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The Portrayal of schizophrenia in television: An experiment assessing how viewer attitudes are affected

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THE PORTRAYAL OF SCHIZOPHRENIA IN TELEVISION DRAMA: AN
EXPERIMENT ASSESSING HOW VIEWER ATTITUDES ARE AFFECTED

by

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Bachelor of Arts
Kennesaw State University
2006

A thesis submitted in partial fulfillment of the requirements for the

Master of Arts in Journalism and Media Studies
Hank Greenspun School of Journalism and Media Studies
Greenspun College of Urban Affairs

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May 2010

ABSTRACT

The Portrayal of Schizophrenia in Television: An Experiment Assessing How Viewer Attitudes Are Affected

by

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The media have been found to be the public's main source of information on mental illness. Schizophrenia is one of the most widely misunderstood, stereotyped and stigmatized mental disorders, and it is no surprise that portrayals of schizophrenia in the media have been found to be very negative in nature. Participants were given a pretest, shown stimulus material, then given a posttest. The pretest and posttest consisted of questions from the Community Attitudes on Mental Illness (CAMI) scale and questions assessing views of dangerousness. Participants viewed an episode of *Law and Order: Special Victims Unit* in which a man with schizophrenia is depicted as a very dangerous sexual deviant.

Results indicated that viewers' attitudes were significantly affected by the portrayal of schizophrenia in the episode. Viewers generally tended to support community-based healthcare less and found people with schizophrenia more dangerous after viewing the stimulus material.

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CHAPTER 1

INTRODUCTION

It is no secret that mental illness is often stereotyped and viewed negatively. The media portray mental illness in an overwhelmingly negative fashion according to Wahl and Lefkowitz (1989) and other scholars such as Angermeyer, Dietrich, Pott, and Matschinger (2005). People who have a mental illness are thought to look and behave bizarrely, are perceived almost exclusively in terms of their mental illness and not in other social roles that they may could fulfill competently, and are regarded as being incompetent and dependent on others (Stout, ViUegas and Jennings, 2004). According to Wahl and Lefkowitz (1989), the media are the public's primary source of information on mental illness.

Public awareness of mental illness has become more prevalent and more attention is paid to mental disorders than in the past. According to Cook and Wright (1995) awareness and education on mental illness has increased due to the relatively recent shift from institutionalization to community-based care. With the establishment of the Americans with Disabilities Acts (ADA) and the Individuals with Disabilities Education Act (IDEA) in 1990, people with disabilities have been given more protection. Families, friends and people with mental illness have lobbied for more rights and more humane treatment of people with mental illness, which commonly is referred to as the *family movement* and the *consumer/psychiatric survivor movement* (Cook and Wright, 1995). Public education as well as client education have increased as a result of the implementation of rights for people with disabilities. Although the public is more aware of the commonality of mental illness, the stigmas attached to having a mental illness

appear to have not disappeared. The focus of this thesis will be the mental disorder schizophrenia, which has been widely stigmatized and how people view those with schizophrenia as a result of mass media consumption.

Stereotyping and Stigmatization

Cooke-Jackson and Hansen (2008) have defined stereotyping as a fixed image of a group that is applied to all of its members. The media did not invent stereotyping, but the media are very influential in propagating stereotypes and reinforcing them.

Stereotypes are often synonymous with negativity, but Cooke-Jackson and Hansen (2008) suggested that they are necessary for human beings. Stereotypes are used as cognitive shortcuts because the human mind cannot absorb every detail about each individual encountered and “stereotypes function to represent intergroup realities. . . creating images of the out-group (and the in-group) that explain, rationalize and justify the intergroup relationship and one's past, present and future behaviour within it" (Bouris, Turner, & Gagnon, 1997, p. 273). Stereotypes can act as a screening device to maintain simplicity in perception and thinking or as a justification for hostility (Allport, 1955). Lasorsa and Dai (2007) have also stated that stereotyping is done in the name of saving energy. People produce stereotypes as shortcuts in order to draw conclusions about issues with which they are less familiar.

Unfortunately, as a result of stereotypes being formed or reinforced, groups or people may be stigmatized. Scholars have defined the term “stigma” in various ways. However, for the purpose of this study “stigma” will be defined as Goffman (1963) conceptualized the term, an “attribute that is deeply discrediting” (p. 3). Goffman (1963) defined three types of stigma: 1) abominations of the body; 2) blemishes of individual

character; and 3) the tribal stigma of race, nation and religion. The second type, which covers blemishes of individual character, will be the focus of this thesis. Stigmatization of a group or person can cause harm and lead to several problems. According to Dubin and Fink (1992), the stigma attached with being mentally ill can restrict access to insurance coverage, housing, jobs and lead to social ostracism. Families of people that have a mental illness can also be affected by the stigma attached to mental illness.

