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MENTAL ILLNESS IN THE MEDIA  
IS THERE REPRESENTATION OF MENTAL ILLNESS IN PRINTED MEDIA?

By

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## Abstract

Mental illness has been a tough subject to speak about as it comes with many taboos and stigmas. These stigmas have made it difficult for people with mental illnesses to see themselves in media such as television. Instead of portraying what someone with a mental illness is like, television shows play with stereotypes and stereotype how a person with a mental disorder acts like. Print media can also stereotype people with mental disorders by printing articles with these stereotypes to be read by their audience. My research is going to focus on how mental illness is being discussed in print media through a content analysis of the articles by using key words such as “mental illness” and “mental disorder.” I will also be doing a content analysis on how television shows portray characters with mental illness. I will not be comparing print media versus television but rather focus only on the portrayals of mental illness. Through my research I have found that print media focuses on having discussions and portraying stories of real people who have mental illnesses. I have also found that we have progressed in accurate portrayals of characters as research has improved in the mental illness topic.

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# MENTAL ILLNESS IN THE MEDIA

## Mental Illness in the Media What Representation of Mental Illness is found in the Media?

### INTRODUCTION

According to the National Institute of Mental Health (NIMH), depression is a mood disorder that affects how you think, feel, act, and your day-to-day activities (“Depression”). This can be misinterpreted and be used as an everyday sadness of feeling low, but to be diagnosed with depression these symptoms have to be present almost every day for two weeks or longer. A common misconception about depression is that everyone has the same symptoms and acts the same when they are in a depressive mood. However, depression manifests in people differently. Some act completely “normal” and continue their activities while hiding their depression from people, while others are unable to get out of bed and lose interest in anything that they used to like doing. Not only do people act differently, but there are also different types of depression: major depression, persistent depressive disorder, perinatal depression, seasonal affective disorder (SAD), postpartum depression, psychotic depression and others as well (“Depression”).

Depression is a type of mental disorder or mental illness. Mental illness/mental disorder are conditions that affect a person in how they feel, think, their daily mood and their daily behavior (“Mental Illness”). Mental illness and Mental disorder are two different terms that describe the same definition. Depression is one of the many different types of mental illnesses that people may have. The list includes PTSD, anxiety, schizophrenia, bipolar disorder, etc. NIMH states that mental illnesses are common in the United States as studies have shown that almost one in every five adults have a mental illness (“Mental Illness”). There are two different types of mental illness sections depending on how severe the mental illness is. Any Mental Illness (AMI) is “defined as a mental, behavioral or emotional disorder (“Mental Illness”)

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(NIMH). Serious Mental Illness (SMI) is “defined as a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities” (“Mental Illness”). Major Depressive Disorder is an example of a Serious Mental Illness as it can cause someone to not be able to function in their daily activities.

### LITERATURE REVIEW

Before scientific research was done about mental illnesses, many misconceptions were shown on television. This caused stereotypes to be created and it led to inaccurate representations of people with mental disorders in the media. Due to the inaccurate representations, those who did not understand mental disorders started to view it in a negative light and did not want to interact with those with mental disorders. Research has shown that people with mental disorders are seen as “unpredictable, unreliable, unlikable, incompetent, and bizarre” (Lyons 10). The most damaging image that people connect with mental disorders is that they are violent or dangerous. People with mental disorders continue to be seen this way even though evidence through extensive research has shown that this is not the case. evidence.

Mental illness is common in our society, yet it is shrouded in ignorance, shame and stigma. Throughout the 21st century,, mass media has become common in having public discussions about mental illness and it has reduced the amount of stigma that mental illness carries.. While most of these depictions have been inaccurate, mass media has strived toward more accurate representations especially in television shows that are seen by millions. Otto E. Wahl, in his article, *Children’s Views of Mental Illness: A Review of the Literature (2013)*, shows that “ideas and attitudes are acquired gradually over a lifetime and that their roots are established in childhood” (Wahl 250). The media that he researched was mainly focused on

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television on how television has a big impact in children and how they perceive the world. He explains that while children do not have explicit knowledge about mental illness, with media they start to acquire thoughts where they recognize mental illness as less than desirable. These attitudes start at such a young age because social institutions, social media, and television are where they receive this information (other than school and close family). According to Wahl and Roth, there is one character that is labeled as having a mental illness in every 11 prime time television shows in 2013 (Wahl 251), which are the most watched shows in households since they appear during times where families are together. Because of how characters with mental illnesses are portrayed, these families believe that what is being portrayed is close to accurate, when in reality most of these portrayals are recycled stereotypes that have been present for decades

