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Crazy Women and Crazier Men: Mental Illness and Gender in Television Shows and Fan Conversations

Hannah Ferster

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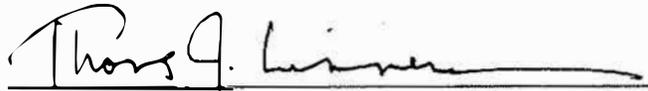
Crazy Women and Crazier Men: Mental Illness and Gender in Television Shows and Fan
Conversations

A thesis submitted in partial fulfillment of the requirement
for the degree of Bachelor of Arts in Sociology from
The College of William and Mary

by

Hannah Ferster

Accepted for Honors



Thomas Linneman, Director



Elyas Bakhtiari



Carrie Dolan

Williamsburg, VA

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ABSTRACT

This study explores the gendering of depictions of mental illness in television shows and how their viewers discuss these depictions. I paid special attention to elements of stigma in the television shows, and analyzed how stigma differed based on gender. I qualitatively analyzed three episodes from ten different shows each, with an even split in the genders of the characters with mental illness on which the analysis centered. In addition, I also qualitatively analyzed ten Reddit conversations, one about each show, to explore what the viewers took away from these depictions of mental illness and how they discussed them with others. The results revealed that depictions of mental illness are indeed gendered, as depictions of men with mental illness reinforced the dangerousness of masculinity, and depictions of women with mental illness reinforced the passivity of femininity. I also found that there were some elements that contradicted these traditional gender roles, depicting men as submissive and emotional and women as active. The Reddit threads showed that viewers of these shows were noticing similar aspects of these depictions, though these results emphasized the female characters' reckless behavior to a greater extent than was shown in the actual television shows. In exploring how mental illness and gender are socially constructed both independently and in relation to each other, this study reveals a complicated navigation of different sets of social expectations and potentials for stigmatization that accompany mental illness and the successful performance of gender.

INTRODUCTION

On February 27th, 2018, Reddit user Rogerjperez posted in a *Crazy Ex-Girlfriend* Reddit thread, “For the longest time, like I'm sure most of you have felt, there was no representation for people like us... There have been times I've been watching the show with my now partner and just burst out in tears or laughter because the similarities are so striking. That's not even a projection, truly, I am just so happy I and we have this show. It's like a weekly therapy session and it makes me feel so much less alone :).” These emotions were echoed throughout the rest of the *Crazy Ex-Girlfriend* Reddit page, with people praising the depiction of borderline personality disorder in the character of Rebecca Bunch, and connecting the show to their own personal experiences. However, there were also some posts criticizing this depiction, debating its accuracy and whether or not it reinforced harmful stereotypes. Through stories about Rebecca's antics, this television show has led to frequent discussions of social perceptions of mental illness. *Crazy Ex-Girlfriend* is only one example of many recent shows that together created a cultural moment where mental illness in media is getting a good deal of attention.

Crazy Ex-Girlfriend has also been praised for its honest and light-hearted dealing with gender norms. The show critically satirizes unhealthy tropes in romantic relationships, and unflinchingly depicts its characters, both male and female, as complicated, full human beings that challenge gender expectations. Reddit user erose199 described the show as “looking at complex issues through a feminist lens and deconstructing how we as a society define things like happiness and mental health for women” (November 14, 2018). Gender and mental illness shape the show's main character and plot arc, creating a highly accessible social commentary on the intersection of these issues.

Other examples of mental illness in the media have garnered similar attention. The release of Netflix's *13 Reasons Why*, about the suicide of a girl in high school following experiences of bullying and sexual assault, sparked national conversation and concern among educators, parents, students, and media watchers (Premack Sandler 2017). *This Is Us* was praised for its portrayal of a male protagonist having a panic attack, offering an uncommon depiction of masculinity and emotional vulnerability (Bahr 2018). We are currently in the midst of a media moment that is rife with more nuanced and diverse depictions of mental illness than ever before. This provides a unique opportunity for expanding sociological knowledge of how shared social understandings of mental illness and gender are created and reinforced, and how these two social attributes interact in media and in conversations about such media.

Further investigation is needed into issues of media representation, mental illness, and gender. Previous researchers have identified differences in mental illness diagnoses by gender, and attempted to explain these differences, often in relation to social phenomena. Social scientists have also studied the role of stigma in shaping how mental illness influences social interactions. The media plays an important role in stigmatizing mental illness, as well as reinforcing and creating the social processes that construct mental illness and gender independently and in relation to each other. In order to further our understanding of the intersections of mental illness, gender, and stigma in our society, I analyze how televised representations of mental illness are gendered and stigmatized, and how these representations are understood by the shows' fans.

LITERATURE REVIEW

Many past social theorists have called attention to how gender is a socially constructed phenomenon, and not an identity that is biologically inherent. Judith Lorber (1993) explains how gender is constantly created and recreated in social interaction, as something that we do rather than something that we are. The way we present ourselves, interact with others, and interpret the presentations of others enacts certain cultural scripts and understandings of gender, actively creating and recreating our current gender categories as we move about in the world. The social construction of gender demands sameness within gender categories, and difference between gender categories; all men are expected to have certain similarities based on their gender, and they are all expected to be fundamentally different from women. These gender categories are also ranked by power and prestige, which creates systems of inequality and social domination. R. W. Connell (1987) links this exercise of power to gender construction in his description of hegemonic masculinity. He defines hegemonic masculinity as a cultural ideal of how men should behave and present themselves that emphasizes power, especially power over women. Hegemonic masculinity must also be understood in relation to the parallel cultural ideal of emphasized femininity, which requires subordination to men. This theoretical framework of gender as socially constructed is important for understanding how gender intersects with mental illness in media.¹

In modern Western society, we have different expectations for the behavior of men and women based on how we have socially constructed gender. In general, “women are supposed to be nurturant, suggestible, talkative, emotional, intuitive, and sexually loyal; men are supposed to be aggressive, tough-minded, taciturn, rational, analytical, and promiscuous” (Connell 2002:40).

¹ While an incorporation of transgender and non-binary genders into a consideration of mental health and media is a vital research field for expanding knowledge of gender construction, it is beyond the scope of what I study.

These dichotomous traits have very real consequences for the actions and social interactions of individuals. For example, men have been linked to higher rates of risk-taking behaviors in many areas of life that influence their health (Mandal 2007). Ideas of dangerousness and vulnerability are also gendered, with men being associated with the potential for dangerousness and women being associated with the potential for vulnerability to violence (Hollander 2001).

Previous research has identified epidemiological differences in the prevalence of certain mental illnesses by gender. Though mental illnesses in general are often found to have a similar prevalence in both men and women, there are some specific mental disorders that are more commonly diagnosed in one gender versus the other (Sachs-Ericsson and Ciarlo 2000).

Researchers consistently find that disorders such as anxiety and depression are more common in women, where disorders such as antisocial personality disorder and substance use disorders are more common in men (Sachs-Ericsson and Ciarlo 2000; Eaton et. al. 2012; Robins and Regier 1991). This is often framed as a contrast between internalizing and externalizing symptoms, where internalizing symptoms, more common in women, involve disturbances in emotions or cognitions, and externalizing symptoms, more common in men, involve disturbances in behavior (Eaton et. al. 2012).

Many attempts to explain these differences rely on social and psychological explanations that highlight the socially constructed nature of gender and its influence on the expression of emotions and behaviors. Eaton et. al. (2012) found that gender differences in the prevalences of specific mental disorders are attributable to tendencies towards externalizing and internalizing symptoms, indicating that gender differences in core psychological processes are contributing to these epidemiological differences. This highlights the need to understand the socio-psychological etiology of these disparities. This is also supported by findings that gender differences in the

prevalence of depression may be attributable to gender differences in how individuals respond to and process negative emotions (Nolen-Hoeksema 1987). Other research has also focused on explaining differences in mental illness rates through differences in gendered social roles and their effects on mental health (Sachs-Ericsson and Ciarlo 2000). For example, Sachs-Ericsson and Ciarlo (2000) found that being a parent decreased the prevalence of mental illnesses for men but not for women, suggesting that parenthood may be a more stressful social role for women and therefore not a protective factor against the development of mental illnesses in general. Beyond an analysis that compares between categories of men and women, research also finds that one's gender role orientation, or how masculine or feminine one feels, creates disparities in mental health, regardless of gender identity (Barrett and White 2002). High levels of self-reported masculinity in both girls and boys over adolescence decreased the prevalence of depressive symptoms in young adulthood, further revealing that there are social factors that shape these epidemiological gender differences (Barrett and White 2002).

The social construction of mental illness not only influences the epidemiology of mental illness, but also influences how individuals experience and perceive mental illness. Culture and the social construction of gender shape how risk factors for developing mental illnesses impact men and women differently (Andermann 2010). Danielsson and Johansson (2009), for example, illustrate the influence of gender and socioeconomic status on the experience of depression, showing how men and women differently describe their experiences with depression and its impact on the rest of their lives. The social construction of gender and how it shapes individuals' behaviors, social roles, and social environments has also been implicated in explaining gender differences in suicide behavior (Payne, Swami, and Stainstreet 2008). In addition, gender influences the language that others use to communicate about mental illness, for example, in

men's and women's health and lifestyle magazines (Yang, Tang, and Bie 2017). Again confirming traditional gender expectations, women's magazines frame stories about mental illness more personally and socially, and men's magazines frame them more scientifically. Men's magazines also reinforce understandings of depression as a threat to hegemonic masculinity, portraying mental illness in very gendered terms (Clarke 2009). Research has also shown that stereotypes of mental illness and gender interact in individuals' perceptions of others, as Boysen et. al. (2014) show in their study of differences in stigma relating to "gendered" mental illnesses. They found that certain disorders were stereotyped as either masculine or feminine, and that these stereotypes largely matched epidemiological gender differences in the prevalences of disorders. Masculine-stereotyped disorders overall elicited more stigma over a variety of measurements, revealing how gender influences social reactions to individuals with mental illnesses.

Some social theorists have even argued that mental illness is purely a social process that occurs when a label is assigned to deviant behavior that breaks social norms. Szasz (1960) was highly critical of the medicalized model of mental illness, instead arguing that mental illness should be understood as a "problem of living" rather than an illness. He called attention to the subjectivity involved in mental illness treatment, placing mental illness and psychology within a social and ethical context. Similarly, Scheff (1966) theorized that we should understand mental illness symptoms as "labeled violations of social norms," and mental illness itself as "a social role" (25). He argued that any behaviors or beliefs that we consider deviant but that do not conform well to other, previously-understood categories of social deviance become categorized as mental illness. The reaction to the behavior, not the behavior itself, is what causes stable mental illness, as individuals learn new behaviors to conform to new social expectations.

This labeling theory theoretically underpins the feminist critique of psychology, which integrates understandings of power and gender inequality to argue that mental illness is socially constructed to uphold women's oppression. Penfold and Walker (1983) argue that psychiatry functions mainly as an apparatus of social control that grew out of the authority of the medical establishment. Psychiatry is mainly a continuation of the long history of medicalization of women's bodies and life events and the use of medicine and science to justify traditional gender roles and women's oppression. Psychiatry creates a sphere of knowledge where moral judgments are passed off as science, the majority of the time involving a man claiming impartial judgment of a woman's behavior. Busfield (1988) explains that because certain emotions and behaviors are considered more appropriate for men or women, we are predisposed to judge whether or not they are pathological or abnormal differently. She explains that women, especially, may be in a double bind when it comes to mental health: the behavior expected of women is similar to behavior that is considered pathological for all adults, but to behave in ways that contradict these expectations is also considered pathological.

