



Law & Disorder: The Portrayal of Mental Illness in U.S. Crime Dramas

Scott Parrott and Caroline T. Parrott

A quantitative content analysis examined stereotypes and counter-stereotypes concerning mental illness in crime-based fictional television programs aired on U.S. television between 2010 and 2013. Coders rated 65 randomly selected television episodes and 983 characters for stereotypes and counter-stereotypes related to mental illness. Characters labeled as having mental illness demonstrated greater likelihood of committing crimes and violence than the remaining population of characters, perpetuating stereotypes. They also stood greater chance of being victimized by crime, another stereotype. Nevertheless, counter-stereotypes related to social standing (including the presence of family and friends) also emerged in the television content. The authors discuss how stereotypes in television content might contribute to the stigmatization of mental illness.

Introduction

In "Devotion," an episode of the television program *Criminal Minds: Suspect Behavior*, a young man named Michael loads his dead sister into the front passenger seat of his 1970s American muscle car and then barrels down the back-roads of the eastern United States, murdering random strangers along the way by hanging them from tree branches, bridges, and roof beams. The nature of the crimes horrifies FBI investigators, who initially cannot determine why someone would commit such atrocities. But the clues soon add up. Agents conclude that the paranoia, delusions, and violence point in one direction: Michael has schizophrenia.

The character of Michael embodies a prevalent yet inaccurate stereotype about mental illness that associates mental disorders with unpredictable, random, and violent behavior (Link & Phelan, 2014; Wahl, 2003). When audience members

Scott Parrott (Ph.D., The University of North Carolina at Chapel Hill) is an assistant professor in the College of Communication & Information Sciences at the University of Alabama. He studies the role of the media in the stigmatization of health issues such as mental illness and obesity.

Caroline T. Parrott (Ph.D., The University of Alabama) is a clinical forensic psychologist. She studies decision-making in criminal cases involving mental illness.

encounter such inaccurate and negative information in television shows and movies, the experience may reinforce bias against people with mental illness and/or cultivate new negative associations concerning what it means to live with a mental illness (Stuart, 2006). Stigmatizing storylines concerning mental illness such as the one in "Devotion" are common in non-fictional and fictional media content (Coverdale, Nairn, & Claasen, 2002; Diefenbach & West, 2007; Granello & Pauley, 2000; McGinty, Webster, Jarlenski, & Barry, 2014; Nairn, 2007; Stuart, 2006; Wahl, 2003), which may be especially powerful in shaping an audience member's stereotypes and attitudes concerning mental illness when he/she lacks first-hand experience or knowledge. Such portrayals are especially problematic because stereotypes represent an initial step in stigmatization, informing attitudes and subsequent prejudicial behavior in the real world (see Link & Phelan, 2014). As reviewed by Corrigan (2004), the stigma attached to mental illness may nurture discrimination in employment, health, housing, and social settings, and it may also discourage people who need help from seeking treatment for fear of being labeled mentally ill, and thus perceived by others as bad or violent. Mental illness labels in particular have been associated with perceived threats of violence and thus high desires for social distance from these individuals (Link, Cullen, Frank, & Wozniak, 1987; Link, Phelan, Bresnahan, Stueve, & Pescosolido, 1999) further complicating their struggle with barriers to social support and resources. Since the media significantly shape audience perceptions of mental illness (Wahl, 2003), uncovering what messages audiences encounter when they turn on the television is a foundational step in understanding media's potential influence on mental illness stigma.

The present study seeks to inform this objective by examining one of the most popular genres of American television entertainment, fictional crime-based dramas. Fictional crime-based dramas, whose storylines involve the world of police, courts, and criminals, are a staple of U.S. television. Eleven of the top 25 titles of 2013 were from this genre (Patten, 2013), and several crime-based dramas receive repeated air-time through syndication. Two shows analyzed here—NCIS and Criminal Minds—averaged 33 million viewers a week during the 2013 season (Patten, 2013), which is the equivalent of reaching every resident in the 20 most populous cities in the United States. Examining how one of television's most highly viewed genres portrays mental illness furthers our understanding of television's contemporary treatment of mental illness and directly informs future media effects research. The nature of crime-based dramas (which center around law and order, hero and villain) provides television producers an opportunity to either perpetuate the longstanding and often unfounded association between mental illness and criminality, or to produce counter-stereotypical and more realistic portraits in which anyone—including the "good guys"—might experience and even thrive with mental illness. The ultimate aim of this study is to further our understanding of how this genre of television content may inform public understanding of mental illness and its potential influences on those of us living with mental illness in our communities.

Literature Review

Two theories, cultivation and framing, provide the conceptual foundation for the study. Cultivation theory helps explain how long-term exposure to these portrayals might shape an audience member's perceptions of the real world. The theory proposes a relationship between the amount of television viewing and the extent to which the viewer's perceptions of the real world reflect the television content (Morgan, Shanahan, & Signorielli, 2014). Based on the theory, an individual who watches significant amounts of fictional crime-based television would ultimately perceive the real world in a manner portrayed by the television content. Research has yet to tackle the task of examining potential associations between long-term stereotype exposure in the media and perceptions of mental illness. The current study is one first step in such an endeavor, and seeks to lay the groundwork by documenting the characteristics of television content related to mental illness in crime-based fictional drama.