Otto F. Wahl in his book, *Media Madness: Public Images of Mental Images*, (1995) describes how while he was studying clinical psychology and learning about mental illnesses, he noticed how common it was to have mentally ill characters in the shows he was watching, and how those depictions deviated from what he studied about mental illnesses (Wahl 14). Because of what he was seeing on these television shows, he began to wonder whether the internal images that people had formed were because of the incorrect images represented on television. In *Challenging the Stigma of Mental Illness: Lessons for Therapists and Advocates* (2010), Corrigan et al. found that “70 to 80 percent of the time, the media portrays people with mental illness as dangerous, unpredictable, or otherwise people to be feared” (6). Wahl is not the only researcher that has arrived at these conclusions. Research done with mental illness as the main focus shows how mass media needs to do a better job in portraying people with mental illnesses without stereotyping. Fruth et al. in their article, “Portrayals of Mental Illness in Daytime



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Television Serials” (1985) discuss how the public has considered mental illness socially unacceptable. They concluded that “viewers would have difficulty avoiding information about mental illness with three-fourths of all serials in the week examined presenting some mental illness ( 387). In “The Portrayal of Mental Illness on Prime-Time Television” (1998), Diefenbach found that television shows portray those who are mentally ill more violent than other characters in the show. Diefenbach concluded that television portrays those characters’ “quality of personal life” as more destructive “than violent criminals” (300). Myrick et al in “Examining Differences in Audience Recall and Reaction Between Mediated Portrayals of Mental Illness as Trivializing Versus Stigmatizing” (2017) discuss how a lifetime of media depictions of stereotypes about mental illness often informs the judgments “people make in their everyday life” ( 876).

These conclusions show how audiences watching these incorrect representations are internalizing harmful and inaccurate images. Due to not having previous interaction with those who have a mental illness, people tend to believe that the images that television shows display are accurate. With these images in their minds, stigmatization and discrimination occur when they are face to face with someone who has a mental illness. While most of these portrayals that these researchers found in their research shows people with a mental illness being violent or dangerous, in reality, research has shown that the vast majority are not violent (McGinty, et.al. 406).

Patrick Corrigan, David Roe, and Hector Tsang note in *Challenging the Stigma of Mental Illness: Lessons for Therapists and Advocates* how Wahl’s *Media Madness* was written 15 years before this book. Fifteen years after *Media Madness* was published, they concluded that the same issues are still occurring with mental illness stigma. In fact, they are alarmed that the stigma

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against people with mental illness has gotten worse. Like other researchers, they also noticed how depictions of people with mental illnesses are dangerous. They assert: “The stigma of mental illness is in the forefront and hurtful” (11). Those watching are internalizing these images and connecting them with mental illnesses, believing that they are accurate representations. They discuss how there are more examples now of mental illness stereotypes than there were in the past, stating an example in the popular show *Desperate Housewives* where someone with a mental illness is represented as being dangerous, unpredictable, and someone to be avoided (Corrigan et al, 8).

The aim of my research is to see if print media has articles about mental illness, if they are having a public discussion about it, and whether it is accurate or inaccurate in terms of stereotypes. Researchers in the past have indicated that representation of mental illness in the media portray stereotypes and/or misconceptions. In television shows, mentally ill characters do not have “normal” lives because their mental illness has completely taken over their entire lives. The focus of my research will be mass media venues such as newspapers and television. By conducting a content analysis of the *Los Angeles Times*, the major newspaper in the region, I will see how mental illness is discussed accurately or inaccurately. I will also be discussing how the show, *One Day at a Time*, a remake following a Puerto Rican family, deals with depression and how the show *Frasier*, a comedy show, revolving around psychiatrist Frasier and his family, deal with depression.

## CONTENT ANALYSIS OVERVIEW

For my content analysis, I will use the *Los Angeles Times* archives and search the following key words: “mental disorder,” and “mental illness”. Using these key phrases will bring

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up the articles that mention mental illness to have a sense of what kind of articles are being produced. I will only be looking at articles between the years of 2009 and 2019 as this represents the past decade I will be dividing the articles into subsections depending on what the article is about.