Aside from the labeling of mental illness, stigmatization is another social process that is vital to understanding how mental illness functions in our society. Beginning with Goffman in 1963, many social researchers have made attempts to define stigma as a concept and apply it to understanding how certain groups with certain social attributes move about and are perceived in society. Goffman (1963) defines stigma as a personal attribute that is deeply discrediting in one's social context, leading to an individual being cut off from society and rejected by others. Goffman (1963) also explains how the management of stigma is not just a feature of some specific social identities, but is a general feature of society as a whole, with all people navigating both the experience of having stigma and the possibility of experiencing new stigma. Link and

Phelan (2001) further this overarching theory of stigma, breaking down the concept into components of “labeling, stereotyping, separation, status loss, and discrimination” (363). Beyond an individual experience, Link and Phelan (2001) also posit that differences in power are an important origin of stigma, which is reinforced through the social structures and hierarchies that guide all social life. These large-scale power dynamics shape individual social experiences in a variety of ways, as those who are stigmatized are lowered within social hierarchies and experience multiple forms of discrimination.

Previous research has focused on understanding how stigma shapes individuals’ perceptions of others with mental illness. Mental illness stigma occurs through multiple social processes; it elicits negative emotional responses from others, it leads to the social distancing of people with mental illness from people without it, and it encourages devaluation and discrimination against people with mental illness (Link et. al. 2004). Individual attitudes and beliefs about mental illness have also been shown to influence stigmatizing responses towards others, as people who believe that those with mental illnesses are dangerous and responsible for their own conditions are more likely to engage in a range of stigmatizing responses towards them (Corrigan et. al. 2003). The process of labeling has garnered specific interest in research on the relationship between mental illness and stigma, as Socall and Holtgraves (1992) show that individuals described in vignettes whose symptoms were attributed to a mental illness elicited higher levels of rejection, and were attached more strongly to negative beliefs, than those whose same symptoms were attributed to a physical illness. Labeling has an influence on stigma independent of particular deviant behaviors.

The dynamics of social labeling also emerge frequently in analyses of media depictions of people with mental illness. Many researchers have pointed to the essential role of media in

creating and reinforcing widely held social attitudes about different groups of people. Relating to the stigmatization of those with mental illness, “it is generally thought that mass media images of mental illness perpetuate mental illness stigma” (Stout, Villegas, and Jennings 2004:544). Media acts as an important socializing agent, and therefore is a vital site of analysis for better understanding social perceptions of mental illness. Negative media depictions of people with mental illness often correlate with negative attitudes that individuals have towards others in everyday life, which contributes to the perpetuation of social isolation and discrimination (Wahl 1995).

There is a large body of literature that has focused on identifying the specific ways in which people with mental illness are negatively portrayed in media, specifically television shows. Wahl (1995) highlights the problematic use of psychiatric labels in popular media, which trivializes and reinforces the negative connotations of these labels. In social settings, characters with mental illnesses are often depicted as unpleasant, antisocial, and prone to bizarre behavior (Wilson et. al. 1999; Signorielli 1989). They are violent and aggressive towards others, creating an image of people with mental illness as dangerous and unstable (Wahl 1995; Wilson et. al. 1999; Signorielli 1989). Some media even conflates mental illness and intellectual disability, furthering the perception of these individuals as belonging to a separate, inferior group from the rest of society (Wilson et. al. 1999). These depictions overall show characters with mental illness as physically and socially different from others (Wahl 1995). Children’s television shows provide a similarly bleak image, depicting characters with mental illness as aggressive and violent villains, and depicting other characters as reacting to them with fear, rejection, and ridicule (Wahl et. al. 2007). These images are far-reaching and relatively consistent in how they influence the socialization of individuals towards others with mental illnesses.

Very little research has also tried to address how these media depictions of mental illness are interpreted and discussed by fans of television shows. Online discussion forums provide an untapped source of information about how people engage with and process topics in media in social settings. Previous social science research has outlined how fan communities have the potential to bring together people from very different backgrounds, and this can be mobilized through using pop culture that connects civic and political worlds in order to foster conversation and action addressing real-world issues (Jenkins et. al. 2006). The conversations within fan communities of television shows that deal with issues of mental illness and gender could provide a unique look into how media representation leads to actions and shared understandings in social settings.

It is clear that mental illness has a social significance, shaping how we view others in social settings. This is colored by the other categories through which we structure social expectations of behavior, particularly gender. This study fills a gap in the literature by connecting issues of stigma and gender in an analysis of media representation of mental illness. Very little research in the past has looked at the role of gender in shaping how mental illness is represented in media, and no research has been done to understand how this representation changes the stigmatization of mental illness. Previous research also does not attempt to determine how these depictions are understood by their viewers, and what social messages are effectively communicated. Specifically, my research questions are: Are depictions of mental illness in television gendered? How are they gendered? How does the gendering of mental illness influence the stigma attached to mental illnesses in these fictional narratives? How are these depictions understood and discussed by the fans of these television shows?

METHODS

The Data

The data for this project primarily come from ten different television shows, five centering on the stories of female characters with mental illnesses and five centering on the stories of male characters with mental illnesses. I developed my sample of television shows purposively, based on results from Google and IMDB searches for “mental illness.” I considered a show for the sample if search engines and online media identified the show as relating to mental illness. Most of the Google results came from articles written in online news sources about television representation of mental illness, and I added these shows to the list generated from IMDB. I limited the sample to shows that aired new episodes within the last 10 years and were produced in the US. This provided a thorough list of shows with major plot points dealing with the mental illness of a central character, which I then narrowed down to provide a more feasible basis for analysis. I selected shows to encompass a variety of genres and mental illnesses.

The public perceptions of these depictions of mental illnesses are central to their cultural relevance, so I ultimately chose shows based on the amount of discussion generated about mental illness in their online discussion forums. Reddit is a social media website that creates online communities for people to discuss shared interests on a variety of topics spanning from pop culture to obscure academic theories (www.redditinc.com). Since its beginning in 2005, it has become the fifth most visited website on the internet, and it currently brings in more than 330 million monthly active users on average. Reddit is broken down into many different subreddits, which organize the discussions by topic and allow users to join online communities based on their common interests. Each of the television shows in my sample had its own subreddit, which

I searched for key terms of “mental illness” and the specific diagnosis or diagnoses applied to the depiction of the central characters. I included in the sample shows that prompted more extensive discussion, and excluded shows where mental illness was not a common topic.

I used Google searches again to find fan-generated synopses of individual episodes of the shows included in the sample, and from these synopses I identified specific climactic plot moments that had to do with mental illness. Wikipedia and Fandom were often useful in providing these written synopses, but the length and detail included in them varied greatly. I chose episodes that mentioned a mental health crisis, a mental health diagnosis, or a mental health hospitalization as the focus episodes, and based the rest of the sample around these. The final sample of focus episodes is described below:

Male characters

- Shameless, Season 4, episode 12- In this show about a large working-class family living in Chicago, Ian is diagnosed by his other family members with bipolar disorder. Ian is one of the middle siblings, and throughout the show his behavior becomes more and more concerning to his family and friends, culminating in this episode when they finally realize what is going on.
 - Ian, bipolar disorder
- Legion, Season 1, episode 1- This sci-fi show follows David, who was diagnosed with schizophrenia when he was young and institutionalized where he discovers his own “mutant” powers and those of other patients around him. In this first episode, his background with mental illness is revealed, and then he discovers that his symptoms are really signs of his superpowers.
 - David, schizophrenia
- Mr. Robot, Season 1, episode 9- Mr. Robot follows Elliot, who is a cybersecurity engineer and hacker, as he works with a group of “hacktivists” to take down a large global conglomerate. Throughout the series, he is contacted by Mr. Robot, the mysterious leader of the hacktivist group, until it is revealed in episode 9 that Mr. Robot is really an alter, or alternate personality, of Elliot.
 - Elliot, social anxiety/depression/dissociative identity disorder
- Wilfred, Season 1, episode 1- In this show, a depressed Ryan attempts suicide in the first episode, and then begins to hallucinate his neighbor’s dog, Wilfred, as a man in a dog suit who follows him around and gives him advice. Later in the show, Ryan struggles trying to figure out if Wilfred is a real manifestation of the god Mataman, or just a hallucination.
 - Ryan, depression
- This Is Us, Season 2, episode 8- This show follows multiple generations of one family, and the effects that a father’s alcoholism has on the family. In this episode, one of the

adult sons breaks down after isolating himself in the midst of his growing substance abuse problems.

- Kevin, addiction

Female characters

- Crazy Ex-Girlfriend, Season 3, episode 6- This series follows Rebecca in her romantic pursuits after she leaves a high-paying job at a New York law firm to live in the small California town where her high school crush lives. This episode depicts Rebecca's treatment and diagnosis following a suicide attempt.
 - Rebecca, borderline personality disorder
- 13 Reasons Why, Season 1, episode 13- This episode is a season finale that depicts the suicide of Hannah Baker, after the show has followed the different characters Hannah lists in the tapes she left behind explaining the 13 reasons why she decided to take her own life.
 - Hannah, depression/suicide
- You're The Worst, Season 2, episode 10- This show follows the relationship of Jimmy and Gretchen, who are both working through their own flaws and personal issues. In this episode, Gretchen falls into a depressive episode and her social support system imperfectly tries to support her.
 - Gretchen, depression
- Girls, Season 2, episode 9- In this episode, Hannah, an aspiring writer in her 20s, has trouble with OCD symptoms as stress from her publisher mounts, leading to a visit to the hospital after she pushes a Q-tip too far into her ear.
 - Hannah, obsessive-compulsive disorder
- Homeland, Season 5, episode 3- Carrie is a CIA officer with bipolar disorder, and this series centers on her spy investigations against al-Qaeda. In this episode, Carrie stops taking her medication after an injury, affecting the case she is working on and her personal life.
 - Carrie, bipolar disorder

I also chose two other episodes, usually one leading up to and one after these climactic episodes, in order to include a narrative arc having to do with mental illness in my analysis.

These three episodes for each show provided the core data for my research.²

In addition to the television content included in my dataset, I also collected data on how fans of these shows discussed their portrayals of mental illness on Reddit. I purposively chose one thread, or one continuous conversation that began in response to one original comment, for each television show that provided the richest data for analysis.³ I selected the threads from the

² Please see Appendix A for a full list of television episodes included in the sample.

³ Please see Appendix C for supplemental information on the Reddit threads included in the sample.

results of searching “mental illness” in the subreddits, and then narrowed down the possibilities based on a set of criteria. This process is very similar to the methodology of Farber (2017), who sampled subreddit threads using previously determined search terms to identify specific threads for inclusion. I included only threads that involved a discussion that was explicitly about mental illness and began in response to someone sharing an original comment, and I excluded any threads that mentioned mental illness only occasionally or began in response to someone sharing content outside of the website. Of the threads that remained, I chose based on the length, number of participants, and the richness of the discussion about mental illness. Though common themes between the Reddit threads emerged, I tried to choose threads that addressed a variety of topics between the different shows, but still represented the common topics of threads within the shows.