In concert with cultivation theory, framing theory, as frequently applied to communications research, helps explain and predict the influence of particular portrayals on audience attitudes. While framing is a broad concept that runs the risk of lacking specificity in its application, the present study is primarily concerned with how frames highlight or ignore certain information, making the information more salient for an audience (Entman, 1993). Entman provided an influential, and frequently quoted, definition for framing in communications research, saying that "to frame is to select some aspects of a perceived reality and make them more salient in a communicating text, in such a way as to promote a particular problem definition, causal interpretation, moral evaluation, and/or treatment recommendation" (Entman, 1993, p. 52). As the end of Entman's definition suggests, frames may perform four functions in a communicating text: they define problems, diagnose causes, make moral judgments, and suggest remedies. In media content about mental illness, Sieff (2003) concluded that frames may define the problem as "mental illnesses make people violent," diagnose the cause as "mental illnesses make people more likely to be criminals," make moral judgments such as "people with mental illnesses are not capable of taking care of themselves," and suggest remedies such as "people with mental illnesses should be jailed when they fail to comply with treatment programs" (p. 263). Moreover, frames may call an audience's attention to one aspect of perceived reality, while diverting its attention from another. For example, Michael's murderous actions in Criminal Minds: Suspect Behavior may call an audience member's attention to a supposed link between random violence and schizophrenia. However, the program drastically oversimplifies the relationship between serious mental illness and violence while failing to mention that there is no known causal relationship between schizophrenia and violence (e.g., Silverstein, Del Pozzo, Roche, Boyle, & Miskimen, 2015) and that murder in the United States more often than not involves victims and suspects who know one another (Federal Bureau of Investigation, 2010). Furthermore, framing essentially facilitates the audience's commission of the fundamental attribution error (Fiske,

Kitayama, Markus, & Nisbett, 1998) by permitting the viewer to over-attribute violent behavior to personal factors such as mental illness, while neglecting the influence of the situational (e.g., other individuals' culpability, extenuating circumstances) and contextual factors (e.g., lack of access to or monitoring of treatment, environmental variables).

Granted, the data associating mental illnesses with an increased risk of violent behavior are complex and suggest it is far from a one-to-one relationship (e.g., Morgan et al., 2013; Silverstein et al., 2015). While a comprehensive review of the violence-risk literature for those with identified mental illness is beyond the scope of this manuscript, as reviewed by Corrigan (2005), the majority of persons living with mental illness are not at an increased risk of violence in comparison to the general population. As summarized by Steadman and colleagues (1998), several specific factors have been noted as potential risk aggravators, including a history of violence, medication noncompliance, and being diagnosed with a "serious mental illness" or SMI (such as schizophrenia spectrum disorders or other chronic psychotic illness, see also Fazel, Gulati, Linsell, Geddess, & Grann, 2009; Joyal, Dubreucq, Gendron, & Millaud, 2007; Silverstein et al., 2015). Still, the risk between these factors and violence for persons with SMI must be considered in conjunction with other influences (e.g., personal, situational, and contextual risk factors) and the presence or lack of protective factors that mitigate risk. Summarizing decades of research on this topic, Silver (2006) cited the following conclusions: (1) although most people with major mental illness do not engage in violence, the likelihood of committing violence is greater for people with a major mental illness than for those without; (2) substance misuse raises the risk of violence by people with mental illness substantially (also see, Van Dorn, Volavka, & Johnson, 2012); and (3) no clear understanding of the causal mechanisms that may produce the association between mental illness and violence currently exists (p. 686). Silver's (2006) conclusions have been echoed and expanded on by others (see Silverstein et al., 2015). Still, the multi-faceted and idiographic approach by which professionals assess risk of dangerousness in individuals with mental illness is likely lost by most laypeople. In general, scholars have noted that "the causal determinants of violent behavior in this group are perhaps as varied and complex as those in the general population" (Swanson et al., 2002, p. 1523).

Nevertheless, the picture traditionally provided by the media is less complex. In one of the most comprehensive analyses of television's treatment of mental illness, Signorielli (1989) examined 17 annual weeklong samples of prime time network television portrayals of mental illness between 1969 and 1985. Characters portrayed as having a mental illness were more likely to commit violence or become victims of violence. A decade later, Diefenbach (1997) reported that characters portrayed as mentally ill in prime time television in the fall of 1994 were 10 times more violent than the general population of characters. Television programs also reflected an inaccurate portrait of the "real" world, presenting characters with mental illness as 10 to 20 times more violent than those with mental illness in the U.S. population. Finally, an examination of U.S. prime time television programs from

April 2003 showed that mentally ill characters stood a greater chance of committing violent crime than (a) the real-world population of people with mental illness and (b) the general population of characters from the television programs (Diefenbach & West, 2007). Thus, previous research joined by underlying theories of framing and cultivation have made a strong case for the media having likely portrayed often inaccurate and potentially harmful stereotypes of people living with mental illness.

What is currently not known is whether prime-time network television media portrayals still resemble these earlier findings, or if popular television's portrayal of those with mental illness has changed. The political and social discourse about mental illness has evolved over the past decade since the prior research was done. Since as early as the 1990s, the decade designated by U.S. President George H. W. Bush as the "Decade of the Brain," the general public has increasingly encountered "the basic argument that ... mental illnesses are diseases no different from other diseases, amenable to effective medical treatment" (Schomerus et al., 2012, p. 441). Indeed, Schomerus and colleagues (2012) reported that public literacy concerning mental disorders improved between 1990 and 2011, but that general attitudes concerning people with mental illness did not. For example, nearly half (48%) of Americans polled believe the blame for recent mass shootings in the United States rests mostly on the nation's mental health system (Saad, 2013), suggesting continued correlations and likely causal inferences between mental illness and violence. The current study re-examines media portrayals of mental illness from 2010 to 2013 to determine whether television has continued to endorse long-standing stereotypes that both reflect and inform society. Given prior research, this study first advances and examines the following:

- H₁: Characters who are labeled mentally ill are more likely to be associated with violence as (a) victims of violence and (b) perpetrators of violence than characters in the general character population of crime-based television dramas from 2010–2013.
- H₂: Characters who are labeled mentally ill are also more likely to be (a) victims of crime and (b) perpetrators of crime.