I will also be conducting a content analysis on two television shows. I will pick a specific episode that deals specifically with depression and will dive into how each show represents depression in their characters.

### “MENTAL DISORDER” KEY WORD FINDINGS

“Mental disorder” had a total of 1,459 news articles from 2009-2019. It was interesting to see that the phrase “mental disorder” was slightly talked about in the nineteen eighties and then grew in mentions in the nineteen nineties and early two thousands but started declining around two thousand and twelve. From those 1,459, I removed duplicates, obituaries, marriages, and television, movie and book reviews which led to only 103 articles in total. From the 103 articles, I divided them into the theme of the news article, which created 6 different subsections, homelessness, insurance, inmates, shootings/killings, veterans, and mental disorders (Figures 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7). The first category: homelessness mentioned how we can help those who have a mental disorder and are living on the streets. Half of the articles mostly focused on helping the homeless find a place to live and get them the help they need based if they do have a mental disorder. There were also specific articles that spoke about people and their stories about being homeless with a mental disorder, and how they were in specific housing where they had conditions that some could not live by, so they went back in the streets. One of these housing locations is called Project 50 which is discussed in the article, “High Hopes Hit Hard Realities,”

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published on August 3, 2010. They had voluntary twice a week therapy sessions and were giving medication if they needed it. They were able to receive a room once they showed that they were sober (not on drugs anymore) and were seeing psychiatric counseling (Christopher Goffard A1, A10, A12). Other articles spoke about specific people and their stories about being homeless and with a mental disorder and how they were in specific housing where they had rules that some could not live by, so they went back in the streets. The second category: jail/inmates were mostly inmates with a mental disorder and jail reform advocates wanting them to be moved to mental health facilities. Some spoke about jails being too full and having those who were having issues to be moved to facilities where they could be cared for. Others were saying that instead of helping those with mental disorders, they were being incarcerated which increases the number of inmates in prison, causing jails to be at over capacity. The articles that fit into inmates and homelessness were small (9 for jail/inmates and 10 for homelessness, but there were more articles than health insurance (5 articles).

The third category: health insurance were either questioning whether health insurance would include mental disorder coverage or not. They also discussed new insurance policies that were supposed to close the gaps when it came to mental disorders. Studies have shown that many people that do have some sort of mental disorder do not look for help because their insurance does not cover it. The fourth category: war veterans had 8 articles when it came to mental disorders, mainly PTSD. Most of the articles discuss how veterans need help when it comes to their mental disorders as many ends up homeless or committing suicide. These articles bring awareness to assisting veterans and getting them the help that they need in order to live a full life.

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The fifth category: mass shootings/stabbings/police involved shootings, etc., (11 articles), would connect the individual charged with the crime as having a mental disorder or a death where the victim had a mental disorder. The articles would link mental disorders with mass shooters/killers as an excuse for why they are killers. This association is one reason why there is a stereotype that people with mental disorders are violent. Mass shootings are prevalent in the United States and whenever one occurs, they always say that the person has a mental disorder which is the reason why they went on a rampage. One article that caught my eye was published February 23, 2018 and was titled “Shootings and mental illness: They’re connected.” The authors state how studies have shown that individuals who have mental disorders that interfere with their daily activities are the ones that commit these violent acts. They connect this study to saying how when you look at a mass shooting, shooters have high rates of mental illness (Duwe and Rocque A9). Mass shootings are defined as “multiple, firearm, homicide events, involving 4 or more victims at one or more location close to one another (Berk). They also mention how mainstream media usually label mass shooters as not having a mental illness which is false. When looking at mass media, especially right after the shooting has occurred (once information about the shooter has been received), most news outlets on television say that the person most likely has a mental disorder. While the studies they use may be true and some of the shooters might have had mental disorders, it should not be used as the main reason to why they carried out a violent act. The discussion of them having a mental illness distracts from the fact that anyone can quickly buy a gun. If we want mass shootings to become less frequent, we need to talk about gun laws and destigmatizing mental disorders so that people feel comfortable reaching out for help.