Data Analysis

For the purpose of coding, I watched the episodes included in the sample and created character profiles for each character with a mental illness. This data strategy is based on the work of Wilson et. al. (1999), who performed a discourse analysis of 20 characters with mental illnesses from prime-time television shows in New Zealand. Their character profiles included the actions and relationships of the profiled character, their medications, treatment, diagnoses, symptoms, mental illness-related behaviors, social interactions, and other descriptive adjectives or labels from the plot.⁴ I watched every episode of the shows twice, taking detailed notes on the elements of how the focal characters, or the characters with mental illnesses on whom I based my analysis, were portrayed. I then used an inductive coding process that began with open coding of three of the character profiles to develop a coding scheme that arose directly from the data. I chose the profiles for Ian from *Shameless*, for Carrie from *Homeland*, and for Hannah

⁴ Please see Appendix B for an example of a character profile.

from *Girls* for open coding because they spanned both genders and included a relational, realistic drama and an action-based, suspense television show. This inductive process revealed three different sections for the coding scheme: the behavior of the focal characters, how other characters reacted to the focal characters, and the portrayal of mental illness in general.⁵

In coding the Reddit threads, I used a similar inductive process to adapt the coding scheme for the character profiles. I wanted to be able to compare dominant themes across the two sources of data, so I added additional sections to the Reddit thread coding scheme that picked up on how the users discussed portrayals of mental illness and mental illness in general, in addition to coding the elements of the television shows that were mentioned in the original character profile coding scheme. I developed these new sections as I went along in an iterative process, routinely having to go back to previously coded Reddit threads and recode for new sections that arose in threads that were coded later.⁶ I coded only the sections of the threads that discussed the focal characters or the portrayal of mental illness in general, excluding sections of the threads that specifically addressed other characters.

To draw conclusions from the coding, I looked at the frequencies of codes in the data overall and then compared frequencies by the gender of the focal character. The online qualitative software I used, Dedoose, allowed me to look at the codes by individual occurrence and co-occurrence, separated by gender. I pulled out any codes where 60% or more of their applications were for characters of one gender, and then tried to group these codes in ways that revealed meaningful implications for how these mental illness depictions were gendered.

The data and analysis included was entirely qualitative, with the purpose of deepening the understanding of how social processes construct mental illness and gender independently and in

⁵ Please see Appendix D for the character profile coding scheme.

⁶ Please see Appendix E for the Reddit thread coding scheme.

relation to each other. The goal of this research is not to be replicable, and my positionality as a researcher may have influenced what aspects of the television shows were most salient.

However, with a systematic and inductive approach to this research, my observations remain grounded in the empirical data themselves and therefore maintain their validity.

Methodological Limitations

The first major limitation to this methodology is in the selection of focus episodes for the sample. There was a huge amount of variation in the level of detail of online episode synopses, which meant that for some shows I had a lot of information on mental illness as a minor plot point, and for some shows I had very little information even on major plot points related to mental illness. This limited the climactic episodes that I could identify, and therefore may have influenced my sample. However, it is likely that any climactic moment having to do with mental illness that garnered significant public attention would be mentioned either in online synopses or online discussion forums, and any major plot points that I miss would be ones that were not very important to general understandings of mental illness and their media depictions.

My sample of Reddit threads was also very limited, providing more of an exploratory and supplemental insight into how the depictions of mental illness in the media are understood by users. As with any online discussion forum, the content included is prolific and analyzing a more thorough, representative sample of the Reddit threads could make up an entire honors thesis in itself. I have no evidence that the conclusions that I drew from this section of the analysis are generalizable to a wider sample of discussions on Reddit. In addition, using “mental illness” as my only search term may have biased my sample towards more positive or professional conversations of these topics, as opposed to the results of searching with a term like “crazy.”

However, this source of data still provided a useful analysis of the relationships between mental illness and gender that these television shows revealed.

A third major limitation lies within the selection bias of those who post on Reddit. This requires time free for posting, access to the technology necessary for posting, an understanding of the technology involved in posting, and the will to post in the first place. Those who post on Reddit are in no way representative of a general population. However, Reddit users do provide a very important window in to understanding how the more dedicated fans, those who more willingly and actively engage with the content of these shows and are more likely to be influenced by them in their daily lives, make sense of their depictions of mental illness, not only individually but within greater conversations. Individuals also may be more willing to share personal information and experiences within these conversations with the anonymity that online sites provide, creating richer content for sociological analysis of a topic that can be deeply personal.

RESULTS: CHARACTER PROFILES

General Representations of Mental Illness

In general, this study revealed a more nuanced depiction of mental illness in the media than those found in the results of previous studies (Stout, Villegas, and Jennings 2004; Wahl 1995; Signorielli 1989; Wilson et. al. 1999). Though there were still common elements of the television shows that stigmatized characters with mental illnesses, there were also many elements that challenged these stigmas and showed compassion for mentally ill characters.

Certain patterns revealed aspects of our dominant cultural ideas about how to respond to behaviors associated with mental illness. These ideas reflected a more stigmatized and medicalized understanding of mental illness. Professional caretakers were more often depicted than lay caretakers for the characters with mental illnesses: for example, in *Crazy Ex-Girlfriend*, Dr. Akopian and Dr. Shin were both instrumental to Rebecca's recovery after her suicide attempt, and in *This Is Us*, Kevin's therapist in rehab guided his recovery process and his therapy session with his family. Medication was also the most common treatment depicted. For example, Hannah in *Girls* was sent home with a prescription bag after her parents took her to see her old therapist, Carrie in *Homeland* had multiple major plot points that centered around her medication, and David in *Legion* was shown taking medication when he was institutionalized in a mental health facility. Overall, institutionalization was depicted as very negative. Carrie in *Homeland* was traumatically involuntarily committed: she was handcuffed to a hospital bed, tried to flee her hearing in a panic, and then was forcefully sedated. In *Shameless*, Ian voluntarily committed himself, walking dramatically behind a locked door into a cold, sterile environment when he left his family and boyfriend behind. Though medicalizing mental illness is not inherently stigmatizing, the frequency of these elements show that these media depictions tend to

be more extreme cases of mental illness. This could potentially send a message to viewers that all instances of mental illness require a serious, medical intervention.

Interpersonal relationships with others were often a source of stress and conflict for characters with mental illnesses, suggesting that people with mental illness have difficulty maintaining positive, supportive relationships. Wilson et. al. (1999) and Signorielli (1989) also found that characters with mental illnesses in television shows were often rejected or caused conflict in social settings. The focal characters in my analysis often expressed negative emotions when they interacted with others, and other characters frequently expressed negative emotions themselves when they interacted with the focal characters. For example, Carrie in *Homeland* furiously barged into Saul's home and yelled at his wife after Saul framed Carrie. In *13 Reasons Why*, Clay was standoffish and angry when Hannah tried to reach out to him after one of their friends died, and in *This Is Us*, Kevin's girlfriend, Sophie, was very angry and upset with him when he missed his part in the charity auction she planned. The focal characters were also frequently confrontational with others in the shows. For example, Hannah in *13 Reasons Why* yelled at Ryan in the middle of a coffee shop for publishing one of her poems without her consent. Other characters also expressed frustration with the characters with mental illnesses, like Shoshanna in *Girls* who was upset that Hannah had not been present as a friend when Hannah began having OCD symptoms again, and Mickey in *Shameless* who was very frustrated when a depressed Ian ignored him and wouldn't get out of bed.

Instances of violence from the characters with mental illness were also very frequent. Violence was a hallmark of mentally ill characters in earlier studies (Wahl 1995; Wilson et. al. 1999; Signorielli 1989). The focal characters were physically violent at least once in all of the shows except for two, though much of this violence was relatively minor. For example, in *You're*

The Worst, Gretchen hit Jimmy after he slapped her, and Ian in *Shameless* threw something at the police trying to fend them off when they were chasing him.

The emotions that the focal characters frequently expressed, however, complicate this stigmatizing portrayal of mental illness in a way that sends a more hopeful message. The characters with mental illnesses frequently expressed serious negative emotions such as fear, anger, or sadness. However, they also expressed happiness and optimism, suggesting that television shows are communicating to their audiences that people with mental illnesses can find happiness in spite of the distress they sometimes experience. Previous research described an overwhelmingly negative depiction of characters with mental illness that often emphasized the characters as failures (Signorielli 1989). There were many moments when the focal characters in the shows I analyzed were deeply upset: for example, when Gretchen in *You're The Worst* screamed at all of her friends and left in tears during a depressive episode, or when Ryan in *Wilfred* remembered being deeply disturbed as a kid at his father's apathy when his mother was institutionalized. However, characters were also frequently shown finding happiness in their narrative arcs as well: Gretchen in *You're The Worst* smiled and told Jimmy she loved him, and Ryan expressed contentment when he and Wilfred were reunited and Ryan accepted that Wilfred brought him happiness.

Many trends in the data also showed the role of positive, supportive relationships in the lives of the characters with mental illness. Familial and friend relationships were central to the narrative arcs of many of the characters; for example, Rebecca's friends all came together to support her after her suicide attempt in *Crazy Ex-Girlfriend*, and Ian's family both diagnosed and cared for him in *Shameless* until his symptoms became overwhelming. Other characters frequently reacted to the characters with mental illnesses with concern and caretaking. Caleb in

Shameless, for example, made Ian breakfast and then encouraged him to fight for his EMT job back, and Quinn in *Homeland* visited Carrie at the hospital when she was involuntarily committed and argued on her behalf with Saul. The focal characters themselves were also frequently caring and communicative with others, like Hannah in *Girls* trying to support Marnie when she broke down emotionally at Hannah's dinner party, and Elliot in *Mr. Robot* who went over to Angela's to comfort her when she was having an emotional breakdown.

Gendered Representations of Mental Illness

Patterns emerged from the coded data that both reinforced and challenged traditional gender roles. I found gendered patterns in how the focal characters acted, in how other characters responded to the mental illness of the focal characters, and in how mental illness functioned and was understood in the lives of the focal characters.

Reinforcing Gender

Certain symptoms or habitual behaviors reinforced traditional understandings of masculinity as dangerous and risky. Male characters tended to be more physically reckless: they injured themselves, acted physically violent, and took part in reckless sexual activity. All three of these forms of risk-taking have previously been linked to the ways in which masculinity is enacted (Mandal 2007). For three male characters, a physical injury began the narrative arc that centered on mental illness. These injuries were both self-inflicted and accidental, with Ryan and David's suicide attempts in *Wilfred* and *Legion* respectively, and Kevin's accidental sports injury in *This Is Us*. Four of the characters displayed some form of physical violence directed at another character, such as Kevin bullying his brother in childhood flashbacks in *This Is Us* and Elliot in *Mr. Robot* pushing his father out of a window when his father returns from the dead as one of

Elliot's hallucinations. Two characters engaged in reckless sexual activity. In both instances, this sexual activity was used as a means to secure something the characters needed: Kevin in *This Is Us* slept with a woman at his high school reunion and then forged a prescription for painkillers from her prescription pad, and Ian in *Shameless* left a baby in a locked car to get money through sex work.

Patterns among the behaviors and symptoms of the female characters reinforced traditional understandings of femininity as passive and concerned with one's own appearance. Connell's (2002) theory of emphasized femininity highlights the importance of passivity and physical appearance to a successful performance of femininity. Female characters tended to engage in more passive forms of self-harm in their mental illness: not eating, not sleeping, or not caring for their own appearances. In two of the shows with female protagonists, others made remarks about being concerned about the focal character not eating. Carrie's sister in *Homeland* made sure to take her grocery shopping and get her to eat during a manic episode, and Rebecca's mother in *Crazy Ex-Girlfriend* commented concernedly on Rebecca's not eating, which prompted Rebecca to point out that her mom had never encouraged her to eat anything before. In four shows, the female characters showed signs of not sleeping when they were in the throes of their mental illness. For example, Rebecca in *Crazy Ex-Girlfriend* lay awake at night remembering the fights she got in with her friends, and Hannah in *13 Reasons Why* stayed up late making the list of the people who had hurt her. For three characters, mental illness was signaled by a change in appearance, with markedly messier clothes and make-up. For example, Gretchen in *You're The Worst* wore sweatpants and a T-shirt and messy hair while she had a depressive episode rather than her usual colorful and fashionable sense of style, and Hannah in *13 Reasons Why* walked home after the party where she was sexually assaulted with running makeup and

soaking wet clothes. In these instances, a change in appearance was used to communicate the gravity of the emotional crises that these characters faced.