The Role the Media Play in Health Communication and Education on Mental Illness

Health communication through mass media can come in many forms, be it through film, television, radio or the Internet. Although the American public gets health information from a variety of sources, Americans typically cite television as one of their main sources of information on health topics (Brodie et al., 2001). Fictional shows intended to provide the public with entertainment such as *House*, *ER* or *Law and Order* can raise awareness and educate the public on health topics from mental illness to HIV/AIDS. The show *House* has even been praised for bringing attention to the National Alliance on Mental Illness (NAMI) by making public contributions and selling merchandise in which proceeds go to the organization. Although television news has been cited as the public's main source of information on health issues, many have reported acquiring information through watching popular television shows (Marder, 1997).

Unfortunately, the media are no stranger to using stereotypes for information on developing characters and portrayals of people who are mentally ill. Gorham (1999) borrowed heavily from the discipline of psychology and suggested that a stereotype becomes a part of an individual's subconscious if the individual is repeatedly exposed to

the same stereotype. This concept is referred to as *automaticity*. He also suggested that stereotypes in the media are important because they contribute “to the maintenance of racial myths” (p. 240). Although Gorham (1999) focused heavily on racial stereotyping, one could apply this statement to any misunderstood sector of society.

Portrayals of mental illness can often be inaccurate and negative. These stereotypes can possibly be how the viewer perceives reality and can hinder persons with mental health problems to integrate into society effectively. Also, these negative perceptions and portrayals can possibly discourage someone with a mental illness to seek help or admit that they might have a problem. Klin and Lemish (2008) argued that negative portrayals of mental illness can “interfere with the social integration of those who suffer from mental disorders (MDs); violate their civic rights, self-image, and family life; and could be a cause for employment and housing discrimination” (p. 424). Gorham (1999) suggested that the answer to overcoming automaticity and stereotyping is by being aware of this problem and trying to overcome it as individuals.

Why do people stereotype, and more importantly, why do the media stereotype? Is stereotyping simply easier and less time consuming than consulting with professionals in the mental health sector? The amount of influence the media have over producing stereotypes and attitudes is arguable, but one must consider the nature of the media’s influence because of the possible ramifications stereotyping in the media can have. The media stereotype for various reasons, and whatever the reason may be, people are watching and absorbing. As mentioned previously, stereotypes become a part of an individual’s subconscious if the individual is repeatedly exposed to them.

The media are believed to play a major role in contributing to mental illness stigma via the images they portray of characters with mental illness as well as the misinformation communicated, inaccurate use of psychiatric terms, and unfavorable stereotypes of people with mental illness (Stout et al., 2004). In all the previous research reviewed for this thesis, the portrayal of mental illness in television was found to be overwhelmingly negative. According to a study conducted by Angermeyer and Schulze (2001) a devastating amount of negative portrayals, specifically violent, of mental illness were found in news television. People with mental disorders are often portrayed as violent and dangerous to society.

Although many studies, specifically content analyses, have been conducted on the portrayal of mental illness in the media, relatively few studies have measured the effect that these portrayals of mental illness can have on viewers. No direct relationship between media portrayals and the attitudes of viewers have been found (Angermeyer & Schulze, 2001). However, it is hard to believe that the portrayal of mental illness in the media has no effect on viewer attitudes since the media have been said to be the viewers' primary sources of information on the topic. More studies need to be done in this area in order to assess this discrepancy.

Portrayals of Schizophrenia in the Media

The psychiatric label of "schizophrenic" can lead to misconceptions that those with the disease are criminal, evil, or unpredictable (Cross, 2004). The stigma alone can be debilitating. According to Corrigan (1998) many persons with mental disorders such as schizophrenia are hindered from achieving their life goals because of the illness. "These persons are often unable to live independently, get competitive jobs, make a

satisfactory income, and develop long-term intimacies” (Corrigan, 1998, p. 202). Not only is the disease itself difficult to endure, but the reaction society has to diseases such as schizophrenia seems to have a negative impact on achieving life goals as well.

Because of the stigma associated with the disease schizophrenia, those with schizophrenia are expected to do poorly, to never rehabilitate, and to never succeed.

Three of the most common misrepresentations of mental illness in the media have been identified by scholars such as Corrigan (1998), Pirkis, Blood, Francis, and McCallum (2006) as people who are mentally ill are homicidal maniacs, have childlike perceptions of the world, and are rebellious and free-spirited and should be civilized. The homicidal maniac is portrayed as an aggressive, violent person that is dangerous to themselves and to others. “Numerous studies have shown that violent acts are far more likely to be committed by on-screen characters with a mental illness than by other characters, and at a rate much higher than occurs in real life” (Pirkis et al., 2006, p. 528). The simpleton stereotype or childlike stereotype insinuates the character lacks comprehension and behaves in illogical ways. The rebellious free spirit stereotype often shows eccentric, different or free-spirited characters as mentally ill. The outcome usually involves the character becoming healed and welcomed back into the community, sending a message that characters who are “nice” cannot be mentally ill (Pirkis et al., 2006).

