modernity, is searching for a stable core. (p. 53)

As a representative advocating behavioral normativity, the reporter Steve Lopez does not wish to accept Ayers' refusal to live in community-provided housing, take medication, or even acknowledge his diagnosis. Perhaps the most striking idea learned by Lopez and viewers of *The Soloist* is the depiction of Ayers' right to these rejections.

What place do representations of mental illness—or psychological disability—in film have in the process of stigmatization? In order to analyze the evolution in representational practices, this chapter will assume a constructionist stance to examine the concepts and languages used to suggest meaning within three major Hollywood productions across a 35 year span (1975-2010). In describing the operations of representational systems, Hall (1997) details how the constructionist approach asserts that things or ideas do not achieve meaning by themselves, but that meaning is constructed through concepts and signs. Although the material world exists, it does not create meaning; it is the language that constructs meaning (Hall, 1997, p. 25). In order to trace the processes through which viewers/consumers of these films may construct meaning, I will study cinematic representations of the "soul," power relations, the human sciences and penality, and finally, binary relationships. In Foucauldian theory, power is not only negative in its effects: in fact, in his genealogical handling of the clinic, Foucault (1994)

alludes to a positive use of power in medicine: "The clinic figures, then, as a structure that is essential to the scientific coherence and also to the social utility and political purity of the new medical organization. It represents the truth of that organization in guaranteed liberty" (p. 70). This perspective will support my argument that an increasingly empowering discourse in medicine has developed since 1975 in movies that feature characters with mental illness.

As characters, tricksters are often unpredictable and hard to categorize. They can be called rascals and rapscallions, troublemakers and freedom fighters, and they have long existed in the mythologies and literatures of lands around the world. Coyote and Raven and Kokopelli from North American Indian tribes, Loki from Scandinavia, Monkey from China, Anansi from Africa, and Hermes from Greece—these tricksters disrupt human endeavors but act as heroes, follow whimsical instincts and demolish social proprieties (Weitz, 201, para. 1, 27). Hyde (1997) captures the spirit of Trickster:

> [T]rickster is a boundary-crosser…We constantly distinguish—right and wrong, sacred and profane, clean and dirty, male and female, young and old, living and dead—and in every case trickster will cross the line and confuse the distinction. Trickster is the creative idiot, therefore, the wise fool, the gray-haired baby, the cross-dresser, the speaker of sacred profanities….Trickster is the mythic embodiment of ambiguity and ambivalence, doubleness and duplicity, contradiction and paradox. (p. 7)

Foucault (1977) writes that relations of power and knowledge "invest human bodies and subjugate them by turning them into objects of knowledge" (p. 28). Because trickster figures defy expectations, assumptions, and conventional characterization, they serve the all-important function of promoting resistance. Foucault reverses a Western tenet—that the body is the prison of the soul—in describing a noncorporeal element that is not the soul of systems of religious belief but one born of historical reality (Scheck, 2009, pp. 20-21). If a man is "the effect of a subjection much more profound than himself," and a soul "inhabits him and brings him into existence" (Foucault, 1977, p. 30), then it cannot be said that a trickster is exempt from the technologies of power exercised upon him. Resistance is a product of power: in fact it "comes first," as power works *on* and *through* resistance, and examining resistance at the sites of its greatest strength allows one to better understand the workings of power (Nealon, 2008, p. 104).

The catalysts of resistance in this chapter—McMurphy, Adams, and Ayers—facilitate analyses of power relations in the films in which they appear.

One Flew Over the Cuckoo's Nest (1975)

Perhaps no other film represents the span of Foucault's genealogical ideas about the human sciences better than Milos Forman's *One Flew Over the Cuckoo's Nest*, based on Ken Kesey's novel. Randle Patrick McMurphy, played by Jack Nicholson, achieves archetypal status through his rendition of a likable rascal out to overthrow medical and legal tyrants wherever he meets them. Having "played" the prison system and convinced his warders that he (and they) might be better off if "R. P." were transferred into the clinical system, McMurphy meets Nurse Ratched (Louise Fletcher in the film) and the supposedly deviant collection of patients over whom she holds sway. Here are visible a series of Foucauldian themes, mainly covering the development and commingling of the sciences of sociology, psychology and psychiatry with the older institution of penality. Foucault (1977) posits that

> …psychiatric or psychological experts, magistrates concerned with the implementation of sentences, educationalists, members of the prison service, all fragment the legal power to punish;…one is handing over to them mechanisms of legal punishment to be used at their discretion: subsidiary judges they may be, but they are judges all the same. The whole machinery that has been developing for years around the implementation of sentences, and their adjustments to individuals, creates a proliferation of the authorities of judicial decision-making and extends its powers of decision well beyond the sentence. (1977, p. 21)

How does McMurphy fit the profile of an ideal "offender"? First (as happens in *Patch Adams* as well), he is subjected to procedures that are intended more as supervision than punishment—but end up as both. For instance, he is prohibited from certain areas; he is watched closely and monitored to a degree corresponding to his increasing rebellion; he is obliged to take medication. In short, McMurphy faces a clinical "gaze" whose purpose is to record and transform his state of mind and change his criminal behaviors—and to continue the surveillance and modification after he has been changed (Foucault, 1977, p. 18).

The Foucauldian concept of the soul, propounded in *Discipline and Punish* (1977), assists in describing the effects of the apparatuses of power upon the bodies of the characters in this study. The concept of a soul related to materiality and not spirituality serves as a support beam in Foucault's structural analysis of technologies of control. Insubstantial in itself, this soul nevertheless reflects the ways in which the body is invested by power relations, as well as how it is surrounded by a juridico-medical enterprise that continues to collect knowledge for the purpose of distributing and utilizing power (1977, p. 24). "The soul is the effect and instrument of a political anatomy; the soul is the prison of the body" (1977, p. 30):

> [I]t is produced permanently around, on, within the body by the functioning of a power that is exercised on those punished—and, in a more general way, on those one supervises, trains and corrects, over madmen, children at home and at school, the colonized…it is the element in which are articulated the effects of a certain type of power and the reference of a certain type of knowledge, the machinery by which the power relations give rise to a possible corpus of knowledge, and knowledge extends and reinforces the effects of this power. (Foucault, 1977, p. 29)

Directors, writers, editors and actors—and all of the makers of meaning within the collaborative genre of film—usually provide multiple relationships and plot points that exemplify power relations.

With R. P. McMurphy it is relevant to reference Foucault's idea of the soul: his character incurs the most forceful apparatuses of discipline of any characters in the films discussed in this chapter. It could be argued, however, that McMurphy's role as advocate and activist grants a certain agency for resistance, a point made earlier in this study. Hughes (2012) writes that activism against ableist policies and procedures should not be reduced to the intentions of individual persons with disabilities, but it should also not be reduced to the bodiless technologies of discourse (pp. 80-81). Despite his perseverance in subversive behaviors—such as arranging an actual fishing trip for his fellow "inmates," or bribing attendants in order to set up a sexual tryst for young Billy Bibbit, McMurphy is eventually caught in the network of power running through this state hospital. In Kesey's novel the motif of surveillance is more noticeable: Chief Bromden's paranoid tone is apparent in the first line, "They're out there" (Kesey, 1962, p. 3), as he pushes his broom slowly about the antiseptic halls. Kesey's invention of Bromden as the

first-person narrator enables the reader to overhear the workings of power at its source, as the Chief, who feigns an inability to speak, hear and react "normally," is allowed to sweep even during the meetings of the board of directors. The metaphor of fog suggests that events or agendas around the facility are hidden, perhaps unethical or even illegal; the fog also characterizes the deadened states of consciousness that drugs impose upon the patients. In the film, not many doctors appear; "Big Nurse" Ratched is their surrogate. She represents the medical establishment in her decisions about the patients: whether or not they are dangerous; whether they should be treated or forced into submission; even the psychiatric judgment of what part of free will was involved with their "offenses" (Foucault, 1977, p. 22). So much of Randle Patrick McMurphy's "treatment" exemplifies Foucault's propositions about how criminology, sociology and the other "human sciences" combine to legitimize the sentences and procedures in operation in modern clinical and justice systems. A crucial effect arises from this combination: the penal system has assumed so many extra-judicial elements and such a large body of knowledge that the judge is no longer seen purely as the person who punishes—criminal justice perpetually invokes systems other than itself (Foucault, 1977, p. 22). McMurphy is out to "play" whichever system that purports to control him, however.

Foucault's theory of the binary materializes clearly in *One Flew Over the Cuckoo's Nest*. Running throughout the film are several oppositional relationships, from color symbolism—in which McMurphy initially appears in dark clothing and wool cap while Nurse Ratched is dressed in white—to the general milieu of the institution—in which power-laden actions like unwarranted lobotomization are cast in striking relief against the small bodies of the patients, who are virtually powerless. In *Power/Knowledge* (1980) Foucault speaks against the tendency toward reductionism, asking why it is that humans tend so quickly to resort to the weak logic of contradiction (1980, p. 143). In viewing a situation, Foucault believes, "one must try to think struggle and its forms, objectives, means and processes in terms of a logic free of the sterilizing constraints of the dialectic" (1980, pp. 143-144.) Foucault traces the marginalization that occurs with binary thinking:

> [T]his is what was operated regularly by disciplinary power from the beginning of the nineteenth century in the psychiatric asylum, the penitentiary, the reformatory, the approved school and, to some extent, the hospital. Generally speaking, all the authorities

exercising individual control function according to a double mode; that of binary division and branding (mad/sane; dangerous/harmless; normal/abnormal); and that of coercive assignment, of differential distribution (who he is; where he must be; how he is to be characterized; how he is to be recognized; how a constant surveillance is to be exercised over him in an individual way). (1994, p. 199)

R. P. McMurphy is identified early as a troublemaker, an offender, a person who does not obey sovereign power or disciplinary tactics. Nurse Ratched certainly notes his non-compliance and punishes him with various procedures, including electroshock; McMurphy defies his branding and survives all attempts to break his will, however, until Ratched stumbles upon a gap in McMurphy's armor: he defends those weaker than himself.