The reactions of others towards the focal characters also reinforced traditional understandings of men as more violent, and women as weaker. This dynamic supports previous research on the social construction of masculinity as inherently dangerous and femininity as inherently vulnerable (Hollander 2001). Other characters frequently reacted to mentally ill male characters with fear or threats. Three male characters had instances where others expressed being afraid of them: for example, the government agents reacted to David with fear in *Legion*, and Darlene expressed fear when Elliot started talking about how he thought he subconsciously enjoyed the destruction that one of his alternate personalities caused in *Mr. Robot*. Four male characters experienced threats from other characters, though these threats were not always directly linked to mental illness. The wife of Ian's boyfriend repeatedly threatened to call the police when Ian ran away with her baby in *Shameless*, and Wilfred often threatened Ryan to convince him to participate in more risky behavior with him in *Wilfred*. In contrast, other characters frequently reacted to female characters with apathy or patronization. In three shows, characters actively ignored or became distracted from the symptoms of the female focal characters. For example, in *13 Reasons Why* Hannah's parents were oblivious to her symptoms because of their own arguments, and in *You're The Worst*, Jimmy showed no concern for Gretchen's unhappiness when his family came to visit them. Three shows also depicted other characters as patronizing the female characters when their symptoms were apparent. For example, in *Girls*, Hannah's boyfriend ensured she took her OCD medication in a way that infantilized her.

Male characters also tended to describe their mental illnesses in analogy to physical illnesses, another pattern that reinforces understandings of masculinity as rooted in physical power. Previous research on depression and masculinity described how men frequently used physical analogies to protect themselves from the threat to masculinity that the expression of disturbing emotions posed (Clarke 2009; Danielsson and Johansson 2009). Not all of the characters had moments when they explained their mental illnesses to others, but when they did, these moments in the television shows provided an interesting insight into how these characters were thinking about mental illness. Two male characters explained their mental illnesses to others in terms of physical or biological ailments; Ian in *Shameless* gave an impassioned speech to get his EMT job back where he compared his bipolar diagnosis to a physical handicap, and in *Legion*, David's mental illness was usually explained by himself and others as a kind of parasite, or a matter of abnormal brain chemistry. Female characters and those close to them, on the other hand, never explained mental illness in physical terms. Instead, when either the characters themselves or those around them had to explain their experiences to others, they did so in ways that stressed mental illness as unpredictable or amorphous. Hector in *Crazy Ex-Girlfriend* explained Rebecca's suicide attempt to another character as a "general mental illness thing" unattached to one specific cause or experience, and Gretchen in *You're The Worst* explained her depression to Jimmy as unpredictable and mysterious because it came back whenever without any specific cause.

Mental illness also more frequently interacted with work or employment for men, reinforcing the centrality of work for masculinity (Connell 2002). For three characters, their mental illness symptoms presented a barrier to their jobs, though for two of those three characters the mental illness was later framed as enhancing their work abilities. Ian in *Shameless*

was fired from his job as an EMT for lying about his bipolar disorder diagnosis on his job application, but he then argued that it enhanced his ability to empathize with their clients. In *Legion*, David was expelled from college and unable to maintain a job because of his schizophrenia symptoms, which later turned out to be his super powers, giving him a whole new purpose in his life. Interestingly, a similar narrative arc occurred for Carrie in *Homeland*, whose bipolar disorder both enhanced her instincts and efficacy in her investigations, and served as grounds for being fired. However, for the majority of the female characters, the plot did not as frequently center the influence of mental illness on their work lives outside of the social aspects of the workplace.

Gendered patterns also emerged in the professional treatment of mental illnesses, with police playing a central role for men and doctors playing a central role for women. For three of the male characters, law enforcement or the criminal justice system provided some sort of caretaker role. In *Shameless*, the police were the ones to intervene when Ian was on the run with a baby that was not his, finally bringing him back to his family and encouraging them to seek help for him. In *Mr. Robot*, Elliot referenced putting himself in jail as a way to control his alternate personalities. Even in conversations about institutionalization between characters, police were more frequently referenced in relation to male characters and doctors in relation to female characters. This was true both when institutionalization was encouraged, by the focal characters themselves or by other characters, and when it was resisted. For example, criminal justice institutionalization was encouraged for Ian in *Shameless* when Mickey suggested getting him put in jail as a last resort to get him more help, after Mickey and Ian's siblings fought to keep other characters from calling the police on Ian for most of the episode. This pattern reinforces the portrayal of men as dangerous and violent, and puts the emphasis on containment

of their mental illnesses rather than treatment (Hollander 2001; Wahl et. al. 2007). To contrast, in a show with a female protagonist, Rebecca's mom in *Crazy Ex-Girlfriend* mentioned wanting her to be committed to a mental institution, though Rebecca strongly resisted.

Challenging Gender

There were certain patterns of behavior that emerged in contradiction to traditional gender roles. Feelings of fear, displays of submissiveness, and affection towards others were more frequently shown by male characters, all of which contradict the stereotype of masculine stoicism. Bravery and assertiveness are central to our cultural ideal of hegemonic masculinity, and caretaking is often more associated with femininity (Connell 2002). However, feelings of fear were coded in every show with a male character, and three shows frequently depicted the focal male characters as backing down when confronted with threats from authorities. This happened frequently, for example, when Ryan in *Wilfred* was criticized or challenged by Wilfred, and when Elliot in *Mr. Robot* was confronted by the executives that ran the corporation he was hacking. All five male characters were also shown as actively caring for other characters despite their mental illness symptoms, though not all female characters were shown in a caretaking role. In *Shameless*, for example, Ian cared for the baby he stole with him on his road trip despite being in the midst of a serious manic episode. In contrast, displays of hyperactivity were more frequent for female characters, contradicting the stereotypical understanding of women as passive. Carrie in *Homeland* was depicted as very hyperactive during her manic episodes, and Rebecca in *Crazy Ex-Girlfriend* appeared overly-energetic when receiving her diagnosis after her suicide attempt. This directly contradicts Connell's (2002) description of emphasized femininity, which centers passivity as an essential way of performing femininity.

Gendered patterns also emerged in the kinds of relationships that addressed the mental illness of the focal characters, but in ways that did not align with traditional gender roles. Familial relationships were central to the mental illness experiences of all of the male characters, either through providing support or providing an etiology for their mental illness. Femininity is often more associated with the family, and the emphasis on family relationships for the male characters challenged this association. In *Shameless*, Ian's siblings and his partner, who referred to himself as part of the "family," provided his primary support system and framed their care-taking as an alternative to institutionalization. Ian's family history of mental illness also shaped how other characters made sense of his behavior and diagnosis. For Kevin in *This Is Us*, Elliot in *Mr. Robot*, and David in *Legion*, family provided both a support system and a source of trauma; for example, Kevin's mother and siblings were there for him when he was in rehab, but Kevin also blamed them for his addiction because he felt left out of his family as a child. On the other hand, coworker and friend relationships were important in the mental illness experience of the female characters, often by providing more support. The importance of coworkers for the female characters, in particular, challenged the traditional association between the workplace and masculinity. For example, in *Crazy Ex-Girlfriend*, Rebecca's coworkers were her primary support network, supporting her in the hospital and at home after her suicide attempt.

RESULTS: REDDIT THREADS

General Trends in Discussions of Mental Illness

The Reddit threads about the television shows' depictions of mental illness revealed patterns in the ways users engaged with each other about the topic of mental illness, and patterns in how users discussed mental illness in general. Though the topics of the discussions varied widely among the shows discussed, many of them still had a similar tone and a similar emphasis on the diagnosis of the focal characters. These trends reflected an overall acceptance and awareness of issues related to mental illness, but these were still some elements that suggested a stigmatization of mental illness.

The majority of the time, the discussion threads were sites for debating different reactions to and interpretations of these television shows, with less frequent moments of arguing or bonding between Reddit users. For the most part, this led to a positive discussion that did not stigmatize people with mental illnesses. The discussions tended to be very civil in their disagreement; for example, in the thread for *13 Reasons Why* that discussed whether the show depicted Hannah as depressed or not, one user began their response with "I like the points you made, but I think the part about mental illness may get too technical and doesn't do the condition justice as it varies greatly between people." In a slightly less restrained manner, during the discussion about whether the finale of *Wilfred* irresponsibly sends a message against seeking treatment for mental illness, one person responded to someone expressing their concerns with "It's just a show for Mataman⁷ sake. People is [sic] not going to cook meth for watching Breaking Bad." In three of the threads, these conversations veered into angrier territory, with participants insulting each other such as the person who wrote to another "I think you're horribly

⁷ Mataman was a god in *Wilfred*.

ignorant” when they expressed concern with Ian continuing in his role as an EMT in *Shameless*. These moments did not express more negative views of people with mental illness than conversations where the tone was less angry. In five threads there were also occasional moments of genuine positivity and connection, such as the person who replied to a user expressing their frustration with finding accurate depictions of Borderline Personality Disorder with “I have bipolar disorder (but not BPD) so I get your frustration about finding fair depictions of mental illness in media.”

The participants most frequently described reacting to these television shows with feelings of empathy and understanding, implying that the depictions of mental illness were generally relatable and accessible to those watching. Users challenged the stigma of mental illness by sharing personal experiences and connections with the characters in the television shows. This code appeared in nine out of ten discussion threads. In the discussion of depression in *You're The Worst*, one user wrote “I was finding a bit of myself in Gretchen. I understood how she felt and what she needed.” When discussing if Elliot had schizophrenia in *Mr. Robot*, one user wrote from their own experience, “trust me, when you're that paranoid, you don't ask. You're just convinced everything has it in for you.”

Two general trends emerged in how users specifically talked about the depictions of mental illness: users frequently described mental illness in ways that had negative connotations, and many of the conversations involved attempts to diagnose the focal characters with a specific mental illness or validate the diagnosis given in the television show. Both of these trends imply that mental illness stigma is still accepted in how people discuss mental health to some extent. Negative connotations were included in six of the threads. In *Girls*, one user wrote “There is something wrong with Hannah” in their argument that Hannah's reckless behavior was

attributable to mental illness, and in the discussion about *Legion*, a user similarly wrote that “there is more wrong with [David]” to suggest that his behaviors are not just his super powers, but the manifestation of an additional mental illness. In seven of the threads, users attempted to diagnose the characters. This reinforced the medicalization of mental illness, and implied a stigmatized understanding of mental illness in emphasizing the labelling of those with mental illnesses as abnormal. Also in the *Girls* discussion, one user explained Hannah’s behavior and her unstable relationships with “It all screams untreated BPD (Borderline Personality Disorder) to me,” attaching a specific diagnosis to her behavior. In the discussion of *Mr. Robot*, a major theme was whether Elliot’s behavior was attributable to his drug use or an underlying mental illness, with one user expressing the impossibility of them settling on a definitive diagnosis because “It’s very difficult to tell if someone is suffering from a mental illness or if its [sic] the drugs until they sober up.”