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The last category included new studies that were occurring about different mental disorders that discussed depression, schizophrenia, and autism. These are studies that had just come out about mental disorders and were being discussed in the article. My article does not focus on schizophrenia or autism as this paper is only interested in depression, research on schizophrenia and autism should be another paper since there is a lot of stigma regarding these two mental disorders. There were also a couple of articles that criticized the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). The authors were saying that the DSM kept adding disorders to help the pharmaceutical companies and psychiatrists gain money. Other articles had discussions about mental health treatments, how to deal with depression, youth and mental distress that can lead to mental disorders, how childhood disorders can last for a long time, and studies that came out that added to understanding mental disorders more. There were also a couple of articles that talked about the spike in suicides

### “MENTAL ILLNESS” KEY WORD FINDINGS

“Mental illness” had a total of 2,160 news articles from 2009-2019. It was interesting to see that the phrase “mental illness” was more present in articles from the nineteen seventies to two thousand and eight. Two thousand and nine is when the phrase mental illness starts declining in the *Los Angeles Times*. After removing obituaries, marriages, and other articles that only mentioned mental illness once, but the entirety of the article was not about mental illness itself, we were left with 528 articles. I was able to separate these articles into different categories: jail/inmates, homelessness, mass shootings/killings, and mental illness articles in general (Figures 2.1, 2.2, 2.3).

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The first category: jail and inmates, mainly focused on jail reform advocates who want inmates who have a mental illness to go to a mental health facility instead of jail. These were not interviews with the jail reform advocates, they discussed what many believe that courts are sending mentally ill patients directly to prison when that should not be the case as it is causing the jails to be overflowed with inmates. There were also advocates that were trying to send teens and young adults to these mental health facilities instead of prison to lighten the amount of people in prisons and sending those who need help to go to a mental health facility. There were also articles about funds that they wanted to go into jails so that they can have the funds to give inmates a better experience such as medicine to help them with their mental disorder and therapy sessions if they need them as well.

The second category is homelessness. There are a lot of homeless people living in California and it has caused many issues to be raised about them. These articles mainly focused about homeless people that are mentally ill and do not have any assistance with their illness. The majority of the articles were about creating housing for them in order for them to receive the treatment that they need. Similar to the articles in “mental disorders”, the majority of the articles were about creating housing for them in order for them to receive the treatment that they need. The government had funds to create the housing they needed but the funds kept being put on hold or removed so the housing never went past the funding step. They never went into planning as funding kept being put on hold. Most of the articles were about housing funds since homeless people who have mental illnesses need attention but because they are out on the streets, they are not getting the attention or the medicine that they need to help them. With adequate housing, they can get what they need, have a place to stay and reduce the amount of people on the streets.

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These houses were going to have in person care so that those who needed therapy or medication were able to get it from licensed psychologists/psychiatrists who would volunteer their time.

The third category is mass shootings, killings, police involved shootings, stabbings, etc. There have been many mass shootings throughout the 21<sup>st</sup> decade and articles detail the shootings as well as the aftermath. All of the articles about the shooters during court all mention that they were mentally ill. Most to all of the mass shootings that occurred between 2009-2019 mentioned mental illness. The articles informed their audience that the person that committed these crimes were mentally ill. These articles shift conversations of mass shootings to advocate for those who are suffering from a mental illness and getting them the help that they need. This is a good conversation to have as there is a stigma about mental illness but constantly connecting mass shootings to mental illness gives a negative connotation to it. It causes people to think that those who have mental illnesses are dangerous when in reality most are not. It also removes the conversation from gun control and gun issues which are very prevalent in the United States. Not only gun control and mental illness discussions, but also conversations about how bullying impacts a student and the pressure that students are in to succeed in every part of their life (school life, social life, and home life). Other articles that I have added into this category are stabbings, single shootings, etc. These also mention mental illness in two ways. The first one is the person with a mental illness committing these crimes while the other one is a police officer killing someone who has a mental illness. These articles tend to talk about what kind of mental illness the person had and whether they got treatment for it or not. One article focused mainly on how police officers should be trained on what to do when they are dealing with someone who has a mental illness