Other common stereotypes identified by Wilson, Nairn, Coverdale and Panapa (1999) are unpredictability, failure/unproductive, asocial, vulnerability, dangerousness-incompetence, untrustworthy, caring/empathetic, and social outcast. Angermeyer and Matschinger (2004) have also identified other common stereotypes that are specific to schizophrenia such as creativity/artistic genius, attribution of responsibility (or the

thought that a person that has schizophrenia deserves to have it), and poor prognosis, which infers that patients with schizophrenia can be cured because of modern treatment methods. Even though some of the stereotypes can be considered positive, the concern is that the focus is still on the disease rather than the person. The person is defined by the disease and not perceived as a normal member of society. Also worthy of mention, the nature of the portrayal, such as camera angles and various “framing” techniques are used in order to indicate that the characters with a mental illness are different from those without a mental illness, and physical appearance is often disheveled and unattractive (Pirkis et al., 2006).

Examples of stereotypes can be found easily in many types of media. For instance, advertisements on radio shows have used references to mental illness to sell their product. One New York radio station was criticized for associating mental illness with violence by advertising for a broadcasting segment using the phrase “armed, dangerous and off our medication” (Wahl, 1995). This upset quite a few listeners. Films depict mental illness quite a bit, and specific negative depictions can be found in many horror films such as *Friday the 13th* or *Halloween*. *Me, Myself & Irene* attempted to portray schizophrenia as funny, but was criticized for portraying the main character who had schizophrenia as dangerous and unpredictable. The main character was also portrayed as having multiple personalities as a result of having schizophrenia, which is a common misperception about schizophrenia. Television shows also emphasize mental illness for dramatic effect. *Law and Order*, *House* and *Mental* are but a few television shows that portray mental illness somewhat regularly. Although *Law and Order* and *House* have been praised for bringing attention to certain issues, the show *Mental* has not

been received as well. The first show that was aired was about a man with schizophrenia who went off of his medication in order to pursue his art. The whole story basically conveys the message that the man with schizophrenia can overcome his disease by willpower rather than by seeking conventional medical measures. One could consider such a message dangerous and inaccurate.

Definition of Schizophrenia

The definition of mental illness is disputed and defined differently by scholars. Mental illness is difficult to define because the term is broad and is used to generalize mental disorders even though there are hundreds of disorders and symptoms of mental disorders that are vastly different. According to the Diagnostic and Statistical Manual of Mental Disorders (2000) provided by the American Psychiatric Association (APA) each of the mental disorders categorized by the manual is “conceptualized as a clinically significant behavioral or psychological syndrome or pattern that occurs in a person and that is associated with present distress or disability or with significantly increased risk of suffering, death, pain, disability, or an important loss of freedom” (p. 401). This conceptualization of mental illnesses or mental disorders will be used as the standard definition of mental illness for this paper.

Schizophrenia is a complex and often misunderstood disease by the public. The symptoms are not simply defined or listed, and a brief discussion of documented symptoms is important for the purpose of this paper and important for the reader to understand. The American Psychiatric Association (2000) defines schizophrenia as a “disorder that lasts for at least 6 months and includes at least 1 month of active-phase symptoms (i.e., two [or more] of the following: delusions, hallucinations, disorganized

speech, grossly disorganized or catatonic behavior, negative symptoms)” (p. 298). The symptoms of schizophrenia are divided into two categories, negative and positive. In order to be diagnosed with schizophrenia, one must meet several criteria, which include symptoms persisting for a significant amount of time, social and occupational dysfunction, experiencing hallucinations or delusions for over a month, and experiencing symptoms that are not a result of direct physiological effects of a substance or a general medical condition (APA, 2000).

Positive symptoms are noted to reflect an excess or distortion of normal functions such as delusions, hallucinations, disorganized speech, and self-monitoring behavior (grossly disorganized or catatonic behavior) (APA, 2000, p. 298). Delusions are defined as erroneous beliefs that typically involve misinterpretations or experiences, which include several themes such as persecutory, referential, somatic, and religious (APA, 2000). Persecutory and referential are the two most common delusions experienced. Persecutory involves a person believing they are being tormented, followed, tricked, spied on, or ridiculed; and referential involves a person believing that certain gestures, comments, passages from books, newspapers, and other environmental cues are specifically directed to him or her (APA, 2000).

Negative symptoms involve affective flattening, alogia, and avolition. Affective flattening is defined as restrictions in the range and intensity of emotional expression, alogia is defined as restrictions in the fluency and productivity of thought and speech, and avolition defined as restrictions in the initiation of goal-directed behavior (APA, 2000).

Hallucinations occur with all five senses, but auditory hallucinations are by far the most common hallucinations (APA, 2000). Also considered one of the most important

features of schizophrenia is disorganized thinking (APA, 2000). Disorganized thinking involves anything from going from one topic to another quickly to becoming nearly incomprehensible. Although there are many other symptoms of schizophrenia defined in the DSM-IV, the symptoms previously mentioned are discussed as the most common. Schizophrenia also has several subtypes that are worthy of mention such as catatonic, disorganized, paranoid, and undifferentiated. Subtypes are assigned when one symptom is the most prominent of the disease.