Three-quarters into the twentieth century—1975—is an imperative date in a genealogical review of films featuring characters diagnosed with mental illness. The years of the 1960s and 1970s saw the contestation of psychiatric authority, and a reduction in the number of mental institutions, along with the democratization of procedures in many institutions that remained open (Spandler, 2009, p. 672). The popularity of *One Flew Over the Cuckoo's Nest* suggests strong cultural biases in favor of depictions of distrust of those in power (Ryan and Kellner, 1988, p. 10). In fact, the years between the release of Ken Kesey's novel (1962) and the release of the film span roughly the rise and decline of American involvement in the war in Vietnam/Southeast Asia, a time of growing disillusionment and protest in American culture. Paralleling the intergenerational anger of the Vietnam era, the film blames parents for the psychoses of their children, and shows authority figures imposing arbitrary and oppressive rules upon the patients/inmates. Furthermore, the Oregon mental institution of *Cuckoo's Nest* functions as a stand-in for a repressive state (Smith, 1999, p. 43). The power structures wielded by the hospital—with the stern, neatly-coiffed Big Nurse as their agent—represent a coldly calculating agenda that ignores civil rights and annihilates individuality (Safer, 1977, p. 132). This film clearly does not assume the conservative establishment view that institutionalizing persons with psychological disabilities is the best course: *One Flew Over the Cuckoo's Nest* could be positioned at the top of the list of films supporting ideas promoted by the anti-psychiatry movement. The film brims with binary oppositions between humans and the practices

of control exemplified by state institutions (Rutten, Roets, Soetaert & Roose, 2012, p. 638). Rutten et al (2012) clarify the protagonist's reaction to power:

> McMurphy's resistance becomes significant when he disturbs the public order and the dominant discourse, which prescribes that people with 'mental health problems' need to be isolated from society in psychiatric state hospitals…These binary performances might serve the purpose of the film to stimulate the social and theoretical construct of anti-psychiatry as a perspective in which assumptions and practices of psychiatry are radically questioned. (p. 639)

Both the novel and the film present positive depictions of anti-authoritarian ideology, sentiments that were popular in the 1960s and 70s, and that also fit the thinking of the anti-psychiatry movement (Rutten et al, 2012, p. 641). Both texts reinforce the discourse of the imposition of disability status upon humans who are impaired—the major discourse informed by the social models of disability. In fact, *One Flew Over the Cuckoo's Nest* suggests that the institution of psychiatry and the protocols it has engendered are responsible for creating "mental health problems" (Rutten et al, 2012, p. 641).

Randle Patrick McMurphy can be characterized as a liberator because he treats his fellow patients as mature humans who deserve to make their own decisions—an idea that reinforces a theme in *One Flew Over the Cuckoo's Nest* that individuals should exercise their free will instead of obeying the dictates of hierarchical powers (Blizek, 2013, p. 110). Whether he is leading a protest over television rights in the ward by cheering for a fantasized baseball game, or organizing a fishing trip during which he introduces his fellow patients as doctors (repeating the old trope about "who's running the asylum?"), McMurphy strives continually to liberate and empower the men surrounding him. Further, McMurphy can be seen as a Christ figure, working for the good of common people until he is betrayed—by Billy Bibbit, who soon kills himself, Judas Iscariot-like; "Mac" is then symbolically crucified through lobotomization, and "rises" briefly before Bromden smothers him, whispering "You're coming with me" (Blizek, 2013, p. 110). Bassil-Morozow (2012) categorizes McMurphy as a "human type" of trickster, who tends to lack abilities to transcend the human frame and sustains bodily harm: his body suffers because he "has crossed the line into the dangerous territory and disrupted the established order of things" within the oppressive psychiatric hospital (pp. 33-34). The physical restraints on

McMurphy's body—including the facility itself, assaults from orderlies and through ECT and lobotomization—exemplify the Foucauldian idea of biopower. However, I would argue that McMurphy's influence continues after death: Bromden uses his friend's idea of tearing up the heavy control panel in the tub room and, with water spraying everywhere, Bromden throws the appliance through the mesh window and runs away, the camera staying on him as he recedes. It is significant that Bromden does not leave McMurphy alive, as McMurphy would have served as a continuous warning of oppressive institutional control. Instead, the Big Chief carries Mac's message of self-liberation with him, and the other patients back in the hospital shout happily as the big man escapes.

McMurphy can also be romanticized as a rebel who challenges "Big Nurse" Ratched's authority; when McMurphy states that the patients are no more troubled than the average person "on the street," he is pointing out the tendency to otherize and stigmatize, or to draw a line between "us and them" (Rutten et al., 2012, p. 639). All aspects of the patients' lives are regimented, and their treatments can hardly be called rehabilitative; patients are in fact punished if they step out of their "sick roles" to exhibit more normative behaviors (Quinn, 1989, p. 122). The character Billy Bibbit, for instance, played by Brad Dourif as an insecure and stuttering quasi-adolescent, regains poise and confidence after R. P. McMurphy sets Billy up for his first sexual experience. Appalled by Billy's rebellion, her authoritarian rule threatened, Nurse Ratched shames Billy into guilt-ridden compliance and suicide. Through invoking Billy's mother and her incipient dissatisfaction with his behaviors, Ratched locates Billy's deviance within the domain of the family and uses the mother's influence to control the son. Billy fails to reject dependence on his mother, a condition for claiming his manhood. Foucault (2006) describes the shift away from the public status of family affairs that was a hallmark of the classical age—when societies locked away citizens for debauchery or prodigality but did not categorize these "offenses" as marks of insanity (p. 91):

> In the nineteenth century, conflicts between individuals and their families became a private affair, and took on the allure of a psychological problem…To attack the family was to flirt with the world of unreason. And thus by becoming the major form of sensibility to unreason, the family one day was to become the place of conflicts from which the various forms of madness spring…Psychopathology might feign surprise at

finding feelings of guilt mixed in with mental illness, but they had been placed there by the obscure groundwork of the classical age. It is still true today that our scientific and medical knowledge of madness rests implicitly on the prior constitution of an ethical experience of unreason. (Foucault, 2006, p. 91)

By mentioning Billy Bibbit's mother, Nurse Ratched nullifies the traditionally supportive role of the family in the care of a troubled member, and manipulates Billy into such mortifying guilt that he names his friend McMurphy as the culprit behind the promiscuity on the ward. This head nurse's behavior suggests an element of hypocrisy in the representation of those who care for the mentally ill characters in film: dominant American ideologies view nursing as a respectable profession, yet films tend to portray mental health nurses as uncaring and even aberrant (de Carlo, 2007, p. 346). After destroying Billy's self-worth, Ratched continues to devalue her own authority when she retaliates against the other patients on the ward, and particularly when she orders the lobotomy that is meant to neutralize McMurphy's disruptive influence. Foucault (1994) describes the home as the natural location where the family helps to fight illness, the place that existed *before* the hospital (which before the eighteenth century was really no more than a poorhouse, or even a warehouse to imprison any type of person society found offensive), the family and home as the place to receive loving care and let the illness dissipate through its natural course (p. 17). Having fallen asleep and missed his planned escape, McMurphy witnesses Billy's fate, and attempts to murder Ratched. Now that the disciplinary regime has trapped McMurphy, his demise is imminent. Although the "Big Nurse" can seem caring, and even liberal in her promotion of group therapy, her patronizing manner cannot hide her steely belief in the psychiatric hospital as a place of surveillance and control (de Carlo, 2007, p. 344). Ratched's group therapy sessions are more of "a Gestapo-like questioning" than helpful dialogues (Bassil-Morozow, 2012, p. 132). In short, she is skilled at casting aspersions and airs of unreason upon the less powerful humans surrounding her.

It is fitting that R. P. McMurphy has tricked the prison officials who had him in custody but transferred him to the psychiatric hospital, as these actions further support his role as a trickster. At once social critic and clown, McMurphy breaks countless hospital rules in order to subvert management styles that he deems oppressive, to promote independence and self-esteem in his fellow patients, and finally, simply to amuse himself. Similarly, the conventional trickster

is a primal figure, both creator and destroyer, who breaks social taboos, often entertains both others and him/herself, and undergoes punishments that remind onlookers/listeners of the consequences of breaking societal rules (Clinton, Garry & El-Shamy, 2005, para. 1, 9, 10). Hyde (1997) characterizes the confidence man as a typically American hero/trickster, a wanderer in a land of opportunity, an opportunist who can say anything he wants at any time (p. 11): an apt description for "R. P." Because of his antics and oppositional attitude toward the Establishment, McMurphy can also be compared to comical cartoon characters such as Bugs Bunny, whose mischief keeps viewers enthralled (Nastu, 1997, p. 50); McMurphy might also strike viewers of the film as a compilation of characteristics of Kesey's circle of friends from The Merry Pranksters. Jack Nicholson preserves much of McMurphy's bravado in the film, showing the scintillating self-confidence of a scar-marked gambler, roguish Korean War vet, hard-fighting (and fornicating) logger, and in one of Kesey's monologues, quasi-cowboy slang-speaker, cocky and eager to establish himself on the ward:

> Then you tell Bull Goose Loony Harding that R. P. McMurphy is waiting to see him and that this hospital ain't big enough for the two of us. I'm accustomed to being top man….Tell this Harding that he either meets me man to man or he's a yaller skunk and better be outta town by sunset. (Kesey, 1962, p. 19)

R. P. McMurphy's demeanor is complicated: good natured but volatile, loyal yet rebellious—all hallmarks of the trickster. Cinematic tricksters also sometimes serve as therapists, bringing patients to the point of crisis and finally reflection: McMurphy carelessly exposes repressed psychic material, an action that ultimately allows those with whom he shares the ward to connect with each other (Bassil-Morozow, 2012, p. 56). The irony lies in an ages-old character type being marked by the modern, medicalized construction of mental illness. In earlier times McMurphy might have been accepted as an eccentric and diverse presence, but in the United States of the twentieth century, he and his behaviors are marked as defective and categorized for separation from mainstream life.