Gendered Trends in Discussions of Mental Illness

The discussions about shows that centered female characters and the discussions about shows that centered male characters differed in two substantial ways. This supports the findings of Boysen et. al. (2014) that individuals react differently to men with mental illnesses and women with mental illnesses. First, some of the general norms of engagement in these discussions differed whether they were about a television show with a male or female protagonist, meaning that the overall emotions, reactions, and topics of the threads showed gendered patterns. Second, different elements of the television shows’ depictions of mental illnesses were highlighted, suggesting that different elements of these depictions were absorbed by viewers based on the gender of the protagonist.

In the male threads, the norms of engagement were more commonly marked by arguments and insults, confusion about the television shows, and the diagnoses of the characters. Two of the three threads in which arguments broke out were about television shows with male protagonists. At one point during the discussion about whether Ian in *Shameless* should continue working as an EMT or not, one of the users angrily replied, “So people that have mental illnesses that are under control with medication don’t deserve to work the same jobs as people who don’t have mental illnesses? Sounds discriminatory to me. I bet you think people with cancer shouldn’t work either.” Three of the five male character threads also expressed confusion about the television shows, suggesting that these shows used more ambiguity in their narration. One user described how in *Legion*, “The first season was a constant battle of is this guy just crazy or not?” The threads about male characters also made diagnoses more frequently, with four of the five including this element. To start off the discussion in *This Is Us*, one user wrote, “His grandfather likely had an undiagnosed mental illness, and so does Kevin.” The emphasis on diagnosis supports the findings of Yang, Tang, and Bie (2017) in their analysis of lifestyle magazines, who described how men’s magazines framed their stories about mental illness in scientific and medical terms more often than women’s magazines.

For the threads about female characters, the norms of engagement included more frequent connection and empathy between users, expressions of frustration with the shows, expressions of understanding or empathy with the characters, and comments on the accuracy of the shows’ depictions of mental illness. In four of the five threads about female characters, fans connected and empathized with each other. For example, in response to the post about *You’re The Worst*, one user wrote, “Loved this, so well written and hits the nail on the head in every sense!” In reacting to the depictions of mental illness, users expressed feeling frustration with four of the

shows' focal characters and understanding or empathy for all of the shows' focal characters. One user wrote about feeling frustrated with Hannah's actions in *Girls* with "she's behaving like a child, that scene with Ray had me yelling at the TV." In expressing a deep personal connection to Gretchen in *You're The Worst*, one user wrote: "And I just wanted to say how much I love this show for how deeply it relates to people like myself and others who struggle with mental disorders. I just remember the first time I saw Gretchen's scene in the episode where she just snaps, and how then I cried my eyes out with how much I related as someone who has had crazy manic highs and the deepest of lows." In all of the threads about female characters, the discussion also included some mention of whether or not the depiction of mental illness in the show was accurate: for *You're The Worst*, one user pointed out that they were "pretty sure S3 (season three) earned the show a special award from NAMI (National Alliance on Mental Illness) for it's [sic] portrayal of mental illness."

Some of the patterns in what users highlighted from the television shows about male characters matched the gendered patterns that emerged from the depictions of the television shows themselves. Again, the importance of work and the violent tendencies of men were stressed in relation to the male characters with mental illnesses. Two of the threads highlighted the importance of work for men. For example, the entire thread about Ian from *Shameless* was centered on a discussion of whether or not he should be allowed to work as an EMT with a bipolar diagnosis, with one user claiming, "The only reason he shouldn't be allowed to keep his job is if he's not capable of performing it." Two of the threads also described the violence of male characters. One user summarized how in *Wilfred*, for example, Ryan "set jennas [sic] house on fire, shot drew [sic] in the leg, pushed drew [sic] off a cliff, killed his dad." An emphasis on the role of other characters in helping or caretaking for the focal characters also emerged in two

of the threads, emphasizing this challenge of traditional gender roles. One user, for example, speculated that Kevin's girlfriend in *This Is Us* would be the driving force behind addressing his addiction, writing, "Hell, maybe we'll find out she called his doc and said, "He's showing signs of addiction. Don't prescribe more." And she's ready to help him get help, but hasn't mentioned it to him or anyone else."

There were also certain aspects of the television shows about male characters that Reddit users highlighted that did not emerge from the analysis of the television shows themselves. Professional caretakers were mentioned more frequently than lay caretakers for men, occurring in two threads. For example, in the discussion of Elliot's diagnosis in *Mr. Robot*, one user points out that "His medical records do not say he is Schizophrenic." Users of the threads for male characters also mentioned the hallucinations of the characters in three of the five shows. For example, in the thread for *Mr. Robot*, one user explains his own experiences with epilepsy-induced hallucinations as very similar to Elliot's hallucinations, in that "You can have a hallucination, be entirely disturbed by the content, and yet still able to question if what you are seeing is real, which is what Elliot does."

The threads about shows centering female characters also mirrored some of the trends found in the shows themselves, stressing the importance relationships for the recovery of female characters. Relationships were more frequently mentioned in threads about female characters, occurring in four out of five of the threads. For example, the discussion of *You're The Worst* described the importance of "Jimmy learning that he has no choice but to let go of any semblance of control he may believe he has over [Gretchen's] illness." Lay caretakers, especially romantic partners, were commonly referenced in the discussions of female characters, occurring in three of the threads. One user stressed the importance of Hannah's ex-boyfriend to her mental

health in the *Girls* discussion, pointing out that Hannah “Doesn’t have Adam anymore, who basically spoon fed her her meds and made sure she stayed on track.”

There were also some patterns in the threads about female characters that did not emerge from the television shows themselves. The moods of the characters were more commonly mentioned in discussions about female characters than in discussions about male characters. Negative emotions such as sadness or fear were the most common. For example, one user summarized the evolution of Hannah’s mental illness in *13 Reasons Why* with “Then hopelessness kicked in. Life was meaningless. What’s the point of this. School sucks, parents suck. Everyone hates me.” The emphasis on emotions mirrors how the female patients in Danielsson and Johansson’s (2009) study used more emotional language to describe their experiences of depression than the male patients. Some of these trends challenged traditional femininity as well, highlighting the physical injuries and recklessness of the female characters. These elements were found more frequently in the television shows about male characters themselves, but were mentioned more frequently in the Reddit threads about female characters. In four of the threads about female characters, users referenced physical injuries, such as one user’s comment about Hannah’s suicide in *13 Reasons Why*: “I have never heard anyone before say they romanticised [sic] suicide. The scene is horrible to watch, and she is clearly in pain and scared.” Three of the threads also stressed instances of reckless behavior from the female characters. For example, Hannah in *Girls* was described as being “impulsive all the time,” and much of the discussion revolved around users trying to make sense of her reckless behavior as part of a mental illness.

DISCUSSION

This study deepens our understanding of the ways popular media portray mental illness. The depictions of mental illness in these recent television shows can still be characterized as stigmatizing, though in a much more nuanced respect than described in previous research. The pervasiveness of relationship problems and violence in these shows are the two primary ways through which media depictions continue to other and stigmatize characters with mental illness, justifying their social rejection (Link et. al. 2004). However, these negative aspects are now countered by positive aspects that stress the importance of positive relationships and treatment for characters with mental illnesses, implying that they are still worthy of social inclusion. For example, Kevin from *This Is Us* exemplified how mental illness caused those closest to him to reject him when he made reckless decisions, but many of those relationships continued and supported him while he was in rehab.

This study also has important implications for our understanding of gender in society. Mental illness and gender interact in these television shows in two ways: mental illness can reinforce successful gender performance, and mental illness can threaten successful gender performance. For both of these forms of interaction, stronger patterns appeared in shows that centered male characters.

Mental Illness and Masculinity

Mental illness reinforced gender for men in depicting them as dangerous. They more frequently injured themselves, were physically violent, and were sexually risky. Other characters reacted to them with fear and threats, and police were more frequently involved in the response to the mental illness. This all reinforces traditional masculinity as defined by the potential for dangerousness (Hollander 2001). Social understandings of men assume that they, because of

their association with physical power, have an inherent ability to harm others. In contrast, women are assumed to be inherently vulnerable to violence. David in *Legion* exemplifies this depiction of mentally ill men as performing gender through dangerousness: his super powers, which are framed as a mental illness, give him the power to hurt others and cause great amounts of destruction. Other characters in the series respond to this danger either by trying to control and eliminate David as a threat, or foster his control over his powers and harness it for their own protection.

The male depictions of mental illness were also more heavily stigmatized than the female depictions. Corrigan et. al. (2003) identified two beliefs about mental illness that caused individuals react to mental illness in more stigmatizing manners: the belief that mentally ill people are dangerous, and the belief that mentally ill people are responsible for their own conditions. The masculine emphasis on danger and masculinity in these television shows constructs a portrayal that is more stigmatizing. Boysen et. al. (2014) similarly found that individuals tended to react to masculine-stereotyped disorders in more stigmatizing ways. In popular media, it is possible that because behavior that we understand as both mentally ill and masculine centers around dangerousness, men with mental illnesses must be presented in more stigmatizing ways if they are to maintain their masculinity. The increased stigma attached to mental illness mitigates the stigma attached to unsuccessful gender performance. This underlines Goffman's (1963) description of stigma as an inherent characteristic of a society that its members are constantly navigating. Stigma is fluid and entirely dependent on context.

Mental illness also threatened the successful gender performance of masculinity in significant ways. Male characters with mental illness frequently expressed fear, submissiveness, and care for others, all of which threatened traditional understandings of masculinity as stoic and

unemotional. This may suggest that some of the expectations of a mentally ill person contradict expectations of a successfully masculine man. Danielsson and Johansson (2009) similarly found that men with depression distanced themselves from the emotions of their experiences of mental illness when they talked about them, and men of higher socioeconomic status in particular expressed concern with protecting their self-image.

However, the male characters mediated these threats to their masculinity by highlighting the importance of aggression to hegemonic masculinity (Connell 1987). As I described above, male aggression was key to avoiding stigma based on unsuccessful gender performance. Ryan in *Wilfred* provided a very clear example of this. He was generally shown as passive and submissive in the show when he was depressed, but Wilfred encouraged him to take on riskier behavior by using gendered insults that threatened Ryan's masculinity. As he began to be happier, and less under the influence of depression, he moved away from his feminine, passive behavior and more towards reckless behavior that was encouraged by his hallucination.

The prevalent use of physical analogies to explain mental illnesses may be another way in which these characters saved face when mental illness threatened their masculinity. Danielsson and Johansson (2009) similarly noted that men used physical language to describe their experiences of mental illness rather than emotional language. These physical analogies positioned the mental illnesses as something detached from the men's emotions, reinforcing the importance of successful emotional control for masculinity. Ian's speech in *Shameless* perfectly illustrates how these physical analogies were used to construct his bipolar disorder as something biological and therefore not attributable to a failure of emotional stoicism. He described it as "...an illness that [he is] managing" and asserted, "It's not my fault, I didn't do anything to bring this on myself. I have a disease." He denied any responsibility for his disorder, and used the

analogy to a physical disease to express the disorder's detachment from his emotions. Corrigan et. al. (2003) also identified belief in an individual's responsibility for the cause of their own mental illness as an element that increased stigma. In this example, reasserting emotional control reinforces the denial of personal responsibility for the cause of mental illness, effectively mitigating some of the stigma attached to it.

The construction of masculinity as centered on dangerousness and emotional control has serious implications for men's behavior. Previous research has linked belief in this strict definition of masculinity with a refusal of help-seeking behaviors and preventative health care (Juvrud and Rennels 2017; Springer and Mouzon 2011). The results of this study imply that this could be especially true for mental illness. Emotional distress in these depictions was subtly portrayed as weakness, and recklessness and violence was normalized as means for communicating distress while maintaining one's performance of masculinity. Internalizing these depictions could have very real and detrimental consequences for men suffering from mental illnesses, who are encouraged to act out rather than seek help.