In this thesis, schizophrenia is commonly referred to as a severe mental illness. The word *severe* is used as a specifier and not meant to describe any person with schizophrenia, only the disease itself. Schizophrenia is commonly referred to as a severe mental illness in the medical field and social sciences. The DSM-IV also uses the term *severe* as a specifier for select mental disorders. For this study, the definition of severe mental illness provided by the National Advisory Mental Health Council (1993) will be used. “Severe mental illness is defined through diagnosis, disability and duration, and includes disorders with psychotic symptoms such as schizophrenia, schizoaffective disorder, manic depressive disorder, autism, as well as severe forms of other disorders such as major depression, panic disorder, and obsessive compulsive disorder” (National Advisory Mental Health Council, 1993, p. 1447).

Purpose of the Study

The media, specifically television, regularly portray people who are mentally ill. In any genre, the portrayal of characters with a mental illness can be easily found. It is important to examine these portrayals of mental illness because of the possibility of desensitization and stigmatization of mental illness due to the often inaccurate portrayals

of persons with mental illnesses in the media. Although the media may not be forming stereotypes, they are most likely reinforcing them. This could lead to people with mental illness to shy away from seeking help when needed. This could also lead to being ostracized from the community and denial of services in the community that should be available for people who are mentally ill. In understanding how or if attitudes are affected, the media will understand how to more appropriately go about portraying people with schizophrenia and other mental illnesses.

Do the media have enough influence over the audience to actually shape their opinions and attitudes toward mental illness? If so, this could be detrimental to people with a severe mental illness as well as to their families. As mentioned previously, stereotypes and stigmas of mental illness affect the way in which people who are mentally ill are accepted in society. Becoming socially ostracized because of mental illness is a risk. Also, because of the stigma associated with mental illness, communities may not see the need for facilities that offer resources and help for people who are mentally ill. Facilities would potentially draw in people who are mentally ill in the community, and the desire for social distance from people who are mentally ill could possibly prevent appropriate facilities from being established and provided. Also, people who are mentally ill could hesitate from seeking help because of the stigma attached to having a mental illness. The media potentially aid in reinforcing negative stereotypes and adding to the stigma of being mentally ill, which could have serious consequences for people who are mentally ill and their families.

The purpose of this study was to examine portrayals of mental illness on television and the effect these portrayals have on viewer attitudes toward mental illness.

Television was the chosen medium for this study because of its popularity and commonality in households. This was done by conducting an experiment in which participants were given a pretest, stimulus material to watch, and then given a posttest. A group of participants watched stimulus material from the television show *Law and Order: Special Victims Unit* that portrays a person with schizophrenia using the stereotype dangerous. Another group of participants were shown stimulus material from the same television show using a different episode that does not portray mental illness in any way.

Brief Overview of Law and Order: Special Victims Unit

Law and Order: Special Victims Unit has been in production on National Broadcasting Company (NBC) for eleven seasons and is in syndication on the major network USA (National Broadcasting Company, 2010). The show is a spin-off of the original *Law and Order*, but the cases are more specific and usually target sexually based crimes. *Law and Order: Special Victims Unit* captures a huge audience. Aside from reaching many viewers, the show is well respected and has been critically acclaimed for drawing attentions to social issues (National Broadcasting Company, 2010). The show has won numerous awards with prestige such as Emmy awards and Screen Actors Guild (SAG) awards.

Media Effects

According to Brodie et al. (2001), research shows that entertainment media play a role in shaping consumers' views of reality. "The mass media in a nation like the United States reach such huge audiences with such rapidity that any observer of these mass media believe in strong media effects" (Lowery, DeFluer, 1995, p. viii). Media effects theories have been explored to describe just how powerful the media can be in regards to

shaping people's attitudes and views of reality. For instance, cultivation theory explores the concept that the more one views certain material, the more likely one is to believe what they are viewing as reality (Gerbner et al., 1986). Another popular approach to understanding the relationship between consumers' understanding of reality and media consumption is Bandura's (1963) social cognitive theory. This study relies heavily on the notion of Albert Bandura's (1963) social learning theory, now referred to as social cognitive theory, which in essence assumes that people learn by observing.

Social Cognitive Theory

This study is rooted in Bandura's (1963) social cognitive theory. "Learning would be exceedingly laborious, not to mention hazardous, if people had to rely solely on the effects of their own actions to inform them what to do. Fortunately, most human behavior is learned observationally through modeling: from observing others one forms an idea of how new behaviors are performed, and on later occasions this coded information serves as a guide for action" (Bandura, 1977, p. 22). This theory provides a conceptual framework in which the influential role the mass media may play in society and the "psychosocial mechanisms through which symbolic communication influences human thought, affect, and action" (Bandura, 1994, p. 61). Many concepts are used to provide a framework for this theory, and several of these concepts will be discussed in greater detail because of their relevance to this study.

Bandura (1994) provided a model called triadic reciprocal causation, which explains how behavior, personal factors such as biological and cognitive, and environmental factors can all influence a person. Bandura (1994) explained that a main function of social cognitive theory is to explain psychosocial functioning in terms of

triadic reciprocal causation. Bandura (1994) suggested that reciprocal causation provides people with the opportunity to exercise some control over events in their lives, and people are the products and producers of their environment.