Several aspects of Milos Forman's film diverge from the novel's representations of mental illness. Gone is Ken Kesey's famous invention of the Native American, "Chief" Bromden, as the first person narrator, along with Bromden's storytelling devices that suggest symptoms of schizophrenia. Slapstick comedy, violence, and distorted depictions of reality are

altered or missing from the movie (Nastu, 1997, p. 48). For instance, Nurse Ratched's face does not contort surrealistically, and there is no mention of fog machines or the "Combine," Bromden's metaphors for hidden hegemonic controls, disciplinary technologies, and destructive agendas. Camera shots, angles and editing perspectives are also divorced from Bromden, showing third-person omniscience and a traditional, straightforward storyline (McCreadie, 1977, p. 128). Kesey's early postmodern prose style—present tense, first person psychedelic, as it were—is also elided. Milos Forman's statement, "I like to reveal the inside through the surface" (Forman, quoted in McCreadie, 1977, p. 128), suggests the director's penchant for indirect characterization and subtle social satire; the viewer/spectator, however, must remember that the film and book are largely different texts. R. D. Laing (2013) posits that the mind is located within a person and therefore is not accessible to the other (a psychoanalyst, for example) (Laing, 2013, p. 3); perhaps the decision not to use unusual effects to simulate psychoses is the director's way of endeavoring to copy his version of reality as closely as possible—without exploiting the medium of film to infer what a character is experiencing. A vastly condensed dramatization that locates institutional inequities mostly within one spiteful nurse, the film fails to expose the injustices leading to the categorization and internment of "the mentally ill"—unless the themes of injustice can be developed solely through the symbols of sterile hospital corridors, locked doors and electroshock therapy. Foucault (1980) cites major institutions such as psychiatric and penal facilities as having limited importance when they are viewed for their economic significance; however, these institutions are crucial to the continued functioning of the "wheels of power" (Foucault, 1980, p. 116). Forman's film was both a popular and critical "hit," but regardless of its artistry and literalness, Kesey's opus also installs images of increasing dominance of disciplinary regimes and unseen wielders of power.

One must wonder what changes would be made if *One Flew Over the Cuckoo's Nest* were to be rewritten and reshot. If a filmmaker attempted to follow Ken Kesey's vision more closely, the product would surely display more surrealistic effects in attempting to suggest states of aberrant perception; it might retain the narrative wanderings of Chief Bromden, and it would probably feature countless permutations of hallucinations experienced by the characters— brought about both through psychoses and through mind-expanding drugs. Kesey speculated on being both the screenwriter and director of his own work: "I could do it weird. I could do it so that people, when they left there, they couldn't find the exit" (Kesey, quoted in Safer, 1977, p.

132). Still, the much-lauded 1975 film retains its iconic status 40 years after its making, one of the most famous movies to attack psychiatry and its gazes and glances, as well as to promote patient rights and dignity. Viewed as a liberal discourse that questions institutionalization and other interventionist treatments for persons with psychosocial disorders, the film nevertheless marginalizes mental patients. Without exposure to the fully drawn and sensitive personality of Bromden, viewers laugh at the (supporting character) "weird" patients on the ward, who are presented largely without histories, who do not have many lines, but who were cast so that audience members would remember them by their looks (Safer, 1977, p. 133, 137; Van Nostrand, 1976, pp. 25-26).

Patch Adams (**1999**)

In director Tom Shadyac's movie *Patch Adams,* set in the 1960s but released in 1999, the protagonist Hunter "Patch" Adams' soul is most discernible in the opening scenes when he commits himself to a psychiatric facility. The viewer knows nothing of Patch's background or family at this point; his suicidal mood seems to result from dreading his life's lack of purpose. Layers of physical controls are visible, from barred windows to the locked doors of the day room, in which a compulsory scene takes place to sketch the "crazy" characters who share Hunter's ward. Patch, played by Robin Williams, demonstrates his altruism when he finds a way to humor and comfort his roommate Rudy, played by Michael Jeter, who is beleaguered by hallucinations of aggressive squirrels. When Patch informs his psychiatrist Dr. Prack (Harry Groener) that he intends to check himself out, the viewer is supposed to receive the impression that Patch's impish, rebellious nature has triumphed over the stodgy and impersonal protocols of this psychiatric hospital. Here Patch functions as a trickster, a figure whose agenda includes usurping and outwitting the clinical experts around him, in what becomes an ongoing binary relationship and confrontation. Hearing of Patch's new-found calling to help people with their problems, Prack replies, "That's what I do," only to hear the irreverent rejoinder, "But you suck at it" (a line that would not have been spoken in the 1960s) (Leydon, 1998, p. 1). It is significant that the psychiatrist is portrayed as a buffoon who treats Patch impersonally; though he appears briefly, this character establishes a motif of surveillance—of an eye that watches Hunter Adams not with compassion but with an agenda of control and normalization. Prack's is a totalizing and

medicalizing gaze, and his apparent incompetence also vaguely hints at growing support in the 1960s for the anti-psychiatry movement.

A closer look at this scene impeaches the compressed time frame and Hollywood happiness that have bred Patch's ambition. In a matter of hours, it seems, Patch befriends several troubled souls and, while exhibiting good humor and gentle rebelliousness, learns important life lessons. In fact Patch's soul, in the Foucauldian sense, is that part of his own individuality that fails to resist the grip of the power structures that imprison him. Yes, Patch defies the psychiatrist's threat, and ends his self-committal—a choice that in real life not many patients have—but after Patch regains his liberty, the silent grid of power that governs his life is still in place. Foucault traces the genesis and institutionalization of power in many of his works; in *Discipline and Punish* he writes (1977) that "it is this whole technology of power over the body that the technology of the 'soul'—that of the educationalists, psychologists and psychiatrists—fails either to conceal or to compensate, for the simple reason that it is one of its tools" (p. 30). This filmic text edits out much of real-life experience as it pertains to the mental health-care systems in operation across the United States: the viewer does not witness extensive meetings between Patch and social workers or psychotherapists, or trace the weeks or months it might take for Patch to be affected, positively or not, by a combination of psychotropic drugs or talk/occupational therapies. From an editor's point of view, then, perhaps collapsing the psychiatric ward scenes into a fifteen-minute cliché, a condensed but humorous impression of *One Flew Over the Cuckoo's Nest*, or another film portraying repressive treatment of mental patients, is simply a solid option because it moves the story along.

Foucault explains the development of the clinic as a foundational restructuring of the field of medicine, a reorganization that would supply scientific integrity, social utility and, above all, meaningful teaching grounded in everyday medical practice (1994, pp. 68-70). The clinical "gaze" saw the first application of analytical techniques to the sick body; it was able "*to hear a language* as soon as *it perceives a spectacle*" (1994, pp. 104; 108). Indeed language is the quintessence of the gaze, an approach "in which the visible and the manifest come together in at least a virtual identity, in which the perceived and the perceptible may be wholly restored in a language whose rigorous form declares its origin" (Foucault, 1994, p. 96). In a hospital, doctors treat people suffering from diseases; in a clinic, the disease takes the focus, and the body is not

so much the patient as the truth of the disease's nature: the patient is "the accident of his disease" (Foucault, 1994, p. 59). This stance implies an objectivity that can be viewed as impersonal and even lacking in compassion. An example appears in *Patch Adams* when Patch is walking "rounds" with his fellow medical students, and the doctor teaching the group stops at a gurney stationed in the hallway. Dr. Eaton refers to the woman on the gurney, whose gangrenous foot is exposed in a very public space, as a case suffering from advanced diabetes. Patch is repulsed by this clinical distance and asks the woman's name. "Marjorie," Patch repeats and smiles, taking her hand as the medical students move on. This observational distance took a clearly positivistic outlook when, in the late eighteenth century, doctors began to see their age-old enemy—uncertainty—as quantifiable, a sum that could be determined statistically through rigorous calculation (Foucault, 1994, p. 97). Beyond deflating the apparent smugness behind medical objectivity, this scene also foreshadows the danger inherent in over-familiarity with patients.

At "Virginia Medical University," Patch Adams is determined to treat human beings suffering from disease, and he is not afraid to breach any protocol that demands distance. He has certainly not escaped the authority figures that function as human manifestations of the economies of power and knowledge that have been installed and cemented in place for centuries. Dr. Walcott, dean of medicine, played by Bob Gunton, serves as Patch's nemesis and as the mouthpiece for a long-established tradition of treating the disease of which the patient is the host. Patch's vision positions Walcott as a figure in a disciplinary regime, a symbol of power who espouses what Foucault names "descending individualization":

> [A]s power becomes more anonymous and more functional, those on whom it is exercised tend to be more strongly individualized; it is exercised by surveillance rather than ceremonies…the child is more individualized than the adult, the patient more than the healthy man, the madman and the delinquent more than the normal and the non-delinquent. (Foucault, 1977, p. 193)

Here the concept of treating one as an individual finds its counterpart: a patient is the target of an examination, not for liberation but for subjection; knowledge is gathered about the patient—whether in the form of extensive records or anecdotal evidence gathered in group therapies, as in the films mentioned in this paper. Patch Adams owns the distinction of being both patient and

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clinician, one reason perhaps for his seeming compulsion to defy at every turn the gaze that demands normative behavior. He defies Walcott when Walcott forbids him even to step foot in the hospital until the third year of medical training. Patch disobeys immediately, visiting everyone from a man dying of cancer to a children's ward, where he re-purposes enema bulbs for clown noses. At stake here is not merely obeying the wishes of a hospital administrator portrayed as a bureaucratic despot, but of complying with a timeline of human history that, since the eighteenth century, has organized and demanded a normative posture, "which authorizes it not only to distribute advice as to healthy life, but also to dictate the standards for physical and moral relation of the individual and of the society in which he lives" (Foucault, 1994, p. 34). Patch refuses to be dictated to, though ultimately he cannot overcome the mechanisms of governmentality.