Mental Illness and Femininity

Mental illness also reinforced aspects of femininity in the female characters. These trends, however, were less dramatic than they were for male characters. These representations stressed the passivity of women, and the importance of physical appearance as an external signal of internal distress. Other characters reacted with apathy or patronization, which reinforced the nature of femininity as quiet and compliant. Overall, the shows reinforced Connell's (1987) theory that associates emphasized femininity with a lack of agency. Hannah in *13 Reasons Why* provides a good example. The other characters were depicted as oblivious to her emotional distress, and the peers who she included in the tapes constantly robbed her of agency, from the

more minor instance of publishing a poem she wrote without her consent to the major instance of sexual assault.

In line with the emphasis on passivity, the femininity of mentally ill female characters was never called into question in a way similar to that of masculinity. There were no examples in my sample where other characters challenged the femininity of the focal characters because of their mental illness behaviors. The case of Carrie in *Homeland*, however is a particularly interesting example. Her narrative mirrors that of the male characters in her use of physical violence and the centrality of the relationship between work and mental illness in her story. She also separated herself from her role as a mother when she sent her daughter away for her own protection. However, Carrie was never shown as unfeminine in a way that was insulting or stigmatizing. This reinforces the observation that emphasized femininity is not policed as strictly as hegemonic masculinity (Connell 1987).

This relationship between mental illness and femininity not only reinforces sexist oppression of women as passive and lacking agency, but it suggests a modern manifestation of the feminist critique that mental illnesses are just a continuation of the historical pathologization of women's behavior (Penfeld and Walker 1983). Labelling theory argues that what we understand as mental illness is socially and historically constructed, and feminists have extended this theory to argue that the higher rates of mental illnesses in women are a product of this labelling process (Busfield 1988). The depiction of mental illness as consistent with femininity reinforces this critique, that what is considered feminine is pathologized in our current society. The extremes of feminine characteristics frequently overlap with characteristics of mental illness, implying that to successfully perform femininity is to also embody symptoms of mental illness.

This study also contributes to our knowledge of how everyday conversations construct gender and mental illness in relation to each other. Reddit and other online communication forums provide a unique opportunity for social research, providing a rich source of data about how individuals engage with each other across differences of time and space and with anonymity. These conversations revealed many patterns that have important implications for how we understand stigma, mental illness, and gender.

Reddit users discussed the depictions of mental illness in ways that revealed a general acceptance of mental illness along with internalized stigma. Many of the depictions rang true for the fans of the shows, offering a space for viewers to feel represented in their own mental health struggles and connect with others who had similar experiences. However, stigmatizing language was still very present in these discussions. The users cavalierly called characters “crazy” and suggested that something was “wrong” with them when discussing their depictions. The emphasis on specific diagnoses also reflects the necessity of labelling for our social understanding of mental illness. The label for characters was integral to how users made sense of their behaviors. These conversations offered a window into the social construction of mental illness, as users together made social determinations of whether or not characters were mentally ill and what kinds of mental illnesses they had. Previous research highlights the importance of labels for increasing the stigmatizing reaction of others towards individuals with mental illnesses, independent of the labelled person’s actual behavior (Socall and Holtgraves 1992). These threads also emphasized the importance of labelling theory as a sensitizing concept for understanding mental illness and how it is in part socially constructed (Scheff 1966).

One of the most interesting findings from the Reddit threads came in how users frequently talked about the representations of female characters in ways that challenged

femininity, stressing physical injuries and reckless behavior more in discussions of female characters even though male characters more frequently participated in these behaviors. This directly contradicts the findings from the television shows themselves about the social construction of mental illness. Perhaps this can be attributed to the power of the mental illness label and what people generally associate with this label. Rather than thinking of mental illness as connected to femininity, people associate mental illness more with recklessness and danger. This again implies a certain level of internalized mental illness stigma, and contradicts the feminist critique of mental illness labels as pathologizing femininity. Instead, masculinity is pathologized.

This pathologization of masculinity was supported in some of the ways that the Reddit users discussed the male characters with mental illness. Male mental illness was understood as more serious, as users frequently discussed professional caretakers, and the characters' hallucinations and violent behaviors. The emphasis on professional caretakers in particular supports the pathologization of male mental illness, along with the greater emphasis on making mental illness diagnoses on the threads that discussed male mental illness. Yang, Tang, and Bie (2017) found in their analysis of men's lifestyle magazines that these publications tended to focus on scientific and medical terms for describing mental illness, which aligns with these aspects of how the Reddit users discussed the focal characters. In this instance, masculinity is pathologized and medicalized in a way that reasserts traditional masculine norms, in an attempt to maintain successful performance of masculinity.

The aspects of mental illness that are pathologized in these discussions are also associated with a greater stigmatization of male mental illness, as the results from the television shows themselves suggest. This may have contributed to the greater number of arguments and

insults that arose in the threads that discussed male mental illness, reflecting the aggression and violence that the male characters themselves enacted. These findings strengthen the link between masculinity and mental illness stigma, showing that this link is particularly strong because users internalize it.

The emphasis on other characters caretaking for men with mental illnesses challenges traditional hegemonic masculinity, but also contributes to the stigma of male mental illness through highlighting an element of passivity and vulnerability. This reveals a more nuanced understanding of masculinity and mental illness, and though it stigmatizes mentally ill men by suggesting they are in need of help, it also contradicts some of the ways in which mentally ill men were stigmatized previously. The prevalence of police intervention in the television shows implied a response to mental illness of control and containment; the emphasis on other characters as caretakers in the Reddit threads contradicts this, and instead implies that Reddit users were more accepting of treatment and care as appropriate responses to mental illness. This again points to the fluidity of stigma, and the ways in which social actors may choose some forms of stigma to avoid others (Goffman 1963).

CONCLUSION

This study of the intersections of gender and mental illness in media contributes significantly to our understanding of how gender and mental illness are socially constructed both independently and in relation to each other. The results suggest many potential areas for further study.

More exploration of how the labelling theory of mental illness pathologizes femininity and masculinity is in order, as the findings of this study do not fully explain the mechanisms of this social construction. Future research should attempt to tease out how characteristics of gender performance are linked to behaviors that are socially labelled as symptoms of mental illness. This could be achieved through more media analysis, or through in-depth interviews with people diagnosed with mental illnesses. It would be very interesting to see how individuals with mental illnesses think of the relationship between their diagnoses and their own gender identity, and how they navigate any potential contradictions between these two. This research could also expand the analysis of the social construction of gender outside of the gender binary, an essential expansion of the current theory that my study is built upon.

In addition, a more detailed discursive analysis of how individuals use gendered language to discuss mental illness would further contribute to our social understanding of how these two categories are constructed in relation to each other. Focus groups or interviews could provide very important data on this topic for revealing the specific language people use to talk about mental illness. Multiple populations could also be compared in this study based on their familiarity with mental illness topics. It would be important to acknowledge that people who address mental illness professionally, people who have mental illnesses themselves, and people with very little exposure to topics of mental illness would all respond differently.

Previous research has also identified differences in how people talk about experiences of mental illness and understand gender performance and perceived dangerousness or vulnerability by race, class, and sexuality (Danielsson and Johansson 2009; Hollander 2001). The characters included in my sample did not provide much diversity in these social characteristics, so I was limited in my ability to analyze them. However, a more intersectional analysis of how gender and mental illness are socially constructed would be vital to advancing the knowledge of this field. This, again, could be explored either through analysis of more diverse media, though the lack of representation in media limits the possibilities for this. An open-ended interview project of people with mental illnesses that explored how their diagnoses impacted their understanding of all of their other social identities could reveal rich data about how all of these social categories are constructed in relation to each other.

The social construction of gender and mental illness are complex and nuanced. It is my hope that this study will further our understanding of how these two social categories are weaponized in society, used to stigmatize individuals and police their behaviors. The results of this study have real implications for how we approach conversations about mental health. Overall, it seems as if we are trending towards destigmatizing media representations of mental illness. However, gender roles continue to hold significant sway in society and influence how we stigmatize mental illness. Breaking down the policing of behavior based on gender would remove barriers to help-seeking for mental illnesses, and put more emphasis on treatment. We need to understand the ways in which social categories are constructed to limit how individuals can navigate their own identities, and rethink these categories to encourage everyone to live healthy and authentic lives.

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APPENDIX A: FULL LIST OF EPISODES INCLUDED IN SAMPLE

Hannah in *13 Reasons Why*

- Season 1, Episode 8
- Season 1, Episode 12
- Season 1, Episode 13

Rebecca in *Crazy Ex-Girlfriend*

- Season 3, Episode 5
- Season 3, Episode 6
- Season 3, Episode 13

Carrie in *Homeland*

- Season 1, Episode 11
- Season 3, Episode 2
- Season 5, Episode 3

Gretchen in *You're The Worst*

- Season 2, Episode 7
- Season 2, Episode 10
- Season 2, Episode 13

Hannah in *Girls*

- Season 2, Episode 8
- Season 2, Episode 9
- Season 3, Episode 1

Ryan in *Wilfred*

- Season 1, Episode 1
- Season 3, Episode 8
- Season 4, Episode 10

David in *Legion*

- Season 1, Episode 1
- Season 1, Episode 2
- Season 1, Episode 4

Elliot in *Mr. Robot*

- Season 1, Episode 1
- Season 1, Episode 9
- Season 3, Episode 8

Kevin in *This Is Us*

- Season 2, Episode 5
- Season 2, Episode 8
- Season 2, Episode 11

Ian in *Shameless*

- Season 4, Episode 12
- Season 5, Episode 6
- Season 6, Episode 12

APPENDIX B: EXAMPLE CHARACTER PROFILE OF HANNAH FROM *GIRLS*

SEASON 2, EPISODE 8

Actions

- Hannah walks down street, wipes face, looks tired and a little awkward, gets call from Adam and ignores it, a little upset, looks over shoulder, and then does it over each shoulder, counting to 8 out loud
 - Stops, looks around a little more, and then picks up speed into the corner store
- Open and shuts door 8 times before coming in, takes out chips and lays them on the table counting quietly out loud to 8, gathers them in her hands and puts them all in her mouth at the same time and then chews 8 times as she mumble-counts out loud, looks around with mouth full of chips
 - Stares straight ahead as she counts
- Parents waiting for Hannah outside of restaurant, joke about how she's always late, she comes running around the corner, pays attention to mom at first and then gets distracted, looks tired, does the multiple looking over shoulder thing and her parents notice and stop talking, she acts like nothing happened, smiles and asks question, her parents look at each other awkwardly
- At dinner with parents, drinking really quickly, looks bored and not paying attention to what parents are saying, starts talking fast about her book, twitchy, tapping finger on her arm, arms crossed over her chest and holding her arms
 - Mom points out she's counting, she gets defensive, kind of angry and confrontational
 - She says she doesn't have OCD, argues with her parents, says she would tell them if she had OCD, kind of exasperated, defensive
 - Argue about if its her parents' fault
 - Blanks and stares ahead, then blinks more repeatedly
- Looking around, then back at parents, then blinks again, gets up abruptly, walks stiffly towards back of room while looking straight ahead, bumps into someone as she walks out, then stops, looks down at him, and bumps into him 7 more times, he yells at her and she almost looks apologetic, then clarifies it was 8 times and hurries off
 - Singer calls her out and she stops for a second and then turns around, stares at her seriously for a second, and leaves
- In bathroom, stares at self in mirror and repeats "You are fine and good" to self 8 times
 - Then "You are good and fine" 8 times
 - Looks serious, into her own eyes
- Hannah sitting in waiting room in between parents, staring down, scoffs, and stares at mom annoyed, "I'm not supposed to be here"
 - Hannah is angry, sarcastic to mom, makes anorexia joke
 - Mom fixes her hair