While research suggests an association will emerge between mental illness and violence, and mental illness and criminality, less is known about television's message concerning what mental illness looks like according to television. Prior research has shown that behavioral descriptions influence desired social distance from persons with mental illness (e.g., Link et al., 1987). It is here the present study expands prior research and seeks to broaden our understanding of television's portrayal of mental illness. Regarding physical appearance, Wahl (2003) provided an example in which an advertiser proclaimed "This offer could get you committed" above a photo of a man who had disheveled hair, crossed eyes, a wide grin, and a straitjacket. Similarly, the automobile manufacturer Volkswagen once advertised that "To offer these deals we'd have to be committed," a slogan accompanied by a man with disheveled hair, a wide grin, and, once again, a straitjacket. As Wahl

noted, "Odd appearance is consistently used to suggest mental illness" (p. 39). In an illustrative example, Wahl recounted production of the 1975 Academy Awardwinning film One Flew Over the Cuckoo's Nest, which starred Jack Nicholson as an anti-social man with a criminal past who is confined to a mental hospital in Oregon. The film's producers considered using real patients as extras in the film, but shelved the idea because the patients did not "look distinct enough to depict mental patients on the screen" (p. 38). Wahl's (2003) work in this area and anecdotal evidence suggest media producers rely on stereotypes when providing physical portrayals of mental illness. To the best of our knowledge, these portrayals have yet to be examined empirically in advertising or in the genre of interest in the current study-fictional crime-based dramas-where violence associations are most likely to also be portrayed. It is possible variation is shown across and within individuals with different mental illnesses, or that they are portrayed with the same individuation of other non-mentally ill characters. At the risk of overgeneralizing, however, it is perhaps more likely that television does what it has always done and portrays characters who fit a stereotypic mold of "mentally ill"—essentially mirroring, reflecting, and possibly perpetuating or changing society's stereotypes of people with various mental illnesses.

In the real world, where nearly one in five American adults experiences mental illness in a given year (not including substance related disorders) (SAMHSA, 2013), physical appearance may not help the layperson accurately differentiate between people who have mental illness and people who do not. It is not known to what extent popular television portrayals of those living with mental illness reflect this truth or whether they portray physical appearances of those with mental illness in stereotypic fashions. Any such messages may carry real-world implications based on the cultivation and framing perspectives. Inaccurate media portrayals may nurture assumptions among the general public that people with mental illness are, for example, physically undesirable, unattractive, unclean, and unkempt, and perform behaviors such as odd tics and wild gestures. Of course, behavioral characteristics of those suffering acute symptoms of some mental illness—from schizophrenia to bipolar disorder to major depression and so forth—assist in identifying and assessing these individuals for treatment planning (see APA, 2013). However, physical attributes and behavioral observations are pieces of larger clinical pictures and aspects that vary across individuals with and without mental illness. Thus, it is not known to what extent these physical portrayals may convey stereotypes of phenotypic characteristics that then cultivate associated negative attitudes. Such overarching phenotypically based associations would be inaccurate because anyone—the wellgroomed Wall Street broker wearing the tailored suit, the clean cut military veteran donning dress blues, the young college student clad in sandals and shorts—may experience mental illness. Due to the limited research in this area thus far, we proffer the following research question:

RQ₁: What physical characteristics (general behavior and appearance) are demonstrated by characters who are labeled mentally ill?

646 Journal of Broadcasting & Electronic Media/December 2015

Finally, the study examines how crime television portrays people with mental illness in terms of *social standing*. Earlier studies suggest mentally ill characters will be afforded lower social standing than the general population of television characters. For example, Signorielli (1989) reported that characters with mental illness were less likely to be employed and, when they did have jobs, more likely to be portrayed as failures. Additionally, Diefenbach and West (2007) found that mentally ill characters experienced poorer quality of life (as measured by happiness, quality of interpersonal relationships, socioeconomic status, and other indicators) than the general population of prime-time television characters in April 2003. This study updates the existing research by asking,

RQ₂: What characteristics of social standing (employment, socioeconomic status, friends, family) are present/absent for characters who are labeled mentally ill in crime-based dramas between 2010 and 2013?

Method

Sample

A quantitative content analysis was conducted in which coders rated fictional crime-based dramas from the 2010-2013 seasons of U.S. basic cable television programming. The researchers indexed episodes of crime-based dramas after consulting (1) the Web sites for the major U.S. networks (ABC, NBC, CBS, FOX) and (2) viewership information from industry Web sites (Deadline, TV by the Numbers). The list included Blue Bloods (CBS), Bones (Fox), The Closer (TNT), Criminal Minds (CBS), Criminal Minds: Suspect Behavior (CBS), CSI (CBS), CSI: New York (CBS), CSI: Miami (CBS), Detroit 1-8-7 (ABC), Law & Order: Criminal Intent (NBC), Law & Order: Special Victims Unit (NBC), Lie to Me (Fox), NCIS (CBS), NCIS Los Angeles (CBS), and Perception (TNT). Only episodes of shows that aired during the 2010-2013 time period were indexed. Episodes were numbered. A random number generator was then used to choose episodes for coding. Coders documented variables for 983 characters across 65 episodes. Some of these characters were repeat characters; for example, the character of "Seeley Booth" from Bones was likely coded in each episode of that show that was examined. However, characters were assigned a character ID for each episode so that a repeat character on a series was coded based on information only presented in the present episode; knowledge about characters from other episodes did not influence ratings.