Patch Adams may prove efficacious as a text that provides examples of Foucauldian theories and themes, but neither its depictions of mental disorders nor many of its plot points are believable. The film contains at least three subplots featuring characters with serious mental illnesses (two of which Patch appears to resolve through dogged cheerfulness). Fictional portrayals of psychosocial disorders often result in inaccurate ideas about specific illnesses, sometimes suggesting that rare disorders are common, or presenting misleading representations of disorders, especially schizophrenia (Pirkis, Blood, Francis & McCallum, 2006, p. 530). A salient example arises when Larry, a character diagnosed with schizophrenia, murders Patch's girlfriend Carin. This dark turn in the story is just one element that caused critics like Bregman (1999) to call Patch Adams "formulaic" and "sentimental in the most shameless Hollywood manner" (Bregman, 1999, p. 599). Leydon (1998) reviewed the movie as "[s]hamelessly sappy and emotionally manipulative," seeming "to exist in a never-never land of movie clichés and simplistic absolutes" (Leydon, 1998, p. 1). Denby (1999) commented that the movie "reduces medical training to a choice between becoming a cold-hearted technician or a clown, [and] is easily the most slovenly and whorishly sentimental work to become a big hit in the country since Love Story in 1970" (Denby, 1998, p. 96). Though not a critical success, the movie was a popular one. In late 1998 Patch Adams became the biggest "Christmas movie" ever; it made Universal Studios a quarter of a billion dollars, Robin Williams' take was 21 million, and the real Patch Adams' story was virtually unrecognizable (McLean, 2001, p. 54).

The enormous numbers of consumers who paid to see this movie, and to buy the VHS and later DVD versions, were also exposed to questionable portrayals of countless disabilities, notably schizophrenia. Granello, Pauley and Carmichael (1999) conducted a study in which one third of respondents claimed that their main source of information about persons with mental illnesses was electronic media—television and movies; furthermore, respondents within this particular variable displayed less tolerant attitudes toward persons with psychological disabilities than did respondents within other variables, such as people who took classes or who had direct experience with a person with a mental illness (Granello et. al., para. 22). Goffman (1963) writes about the process of stigmatization:

> The attitudes we normal have toward a person with a stigma, and the actions we take in regard to him, are well known, since these responses are what benevolent social action is designed to soften and ameliorate. By definition, of course, we believe the person with the stigma is not quite human. On this assumption we exercise varieties of discrimination, through which we effectively, if often unthinkingly, reduce his life chances. (Goffman, 1963, p. 5)

The scenes in *Patch Adams* featuring Rudy, the young Patch's roommate, sketch Rudy as a panicked and hilarious caricature, while the scenes featuring Larry craft him into what has become almost a convention in television and film—a murderous lovelorn stalker. Neither of these representations is "quite human."

The Soloist (2009)

In the film version of columnist Steve Lopez's book *The Soloist*, the group of theories most commonly associated with the work of Michel Foucault are crucial—that is, relations of power. After Lopez meets Nathaniel Anthony Ayers—a man marginalized not only because of his psychological disability but also because of his race and socioeconomic status, that is, his homelessness—Lopez begins a series of columns that follow Ayers' life on the streets of Los Angeles, and that actually attract gifts for him, gifts such as a fine cello, and music lessons from a symphony member. The theme of exploitation is clear. Lopez, played by Robert Downey Jr., broods over the suggestion that he is using his power as a famous journalist merely to craft an interesting story out of Nathaniel's life. Lopez's position and power are most visible when he

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visits the community center where Ayers occasionally eats a meal or plays his cello. Speaking with the center's director, Lopez first asks about Ayers' diagnosis, and later about the possibility of scheming to commit Ayers to a psychiatric ward in order to force a drug regimen on him.

Part of the spectrum of Lopez's power is Ayers' resistance (Foucault, 1990, p. 95). At first Ayers reluctantly visits the Lamp center, where his cello is safe from "the streets," and later, after refusing to accept an apartment, he acknowledges that he is middle-aged and cannot always sleep outside. Finally, however, Nathaniel Ayers becomes violent when the paperwork that Lopez asks him to sign indicates that Ayers has a "schizophrenic mind." Here the film follows a commonly occurring stereotype promoted by film and television—that people who have mental disorders are violent and dangerous to others or themselves (Pirkis, et. Al., 2006, p. 528). Ayers later profusely apologizes for his outburst against Lopez, but Lopez finally understands that his tendency to force a normative lifestyle on his friend is obsessive and controlling. Throughout the film, viewers witness technologies of power operating within the medical and legal institutions of Los Angeles, but Nathaniel Ayers' determination not to accept what Lopez considers "help" serves as an illustration of Foucault's point that "the swarm of points of resistance traverses social stratifications and individual unities" (Foucault, 1990, p. 96). One of the subplots of the film shows Steve Lopez finally understanding that psychiatrization and psychopharmacology are not for everyone.

Numerous production values contribute to *The Soloist's* progressive representations of mental illness. When Lopez obsesses over trying to "fix" Ayers in various ways, viewers/consumers witness both the medical and social models of disability go into effect. Nathaniel's dogged unwillingness to submit to the popular opinion that persons diagnosed with schizophrenia must comply with treatment is made more convincing through the acting of Jamie Foxx. Arrayed in over-the-top raiment, Foxx delves deeply into his characterization. Fusing his sentences into maelstrom-like monologues, he expresses Ayers' poetic intelligence as well as his emotional vulnerability—his paranoid fears tempered by traces of childlike trust (Weinstein, 2009, para. 3). Even more convincing than his disordered verbosity is his honest, plaintive presence (Atkinson, 2009, p. 76). In his attempt to portray Ayers' straightforward demeanor, Foxx does not engage in "normification," or what Goffman (1963) calls "the effort on the part of a stigmatized individual to present himself as an ordinary person" (p. 31). Foxx also does not

represent his character as practicing self-stigma, a belief resulting from internalization of attitudes shown by people around him, or public-stigma (Corrigan, 2004, p. 616). Because of research and extensive rehearsals with extras hired from the streets of Los Angeles, Foxx brings credibility to a difficult and possibly very controversial acting assignment.

Nathaniel Anthony Ayers' character also invites interpretations of Foucauldian notions of the soul and of binary relationships. First, Ayers' soul is the least constrained and controlled among the main characters in any of the films in this study. His resistance to dominant cultural mores is striking because he is positioned almost entirely in opposition to majority statuses: he is an African American classically trained musician who has a severe mental illness and no permanent home or means of support. He performs his own versions of compositions in random parks and sidewalks and other city vistas, often on a violin with two strings or on other instruments that he has taught himself to play. Furthermore, he dresses according to his moods and availability of outlandish accoutrements and cosmetics. That Ayers can be viewed as a trickster also demonstrates his differences from characters in films with more conventional conflicts. Priyadharshini (2012) writes about the tendencies of tricksters:

> Most often, tricksters bring with them values of ridicule and disenchantment, both of which carry a contestatory essence…Trickster can often be observed to be restless, its character depending less on the forms it takes and more on its performative actions. Although predominantly performative, there is never a feeling of unqualified heroism, rather the figure is more often surrounded by ambiguity and a desire for survival. (pp. 550-551)

Viewers/consumers of the film may wonder if Ayers' suspicion of others' behaviors toward him results from his pathology—paranoia—or from natural distrust bred of past deprivations of freedom or other perceived betrayals. There is no doubt, though, that Ayers carefully guards his independence, including freedom from drug therapies and hospitalization, in order to be able to roam the streets of his large city, play whatever music moves him, and keep his "soul" untethered. He is a survivor.

Director Joe Wright seems to have taken to heart one of the dicta of the disability rights movement by attempting to involve and empower persons with disabilities within the community

in which *The Soloist* was filmed. In preparing for the production, Wright consulted personnel at the Lamp Village, a Los Angeles community center that provides housing and other services for over 600 homeless and mentally ill clients. Here Wright befriended Kevin Cohen, a recovering addict and ex-convict, whom he hired as a director's assistant (Goodyear, 2008, para. 19). Known more for British period dramas, Wright commented about his new project:

> I realized I probably didn't have the authority to make the film, but I thought I could get the people I met downtown to show me how to make it. Rather than being a film about these people, the idea was to make a film *by* these people. (Wright, quoted in Witmer, 2009, p. 56)

Screenwriter Susannah Grant, who worked closely with Nathaniel Ayers, said, "I think it's crucial if you're writing about anyone to spend time with them and get a sense of who they are" (Grant, quoted in Ginsburg, 2009, p. 54). The film gained more verisimilitude when extras from around the area were asked to play "Skid Row" types, and some brought out their own paraphernalia and knowledge of street lore (Goodyear, 2008, para. 24). By involving Nathaniel Anthony Ayers and other members of the disability community, the director, actors and others in the production crew gained authenticity and authority, and avoided certain criticism.

    The Soloist ultimately achieves mixed results in its portrayal of the performance of psychological disability in film. For one, Jamie Foxx does not have the condition that he portrays: a fact that would make anyone sensitive to disability issues pause. Nevertheless, the film promotes understanding and acceptance of mental health issues in several ways. For instance, the scenes in the Lamp center are genuinely original: actors who have the mental disabilities of which they speak give testimony about the drugs they take or refuse; out on the street they spin out their theories and experiences, and Robert Downey Jr.'s character listens intently (Denby, 2009, p. 75). The atmosphere of the Lamp center echoes the progressive "therapeutic communities" that grew in number after the deinstitutionalization of many Americans in the 1960s and 1970s: new and less coercive services were offered, and collective debate among patients and staff/consultants was encouraged—policies conveying equality and liberation that are ideological descendants of counter-cultural movements (Spandler, 2009, p. 672). Clyman & Niemiec (2009) write that the film "presents schizophrenia as a more relatable and multifaceted problem that can be effectively treated with the same methods that help with

most emotional problems—social support and connection" (para. 11). As viewers observe the friendship between Ayers and Lopez develop, they also observe a decrease in the stigmatizing attitude held by Lopez toward Ayers. Weinstein (2009) calls Wright's depiction of schizophrenia terrifyingly accurate, particularly in the New York scene when Ayers begins to hear threatening voices (Weinstein, 2009, p. 44). *The Soloist* explores social realities and various dimensions of the human condition through its depiction of characters who struggle but who also display great resilience and strength (Clyman & Niemiec, 2009, para. 2):

> Embedded within this plot is a bold vision of schizophrenia that forms one of the richer and more complete images presented on the big screen to date. In this film, misconceptions are debunked, and the hidden, positive side of schizophrenia is exposed in an objective portrayal of schizophrenia, its link to creativity, and the curative function of friendship. (Clyman & Niemiec, 2009, para. 3)

It is surely a rhetorical risk to write that schizophrenia has a "positive side," but the film does attempt to capture a vital aspect often ignored in visual representations of mental illness—the lived experience of Nathaniel Anthony Ayers and those in his community. In addition, the ending is not completely "happy" (Atkinson, 2009, p. 1), and because the dominant view of persons considered mentally ill is not fixed, the film's meanings are left open to the consumers' interpretations.