- With psychiatrist, saying it was bad in high school, talks about how it was bad and she counted things
 - Looks out window, then at ceiling
 - Rants about how it was bad in school
 - Annoyed when therapist calls it a “classical presentation,” rants quickly and angrily about how bad it was in high school
 - Took medicine but doesn’t now because it made her tired
 - Irritated, talks about breaking up with Adam as reason for her being anxious, tells therapist he probably doesn’t understand because he has “willpower and general togetherness”
 - Talks quickly, mentions her book deal, asks him about his book, looks frustrated
 - She tells him she’ll do anything if he tells parents she’s ok
- In subway with parents, staring down and holding med bag, dad moves closer and she yells at him for looking concerned, then looks away, around annoyed
 - Looks very tired

Relationships

- Adam
 - Calls Hannah at beginning of episode and she ignores it
- Mom
 - Meet Hannah for fancy dinner and notice that she’s looking over her shoulders equally and counting, they are shocked and upset but Hannah doesn’t acknowledge it
 - Hannah at dinner talks really fast and doesn’t really pay attention to what her parents are saying, mom points out she’s counting and Hannah gets defensive
 - Parents take her to doctor, Hannah yells at her mom in the waiting room
 - Rides subway home with Hannah after therapist meeting
- Dad
 - Meet Hannah for fancy dinner and notice that she’s looking over her shoulders equally and counting, they are shocked and upset but Hannah doesn’t acknowledge it
 - Hannah at dinner talks really fast and doesn’t really pay attention to what her parents are saying
 - Parents take her to doctor
 - In the subway after, Hannah yells at her dad when he moves closer to her
- Therapist
 - Hannah talks about her history of OCD in school, breaking up with Adam, her book
 - Therapist is kind of awkward, talks about himself a lot
- Shoshana

- Hannah's friend
- Talks with Marnie about being annoyed Hannah has been distanced, thinks she doesn't care
- Marnie
 - Hannah's friend
 - Defends Hannah's absentee friendship to Shoshana, explaining she must be working on her book

Mental Illness History

Medications/Treatment

- Medications and therapy

Diagnosis (specific labels used and by whom)

- OCD- first mentioned in fight between Hannah and her parents, later Hannah talks about it with the therapist

Symptoms

- Looks tired
- Has to do tasks 8 times- looking over shoulder, chewing, scratching, bumping into people
- Moves uncomfortable, seems very jittery all the time
- Gets angry easily at parents

Behavior

- Hannah walks down street, wipes face, gets call from Adam and ignores it, looks over shoulder, and then does it over each shoulder, counting to 8
- Open and shuts door 8 times before coming in, takes out chips and lays them on the table counting out loud to 8, gathers them in her hands and puts them all in her mouth at the same time and then chews 8 times as she mumble-counts out loud, looks around with mouth full of chips
- Parents waiting for Hannah outside of restaurant, she comes running around the corner, looks tired, does the multiple looking over shoulder thing and her parents notice and stop talking, she acts like nothing happened
- At dinner with parents, drinking really quickly, starts talking fast about her book, not following what her parents were saying before, arms crossed over her chest and holding her arms
 - Taps repeatedly on her arm
 - Mom points out she's counting, she gets defensive
- Looks back at parents, then blinks again, gets up abruptly, bumps into someone as she walks out, then stops to bump into him 7 more times, he yells at her and she tells him it was 8 times and hurries off
- In bathroom, stares at self in mirror and repeats "You are fine and good" to self 8 times
 - Then "You are good and fine" 8 times

Social interaction

- Gets angry at parents very quickly when they bring up that she's counting
- Doesn't take therapy very seriously, seems like she just wants to get it over with for her parents

Descriptive Adjectives and Other Labels from Plot

Other Notes

SEASON 2, EPISODE 9

Actions

- Hannah stands in elevator, fidgeting, picks wedgie and then does it repeatedly, blinks hard repeatedly, itches ear and then itches cheek a number of times, shrugs shoulders hard and closes eyes, sighs, walks out hunching and a little awkward
 - Looks tired, uncomfortable
- Comes in and smiles, hugs David, sits and stares forward, a little surprised when David criticizes her, offers up other pages to send, a little upset, trying to defend herself, mentions having sex with a teenager the last month, she itches her face awkwardly, doesn't respond when David tells her to make it up, looks hesitant, a little confused
- Hannah sitting on floor in tank top and underwear on computer, typing slowly, scootches over and gets jar of olives from table, eats one and looks at computer, frowning, scootches to grab pillow and gets a splinter while scootching back, jumps up and makes crying noises, jumps up and down, throws pillows down
 - She looks at splinter on butt, makes more sounds of distress
- Hannah opens tweezer package, squeezes them in air (8 times), pulls out splinter, making slight noise of pain, puts hydrogen peroxide on it, then bandaids
 - Opens up Q-tip package, starts cleaning ear slow first, then vigorously pushing Q-tip in and out, making faces, moves around Q-tip and the goes in and out again, crunch, and she stops and screams with her hand over her mouth, her face with an expression of pain
- Calls parents, crying and talking quickly, saying she really messed it up
 - She's lying on the floor with Q-tip still in her ear
 - Says she has to go to the hospital, she is defensive that she has friends to go with her, parents tell her to go to the hospital
- Hannah at emergency room, still sniffing, annoyed with doctor, tells the doctor she's been having a lot of anxiety, she was trying to clean herself out
 - Asks doctor to look at other one because it feels uneven, tries to convince him
 - Cries when doctor drops antibiotics in ear, tells him it hurts really bad
 - Asks to keep the Q-tip, he hands it to her while she's still crying

- Hannah walking home moving shoulders, looking around and down nervously, sees Adam, waves, and moves in quickly to hug and then does, seems a little happy to see him, starts talking a lot, telling story about childhood and asking what he's doing
 - Upset when he mentions his girlfriend, asks more questions, awkward
 - She talks a lot, tells him she shoved the Q-tip down her ear
 - Emotional when he calls her kid, she looks up like she might cry, he moves to go inside and tells her to rest, she brings up working on her book
 - And then he leaves and she stares forward, sad
- Hannah sitting on bathtub edge, turns head to each side a certain number of times, picks up Q-tip and stares at it, goes for the other ear, making same faces as before

Relationships

- David
 - Her publisher
 - Gives Hannah harsh feedback from her last chapter, she just sort of smiles in response
- Parents
 - She calls them when she pushes the Q-tip into her ear, they tell her to go to the hospital
- Adam
 - Runs into Hannah outside a bar, mentions he's there with his girlfriend
 - Hannah is very emotional, tries to keep the conversation going when he's about to leave, awkward and talks about herself a lot

Mental Illness History

Medications/Treatment

- None

Diagnosis (specific labels used and by whom)

- None in this episode, Hannah mentions having a lot of anxiety to ER doctor

Symptoms

- Picking wedgie 8 times in elevator
- Seeming very physically uncomfortable, awkward, fidgety
- Very upset about ears feeling uneven

Behavior

- Hannah stands in elevator, fidgeting, picks wedgie and then does it repeatedly, blinks hard repeatedly, itches ear and then itches cheek a number of times, shrugs shoulders hard and closes eyes, walks out hunching and a little awkward
- Opens up Q-tip package, starts cleaning ear out vigorously pushing Q-tip in and out, making faces, moves around Q-tip and the goes in and out again, crunch, and she stops and screams with her hand over her mouth, her face with an expression of pain

- Calls parents, crying and talking quickly
 - She's lying on the floor with Q-tip still in her ear
 - Says she has to go to the hospital, parents tell her to go to the hospital
- Hannah at emergency room, still sniffing, annoyed with doctor, tells the doctor she's been having a lot of anxiety
 - Asks doctor to look at other one because it feels uneven
 - Asks to keep the Q-tip
- Hannah sitting on bathtub rim, turns head to each side a certain number of times, picks up Q-tip and looks at it, goes for the other ear, making same faces as before

Social interaction

- Calls parents for help
- Irritable with the ER doctor, he acts a little like he thinks she's being silly
- Very uncomfortable running into Adam, she seems to want to talk to him and he doesn't

Descriptive Adjectives and Other Labels from Plot

Other Notes

SEASON 3, EPISODE 1

Actions

- Hannah is asleep with Adam, their legs intertwined and his arm over her, she rolls over
- Hannah sitting on couch, Adam brings over pills and orange juice, she takes it and stares at him, he opens his mouth and sticks his tongue out and then she does the same
- Hannah at work with Ray, trying to convince him to come to a dinner
 - Putting out scones, across counter from Ray
 - They argue about if Ray begged her to work for him or not
 - Adam comes in and they kiss passionately, she is surprised but happy to see him, watches when Ray says hi to Adam, notices when Adam starts acting weird when he sees his ex, asks him about it, looks back and forth between the 2 of them
 - Hannah is quiet, watches them talk seriously, looks upset when friend says Adam's ex is pregnant, sighs and looks relieved when she says she's not pregnant, looks uncomfortable
 - Adam takes her hand to leave and she stands there, looks embarrassed when his ex makes fun of her, is awkward as his ex yells at her, looks up at ceiling angrily
 - Crosses arms and looks down, looks uncomfortable
 - Stares down, upset after they leave
- Hannah wiping espresso machine, Marnie comes in and she yells at Marnie for being late and runs out quickly
- Hannah with David, tells him she was embarrassed to talk to him about mental illness
 - Relieved and serious when he likes her draft

- She is happy, relieved, seriously says she's ready to work
- Talks a lot, quickly, very excited, grateful when David shows her the cup is made of chocolate
- Hannah meets with therapist, talking quickly, positively, excited "my only limitation is my mind. Like, I hold the keys to the prison that is my mind."
 - Talks about money as main stressor
 - Weirder out, surprised when therapist asks about Adam, kind of exasperated, but then defends Adam, talks about how Adam takes care of her
 - Therapist mentions chant, gets weird, she is surprised but asks about it and is awkward when he says its private, looks down like she's thinking
- Sits on floor at coffee table across from Adam, writing and asking about how much food to get, talks about planning dinner party
 - Adam groans and complains about not wanting to have her friends over, she defends that she doesn't bail on them
 - She defends wanting to have party, kind of exasperated with Adam, they yell at each other, he says he doesn't want to change and she says he has to
- Hannah supportive of Shoshanna's plan at table, asks Adam for his advice, pats him on the knee
 - Tries to explain Marnie to Adam, supportive and tries to agree with Marnie's weird predictions
 - Looks annoyed when Adam brings up he ran into Marnie's ex, sighs and looks down, straightforward tells Marnie she didn't know even though she has details about the conversation, tells Marnie what Adam said to encourage her
 - Throws chips at Marnie when she starts crying, tries to deflect, eats a chip, comforts her
 - Mentions how exciting her book is but also deflects when Marnie brings it up
- Hannah gets out ice cream, watches as Adam tell Marnie a break up story, interjects to say she's uncomfortable with the story
- Hannah and Adam having sex, after she kisses him, lies down next to him, is happy about how the dinner went, happy with how he acted with her friends
 - Phone rings and she picks up, still lying next to Adam, is surprised when its Jessa, gets angry and talks a lot, yelling at her, makes fun of her
 - Supportive that she's in rehab, seems awkward that she was angry, then crouches down and sweetly asks Adam how old you have to be to rent a car, not making eye contact with him