Unit of Analysis

Within-episode focal characters were the units of analysis. Focal characters were defined as people who appeared on screen for 10 seconds or more (throughout the

episode) and whose facial features were clearly discernible at least once during that period. Characters who *physically* appeared on screen for fewer than 10 seconds but remained present in the plot longer than the designated time period were included. For example, an introductory scene from the program *Law & Order: SVU* might introduce a character who immediately becomes victimized and then physically disappears for the remainder of the episode, but subsequently remains a central subject of the investigation, interrogations, court proceedings, and overall drama. While the character does not *physically* appear on camera for 10 seconds, he/she remains central to the plotline and therefore represents a focal character.

Coding Schemes

Two coders rated each character on 80 items. Items addressed demographic information (race, sex, age, occupation), the individual character's role in the episode (major/minor character), and five key aspects of the content: mental illness labels, violence victimization and perpetration, crime victimization and perpetration, physical appearance, and social standing.

Mental Illness Labels.

Since television episodes may progress without coders knowing a character's medical history, and non-mentally ill characters may demonstrate odd behavior that is stereotypically considered a sign of mental illness, coders relied on labels to determine whether a character had a mental illness. Labels included self-labels (such as "I have schizophrenia") and other-labels (such as "He has schizophrenia"). Mental illness labels included specific medical conditions such as bipolar disorder and schizophrenia, as well as general descriptors such as depressed and suicidal. Labels of drug and alcohol abuse or addiction were considered mental illnesses. Labels assigned through insult (such as crazy, whacko, cracked, nuts, insane) were not considered a label of mental illness unless accompanied by an additional serious label (such as a schizophrenia diagnosis), overtly bizarre behavior, such as hallucinations and paranoia, and other clear indications that the character actually had a mental illness. In addition to coding whether characters were assigned mental illness labels, coders documented specific illnesses to determine whether one condition appeared more often than others. In rare instances, characters were labeled with conditions that are not yet established as mental illnesses. For example, a character in Law & Order: SVU was identified by a forensic psychologist as having the mental illness "extreme Internet addiction." Since viewers likely would not distinguish between legitimate and non-established disorders, the label was included.

Violence (Victim and/or Perpetrator).

The study defined violence as the use or verbal threat of physical force such as hitting, kicking, punching, slapping, stabbing, and shooting, regardless of whether

physical harm occurred. For example, a police officer pressing the barrel of a gun against the temple of a suspect was considered violence. *Victims* were people who received violence, regardless of fault. *Perpetrators* were people who committed violence, regardless of intent. Violent acts had to be perpetrated against living beings and/or have the potential to threaten/carry out harm to others if the actual act only involved direct aggression toward inanimate objects. For example, a character who punched a wall or threw a lamp across the room was coded as a perpetrator of violence. Several additional items related to violence were also coded, including the extent of inflicted harm, the relationship between the perpetrator and victim, and the weapon used.

Coders documented two types of violence: explicit and implied. Explicit violence appeared on screen. However, storylines for crime-based dramas often begin after a violent crime has been committed. For example, a restaurant employee may come across a murder victim while carrying trash to an alley, launching the investigation that is the focus of the episode. While viewers did not actually witness the violence, it may remain a significant role in the plot. Other times the perpetration and consequences of past violence were described using words but not seen. Both of these types of implied violence were ascribed to the character of interest as violence.

Crime (Victim and/or Perpetrator).

Crime involved any illegal act. Characters were labeled crime *victims* when they experienced harm or negative consequences through the illegal actions of another individual or group. Crime *perpetrators* actually committed illegal actions. Since a character's criminal history may have been mentioned, but the character did not commit a crime during the storyline of that episode, "criminal history" was also coded. Otherwise, coders labeled characters crime perpetrators or victims only when the crime occurred during the storyline or served as a central focus of the storyline. Eighteen crimes were coded, including murder, rape/sexual assault, assault, robbery, kidnapping, drug-related crime, domestic abuse, larceny/theft, embezzlement, vandalism, arson, prostitution, disorderly conduct, false imprisonment, illegal possession of firearms, verbal dispute, driving while under the influence, prison escape, and other. When more than one crime occurred, coders documented each one. The crime categories were adapted from a content analysis of crime-based programming (Oliver, 1994).

Physical Characteristics.

Appearance variables were selected from the Behavioral Observations chapter of the *Clinician's Thesaurus* (Zuckerman, 2010), a guide to conducting interviews and writing psychological reports. Coders documented several characteristics concerning each relevant character's physical appearance (e.g., quality of personal hygiene and grooming, skin traits) and behavior (e.g., mannerisms, speech style, and movements/gestures).

Social Standing.

Social standing was based on a number of factors including physical characteristics (described above), as well as (1) whether an individual character had friends, (2) whether he or she was employed, (3) whether he or she had family, and (4) socioeconomic status.

Coders and Reliability

Reliability on the coding scheme was assessed by having two coders separately rate randomly selected episodes. Training was conducted before coding began. The lead investigator trained the second coder by reviewing the coding protocol and answering questions. Coders then independently rated an episode of content, compared notes, and conducted an initial estimate of intercoder reliability through percent agreement. Coders discussed the coding scheme again, addressed any items of confusion, and began coding. The coding process required each coder to make 80 decisions concerning each character in an episode. Coders used pencil and paper versions of the coding sheet to take notes during the program. Once each episode concluded, coders individually entered the information into an online questionnaire using Qualtrics survey software. The data was examined to determine intercoder reliability using Krippendorff's Alpha. For 17 variables the α was 1.000. Nineteen variables had an α between .90 and .99. Eight variables had an α between .80 and .89. One variable, employment, had an α of .79, which borders the benchmark for use in analysis. Twenty-six variables showed "no variation," according to the Krippendorff's Alpha analysis, which indicated that (1) coders showed complete agreement, but (2) the items showed no variance across characters. A review of the dataset indicated that the items dealt primarily with physical appearance, and that the characters rated simply showed none of the negative physical characteristics. Since coders completely agreed on the absence, the items were kept in the analysis.