What elements do *One Flew Over the Cuckoo's Nest, Patch Adams* and *The Soloist* have in common? For one, their sets include hospitals and other public spaces that employ methods of surveillance. *One Flew Over the Cuckoo's Nest* and *Patch Adams* depict psychiatric hospitals as dreadful places more like penitentiaries than refuges for healing—seats of psychiatric power and irredeemable institutions (Donaldson, 2005, p. 32). Randle Patrick McMurphy and Patch Adams are also positioned as heroes who, as viewers cheer them on, rebel against multiple technologies of control. The hospitals appearing in *The Soloist* are not psychiatric but urban, locales in Los Angeles designed to look bureaucratic and hellish as Steve Lopez worriedly hunts for Nathaniel Ayers after one of Ayers' frequent disappearances—a motif that reminds viewers of the anxiety that results when a person with a mental illness wanders out of the purview of dominant cultural protocols. All of these hospital scenes utilize visual languages that characterize modern hospitals

as places that the social sciences have fashioned into impersonal yet efficient engines of surveillance and supervision.

> Following an autonomous movement, the medical gaze circulates within an enclosed space in which it is controlled only by itself; in sovereign fashion, it distributes to daily experience the knowledge that it has borrowed from afar and of which it has made itself both the point of concentration and the center of diffusion. In that experience, medical space can coincide with social space, or, rather, traverse it and wholly penetrate it. One began to conceive of a generalized presence of doctors whose intersecting gazes form a network and exercise at every point in space, and at every moment in time, a constant, mobile, differentiated supervision. (Foucault, 1994, pp. 30-31)

Foucault's description clearly applies to the clinical spaces in *One Flew Over the Cuckoo's Nest* and *Patch Adams*, with their locked wards and barred windows and protocols; but Nathaniel Ayers in *The Soloist* is also subject to this generalized gaze. The mechanisms of surveillance to which Ayers is subject are less obvious but still present. Even though viewers do not see Ayers taking medication or spending time in a hospital setting, he follows Lopez's wishes and plays the cello at the Lamp Village, taking occasional meals and an apartment there. Even though Ayers appears to have miles of freedom in dressing how he likes and playing his music wherever he wishes, he may be only inches away from a 72-hour hold and a court-ordered regimen of psychotropic medication. In fact it may be argued that the emancipatory gestures Nathaniel is attempting to practice can be linked to a more totalizing gaze—illusions of freedom brought about through descending individualization (Foucault, 1977, p. 193). Among the more unsettling sequences in the film are the night scenes set on Skid Row, revealing the eerie atmosphere where, once again, Lopez searches for Ayers. Here viewers of the film observe the supervisory power of policing as well, and realize that Nathaniel Ayers, as part of the 40 percent of homeless people in Los Angeles who have a mental illness (Domanick, 2014, para. 21), is also subject to being ticketed or arrested, or having his property confiscated.

If one were to make a timeline of late twentieth and early twenty-first century films with themes germane to mental illness, the title *One Flew Over the Cuckoo's Nest* would appear in bold font. Its importance as a film filled with representations of mental disorders is beyond question: viewers observe and ruminate about issues such as voluntary commitment, group

therapy, medications and their purposes (such as the saltpeter that R. P. McMurphy reveals); graphic shots capture probably the most famous un-anesthetized electro-shock session in film— here prescribed not as therapy but as punishment. While the film attacks the clinically conservative view that long-term hospitalization or permanent institutionalization are the best accommodations for seriously mentally ill patients, it also vitiates this anti-medical establishment stand through sheer exaggeration of villainy—via "Big Nurse" Ratched—and through the casting of eccentric-looking character actors to play patients. *One Flew Over the Cuckoo's Nest* has left a complicated legacy built on a mixture of semblances of realism, and of comic relief purveyed to audiences with increasingly sophisticated tastes.

Patch Adams portrays issues of social justice in ways designed to please audiences. I have written about the movie here largely because of its depiction of the underdeveloped character of Larry, who is used simply as a trigger for a dramatic plot twist, the murder of Carin, Patch's love interest and the female character with the closest distance with the audience. Larry's status is described well by Wahl's (1992) statement that "mentally ill characters are depicted unfavorably in the mass media. In particular, they tend to be depicted as inadequate, unlikable, and dangerous" (Wahl, 1992, p. 345). The movie does stress the importance of treating patients humanely, but generally it was a popular vehicle for the improvisational talents of Robin Williams. On a timeline of films with themes of psychological disorders, *Patch Adams* would warrant a hash mark in the categories of popularity, including box office receipts.

The Soloist is the most important film to deal with mental health issues in the scope of this study. For one, the acting is comparable to a smooth and transparent writing style, and in fact a complement to the modern dialogue. This mimetic tone contrasts with the mid-century artificiality, for example, of some of the acting in *The Snake Pit*, or with the film noir-tinged acting in *Shutter Island*. Another aspect promoting the portrayal of an approximation of truth in the representation of mental illness is the screenplay. Viewers/consumers experience a version of Nathaniel Ayers' daily living—including the grit and danger of the streets and the marginalization of people who are homeless and mentally ill. Director Joe Wright chooses not to make Ayers' hallucinations exaggerated or improbable; viewers are let into the flood of voices in his head, but there are no approximations of visual hallucinations, save for an unfortunate sound/color tribute to *Fantasia* as Ayers listens raptly within the Disney Concert Hall. *The*

Soloist indicates that by the start of the twenty-first century, an alternate and more balanced discourse is emerging in American film, one that is not entirely anti-psychiatric. This discourse allows for useful purposes for helping institutions, therapeutic communities/networks, and even drug therapies.

If I could push aside most of the artifices that comprise a Hollywood hit—which doubtless has been crafted to invite huge profit—my critique would be left with the series of images of Jamie Foxx as he represents Nathaniel Anthony Ayers. This character is middle-aged but has been used roughly by life. Foxx's performance makes Ayers not larger than life, but positions him within a life which, with extraordinary willpower and in defiance of dominant codes and conventions, he has created for himself. His monologues and diatribes run in and out of sense; he is believable as a classically trained musician; his happiness evokes both humor and pathos as he proclaims that Steve Lopez is his god (Weinstein, 2009, para. 3). Flashbacks inform viewers of some of the stigma and abuse that Ayers has experienced, and his greasy hair, ruined harlequin outfits and interactions with others unveil glimpses into his plight: he has been maligned, diagnosed and misdiagnosed, misunderstood and beaten down for years. Foucault's notion of genealogy is appropriate to relate to Ayers' personal history:

> The body is the inscribed surface of events (traced by language and dissolved by ideas), the locus of a dissociated Self (adopting the illusion of a substantial unity), and a volume in perpetual disintegration. Genealogy as an analysis of descent is thus situated within the articulation of the body and history. Its task is to expose a body totally imprinted by history and the process of history's destruction of the body. (Foucault, 1977, p. 148)

Viewers/consumers of *The Soloist* can in effect read the language of Foxx's performance and construct their own meanings to arrive at an approximation of what it might be like to have a mental illness but to refuse the diagnoses and dictates of dominant culture—to choose to live without the prescribed therapies and medications that may or may not draw him closer to the elusive existence of normality.

Toward its conclusion, *The Soloist* references the status and treatment of persons with psychological disability through depictions of the practices of freedom experienced by its title character. A two-hour work of art and an interpretation of a book based on newspaper columns

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about meetings between a reporter and a homeless man far away from where he grew up, the film is a study of the course of descent. Foucault (1977) writes that to follow this course is to "identify the accidents, the minute deviations—or conversely, the complete reversals—the errors, the false appraisals, and the faulty calculations that gave birth to those things that continue to exist and have value for us" (p. 146). The film records the atmosphere of the messiness of experience as it applies to living with a mental illness in Los Angeles in the first years of the twenty-first century. *The Soloist* would defy placement upon a timeline of films featuring characters with mental illness, as a timeline is merely a metaphor I have employed to suggest its inadequacy as a measure: genealogy is not chronological tracing of events, but a compilation of happenstance and discontinuities that is essentially a history of the present. Finally, *The Soloist* is important because it conveys contemporary knowledge about stigmatization and treatment of the Other—in this case, persons with psychological conditions— and about how people like these characters do not experience Hollywood happy endings but undergo small successes and failures that are the daily fare of every life.

Chapter 6: Concluding Thoughts on Representations of Mental Illness, Critical Media Literacy, and Curriculum

In this chapter I will summarize (a) the central arguments of the preceding chapters that address the six films that serve as texts for this study and (b) genealogical shifts in the representations of mental illness in Hollywood films. Further, I will discuss implications of analyzing and troubling these representations. In providing brief reviews of literature pertaining to critical media literacy, discourse analysis, and representation, I will suggest the importance of using literacy education with students in grades nine through university level classes. My final thoughts will suggest the value of using the theories of a recognized scholar—in this case Michel Foucault—in assisting students in creating meaning from visual texts that contain depictions of mental illness.