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The last articles are general mental illness mentions. These are either mental health advocates who want to help those with mental illness, insurance, celebrities talking about their mental health struggles and others. The majority of the articles, that I found surprising, was about celebrities discussing their mental illness struggles and advocating for removing the stigma that comes with it. I found this surprising because I was not expecting celebrities to discuss their mental health struggles in such a big platform. I have seen discussions on their social media, but by discussing it on print media, especially a well-known newspaper like the *Los Angeles Times*, brings more audience to read it and continue the conversation about mental illness and mental health. There were also articles that specifically talked about different mental illnesses and what the symptoms are and what you can do to help. In this category, regular people also discussed how they defeated their mental illness and how even though it is still a part of them, it does not define who they are. Other articles mention how the healthcare system did not help them when it came to their mental illness because it was too expensive or there were not any resources for them. The healthcare system that we currently have in the United States does not have enough resources for those who need help for their mental health. Sometimes therapy can be too expensive for families that are living paycheck to paycheck, so they end up not getting the help that they need.

In this general mental illness category, there was a big population of articles that were about suicide. Many were discussing loved one's suicides and what they were suffering from that caused them to take their own life. There was one article specifically that mentioned a suicide epidemic due to the increase of suicides and suicide attempts that are occurring in the United States. The epidemic could be due to the stress that young adults and adults are in as they try to succeed in life and the expectations that society has on them. In the articles, they mention the

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mental illness and tell the stories of those who committed suicide. There were also articles about colleges and the need for them to introduce mental health programs to help students that are overworking themselves or need the extra assistance as college is rigorous. This was interesting to see because I never expected print media to mention college students specifically. Colleges are continuing to increase their mental health resources that they offer to their students but by specifically discussing support for college students in print media where it is accessible to everyone, college students are getting the attention they need when it comes to mental health advocacy. College is challenging as there is a lot more work to do, many students have a job and extracurricular activities that take up most of their time. With the help of the mental health resources, students are able to go to someone who might be able to help them destress or just have someone to talk to.

Overall, the articles that came up when I searched, “mental disorder” and “mental illness” are accurate portrayals of people who have a mental illness. They tell personal stories of people with mental illnesses and show how these are “normal” people and not the stereotypes that come with mental illness. The portrayals about mass shootings are not necessarily inaccurate but they put the focus only on the mental health issue, rather than mental health, gun control, bullying, and high expectations as issues that need to be resolved. They do bring attention to how the mental health programs are which is good but by only focusing on this, they are not going to resolve mass shootings since more issues are in play.

### ONE DAY AT A TIME

*One Day at a Time* is a comedy show about a Puerto Rican family as they navigate their everyday life. It aired from 2017 – 2020. The main characters include Penelope, an army vet who

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is now a nurse and suffers from PTSD and depression. She lives with her two children who are currently in high school and her mom. The show talks about serious topics throughout the episodes like the LGBTQ+ community, veteran's affair, and being in the Latinx community. My content analysis will revolve around Season 2 Episode 9, "Hello Penelope." The episode revolves around Penelope who believes that she feels good enough to stop using her antidepressants after her group therapy session. She feels energetic, excited as she is happy in her family life and her love life. She makes plans with her boyfriend to go and visit his parents but as the day progresses, Penelope starts to get anxious. She starts to second guess herself and cannot stand still. It leads to her not being able to get out of bed and she ends up not going to her boyfriend's parents' house. During the episode, she has a conversation with Schneider, her close friend and landlord. He realizes that she is not acting her usual self and lets her know. The episodes are usually a mixture of comedy and seriousness but throughout this episode, there were less comedic jokes as the main focus was about Penelope and her depression. Her mood shifts and becomes anxious to the point where she cannot stand still and starts to overthink every little thing she does or starts to blame herself for items she purchased to make herself feel better. These are feelings that someone, like Penelope, who is in a depressive mood tends to do. The person's mood shifts to the point where they judge themselves and they tend to not want to do anything because they are inside their head. There are three scenes when she is in bed, the first one is where she is under the covers and her mom comes in with the comedic relief. Her mom comes in and sees Penelope lying in bed. Penelope tells her that she does not feel well so her mom tells her to put VapoRub. This is the comic relief since in the Latinx community, VapoRub is seen as a staple for when someone is sick. In the next scene, Penelope is still in bed when her mom comes in and she tells her mom that she is going to sleep. She has not moved from the bed

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since the first scene and the audience can tell that she is having a depressive mood where she is not able to function in her daily life because of how she is feeling. The next scene with Penelope is her rocking back and forth with the television on, questioning the purchase she recently made and making herself regret it. The audience can tell that she is in her head questioning every decision she has made and making herself feel worse because of it.