Results

Coders rated 983 characters. Most characters were White, with Caucasians representing about 75% of the sample (or 735 characters). Black characters were the second most predominant racial group, representing 14% (or 137) of the characters. The world of crime-based dramas was heavily populated by male characters (601, or 61%) compared to female characters (381 or 39%).

Considering the focus of the present study, one variable was of particular importance: mental illness label. Fifty-two characters (or 5%) were labeled as having a mental illness. The most prevalent mental illness labels were alcohol and drug addiction, with 12 characters, schizophrenia, with 5 characters, and the generic label of mental illness, with 8 characters. Otherwise, the labels assigned to characters were not currently diagnosable as disorders (i.e., "Extreme Internet Addiction" for

1 person) or were lesser-known neurological disorders such as Capgras delusion (1 person). Among characters labeled mentally ill, half were male (n = 26) and half were female (n = 26). In terms of race/ethnicity, the majority of the mentally ill characters were Caucasian (n = 46), followed by Hispanic (n = 4), and African-American (n = 2).

Analyses of the Hypotheses and Research Questions

Hypotheses were examined using z-tests, which indicate the likelihood that differences in proportions are due to real population differences rather than sampling error (Riffe, Lacy, & Fico, 2005).

Violence Victimization & Perpetration.

Based on the prevailing stereotypes linking violence and mental illness, Hypothesis 1 predicted that the prevalence of violence would be greater among characters labeled mentally ill. One out of every two (51%) mentally ill characters committed a violent act, compared to one in five (18%) characters from the general population of the television world. Meanwhile, 46% of mentally ill characters became victims of violence, compared to 31% of the general population. A *z*-test indicated statistical support for Hypothesis 1. Characters labeled mentally ill were significantly more likely to be victims (z = 1.97, p < .01) and perpetrators (z = 4.64, p < .001) of violence toward themselves or others.

Crime Victimization and Perpetration.

Since violence and crime often go hand-in-hand, H_2 predicted that characters labeled mentally ill would be more likely to be involved in crime. The hypothesis received partial support. While characters with mental illness were more likely to be perpetrators of crime (60% compared to 19% among the general population; z = 5.93, p < .001), no statistically significant difference emerged when comparing crime victimization proportions (28% to 24%; z = .62, p = n/s).

Physical Characteristics: Appearance and Behavior.

The first research question addressed whether characters with mental illness would demonstrate predominantly stereotypical characteristics of physical appearance and behavior carrying negative connotations. Regarding physical appearance, 42% of characters labeled mentally ill demonstrated poor grooming or hygiene. Regarding behavioral observations, 44% were observed voicing delusional thinking. However, characters labeled mentally ill rarely demonstrated the nearly two-dozen other negative behavioral and physical characteristics coded, such as dirty or ill-fitting clothing, abnormal facial expressions, talking to unseen or unheard others (e.g., auditory or visual hallucinations), or inappropriately fast, slow or off-topic speech patterns.

Social Standing.

In addition to physical appearance, three other variables represented the concept of social standing: (1) employment, and the presence of (2) family and (3) friends, which were addressed by the second research question. Most mentally ill characters were middle class (48%), while 32% came from a low socioeconomic status and 20% came from a high socioeconomic status. While 33% of characters labeled mentally ill were unemployed, 6% of other characters were unemployed. The difference in proportions was statistically significant, z = 7.09, p < .001. When it came to specific occupations among characters with mental illness, coders marked "unsure" for 10 characters because they could not determine based on the available information whether the characters were employed and if so, the job they held. Eight characters with mental illness held professional occupations, such as banker or educator. Three characters held blue-collar jobs, such as bartender or automotive mechanic. Three characters worked in the medical or mental health fields, while two characters served in the military. Other occupations for characters with mental illness included college student, forensic technician, and career criminal. No police officers or detectives were labeled mentally ill.

While a smaller percentile of mentally ill characters had friends (48% versus 49%) of the general population of television characters), the difference in proportions was not significant (z = .54, n/s). Finally, mentally ill characters were actually more likely than the general population of television characters to have family members (52% compared to 33%; z = 2.67, p < .001).

Discussion

This study examined how crime-based television programs in the United States portrayed mental illness between 2010 and 2013. It updated previous quantitative analyses of television content from the 1970s and 1980s (Signorielli, 1989), the 1990s (Diefenbach, 1997), and the early 2000s (Diefenbach & West, 2007). As expected, the results showed that crime-based television endorsed stereotypes linking mental illness with violent and criminal behavior. Mentally ill characters were more likely than other characters to commit crimes and violent acts. When viewers encountered a character with mental illness on these television dramas, they were often characterized by an exemplar committing violence or crimes rather than being social.

The implications are significant when one considers previous effects-based research. Capturing popular media portrayals of real-world stereotypes may inform influential contributors to the stigmatization and prejudice of persons living with mental illness (Link, Yang, Phelan, & Collins, 2004). People who encounter negative stereotypes through the media are more likely to report negative attitudes about people with mental illness (e.g., Wahl & Lefkowits, 1989). The more television people watch, the more authoritarian and less benevolent attitudes they subsequently express toward people with mental illness (Granello & Pauley, 2000). While negative media content may be especially influential for people who lack first-hand knowledge about mental illness (Granello & Pauley, 2000), research also shows that people who have experienced mental illness themselves may internalize the negative stereotypes attached to conditions and diagnostic labels such as schizophrenia, bipolar disorder, and other mental illnesses (Watson, Corrigan, Larson, & Sells, 2007).