A noteworthy and large component to social cognitive theory is symbolizing capability. “It is with symbols that people process and transform transient experiences into cognitive models that serve as guides for judgment and action” (Bandura, 1994, p. 62). Perhaps one of the most common providers of symbols and transient experiences is television. According to Bandura (1969), mass media play a more important part in shaping behavior and modifying social norms than has been assumed. “Much social learning is fostered through exposure to *behavioral modeling cues* in actual or pictorial forms” (Bandura, 1969, p. 249). Depictions of people who are mentally ill serve as symbols of mental illness as a whole and can also provide viewers with the virtual experience of what a person with a mental illness must be like and what interacting with a person with a mental illness must be like. Because scholars have found that the media are the public’s primary source of information on mental illness, a strong likelihood exists for these symbols of mental illness to be used as transient experiences and to be transformed into cognitive models of mental illness. This would allow people to make judgments about people who are mentally ill and make judgments about the role people who are mentally ill play in society. Hawkins and Pingree (1982) suggested that the verification of thought by comparison with distorted televised versions of social reality can result in shared misconceptions of what is being represented on television.

Another component of Bandura’s social cognitive theory that holds relevance to this study is vicarious capability. In social cognitive theory, special consideration is

given to the role of vicarious reinforcement (Bandura, 1969). This concept assumes that people can't learn through personal experiences alone because this would be too tedious. A great deal of information can be obtained through pictorial or verbal means. Bandura (1994) suggested that conceptions of social reality are "greatly influenced by vicarious experiences" (p. 66). Television is a primary example of a tool used to provide people with vicarious experiences. Heavy exposure to these vicarious experiences may become reality to the viewer. According to Bandura's (1994) concept of social constructions of reality, "heavy exposure to this symbolic world [television] may eventually make the televised images appear to be the authentic state of human affairs" (p. 76).

Social cognitive theory applies to this study because the media have been shown to be the public's primary source of information on mental illness. Viewers are getting most of their information from depictions of mental illness seen in the media, and television frequently depicts people with mental illness. Television has a strong drawing power and is common in most households. "Television is increasingly used as the principle vehicle of justification" (Bandura, 1994, p. 72).

Organization of Thesis

Chapter 1 has provided a brief synopsis of previous research in which content analyses were conducted on the portrayal of mental illness and schizophrenia in the media. Information was also provided on stereotyping in the media and the role media may play in reinforcing stereotypes and stigmas of people who are mentally ill. The purpose and justification of this study was also provided in Chapter 1. Chapter 2 will consist of a literature review of previous studies on portrayals of mental illness in the media and how these portrayals affect the attitudes of viewers. Chapter 3 will be a

discussion of the methodology for this study, which will include a description of the stimulus material as well as how attitudes will be measured. Chapter 4 will be a report of the research findings. This paper will end with Chapter 5, which will be a discussion of findings from the study and a discussion of strengths and weaknesses of the study along with suggestions for further research.

CHAPTER 2

LITERATURE REVIEW

This chapter includes two relevant areas of previous research: 1) how mental illness is portrayed in the media; and 2) how viewers may be impacted by how the media represent people who are mentally ill. Content analyses and meta-analyses assessing how the media represent mental illness will be discussed initially. This chapter will conclude with a review of several studies that have attempted to measure viewer attitudes or assess the impact portrayals of mental illness can have on viewer attitudes.

Studies on How the Media Portray Mental Illness

Several scholars have explored the portrayal of people who are mentally ill in the media such as Diefenbach (1997); Cross (2008); Wilson, Nairn, Coverdale, and Panapa (1998); Pirkis, Blood, Francis and Mcallum (2006); Klin and Lemish (2008); and Angermeyer and Schulze (2001). Most of these scholars in particular have focused on portrayals found in television, which is also the focus of this thesis. These authors' works will be reviewed in order to better understand how mental illness is portrayed in the media. The last study to be discussed is by Angermeyer and Schulze (2001). This study was not a content analysis of television portrayals of mental illness but of a popular German tabloid. However, the results and conclusions made by the authors are pertinent to this study.

Diefenbach (1997) examined media representation of the mentally ill found in popular television with emphasis on violence and negative portrayals of mentally ill characters. The author aimed to update the existing research in this area by introducing new methodologies. Diefenbach (1997) made sure to state that media are the public's

primary source of information on mental illness, but “the body of literature examining media portrayals of mental illness is small” (p. 289).

The author presented four hypotheses to be addressed with this study: 1) mentally ill characters in television are more likely to be violent criminals than the mentally ill in the U.S. population; 2) mentally ill characters are more likely to be violent criminals than the general population of characters; 3) mentally ill characters will have a poor quality of life which is negative in value; 4) and mentally ill characters will have a negative impact on their society (Diefenbach, 1997, p.292). The method used to test these hypotheses was a content analysis of prime-time television. Content was chosen by a random sampling of four major broadcast networks: ABC, CBS, Fox, and NBC. Programming in the month of September was randomly selected for analysis. Four coders were trained by the American Psychiatric Association on mental disorders and also trained by the U.S. Department of Justice on how to properly identify violent crime. Coders used a five-point scale in order to make judgments.