Eighty percent of United States citizens who receive public mental health services are unemployed (*PR Newswire*, 2014). In 2010, 45.9 million adults in the U. S. were reported as having any mental illness (AMI); among youths 12-17 years old, 2.9 million received treatment or counseling for problems with emotions or behaviors in a specialty mental health care setting, whether inpatient or outpatient (Substance Abuse and Mental Health Services Administration, 2012). At a large regional conference on disability that I attended in 2013, not one session in the program listed mental health, or a specific related condition, in the title of a meeting or presentation. I mention these statistics because they are alarming and, most probably, obscured by other numbers and events in the news cycle; I mention the marginalization, or even the devaluation, of research and presentations on mental/behavioral health topics because I have had similar experiences with locating research on mental illness for this study, as well as with my attendance and presentations at two national disability conferences in recent years.

Mental/psychological illness representations in fictional or non-fictional media are often misunderstood or misrepresented. Longmore (2003) asserts that creating villains with disabilities reproduces prejudices, framing disability as evil, and persons with disabilities as bitter and so resentful that, if they could, they would destroy the non-disabled (p. 134). I have used the term "othering" elsewhere in this study; Phillips (2012) writes cogently about this social process, which also could be viewed as "disabling":

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'Othering' is the process by which a group excludes others based on differences between those inside the group and those perceived as different….the consistent use of disability as a means to disgust the audience, reaffirm their normalcy, and titillate their fears with the entertainment of mindless killers…..a comfort zone in American popular culture. (p. 69)

Although the texts I have studied are not horror films, they do often misrepresent the experiences of persons who have received diagnoses of mental disorder/illness, demonizing characters with schizophrenia (as in the case of Larry from *Patch Adams*), using the "triumph" or "overcoming" narrative to portray a character as a "super crip," or inviting blame from viewers because a character does not decide to "bring himself or herself out of" a depressive state.

Have there been improvements or differences in representations of mental illness in Hollywood film across the last three-quarters of a century? The idea of a narrative of progress is a modern impulse; conditions do not necessarily get better as time passes; representations of mental illness evolve but do not necessarily become more positive or emancipatory. Foucault (1977) suggests it is wrong to look for connections of descent in "an uninterrupted continuity" (p. 148). I have learned that depictions that promote positive attitudes toward persons with disabilities can be found in the earliest film in this study—1948's *The Snake Pit*—as well as in one of the more recent ones—2009's *The Soloist*. On the other hand, it is not difficult to identify in any of the films images that might instill in viewers stigma toward mental illness or persons with mental illness. Regardless of the decade of production, the films explored here depict both physical and psychological signifiers of difference and defectiveness. Another factor that has not changed is the portrayal of women as weak and sometimes hysterical figures; both main and supporting characters in *The Snake Pit* and *Girl, Interrupted* illustrate this idea. Individualization remains in place as well: disciplinary power and its technologies of surveillance appear to fade but actually materialize in multiplied, looser forms (Foucault, 1977, p. 193). Later in this chapter I will discuss a salient theme in the cycle of power and the genealogy of representation of mental disorders—that is, the active resistance to medicalization exhibited by Nathaniel Anthony Ayers in *The Soloist*.

The most important implication of this study is the suggestion that education about mental illness, especially when it involves a critical deconstruction of an entertainment medium

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that features representations of mental illness, can be effective in increasing viewers' understanding of psychological/mental disorders, as well as increasing their awareness of issues inherent in living with psychological/mental disorders.

Final Thoughts on Films

Both *The Snake Pit and Girl, Interrupted* reflect liberal humanist directions in the humane treatment of patients in psychiatric wards, apparent through the main characters' extensive individualized attention from psychiatrists as well as through release from their respective institutions. *Girl, Interrupted*, however, is more progressive in promoting attitudes of understanding and acceptance toward psychological disorders and persons diagnosed with them. In a study of representations of mental illness in film, *Girl, Interrupted* displays greater development of interactions among characters against a plausible depiction of 1960s cultural upheaval. Although they are still subjected to surveillance and disciplinary procedures, the patients in Claymoore experience at least a greater semblance of normality in the form of individual attention and freedoms such as the ability to wear one's own clothing and to leave campus for rehabilitative visits.

The screenwriter of *Shutter Island*, Laeta Kalogridis, was tasked with adapting a novel pervaded with noir and its accompanying violence and darkness, but she also wished to highlight the landmark discoveries of drugs developed and used in the middle of the twentieth century (*Script*, 2009, p. 43). This film features Dr. Cawley, a medical professional who insists that the inhabitants of this off-shore prison be called "patients" and not "prisoners." His empathy, his reduction or elimination of several of the more visible technologies of control and discipline (such as chains and heavy regimens of medications), and especially his promotion of small group therapy sessions and even private cognitive therapy, cause his character to stand out as an advocate for greater understanding and more humane treatment for persons with mental illness. Many of the representations in this film are graphic and violent, no doubt promoting negative attitudes and stigma toward persons with psychiatric disabilities or, as the sign outside Edgecliffe states, "the criminally insane." *Shutter Island* perpetuates stereotypes in its depictions of "mental patients." But on the whole, the film is important for the way in which a wise and calm medical professional has positively affected the harsh routines and clinical practices of a hospital built in the 1860s as a military fort. Dr. Cawley serves to temper the disturbing visuals through his

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handling of patients with dignity and humanity. A postmodern film that produces multiple and even competing "truths," *Shutter Island* nods toward the complexity of any attempt to represent "reality" objectively.

One Flew Over the Cuckoo's Nest features an unforgettable protagonist, Randle Patrick McMurphy, a quintessential trickster reminiscent of other rogues from great American novels—the Duke and King from *The Adventures of Huckleberry Finn*, the nameless narrator of *Invisible Man*, even Boo Radley from *To Kill a Mockingbird*. McMurphy's confidence man contradicts liberal pieties, keeping those around him sharp and "on their toes," and even lends people a sense of community (Courrier, 2010, para. 3). Most importantly, McMurphy represents a denial of clinical aloofness, psychiatric expertise, and any medico-juridical discourse that promulgates who is sick or well, normal or abnormal. He is the nemesis of mechanisms of control, and the flagman for the cultural shifts of the late 1950s through the 1970s. The film *One Flew Over the Cuckoo's Nest* is an important liberal humanist discourse that troubles interventions such as long-term/permanent institutionalization, lobotomy, ECT, and unnecessary dispensing of medications.

Patch Adams also troubles established medical practices and procedures, although in a more light-hearted way than McMurphy does. Possibly the most obvious trickster figure among the protagonists I have discussed—as he actually dresses at times like a clown—Adams is a tireless advocate for patients, aggressively disobeying the orders of medical administrators when they insist on leveling the clinical gaze at the people in their care. Although the representations of mental illness in this film are exaggerated for comical and dramatic effect, *Patch Adams* ultimately takes a stand against impersonal and expensive medical care.

The Soloist is the film that most clearly illustrates an emancipatory stance toward persons with mental illness. The screenplay dictates action that is by turn violent, playful, and desultory. Viewers experience a progressive version of how persons with psychosocial or behavioral disorders are treated, in contrast to how "non-disabled" persons think they (the persons diagnosed as mentally ill) should be treated. In general the film is notable because it displays practices of freedom and ethics available to persons who usually live under the suppression of disciplinary regimes. Nathaniel Anthony Ayers can be considered as a trickster figure because of his whimsical creativity with music, his playful interactions with Steve Lopez, and especially his

perseverance in refusing to take the medicines prescribed through a paradigm of medicalized technology. Even though the disciplinary power affecting him has become more individualizing, Nathaniel's character is permitted a more active and seemingly successful resistance to the regimens of treatment usually prescribed by clinical knowledge. This shift is notable within the genealogy of how mentally ill characters are portrayed.

Getting Critical

Kellner and Share (2007) point out that media education in United States pre-K-12 schooling has never been fully developed, despite the omnipresent nature of media culture (p. 4). Of course the thinking skills reinforced by close study can be applied to numerous media, such as music, advertising, and news stories. Nichols (1981) posits that we must become competent at reading signs and recognizing their creators—even signs that are intended to mislead us: "In a situation where so many signs (commodities) are produced specifically to mislead, to throw us off the trail, knowing how to find our way amongst the most numerous and commonplace of signs becomes a matter of survival" (p. 291). Stump (2002) adds a sociopolitical focus behind the purpose for careful reading/decoding of texts: "It is important that we, as the motion picture audience, become literate filmgoers, able to recognize even the subtlest projection of discrimination or prejudice in the films we watch and to react accordingly" (p. 192).

My use of the word "critical" pertains to pedagogical theories and practices intended to expose dominant power structures and patterns that are routinized or hidden (Burnett and Merchant, 2011, p. 43). For purposes of clarity, "critical" adds another dimension of analysis to media literacy pedagogies:

> Depending on one's perspective or theoretical frame, the term *critical media literacy* may be characterized as the ability to reflect on the pleasures derived from mass media and popular culture practices (e.g., radio, TV, video, movies, CDs, the Internet, gang graffiti, and cyberpunk culture); the ability to choose selectively among popular culture icons; or the ability to produce one's own multimedia texts. (Luke, quoted in Alvermann and Hagood, 2000, p. 194)

Descriptions of critical media literacy that would be more useful in analyzing the stigmatization and othering of persons with psychological disabilities might sound more radical. Teachers

concerned with developing curricula that problematize representations of mental illness would instruct from a perspective that helps students expose a world of unequal power and resource distributions. An example of an emancipatory curricular unit would be a multigenre project centered around governmentality in *The Soloist*—the technologies of discipline and control exercised on Nathaniel Ayers and the other residents of Lamp Community Center and its environs—including expectations for medication, policing policies, community attitudes toward persons who are homeless and/or mentally ill, and social aid programs. In studying their filmic texts, students would recognize systematic privilege based on ethnicity, race, gender, class (Moje, Young, Readence & Moore, 2000, p. 407), and ability. Teaching practices that ask students to analyze media in new ways can be effective in helping students gain more knowledge about diversity issues (Tisdell, 2008, p. 64). Questions entailed in this approach would include, Who benefits from the portrayals in this film, and who is disadvantaged? Pedagogical techniques would have students employing close analyses of texts for the purpose of evaluating negative stereotypes, and group discussions to strengthen critical thinking and questioning; students would be empowered as critical readers of film, and would expand their knowledge of crucial social issues (Chellew, 2000, p. 27).