At the beginning of the episode, one of the women in the therapy group session talks about how she does not know she is in a bad headspace until she is bingeing a television show, crying. Their therapist tells them that “sometimes our brain lies to us” (5:11) and that she did not know she was in a bad headspace until she heard a recording of herself. She then tells them that recording yourself is a useful tool to have since it is like having a conversation with someone and gives perspective. During this scene, Penelope takes it as a joke, but once she starts recording herself, she realizes that she is not okay. She goes to Schneider and they have an honest conversation since he is a recovering addict and knows when he needs help. He tells her that he is there whenever he needs her especially when she doesn’t feel like herself. This scene is important because the audience has known for the entirety of the episode that she is in the depressive state. The audience knows but she does not, so when she records herself and realizes that she is not okay, the first thing she does is reach out for help. She does not keep it bottled in, she does not continue to go down the depressive spiral, she goes to a person that she trusts and knows that this person will help her feel better. After the conversation with Schneider, she decides that even though her life is better she is still going to go on her antidepressants because at the end of the day it helps her. After the episode came out, this episode was praised by the audience, critics, and those who suffer from depression because it is such a realistic view that some people have when they are in that frame of mind. It brings the attention of mental health

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into a platform that many people watch. The co-writer of the episode, Michelle Badillo told *Mashable* that she hoped this episode would help dismantle the shame that surrounds mental health, the misconceptions that many people believe that are not necessarily true (Chelsea Candelario).

There is also a generation difference of how depression is viewed. Lydia, Penelope's mom does not believe in therapy and antidepressants, she sees them as humiliating and whenever someone is feeling bad, she believes that home remedies will help. Penelope is in the generation where mental illness is more talked about and less stigmatized, so this dynamic is very interesting to see. They saw it more as becoming a drug addict if you take antidepressants or that therapy is useless and that you should just bottle up what you are feeling. This generational dynamic is a wonderful addition to add, especially when Lydia goes to church and talks to the priest about her daughter and tells him that she does not understand any of it, but she just wants to help her daughter feel better. Lydia starts to change her perspective in antidepressants and therapy when she tells Penelope that she supports whatever Penelope needs to do to make herself feel better. She is not shaming her daughter or telling her to stop, she wants her daughter to be happy and if that is making her happy, then she should keep doing it. She is not letting her views get in the way of what makes her daughter happy. Even though she does not understand depression or anything relating to mental health, she is supportive of what her daughter needs for her to not feel the way she currently feels. According to *Mashable*, *One Day at a Time* received an award from Mental Health America in 2017 for how they portray mental illness. This award shows how accurate the portrayals of mental illness are in this show. "Hello Penelope" is not the only time that they have portrayed mental illness, they have done it multiple times and every time they do it, they do an even better job as they have a duty from the fans, the audience, mental

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health advocates, and people with mental disorders who watch the show, to have an accurate representation.

### FRASIER

*Frasier* is a comedy show that was on television from 1994 – 2004. It is about psychiatrist Frasier Crane who returns home after his divorce and takes in his father with the help of a physical therapist and Frasier's younger brother, Niles. Frasier is the host of *The Dr. Frasier Crane Show* on the radio where people can call in if they have any questions. My content analysis will revolve around Season 4 Episode 12, "Death and the Dog." This episode is about Eddie, their dog that they believe is depressed. The "funk" (term that the characters use to describe Eddie's sadness) that Eddie is in, leads the characters to talk about their own lives and reasons that they have to be unhappy about. The first scene starts with Frasier waiting for a call and starts asking anyone to call as the lines are empty. His first caller tells him that she has been in "funk" because she is not happy in her life. He then tells her that he has a story that he believes will help her out and it leads to him telling a story about Eddie, who is also in a "funk" and the vet believes it could be an emotional issue.