The first hypothesis and second hypothesis were supported by the data collected, while the third and fourth remained inconclusive. Diefenbach (1997) found that “television portrays the mentally ill as significantly more violent than other television characters and significantly more violent than the mentally ill in the real world” (p. 300). Also, people who are mentally ill were portrayed as having a negative impact on society and as having a low quality of life.

The research methodology used for addressing the four hypotheses was highly organized. Any presumably factual statement made by Diefenbach was backed up with references and statistical data from various sources. The content analysis was structured,

coded, and uniform. Further research on the topic should be conducted in order to duplicate the author's findings to better support his hypotheses. While this article addressed the depictions of the mentally ill in prime-time television, it did not address the audience perception as a result of these depictions.

Cross (2004) examined how British television portrays people with mental health problems as violent and a threat to society by focusing mostly on schizophrenia and public perception of people with schizophrenia. Cross (2004) argued, "The psychiatric label schizophrenia, for example, has not been able to lift the popular meaning of madness out of the realm of lurid imagination" (p. 198). Schizophrenia is also seen as indicative of violent behavior and synonymous with split personalities, which is hardly the case. The author began by discussing the imagery of mental illness that can be found in the media such as dishevelment, wide eyes, tattered clothing, staring eyes, and muttering to oneself (Cross, 2004). Cross suggested that the imagery used in current media representations of people with mental illnesses is derived from past depictions that date back to the 1800s.

The author then discussed how mass media can alleviate negative stereotypes by providing accurate portrayals of mental illness. "The hope is that media representations of mental illness might lead to a beneficial social climate in which stigmatization of the mentally ill is reduced" (Cross, 2004, p. 201). Cross (2004) discussed sensationalism of "madness" and gave examples of films and television shows that depict mental illness in the most dramatic and negative fashion.

Cross (2004) then turned his focus to documentaries depicting schizophrenia. He found that many of the programs focused on the actual experience of being mentally ill.

Many of the popular perceptions of mental illness were found in the documentaries viewed by the author. Very few showed a person with schizophrenia functioning properly and positively in day-to-day life. Most were found to be disturbing, sad, and quite emotional. Images depicting schizophrenia were seen as identifiable mostly because of the “strange” behavior correlated with the disease (Cross, 2004, p. 212). The author concluded by implying that many stereotypes of mental illness, specifically schizophrenia, exist because of the lack of common knowledge in the area and the public’s fear of what they do not know.

Cross examined existing literature in the area to come to conclusions about how mental illness is portrayed in the media. It appears that a content analysis was conducted on documentary television portraying mental illness, but the methodology behind how programs were chosen and analyzed was never revealed, a considerable limitation to this study. However, Cross’ (2004) analysis of the portrayal of mental illness in the media is valuable in that he reviews existing literature on the subject and highlights trends among this literature.

Wilson, Nairn, Coverdale and Panapa (1998) examined how people who are mentally ill are depicted in prime-time television as well. The authors suggested that the media are the public’s primary source of information on mental illness. Two research tasks were identified, which were “to identify discursive resources used in the producers’ constructive interpretations and to explore the resources that viewers use when engaging with the media materials” (Wilson et al., 1998, p. 232). A content analysis of fourteen prime-time television shows airing during a one year time period was conducted in order

to address both research tasks. Twenty mentally ill characters were analyzed and categorized by theme.

Each category was developed during the process of content analysis and not developed prior to research. Ten themes were generated after monitoring the fourteen selected television shows. The categories formulated by the authors are as follows: dangerousness-aggressive, simple/childlike, unpredictability, failures/unproductive, asocial, vulnerability, dangerousness-incompetence, untrustworthy, caring/empathetic, and social outcast. The authors implied that “mental illness is instantiated through an interplay of two or more themes” (Wilson et al., 1998, p. 234).

After reviewing the television shows, the authors concluded that characters perceived as mentally ill were more often than not portrayed negatively, which was consistent with previous research in this area. Interestingly, little evidence was found supporting the common perception that the mentally ill are often depicted as violent in nature. The authors attributed this to the exclusion of items from the United States in the study. The last considerable finding was the lack of differentiation between mental retardation and mental illness. They were often depicted as the same thing.

There were quite a few limitations to the research method utilized, which were acknowledged by the authors. The sample was not complete and was small. Prime-time television from the United States was excluded and would most likely have rendered different results. Also, terms that were used to describe themes and categories were rather subjective. The themes provided by the authors are open to interpretation and cannot be measured easily.

Although limitations existed with the research methods, the article found that “undifferentiated mental illness is associated with dangerousness and rather unattractive, less than human persons through these resources (television broadcasting)” (Wilson, et al., 1998, p.238). More studies like this should be done but at a larger level with a bigger sample size with more precise meanings of each theme.