Acting as co-learners with their students, educators should remember that there is no natural correlation between a sign and its meaning: meaning is dependent upon the relationship between a sign and a concept, and this relationship is governed by a code (Hall, 1997, p. 27). Critical media literacy teachers can use this social constructionist perspective to reinforce that students viewing movies make meaning through their past experiences in relation to images on the screen; teachers can also use the medium of film to teach about issues of diversity and equity (Tisdell, 2008, p. 54). Encouraging active viewing habits tends to keep messages/meanings from becoming naturalized and students/viewers from becoming complacent (Kellner and Share, 2007b, p. 65).

Critical Media Literacy: Sometimes a Controversial Pedagogy

Most teachers view their jobs positively, but fewer than one in three teachers believes that the teaching profession is valued by fellow citizens (Teaching and Learning International Survey, 2014, p. 22). Since I entered the classroom as a preservice teacher in 1980, I have noted numerous changes in cultural and economic attitudes toward education. One example is the

growth of neoliberalism. Current education policy is becoming intertwined with market-based business practices (Tuck, 2013, p. 337); mindsets that privilege accountability for students and teachers are transforming pedagogical approaches and practices. Neoliberal reforms have created an atmosphere that causes the rationalization of the work of teachers, along with an insidious de-skilling through the use of such methods as publisher-created scripts intended to be read to classes, and arrays of standardized tests to be administered. In private schools that rely on tuition, administrators are complying with a trend to view parents and their children as clients. Preoccupied with recruitment, private schools have opened Development Offices, or Offices for Institutional Advancement; branding is becoming widespread in advertising, community signage, uniformity of mascot representation and shades of school colors. Several teachers in my acquaintance have been instructed to watch what they say: personal politics is off-limits, sometimes under the penalty of dismissal. Veteran teachers know what subjects to avoid or deflect in classroom discussions, but it seems that lines of politicization have become blurry, and we teachers are sometimes surprised by reactions of parents to comments we make or permit students to make during class.

In Foucauldian terms, I am writing here about how the gaze is directed at modern teachers, as well as how teachers' visibility—particularly in an age marked by instant communication—enlarges their vulnerability. Of course the gaze is just a mechanism through which power is exercised (Caluya, 2010, p. 625), and power always pursues truth: according to Foucault (1980), "we must produce truth in order to produce wealth in the first place" (pp. 93-94). But isn't an administrator or school board denying truth when they limit a teacher's field of speech? Giroux (1997) writes that "[t]he notion that theory, facts, and inquiry can be objectively determined and used falls prey to a set of values that are both conservative and mystifying in their political orientation" (p. 11). A political act, education cannot be politically neutral.

Social politics are a formidable obstacle to teachers attempting to use critical pedagogy in building a curriculum. Educators and community members can many times agree on language and images that are inappropriate for pre-K-12 settings, but standards can be subjective and varied in local districts across the United States. Teacher education programs seem to be more concerned with methods than foundations of education—an idea that describes technicalization, or the "how" to do things in the classroom rather than the "why." Students in training for

teaching careers are receiving not information on how to uncover agendas that promote bias and prejudice, but on how to arrange classrooms and curricular formats, or to write lesson plans and behavioral objectives—neutral facts that ignore social dynamics (Kincheloe, 2008, p. 35). This tendency to avoid possibly controversial topics seems deeply rooted in culture: Kincheloe (2008) writes:

> Many members of Western societies in the first decade of the twenty-first century see overtly political pronouncements as somehow inappropriate and out of place in institutions such as schools. Teachers, they say, should remain neutral. Students, however, need to understand the covert political implications of almost everything that presents itself as objective information, disinterested science, and balanced curricula….In the name of neutrality, therefore, students are taught to support the status quo. It is a highly complex and difficult task, but critical teachers believe we should resist this tyranny of alleged neutrality. (pp. 34-35)

When compliance with Common Core standards is almost total—46 states and the District of Columbia having adopted them—and teachers of English, for example, worry about having to cut fictional literature from the curriculum in favor of "informational texts" (Layton, 2012), how can teachers add curricular artifacts that lend themselves to critical analyses of issues of equity and social justice? That the Common Core is not bound—like No Child Left Behind is—to an accountability system that emphasizes the relationship between achievement and socioeconomic status, race, ethnicity and disability (Kornhaber, Griffith & Tyler, 2014, p. 4) magnifies this quandary.

Using a Foucauldian lens to examine issues of power in films featuring representations of characters with mental illness works to expose structural and institutional bias and inequity. Foucault (1980) believed that the role of theory is to analyze power in specific and minute ways, to look at the connections and technologies involved in both exercising and resisting power (p. 145). I have used Foucault's ideas to support my own interpretations but also to highlight the ideas of writers and theorists concerning the reproduction of stigma toward mental illness and toward persons who have received diagnoses of mental illness.

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Getting Political

How can a teacher educate his or her students about representations of mental illness in film, as well as sensitize them to issues experienced by persons with mental illnesses, all in an atmosphere increasingly overshadowed by high-stakes testing and federally-designed standards? One approach is to include in the curriculum media that could be analyzed critically—questioned for issues of equity, diversity, and oppression. Ritterfeld and Seung (2006) completed a study in which participants watched a film featuring a character with a serious mental disorder, and then watched a short informational supplement about the condition. The sessions revealed that a positive attitude change toward mental illness—in this case, schizophrenia—occurred in viewers (pp. 259-260). Ritterfeld and Seung (2006) reported:

> Although entertainment media tend to present and reinforce emotionally charged myths of mental illness, we believe that Entertainment-Education can replace the myths with factual information that counters the myths, replace negative stereotypes with accurate views of mental illness and significantly enhance the quality of life of people with mental disorders. (p. 249)

The authors suggest that film producers and distributors could, at very little cost, add non-fiction material to DVDs, short "special features" intended to reduce stigma toward PWDs; however, the movie industry would probably not assume an advocate's perspective, even if the portrayal of mental illness were judged to be accurate (Ritterfeld & Seung 2006, pp. 249, 262). Even if educational special features were not included with the film, a critical pedagogue could locate supplementary electronic or print material. Students could watch or read it, discussing and interrogating the supplement with critical eyes.

As they watch films and work through discussions and reflections critically, students and teachers will be able to identify terms that belittle persons with psychological disabilities; psychiatric terms that are used incorrectly (such as *schizophrenia*, popularly recognized as meaning multiple personality, which is actually part of dissociative identity disorder); and more common disparaging language such as "crazy" or "nuts." Engaging with historical and contemporary portrayals, along with students' own use of language, will help develop a wider comprehension of the workings and impact of stigma—knowledge that will afford students

opportunities to disrupt the normative survival of these portrayals (Eisenhauer, 2008, pp. 17-18). Educators and students alike will recognize that negative representations of persons with disabilities can be hurtful to the public's perceptions of persons with mental disorders, and that this possible harm has been a concern since the birth of the medium of film (Chellew, 2000, p. 27). Developing critical dialogues in the classroom can also help students meet the rigors of standardized testing. Alvermann and Hagood (2000) write

> For students to perform well on the new assessments, they will need to develop a critical understanding of how all texts (both print and nonprint) position them as readers and viewers within different social, cultural, and historical contexts. That is just a small part of the challenge that lies ahead for literacy educators and the students they teach. (p. 193)

Moving the critical capacities of students beyond print and electronic texts examined in the classroom to texts that surface in the "real world" is another step for critical educators to consider. Applying their knowledge of deconstruction to current events in social studies class, or creating original scripts and videos that parody or subvert social or corporate entities that students have identified as sources of inequity—these are pedagogies that could be called Foucauldian in theory, even poststructuralist as they would tend to expose "false hierarchies and artificial borders, unwarranted claims to knowledge, and illegitimate usurpations of power" (Bertens, 2001, p. 147). Connecting school literacy to out-of-school literacies would not only break a false binary, but would build in students foundations of reference for troubling accepted ways of doing things that often lead to inequities and injustices (Alvermann & Hagood, 2000, p. 197). In short, some form of critical media literacy should be part of the curriculum of any school.

Visual Discourse, Representation, and Critical Media Literacy

The cultural studies scholar Stuart Hall (1997) defines and clarifies Foucault's bifurcated approach to the "subject," with (A) the discourse producing figures that embody certain forms of knowledge—such as the delinquent or the madman—and (B)the discourse actually producing a vantage for the subject—in this case the viewer/spectator/consumer—from which the meaning might be understood. In other words, spectators are occupying "subject-positions"—or subjecting themselves to the power, knowledge, and regulation of the discourse (Hall, 1997, p.

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56). In his work on representation—specifically on the encoding done by creators of discourse and the decoding done by its audience—Hall (2001) recognizes codes that enable viewers to comprehend texts; although all codes are culture-specific, many appear to be represented as universal, suggesting deeply-embedded naturalization (Hall, 2001, p. 170). That a spectator's perception and reaction might fall under a regime of codification—that they might even be reflexive—is an idea crucial to the understanding of the way in which film characters with psychological disabilities are portrayed, especially the ways they are stigmatized. Recent film theory has distanced itself from structural reproduction perspectives that constructed spectators as passive and virtually disembodied, in favor of the position that they make sense of the cinema—and the rest of their experiences—with both their eyes and their entire bodies (Sobchack, 2008, p. 196):

> …the very intelligibility and meaningfulness of the cinema not only emerge from but also depend upon our ontological (and ontic) existence as "cinethetic subjects"—a neologism I use to bring together both "synaesthesia" and "cinema" as they converge to produce sense and affect as meaning on and for lived body subjects. (Sobchack, quoted in Sobchack, 2008, p. 196)

I find Sobchack's coinage brilliant, useful and ironic—the last because synaesthesia in some corners of the medical world is considered a disorder or disability; Vladimir Nabokov was a synaesthete, and in the motion picture *A Beautiful Mind*, the scenes in which John Nash (Russell Crowe) visually experiences numbers are unforgettable. It's the "subjective sensation of a sense other than the one being stimulated. For example, a sound may evoke sensations of color" (Dictionary.com). I realize that the auteur of a motion picture engineers the work so that the spectator is presented with very specific—though edited and therefore limited—images and sounds, but I have no doubt that each watcher experiences the discourse differently. It is difficult for me to understand how my friend with colorblindness does not perceive color in the same way as I, but then I remember that, looking at color through each of my eyes separately, I experience it with slight difference. In my poem "Movie Light," I suggest the engagement of all senses in the activity of film-viewing, and further, even the formation of identity:

I hated darkness as a child.