When applied to real-world settings, negative attitudes influence the extent to which people endorse treatment approaches such as mandated care (Corrigan, Watson, Warpinski, & Gracia, 2004) and forced medication compliance (Pescosolida, Monahan, Link, Stueve, & Kikuzawa, 1999). How society understands and treats larger populations of people living with mental illness informs legal statutes and community standards for treatment, housing, disability services, resources, employment, and freedom (see Link et al., 2004; Perlin, 1996). As pointed out by those who study real-life prevalence rates of violence and criminal offending in people with mental illness (Morgan et al., 2013), media stereotypes regarding dangerousness are "particularly important in the era of community-based management of mental illness" (p. 1875).

The current results are mixed, which perhaps reflects the beginning of a transition toward less stereotypical and simplified mediated representations. On the one hand, our findings suggest that as of 2013, not much progress was made in lessening the association of mental illness with violence in the previous decade's world of fictional crime-based dramas. On the other hand, crime-based television programs' portraits concerning the physical appearance and social standing of characters with mental illness—less researched thus far—were more ambiguous and perhaps paint a more hopeful picture. The straitjackets, wild hair, and over-the-top mannerisms used by media producers to denote mental illness in the past (Wahl, 2003) rarely appeared in this crime-based drama sample. Mentally ill characters resembled other characters on markers of physical appearance (clothing, grooming) and behavior (speech, social interactions). Moreover, the programs presented characters with mental illness as primarily from the middle class, with the full spectrum of socioeconomic backgrounds represented. A mental illness label meant characters stood greater odds of being unemployed, reflecting the results of previous content analyses (Diefenbach, 1997; Signorielli, 1989) and high unemployment rates among people who rely on public mental health care in the real world (NAMI, 2014). Nevertheless, when characters living with mental illness were employed, the largest proportion held professional jobs, while others worked in the military, forensic laboratories, and other settings. Finally, mentally ill characters stood a comparable chance of having friends and they were even more likely to have family.

Overall, rather than endorsing phenotypic stereotypes and portraying mentally ill characters as dirty, unattractive, and with poor social standing, the dramas provided a more realistic portrait: anyone, regardless of physical appearance or social standing, may experience mental illness. In some instances, counter-stereotypical portrayals regarding physical appearance, behavior, and even violence, were salient.

For instance, Perception featured the life of neuroscientist Dr. Daniel Pierce, a professor and crime-fighter who has schizophrenia. The character of Pierce in these episodes challenges traditional stereotypes in a number of ways, as the doctor is successful, well-spoken, physically attractive, well dressed, romantically involved with an attractive female character, and loved by students. While he occasionally displays unusual behavior and thought processes, he himself is neither violent nor criminal, and the medication he takes helps control his symptoms. Indeed, it is possible such a portrayal, especially as the central tenant of the program, may serve as a "one off" depiction and be more recognizable as an outlier than representative of the majority. Nevertheless, such characters challenge stereotypes concerning mental illness simply because they provide more ambiguous (less stereotypical) portraits of what it means to live with mental illness.

The gender make-up of characters with mental illness also revealed mixed results. An equal number of characters with mental illness were male and female, which communicates the message to viewers that men and women stand equal chance of experiencing mental illness. While there are certainly real-word differences in prevalence rates of various mental illness conditions and in diagnosing men and women (e.g., World Health Organization, 2015), the authors consider the overall non-gendered portrayal as positive because it does not convey mental illness solely as a "men's issue" or "women's issue."

Strengths, Limitations, and Future Directions

This study provided an update to prior research on how U.S. television portrays stereotypes linking mental illness with violent and criminal behavior. Other potentially meaningful variables in the cultivation and framing of stereotypes concerning mental illness—physical appearance, behavior, and social standing—were also examined. While characters with mental illness were significantly more likely to be depicted as "violent" and/or "criminal," they were also depicted as more similar to the rest of the characters along social standing and appearance variables.

This latter finding, however, raises a limitation that should be addressed in future content analyses: While the study documented the presence of family/friends and the employment fields for mentally ill characters, it did not examine the valence (positive, negative, neutral) of these variables. For instance, Michael, the serial killer with schizophrenia on Criminal Minds: Suspect Behavior, had family members he threatened to kill. A woman with schizophrenia on Law & Order: Criminal Intent was locked away in her home by family members who wanted to protect her from the world. While mentally ill characters had family members and financial security, these relationships were not necessarily healthy or prosperous.

Of course, our findings are limited to the sampled fictional crime-based television programs from 2010 to 2013. While the study examined 15 shows, at least two crime-related programs (Hawaii 5-0 and Person of Interest) were inadvertently not indexed. The study examined an individual form of television entertainment, focusing primarily on programs aired through broadcast networks and basic cable. While the sample and genre was justified based on viewership and the necessary ingredient of violence in its portrayals, future research will be necessary to compare findings from this heavily viewed genre to other areas of television; most notably comedy where characters are essentially perpetrators and victims in a different context (the butt of the joke, so-to-speak), advertising in which persons with mental illness and associated stigmatizing wording (e.g., the deal one would be "crazy" to miss; Wahl, 2003) seem to run rampant, and even to news media—an outlet where stereotyped sensationalism may arguably have the biggest impact due to its non-fiction package. Finally, the study merely captured what was portrayed on television—we did not assess viewership responses to this content. Thus, direct assertions about relations between the content analyzed in this study and stereotypes/stigma of viewers can only be conjectured at this point.