Pirkis, Blood, Francis and McCallum (2006) conducted a study reviewing existing literature on the extent, nature, and impacts of portrayals of mental illness in television and film. A meta-analysis of published work was conducted. The authors explored the extent and nature of portrayal of mental illness in fictional films and television programs. They also investigated if there was evidence that the portrayal of mental illness in fictional films and television programs can have harmful effects. Lastly, they asked if there was evidence that the portrayal of mental illness in fictional films and television programs can have positive effects.

Searches were conducted by using reliable reference databases and the Internet. Articles were classified according to particular research interests and the findings from each study were synthesized in order to form conclusions pertaining to each research question posed. “All three research questions rely heavily on evidence from small-scale descriptive studies, anecdotal reports, and commentaries, but a number of large-scale descriptive and experimental studies have been conducted that inform the questions regarding the extent of portrayal and evidence for harmful effects” (Pirkis et al., 2006, p. 524).

The authors then discussed the portrayal of people with a mental illness, and they found that the portrayals were mostly negative. They discussed several types of negative

portrayals and explained that the most commonly cited negative stereotype found in television and film was the homicidal maniac (Pirkis et al., 2006). They went on to highlight several other stereotypes found in the media. A discussion of positive portrayals was briefly entertained.

The authors then focused on the portrayal of mental health professionals and concluded that professionals were usually depicted as comical characters, sinister scientists, or as selfless and dedicated people. The portrayal of treatments for mental illness was also discussed and the authors found that electroshock therapy and psychotherapy were common.

Also according to the authors, the portrayal of mental illness on television and film can have harmful effects on viewers. They argued that attitudes toward mental illness can be affected negatively and even those with mental illnesses are less likely to seek help because of the stigma attached to mental illness. However, the article suggested that portrayals of mental illness can have positive effects, but very few studies have been conducted supporting this assumption.

In conclusion to the study, the authors suggested that collaborations between the mental health sector and the film and television industries would be beneficial in order to minimize negative portrayals and maximize positive portrayals of mental illness. The mental health sector should be able to comment on and critique portrayals of mental illness, and feedback should be considered by the industries.

Klin and Lemish (2008) discussed how negative portrayals of mental illness can “interfere with the social integration of those who suffer from mental disorders (MDs); violate their civic rights, self-image, and family life; and could be a cause for

employment and housing discrimination” (p. 434). They also argued that the media are a major source of information regarding mental health issues. The purpose of this article was to analyze two decades of research of the mass media’s role in producing and shaping the stigmas of mental illness. Three areas considered common in the media were examined. These areas were production, representation, and audience reception. The authors also discussed stigma and mental disorders in more detail and concluded, “mental illness continues to be stigmatized and that large portions of communities hold highly prejudiced and hostile attitudes toward people with MDs” (Klin and Lemish, 2008, p. 435).

The authors collected 325 books and articles from key databases. Only about 100 of these were used for the study. Distortions of people with mental illness, gender bias, distortion of images of professionals and health care services, and the distortion of the causes of mental disorders were examined and found to be consistent in the media according to the authors’ sources. The article also briefly discussed viewer attitudes toward mental illness as a result of media portrayals and concluded that very few studies actually documented viewer attitudes prior to exposure.

The authors found that in most of the studies they reviewed, mental illness was portrayed negatively in the media. “These consistent findings support the claim that the images used by the mass media may be contributing to the perpetuation of stigmas of mental illness, the mentally ill, mental health services, and caregivers” (Klin and Lemish, 2008, p. 443). The authors recognized that very few analyses of how mental illness is portrayed in the new media, such as the Internet, have been conducted.

This article was a meta-analysis of existing studies on mental illness in the media. The findings of this study were consistent with much of the research that has been conducted in this body of knowledge. Klin and Lemish (2008) recognized the need for research on viewer attitudes and the measure of attitudes before exposing participants to depictions of mental illness.

Angermeyer and Schulze (2001) discussed how “social perceptions of mental illness are dominated by negative stereotypes” (p. 469). The authors suggested that “public attitudes on mental illness are dominated by the perception that mentally ill people are potentially violent and dangerous (Angermeyer and Schulze, 2001, p. 469). The purpose of the study was to examine the portrayals of mental illness in all issues of a German tabloid, BILD-Zeitung, found between January and September of 1997 and to speculate how these portrayals might influence attitudes of readers. According to the authors, the tabloid sold roughly 11 million copies every day (Angermeyer and Schulze, 2001).

A content analysis was conducted of the tabloid issues, and if articles included the search terms *mental illness*, *the mentally ill*, *mentally ill* or *psychiatry*, they were selected for analysis. The authors found a total of 186 articles referencing mental illness, which was a very small percentage in relation to how many articles were released in the weekly tabloid. The authors concluded that readers were receiving very little information on the subject of mental illness. Six categories in which the media approached the topic of mental illness were identified. The identified categories included a connection between crime and mental illness, suicide, information on mental health issues, violence towards people with mental illness, advice on mental health problems and miscellaneous

connections made between unrelated topics and mental illness (Angermeyer and Schulze, 2001). Over half of the articles on mental illness were reports on crimes related to mental illness. These articles were mostly found in the news section of the tabloid, and mental illness was commonly used to explain the behavior of the perpetrator. Mental illness used to sensationalize an occurrence was also used when reporting crime. Information on mental health issues was found to be the second largest category accounting for nearly 19 percent of the content examined. However, informational pieces were usually in small print, hard to find and contained little information.