The main scene that I analyze is when they are trying to figure out why Eddie is sad. They hire a dog psychiatrist, and he tells them that Eddie is depressed but because he is still doing his daily tasks, he is reacting to someone in the home that is depressed. They start to talk about who has more reason to be depressed and start talking about their life issues. Frasier starts to talk about his failed marriages and having no girlfriend. Daphne, the physical therapist, starts to talk about how she just lost her boyfriend, so her life is not the greatest either. Frasier's dad starts to talk about his life not being the greatest and Niles discusses how his life is not the greatest either. He tries to say something but then says, "no, I'm too depressed." Then, Frasier's

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dad talks about how he pretends to be in the ground by not breathing and they take it as a joke. Daphne says that a psychic told her that she would kill the entire household and then kill herself and then talks about how that psychic was right about her move which makes everyone move away from her. The conversation they are having is very gruesome, but the audience does not take it seriously as there is a lighting track throughout this scene. At the end of the scene, Eddie becomes happy again once they find his toy, and then everyone says that they are depressed but once they hear that cookies are ready, they all are out of their “funk” in two seconds ready to eat the cookies.

When he finishes his story, he tells his caller, “even the happiest of us can find reasons to be unhappy, if only we look for them. So, don’t look for them.” Frasier, a psychiatrist, is telling his caller to bottle up what they are feeling and not look for the items that are making you unhappy. This is not good advice, as not looking for what makes you unhappy, will keep you in the unhappy state even if you do not realize it. This scene is not an accurate portrayal of depression because they show it as just missing their girlfriends or boyfriends when depression is a prolonged sadness. They also start to talk about gruesome things, but it seems that they are making a joke out of it with the laughing track that is on top of their conversation. They also get out of their “funk” in two seconds after they hear cookies are ready which many people who do have depression are not able to. The end scene where Frasier tells his caller that the moral of his story is to not look for reasons that can make you unhappy just seems completely out of place and incorrect. People who suffer from depression are not able to just “not think about it.” They are not able to function in their everyday because they are constantly thinking about things that they have done, just like Penelope does when she is lying in bed.

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In comparison to *One Day at a Time*, *Frasier* could have done a much better job in portraying depression much more correctly. They instead play with the stereotypes that depression is something that comes and goes and is only a momentary sadness. This is not the case for depression, it is not just momentary sadness but long-term sadness that affects the everyday functions of a person. *Frasier* also brings in bad advice by telling their audience and their characters to not think about things that make them unhappy so that they can stay happy. Mental illness in the media has definitely become increasingly more accurate since *Frasier* aired due to the increase in research relating to mental illness. *Frasier* shows how mental illness was thought about in the past and *One Day at a Time* shows how much research has progressed and how mental illness is viewed as today.

### FIGURES

Figure 1.1

"Mental Disorder" Article Categories	
Categories	Number of Articles
Homelessness	12
Jail/inmates	11
Mass shootings/killings/police involved shootings/stabbings, etc.	13
General Mental Disorder	53
Insurance	6
Veterans	8
Total Number of Articles	103



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Figure 1.2

<b>"Mental Disorder" Category Breakdown - Homelessness</b>	
<b>Category</b>	<b>Number of Articles</b>
Mental Health System	2
Police Involved death/Story of person	2
Programs/people to help homeless	3
Housing	4
Funding/Not using funds	1
<b>Total Number of Articles</b>	<b>12</b>

Figure 1.3

<b>"Mental Disorder" Category Breakdown - Jail/Inmates</b>	
<b>Category</b>	<b>Number of Articles</b>
Advocate for reform	1
Detainees/Inmates	3
Competency/Courts	7
<b>Total Number of Articles</b>	<b>11</b>

Figure 1.4

<b>"Mental Disorder" Category Breakdown - Mass shootings/killings/police involved shootings/stabbings, etc.</b>	
<b>Category</b>	<b>Number of Articles</b>
Mass Shooting	1
Shooter Specific Article	7
Gun	1
Killings	2
Mental disorder in connection to mass shooting	2
<b>Total Number of Articles</b>	<b>13</b>

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Figure 1.5

<b>"Mental Disorder" Category Breakdown - Insurance</b>	
<b>Categories</b>	<b>Number of Articles</b>
Mental Health gaps/coverage	3
Insurance plans/Expense	1
Suing over stopped therapy	2
<b>Total Number of Articles</b>	<b>6</b>

Figure 1.6

<b>"Mental Disorder" Category Breakdown - Veterans</b>	
<b>Categories</b>	<b>Number of Articles</b>
Recruits	1
Treatment/Crisis	3
Suicides	1
PTSD	3
<b>Total Number of Articles</b>	<b>8</b>