Relationships

- Adam
 - Her boyfriend again now
 - He brings her pills and makes sure she takes them

- Visits Hannah at work, and then is confronted by his ex, who yells at them as Hannah stands sheepishly to the side for most of it
- Wants to throw a party with her friends, is a little exasperated when Adam is unenthused about it
- Have sex, and then Hannah tells him how happy she was with the dinner
- Ray
 - Hannah's boss(?) and friend
 - She encourages him to go to an event while they chat at work
- Marnie
 - Friend and coworker
 - Hannah yells at her when she comes in to her shift late
 - At dinner party, Hannah tries to mediate between Adam and Marnie having awkward interactions
 - Hannah tries to distract everyone when Marnie starts crying
- David
 - Her publisher
 - Meets with him, and says she was embarrassed to talk about mental illness before but he is supportive, she seems excited
- Therapist
 - Seems very positive and upbeat during their meeting, talk about Adam
 - Therapist is weird and personal again
- Shoshana
 - Hannah is supportive when she talks at the dinner party
- Jessa
 - Calls Hannah for a ride from rehab, Hannah at first is angry and then supportive when she finds out Jessa was gone because she was in rehab

Mental Illness History

Medications/Treatment

- Takes pill that Adam checks
- Meets with therapist

Diagnosis (specific labels used and by whom)

- None

Symptoms

- None

Behavior

- Lets Adam take care of her
- Is social in throwing party for friends

Social interaction

- Is happy with Adam, he takes care of her and makes sure she takes her meds

- Is talkative and social at work, even when Adam's ex is yelling at her
- Is positive in conversations with therapist and David
- Is supportive at dinner with friends, and when Jessa tells her she was in rehab

Descriptive Adjectives and Other Labels from Plot

Other Notes

APPENDIX C: SUPPLEMENTAL INFORMATION ON REDDIT THREADS

Television Show: 13 Reasons Why

- Number of subreddit subscribers: 13.8K
- Link: https://www.reddit.com/r/13ReasonsWhy/comments/64fj85/did_anyone_else_find_the_s_how_beautiful_but/
- Summary: This thread was a discussion of the accuracy and potential harm to viewers of how the show depicted bullying, depression, and suicide.

Television Show: Crazy Ex-Girlfriend

- Number of subreddit subscribers: 14.0K
- Link: https://www.reddit.com/r/crazyexgirlfriend/comments/76scat/canonically_diagnosing_rebecca_bunch_is_a_bad/
- Summary: This thread discussed the accuracy of the show's depiction of mental illness, and the potential of Rebecca getting a diagnosis of borderline personality disorder (which she did later in the season). Users talked about alternative potential diagnoses for Rebecca, and whether or not the show sensitively and empathetically depicted general mental illness.

Television Show: Homeland

- Number of subreddit subscribers: 21.6K
- Link: https://www.reddit.com/r/homeland/comments/1114b0/the_depiction_of_bipolar_disorder_in_homeland/
- Summary: This thread debated whether or not the depiction of bipolar disorder and a suicide attempt were realistic.

Television Show: You're The Worst

- Number of subreddit subscribers: 6.2K
- Link: https://www.reddit.com/r/YouretheworstFX/comments/9g9csf/rewatching_the_series_again_specifically_s2e7/
- Summary: This thread praised the depiction of depression in the show, with many users expressing how relatable it was.

Television Show: Girls

- Number of subreddit subscribers: 12.0K
- Link: https://www.reddit.com/r/girls/comments/4ee1xi/so_hannahs_mentally_ill_right/
- Summary: This thread debated whether or not Hannah's behavior was symptomatic of a mental illness, with users attempting to diagnose her and explain her recklessness.

Television Show: Wilfred

- Number of subreddit subscribers: 8.5K

- Link: https://www.reddit.com/r/wilfred/comments/2dieow/the_ending_was_very_irresponsible_mental_illness/
- Summary: This thread discussed the potential implications of the series finale, which showed the main character embracing his hallucination without treatment in order to be happy. Users debated the accuracy and potential harm to viewers of this ending.

Television Show: Legion

- Number of subreddit subscribers: 35.6K
- Link: https://www.reddit.com/r/LegionFX/comments/7mvnk6/is_david_actually_mentally_ill/
- Summary: This thread discussed whether David was actually mentally ill, or if all of his abnormal sensory experiences were attributable to his super powers.

Television Show: Mr. Robot

- Number of subreddit subscribers: 144K
- Link: https://www.reddit.com/r/MrRobot/comments/3eij5k/will_mrrobot_the_show_itself_not_the_character/
- Summary: This thread debated what diagnosis would be most appropriate for Elliot, and tried to separate his symptoms from the effects of his drug use.

Television Show: This Is Us

- Number of subreddit subscribers: 27.1K
- Link: https://www.reddit.com/r/thisisus/comments/78skl0/kevin_theory_dont_hate_me/
- Summary: This thread discussed the similarities between Kevin's addiction and his grandfather's addiction, and users speculated about how Kevin's plot arc with substance abuse would end.

Television Show: Shameless

- Number of subreddit subscribers: 46.5K
- Link: https://www.reddit.com/r/shameless/comments/4dxiz1/should_ian_be_continue_at_his_job/
- Summary: This thread argued about whether or not Ian should be allowed to continue in his job as an EMT with his bipolar disorder diagnosis.

APPENDIX D: CHARACTER PROFILE CODING SCHEME

A. CHARACTER'S ACTIONS

- a. Activity levels
 - Passive, lack of energy
 - Active, normal energy
 - Hyperactive, excess energy
- b. Social characteristics
 - Non-communicative, unresponsive
 - Distracted, not paying attention
 - Self-isolating
 - Breaking norms, not following normal social cues
 - Disingenuous, lying
 - Self-absorbed
 - Mean, hurtful
 - Confrontational, in conflict
 - Assertive
 - Submissive
 - Genuine, vulnerable
 - Communicative
 - Physically affectionate
 - Caring for others
 - Part of group or community
 - Flirty, sexual
- c. Surroundings
 - Home, private
 - Work, public
 - Leisure, public
- d. Kind of work
 - Unskilled work
 - Skilled work
- e. Success in work
 - Failure in work
 - Success in work
- f. Self-care
 - Adhering to treatment
 - Eating
 - Sleeping
 - Caring for appearance/cleanliness
- g. Self-harm
 - Not following treatment

- Not eating
 - Not sleeping
 - Not caring for appearance/cleanliness
 - Substance abuse
- h. Abnormal behavior/symptoms
- Reckless behavior
 - Delusions, illogical, incoherent actions and thoughts
 - Hallucinations
- i. Sexuality
- Reckless, dangerous sexual activity
 - Uncomfortable, awkward sexual activity
 - Comfortable, positive sexual activity
- j. Mood
- Scared
 - Guilty
 - Ashamed
 - Sad, defeated, despondent
 - Intense, focused
 - Nervous, alarmed
 - Frantic, panicked
 - Irritable, annoyed, angry, frustrated
 - Apathetic, blank
 - Happy, optimistic
 - Elated
- k. Sources of stress
- Relationships
 - Work
 - Finances
- l. Physical mannerisms
- Fidgety, awkward, uncomfortable
 - Lethargic, slow-moving
 - Physical violence
 - Jittery, jumpy, frantic
- m. Social identities made salient (when someone else references one of these identities, or when the character is in a setting where participation is defined by one of these identities)
- Gender
 - Race
 - Class
 - Sexual orientation

- Ability
- Age

B. CHARACTER'S RELATIONSHIPS

- a. Kinds of relationships
 - Romantic/sexual
 - Friendly
 - Coworker
 - Familial
- b. Reactions of others
 - Frustration
 - Anger
 - Threatening
 - Reluctant
 - Confusion
 - Concern
 - Physical coercion or violence
 - Rejecting, insulting
 - Apathy
 - Patronizing, infantilizing
 - Misunderstanding
 - Guilt
 - Sadness, upset
 - Help, caretaking
 - Empathy, understanding, recognition

C. CONCEPTIONS OF MENTAL ILLNESS

- a. Etiology
 - Genetics, family history
 - Environment
- b. Responsibility for illness
 - Personal choices
 - Traumatic experiences
 - Parents
- c. Interactions with institutions
 - Resistant to institutionalization
 - Doctors
 - Police
 - Encouraging institutionalization
 - Doctors

- Police
- d. Experience of institutions
 - Institutionalization as negative- disempowering, ineffective treatment
 - Institutionalization as positive- empowering, effective treatment
- e. Caretakers (also note who gives a diagnosis)
 - Lay
 - Friends
 - Family
 - Romantic partners
 - Professional
 - Doctors
 - Therapists
 - Police
- f. Connotations of mental illness descriptors
 - Negative
 - Ex- “psychotic break,” “problems,”
 - Positive
- g. Mental illness impact on work
 - Discrimination, barrier to work
 - Enhances work
- h. Mental illness as part of identity
 - Resistant to diagnosis or label
 - Embraces as identity
- i. Mental illness history
 - Reference to past instances of mental illness symptoms
 - Reference to family history of mental illness
 - Self-diagnosis
- j. Explanations of mental illness
 - Analogous to physical illness
 - Other explanations not related to physical illness
- k. Acceptance of treatment
 - Resists treatment
 - Accepts and follows treatment
- l. Type of treatment
 - Medication
 - Ineffective/negative side effects
 - Effective
 - Therapy
 - Ineffective/negative side effects
 - Effective

- Other forms of treatment/non-traditional treatment
 - Ineffective/negative side effects
 - Effective
- m. Experience of treatment
 - Traumatic
 - Ex- physical restraints, deeply upsetting
 - Therapeutic

APPENDIX E: REDDIT THREAD CODING SCHEME

Discussing Elements of TV Show

A. CHARACTER'S ACTIONS

- a. Activity levels
 - Passive, lack of energy
 - Active, normal energy
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 - Non-communicative, unresponsive
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- l. Physical mannerisms
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 - Race
 - Class

- Sexual orientation
- Ability
- Age

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- b. Reactions of others
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 - Threatening
 - Reluctant
 - Confusion
 - Concern
 - Physical coercion or violence
 - Rejecting, insulting
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 - Patronizing, infantilizing
 - Misunderstanding
 - Guilt
 - Sadness, upset
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 - Therapy
 - Ineffective/negative side effects

- Effective
 - Other forms of treatment/non-traditional treatment
 - Ineffective/negative side effects
 - Effective
- m. Experience of treatment
 - Traumatic
 - Ex- physical restraints, deeply upsetting
 - Therapeutic

Elements of How TV Show is Discussed

A. Fans reaction to TV show

- Anger
- Apathy, disinterest
- Concern
- Confusion
- Empathy, understanding
- Frustration
- Insulting
- Sadness, upset

B. Fans conception of mental illness

- Appropriate treatment
 - Medication
 - Other forms of treatment/non-traditional treatment
 - Therapy
- Connotations of institutionalization
 - Negative, disempowering, ineffective
 - Positive, empowering, effective
- Connotations of mental illness descriptions
 - Negative
 - Neutral
 - Positive
- Etiology
 - Environment
 - Genetics, family history
- Explanations of mental illness
 - Analogous to physical illness
 - Other explanations not related to physical illness
- Making diagnosis
- Responsibility for mental illness
 - Parents

- Personal choices
 - Traumatic experiences
 - Accuracy of mental illness depiction
 - Accurate
 - Inaccurate
- C. Fans interpretation of depiction of mental illness
 - Negative, stigmatizing
 - Neutral
 - Positive
- D. Fans reactions to each other
 - Connection, empathy
 - Disagreement
 - Insulting, arguing