Bedtime was a battlefield,

my only spoils a night-

light shaped like a lamb

and my door half-open to catch

the dimness from downstairs.

My brother seized me often

by this Achilles heel, locking

me in closets or unplugging

every lamp in the house

when he was my babysitter.

The only dark place untainted

by horror was the theater, the beam

cutting in just before the lights

died all the way. Surely

glancing into a bulb that showed

movies would blind you faster

than staring into an eclipse.

I found comfort in thoughts like this.

(I'd learned from a teacher

that when you smelled your mother's

roast beef, you actually inhaled

tiny pieces of meat.) I wanted

no more darkness inside my body;

it stood to reason you are

what you eat, and smell, and see. (O'Hara, 2003, p. 14)

The embodied experience of film-viewing brings to mind the Foucauldian notion that the body is not constituted just by the mind. Students watching films are *experiencing* them; their interpretations are their own, but critical perspectives can be helpful in expanding "naïve" readings into deeper apprehensions of inequities and power structures that exist outside of their cultural vistas. Foucault's highlighting of power and its constitutive knowledge—his focus on power relations and how manifestations of power are connected directly to the body—are what help to inform my understanding of critical media literacy. According to Cook (2013), the subject (in this case the viewer/consumer) is embedded both in the material world and in the social world. Further, Foucault posits that the influence of social factors over individuals manifests itself not only in relations of exchange but particularly in relations of power (p. 967). Using film to assist students in gathering awareness of the preponderance of power relations can be emancipatory both to viewers and to persons marked with the disabilities featured in the films viewed.

Impressions that moviegoers sustain are not only visual, but multi-sensory, and actively attained at that. Voss (2011) argues that the reception of art is not passive but a "creatively projecting—and therefore, illusion-forming, act" (p. 142):

> …it is only the spectator's body, in its mental and sensorial-affective resonance with the events onscreen, which (as I described earlier) "loans" a three-dimensional body to the screen and thus flips the second dimension of the film event into the third dimension of the sensing body. (Voss, 2011, p. 145)

This idea of the surrogate, or "loan-body" reinforces the status of the spectator as a subject of the film discourse; the spectator's active engagement in the cinematic experience enables film to appear "genuine" (Voss, 2011, p. 143-144), and I argue that strong impressions upon the spectator—especially uninformed and/or negative impressions of mental disorders—result in

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lasting constructions of stigma whose target becomes real persons with psychological disabilities. ("Target" is an apt descriptor, as the impact of stigma is too often blunted by language. Goffman (1963) reminds us of the deleterious effects on persons whose lived experience includes mental disabilities: "[W]e believe the person with the stigma is not quite human. On this assumption we exercise varieties of discrimination, through which we effectively, if often unthinkingly, reduce his life chances") (p. 5). In this study I am not attempting to deconstruct films in the horror genre, such as *Halloween* and *Psycho*, but as Anderson (2003) states, it is films like these that have assisted in propagating the image of the "dangerous mentally ill" (Anderson, 2003, p. 298). An audience member will tend to follow symbolic representations of topics about which they know little—and which they fear— (Anderson, 2003, p. 300) and thus false or misleading depictions of mental disorders may be cemented in a viewer's construction of reality.

A spectator's decoding of a film will often result in naturalized perceptions (Hall, 2001, p. 170):

> These "conditions of perception" are, however, the result of a highly coded, even if virtually unconscious, set of operations—decodings. This is as true of the photographic or televisual image as it is of any other sign. Iconic signs are, however, particularly vulnerable to being "read" as natural because visual codes of perception are very widely distributed and because this type of sign is less arbitrary than a linguistic sign: the linguistic sign, "cow" possesses *none* of the properties of the thing represented, whereas the visual sign appears to possess *some* of those properties. (Hall, 2001, p. 170)

If, according to Wahl (1995) Americans identify media as their main source of knowledge about mental illness, and because mental illness appears so frequently in American visual discourse (p. 3), are not some spectators liable to form long-lasting stigmatization toward the visually-reinforced "properties" in films featuring non-normative behaviors—regardless of whether those films fit within the genre of horror, or art, or like the main films in this study, popular/mainstream? Hall's comments suggest that there is more immediate power in a visual sign than in a linguistic one, at least in the sense of the image seeming to be "natural." It is important to stress the difference between a novel and the film based on the novel: these works are not the same text, but fictional reflections of the world, a relationship echoed in Hall's

comment that discursive knowledge is a product of "the articulation of language on real relations and conditions" (Hall, 2001, p. 169).

Another catalyst of stigmatization is the confusion of a sign with that which is signified—that is, of an image and its referent. Managing the decoding required in the analysis of a typical film is a gargantuan task for any viewer; in writing a film review, I often have to watch a second or third time in order to take careful note of the subtleties of scoring and set decoration, editing and small signatures of directing style. Yet even if my agenda includes deconstruction and critique, I am liable not to remember that what I am watching is pure artifice, the product of thousands of hours of collaboration among producers, ranks of directors, crews, actors and other film workers—an amalgam whittled down to just what the filmmaker wants me to see. Further, if I am movie-watching just for entertainment, I might not resist simply swallowing the work's pre-made meaning:

> Meaning has been fixed onto film for all to see, and know. The camera, like a magician, appears to read our mind, and our own act of reading, our necessary act of collaboration in this deceit, goes unnoticed and unnoted. Photographic realism, then, works to naturalize comprehension; it hides the work of perceiving meaning behind the mask of a "naturally, obviously" meaningful image. (Nichols, 1981, p. 35)

Nichols' use of the term "deceit" is particularly appropriate; as he (1981) suggests, a spectator reproduces a false connection by confusing objects or behaviors with their representations, as in the statements that Tom Hanks is in *Captain Phillips* (instead of his image), or that the violence on prime time television is despicable (rather than the depiction of violence) (p. 44). An effective discourse can appear so realistic that it transports consumers "to another country," and the consumers must be enabled in some manner to relate at least part of the discourse to their own lived experience. These actions/interactions of decoding are probably less likely to occur if they involve the consumption of films designed to engage the attention but not necessarily the intellect.

Autopathography, or autobiographical expression about a disability, is one medium that assists in demystifying issues surrounding disorders, in educating non-disabled persons, and in empowering those with disabilities. Ellis (2012) comments that autopathography helps people

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get back the agency lost when they became subjects or patients, and that this empowerment is often effected through Web 2.0 platforms—such as YouTube—that result in immediate publication and community (p. 192). Further, autopathography "is characterized by an acknowledgement that we experience the world through our bodies and recognition that illness is more than an interruption to be overcome" (Ellis, 2012, p. 193). These videos or writings or other artworks, then, reinforce that discourses are both created and interpreted through embodied experiences. The small irony in the viewing of a motion picture is the elaborate cognitive processing that belies the position of the sedentary, apparently passive consumer/subject.

Foucault believed that discursive objects do not merely sit idly in the world, but are created by the statements made about them (Balasak, n. d.). By the end of the nineteenth century—a period of burgeoning industrial and technological growth that saw inventions relevant to this study, such as celluloid film and the motion picture camera, and the motivation to use them for entertainment—medicine had become focused more on normality than on health. Medicine followed concepts shaped by biologists, such as internal structures, but devoted itself to the principles of the normal versus the pathological (Foucault, 1994, pp. 35-36). In the decades since the turn of the twentieth century, across which multitudes of clinical vocabularies have been developed, how many more discursive formations have evolved to contribute to stigmatization towards people with mental illnesses? Contemplating that he is a member of "the blind," Michalko (2002) realizes that he had never conceived of people as "the sighted" (p. 49). A parallel to this unequal binary is that a person with mental illness rarely if ever hears of a person having mental wellness. Even the social model of disability—which posits that most, if not all, of the obstacles faced by persons with disabilities (PWDs) can be alleviated through social manipulation—fails to seriously consider mental illness within the parameters of its theory (Ellis, 2012, pp. 186, 189-190). According to Goffman (1963), a salient part of a stigmatized person's life is acceptance: "Those who have dealings with him fail to accord him the respect and regard which the contaminated aspects of his social identity have led them to anticipate extending, and have led him to anticipate receiving" (pp. 8-9). Thus mental illness is discursively constructed.

It is difficult to measure stigma. Media that equates the process of stigmatization with being "offended" unfortunately trivializes both the personal and the cultural damage created by a

visual culture of stigma (Eisenhauer, 2008, p. 18). False representations of mental illness have filtered down through generations of viewers/consumers, and added stigma to psychological disorders that are already misunderstood (Kondo, 2008, p. 250). I have concluded that it is possible to identify depictions in Hollywood film of mental illness/disability that can be liberatory for persons living with these conditions. However, uninformed conceptions of mental disorders and of the experience of living with mental disorders abound. In a study of knowledge of mental illnesses in the 1950s contrasted to 2000, Phelan, Link, Stueve and Pescosolido (2000) found that Americans consulted mental health professionals three times more frequently at the turn of the century than 50 years earlier; however, in 2000, persons who may experience psychotic episodes were more likely to be considered dangerous. Thus stigma and fear surrounding serious mental illnesses are stronger in recent years than they were in the 1950s (Phelan, Link, Stueve & Pescosolido, 2000, pp. 189, 203.) In order to increase their awareness of media portrayals of mental illness and the inequities that these portrayals are complicit in reproducing, it is crucial for students to develop expertise in viewing texts critically. Education about mental illness—especially when it involves a critical analysis of a medium such as a film that features representations of mental illness—can be effective in increasing viewers' understanding of psychological/mental disorders, as well as widening their awareness of issues involved in living with psychological/mental disorders.

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