Figure 1.7

<b>"Mental Disorder" Category Breakdown - General Mental Disorder</b>	
<b>Categories</b>	<b>Number of Articles</b>
ADHD, Alzheimers, Autism, Schizophrenia, Bipolar, PTSD, Drug Addiction	13
Celebrities	1
Life Expectancy	1
International	3
DSM	7
Therapy	4
Health	2
Personal stories	8
Suicide	3
LGBTQ+	1
Abortion/hitting	1
Depression	7
college	2
<b>Total Number of Articles</b>	<b>53</b>

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Figure 2.1

<b>"Mental Illness" Article Categories</b>	
<b>Categories</b>	<b>Number of Articles</b>
Homelessness	104
Jail/Inmates	69
Mass shootings/killings/police involved shootings/stabbings, etc.	118
General Mental Illness	237
<b>Total Number of Articles</b>	<b>528</b>

Figure 2.2

<b>"Mental Illness" Category Breakdown - Jail/Inmates</b>	
<b>Categories</b>	<b>Number of Articles</b>
Teens	1
Competent/Courts	4
Programs/people to help inmates	35
Personal Stories	5
Detainees/inmates	15
Deaths	8
<b>Total Number of Articles</b>	<b>68</b>

Figure 2.3

<b>"Mental Illness" Category Breakdown - Homelessness</b>	
<b>Categories</b>	<b>Number of Articles</b>
Treatment	2
Programs/people to help	24
Housing	31
Funding	5
Personal Stories	28
Veterans	3
Deaths/Victims	7
Police/Ambulance	3
Ex-cons	1
<b>Total Number of Articles</b>	<b>104</b>

CONCLUSION

The *Los Angeles Times* has posted more about mental illness than what I had imagined. There are conversations that are happening in print media about mental disorders that discuss many different topics inside of mental illnesses. These included real stories of people who have a mental illness and are showing others that they are not alone. I cannot definitively say that the articles were either accurate or inaccurate due to the nature of the articles. Many discussed reforms for those with mental illness which can be seen as accurate articles but because they are more about specific details into the reform, they do not specifically talk about the mental illness in more depth. This means that they are neither accurate or inaccurate but rather are discussions

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that they are having with their audience and sharing newsworthy stories about people with mental disorders. They are keeping the conversation going about mental disorders which is something that I did not expect to find. The *Los Angeles Times* articles are also bringing awareness to mental health in prisons and in the homeless community which is something that is not seen as much on television news broadcasts.

Through my content analysis based on two episodes from different times, mental illness depictions have gotten better. *One Day at a Time* does not rely on stereotypes that *Frasier* does, and the main character is portrayed as a “normal” human being. *Frasier* stereotypes depression by making it seem as if it is sadness when research has shown that it is prolonged sadness. *Frasier* was also airing in a time where there was a lot of stigma on mental illness as seen in the literature review.

## LIMITATIONS

My research only touched the surface of how in-depth mental illness is. I had many limitations in my research where I did not expand further into other topics that also impact how mental illness is viewed. Gender and race play a big part in how mental health is viewed. The way that different cultures view mental illness is not the same as how the United States views it. Not only that but mental illness impacts races differently because of these cultures that they are in. It goes the same way for gender. Mental illness is viewed differently when it is in a woman or in a man.

Another limitation is that I was not able to go in depth into the generational difference on how mental illness is viewed. Growing up, older generations had different societal expectations than we do now. The different societal expectations and cultures that our parents or grandparents

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were in are completely different than the ones we are in now, so it makes sense that they viewed mental illness in another way.

A third limitation that I had is due to the vast number of articles that I had to sift through, I was only able to research two key words. More support for my conclusion could have come from other key words, such as “depression,” and “mental health.”

## FUTURE DIRECTION

There needs to be more research on how mental illness is connected with mass shootings. Mass shootings are very prevalent in the United States which is why it is important to research why the shooters carry out these violent attacks. Most to all mass shootings tend to name their shooters as having a mental illness and because of this, it brings mental illness to the forefront as a main issue but also causes people to view mental illness as something that is violent.

I would also like to go more in depth into the limitations that I had in my research. Being able to research how gender and race play a role in mental illness would bring additional research to this topic that is needed. There is a lot to learn with mental illness and being able to research race and gender and find how they differ between men and women and between cultures is another interesting topic that I would want to get involved in.

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