The portrayals documented here—both simple and stereotypical as well as more rounded and counter-stereotypical—raise questions for future research concerning content production and effects. Concerning content creation, the authors know of no researchers since Gerbner (1959) who have surveyed the creators of television content to determine why stereotypes are relied upon during production, a gap in the research noted by Klin and Lemish (2008). Specific questions have emerged based on the content revealed in this analysis. For instance, why did counter-stereotypical social standing and appearance variables emerge, yet associations between mental illness and violence appear unchanged? Influences of the viewers' pre-existing attitudes, beliefs, and behaviors related to those living with mental illness should be examined, as well as cultural factors and personal experience with or exposure to mental illness. Also, little experimental attention has been afforded to the potential consequences of exposure to positive and counter-stereotypical exemplars such as Dr. Daniel Pierce, the genius neuroscientist from Perception. Future research should investigate potential differential effects of exposure to negative and positive exemplars of mental illness and those that are more or less like the individual viewer. The differences may be substantial based on whether viewers are encountering Michael, the stereotypical "schizo murderer," or Dr. Pierce, the accomplished neuroscientist, friend, and mentor who happens to have schizophrenia.

Funding

The authors thank the University of Alabama, which provided research funding for the study.

References

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.

- Corrigan, P. (2004). How stigma interferes with mental health care. American Psychologist, 59, 614–625. doi:10.1037/0003-066X.59.7.614
- Corrigan, P., Watson, A. C., Warpinski, A. C., & Gracia, G. (2004). Stigmatizing attitudes about mental illness and allocation of resources to mental health services. Community Mental Health Journal, 40, 297-307. doi:10.1023/B:COMH.0000035226.19939.76
- Corrigan, P. W. (2005). On the stigma of mental illness: Practical strategies for research and social change. Washington, DC: APA.
- Coverdale, J., Nairn, R., & Claasen, D. (2002). Depictions of mental illness in print media: A prospective national sample. Australian and New Zealand Journal of Psychiatry, 36, 697-700. doi:10.1046/j.1440-1614.2002.00998.x
- Diefenbach, D. L. (1997). The portrayal of mental illness on prime-time television. Journal of Community Psychology, 25, 289-302. doi:10.1002/(SICI)1520-6629(199705)25:3<289:: AID-JCOP5>3.0.CO;2-R
- Diefenbach, D. L., & West, M. D. (2007). Television and attitudes toward mental health issues: Cultivation analysis and the third-person effect. Journal of Community Psychology, 35, 181-195. doi:10.1002/jcop.20142
- Entman, R. (1993). Framing: Toward clarification of a fractured paradigm. Journal of Communication, 43, 51–58. doi:10.1111/j.1460-2466.1993.tb01304.x
- Fazel, S., Gulati, G., Linsell, L., Geddes, J. R., & Grann, M. (2009). Schizophrenia and violence: Systematic review and meta-analysis. PLoS Medicine, 6. doi:10.1371/journal.pmed.
- Federal Bureau of Investigation (2010). Crime in the United States, Murder circumstances by relationship. Retrieved from http://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2010/ crime-in-the-u.s.-2010/tables/10shrtbl10.xls
- Fiske, A. P., Kitayama, S., Markus, H. R., & Nisbett, R. E. (1998). The cultural matrix of social psychology. In D. T. Gilbert, S. T. Fiske, & G. Lindzey (Eds.), The handbook of social psychology (pp. 915-981). New York, NY: Oxford University Press.
- Gerbner, G. (1959). Mental illness on television: A study of censorship. Journal of Broadcasting, 3, 293-303. doi:10.1080/08838155909385890
- Granello, D. H., & Pauley, P. S. (2000). Television viewing habits and their relationship to tolerance toward people with mental illness. Journal of Mental Health Counseling, 22, 162-
- Joyal, C., Dubreucq, J-L., Gendron, C., & Millaud, F. (2007). Major mental disorders and violence: A critical update. Current Psychiatry Reviews, 3, 33-50.
- Klin, A., & Lemish, D. (2008). Mental disorders stigma in the media: Review of studies on production, content, and influences. Journal of Health Communication, 13, 434-449. doi:10.1080/10810730802198813
- Link, B. G., Cullen, F. T., Frank, J., & Wozniak, J. F. (1987). The social rejection of former mental patients: Understanding why labels matter. American Journal of Sociology, 92, 1461-1500.
- Link, B. G., & Phelan, J. C. (2014). Mental illness stigma and the sociology of mental health. In Sociology of Mental Health (pp. 75–100). Springer International Publishing.
- Link, B. G., Phelan, J., Bresnahan, M., Stueve, A., & Pescosolido, B. A. (1999). Public conceptions of mental illness: Labels, causes, dangerousness, and social distance. American Journal of Public Health, 89, 1328-1333. doi:10.2105/AJPH.89.9.1328
- Link, B. G., Yang, L. H., Phelan, J. C., & Collins, C. Y. (2004). Measuring mental illness stigma. Schizophrenia Bulletin, 30, 511-541, 2004.
- McGinty, E. E., Webster, D. W., Jarlenski, M., & Barry, C. L. (2014). News media framing of serious mental illness and gun violence in the United States, 1997-2012. American Journal of Public Health, 104, 406-413. doi:10.2105/AJPH.2013.301557
- Morgan, V. A., Morgan, F., Valuri, G., Ferrante, A., Castle, D., & Jablensky, A. (2013). A whole-of-population study of the prevalence and patterns of criminal offending in people with schizophrenia and other mental illness. Psychological Medicine, 43, 1869-1880. doi:10.1017/S0033291712002887

- Morgan, M., Shanahan, J., & Signorielli, N. (2014). Cultivation theory in the twenty-first century. The Handbook of Media and Mass Communication Theory, 480–497. doi:10.1002/9781118591178.ch26
- Nairn, R. G. (2007). Media portrayals of mental illness, or is it madness? A review. *Australian Psychologist*, 42, 138–146. doi:10.1080/00050060701280623
- National Alliance on Mental Illness (2014). Road to recovery: Employment and mental illness. Retrieved from http://www.nami.org/Template.cfm?Section=Policy_Reports&Template=/ContentManagement/ContentDisplay.cfm&ContentID=169263
- Oliver, M. B. (1994). Portrayals of crime, race, and aggression in "reality-based" police shows: A content analysis. *Journal of Broadcasting & Electronic Media*, 38, 179–192. doi:10.1080/08838159409364255
- Patten, D. (2013, May 23). Full 2012–2013 TV season series rankings. Retrieved from http://www.deadline.com/2013/05/tv-season-series-rankings-2013-full-list/
- Perlin, M. L. (1996). The insanity defense: Deconstructing the myths and restructuring the jurisprudence. In B. D. Sales and D. W. Shuman (Eds.), *Law, mental health, and mental disorder*, 341–359. Pacific Grove, CA: Brooks/Cole.
- Pescosolida, B. A., Monahan, J., Link, B. G., Stueve, A., & Kikuzawa, S. (1999). The public's view of the competence, dangerousness, and need for legal coercion of persons with mental health problems. *American Journal of Public Health*, 89, 1339–1345.
- Riffe, D., Lacy, S., & Fico, F. G. (2005). *Analyzing media messages: Using quantitative content analysis in research.* New York, NY: Taylor & Francis Group.
- Saad, L. (2013, Sept. 20). Americans fault mental health system most for gun violence. Gallup. Retrieved from http://www.gallup.com/poll/164507/americans-fault-mental-health-system-gun-violence.aspx
- Schomerus, G., Schwahn, C., Holzinger, A., Corrigan, P. W., Grabe, H. J., Carta, M. G., & Angermeyer, M. C. (2012). Evolution of public attitudes about mental illness: A systematic review and meta-analysis. *Acta Psychiatrica Scandinavica*, 125, 440–452. doi:10.1111/j. 1600-0447.2012.01826.x
- Sieff, E. (2003). Media frames of mental illnesses: The potential impact of negative frames. Journal of Mental Health, 12, 259–269. doi:10.1080/0963823031000118249
- Signorielli, N. (1989). The stigma of mental illness on television. *Journal of Broadcasting & Electronic Media*, 26, 599–605. doi:10.1080/08838158909364085
- Silver, E. (2006). Understanding the relationship between mental disorder and violence: The need for a criminological perspective. *Law and Human Behavior, 30,* 685–706. doi:10. 1007/s10979-006-9018-z
- Silverstein, S. M., Del Pozzo, J., Roche, M., Boyle, D., & Miskimen, T. (2015). Schizophrenia and violence: Realities and recommendations. *Crime Psychology Review, 1, 21–42.* doi:10.1080/23744006.2015.1033154
- Steadman, H. J., Mulvey, E. P., Monahan, J., Robbins, P., Appelbaum, P. S., Grisso, T., ... Silver, E. (1998). Violence by people discharged from acute psychiatric inpatient facilities and by others in the same neighborhoods. *Archives of General Psychiatry*, *55*, 393–401. doi:10.1001/archpsyc.55.5.393.
- Stuart, H. (2006). Media portrayal of mental illness and its treatments. CNS Drugs, 20, 99–106. doi:10.2165/00023210-200620020-00002
- Substance Abuse and Mental Health Services Administration. (2013). Results from the 2012 National Survey on Drug Use and Health: Mental health findings, NSDUH Series H-47, HHS Publication No. (SMA) 13-4805. Rockville, MD: SAMHSA. Retrieved from http://archive.samhsa.gov/data/NSDUH/2k12MH_FindingsandDetTables/2K12MHF/NSDUHmhfr2012. htm
- Swanson, J. W., Swartz, M. S., Essock, S. M., Osher, F. C., Wagner, H. R., Goodman, L. A., ... Meador, K. G. (2002). The social-environmental context of violent behavior in persons treated for severe mental illness. *American Journal of Public Health*, 92, 1523–1531. doi:10.2105/AJPH.92.9.1523

- Van Dorn, R., Volavka, J., & Johnson, N. (2012). Mental disorder and violence: Is there a relationship beyond substance use? Social Psychiatry and Psychiatric Epidemiology 47, 487–503. doi:10.1007/s00127-011-0356-x
- Wahl, O. F. (2003). Media Madness: Public images of mental illness. New Brunswick, NJ: Rutgers University Press.
- Wahl, O. F., & Lefkowits, J. Y. (1989). Impact of a television film on attitudes toward mental illness. American Journal of Community Psychology, 17, 521–528. doi:10.1007/BF00931176
- Watson, A. C., Corrigan, P., Larson, J. E., & Sells, M. (2007). Self-stigma in people with mental illness. Schizophrenia Bulletin, 33, 1312–1318. doi:10.1093/schbul/sbl076
- World Health Organization. (2015). Gender and women's mental health. Retrieved from http://www.who.int/mental_health/prevention/genderwomen/en/
- Zuckerman, E. L. (2010). Clinician's Thesaurus: The guide to conducting interviews and writing psychological reports. New York, NY: Guilford Press.

Copyright of Journal of Broadcasting & Electronic Media is the property of Broadcast Education Association and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.