The authors concluded that news reporting on mental illness was selective and suggested a strong correlation between mental illness and violence. “This results from the fact that mental illness, and schizophrenia in particular, assumes news value almost exclusively in the context of crime reporting” (Angermeyer and Schulze, p. 482, 2001). Most stories focused on deviance and crime. The authors recognized that their study had limitations. For instance, only one newspaper was examined during one time period, which cannot provide an accurate sample of content found on mental illness in all newspapers. However, the authors noted that the patterns found in their study are consistent with other studies on the subject.

Studies on Viewer Impact and Attitudes

Several scholars such as Angermeyer and Schulze (2001); Philo, Secker, Platt, Henderson, McLaughlin and Burnside (1994); Diefenbach and West (2007); and Wahl and Lefkowitz (1989) have explored how portrayals of mental illness in the media impact and influence viewers’ attitudes. Although the primary objective of these studies was to explore how viewers are influenced and impacted by portrayals of mental illness, content

analyses of media content were also conducted in some of the studies. A brief description of the content analyses will be discussed, but most attention will be given to how attitudes are affected by portrayals found in the media, specifically television. Some of the studies provide a meta-analysis of other studies that have explored how viewer attitudes are affected by media portrayals of mental illness. A discussion on a study conducted by Penn, Chamberlin and Mueser (2003) regarding the effects of how a film on schizophrenia affected viewer attitudes will conclude this section. Although the authors focused mainly on film, the study is important to discuss because the methodology is similar to the methodology that will be used for the current study.

As a second component to the previous study discussed by Angermeyer and Schulze (2001), a survey was conducted assessing attitudes on mental illness and how these attitudes correlated with highly publicized events in which mentally ill persons tried to harm or assassinate public figures over a time period of three years. This component of the study was not discussed in as much depth as the content analysis. However, a brief synopsis will be reviewed, as it is relevant to this section.

Respondents were found to desire social distance from people who have schizophrenia, and this desire increased with time. The authors claimed that this increase was due to the media's representation and reporting on mental illness using the stereotype *dangerous* or *unpredictable*. Although a slight increase in the desire for social distancing from people who have schizophrenia was found, the authors concluded that there was no "direct relationship between media portrayals and attitudes of the reader or viewer" (Angermeyer and Schulze, 2001, p. 485). Respondents' attitudes were not measured before exposure to the media coverage of these events, so no solid correlation between

media exposure to changes in attitude could be made. The authors mentioned that how a message is received depends on many factors such as age, education, social class, reading competency and personal value orientations (Angermeyer and Schulze, 2001). The authors acknowledged that the media have influence over producing stereotypical images and suggested that the media can be used as a tool to reverse the stigma of mental illness.

Philo, Secker, Platt, Henderson, McLaughlin and Burnside (1994) conducted a study in which the authors explored how the media's portrayal of mental illness impacts viewers. Information was gathered by conducting a content analysis of various television shows and news reports and by using a sample group to measure audience reception of these shows. The article began by discussing three studies that had previously been conducted in this area. All three suggested that people had a high level of sympathy for those experiencing mental health problems, but the potential for stigmatization of the mentally ill was significant, especially the public's willingness to accept people with a mental illness as full members of society (Philo et al., 1994). The authors suggested that the three studies, although very helpful to the area of study, were limited in most part due to their reliance on standardized attitude measures (Philo et al., 1994). The authors argued that even though the media can reinforce negative stereotypes and produce negative attitudes towards people with mental illnesses, the media can also reinforce positive attitudes and provide accurate portrayals of mental illness.

The content analysis conducted was divided into two parts. In the first stage, a general profile of media content was examined with the focus mostly on news items and story lines in fictional dramas. The second stage of the content analysis involved a detailed examination of individual texts, which had three dimensions: 1) explanatory

interpretive themes were identified; 2) the way in which each theme was developed in its specific context was examined; and 3) the frequency with which different themes appeared and their relative power in terms of the size of audience they could be expected to reach were assessed (Philo et al., 1994). After the content analysis was conducted, a sample audience of approximately seventy people was introduced to these television portrayals and asked to share their beliefs after viewing the segments. The methods used in order to examine the beliefs of the audience was divided into three phases: 1) sub-groups were asked to write their own news reports prompted by copies of original headlines; 2) individuals were asked to write answers to a series of nine open questions; and 3) individual in-depth interviews that were designed to explore respondents' answers to the written questions were conducted (Philo et al., 1994).

The authors found that mental illness was frequently linked to violent behavior in the media. The second most common theme associated with mental health problems was sympathetic coverage with the third most common being portrayed as a harmful to one's self. Audience perception varied on the issues. The study found that some relied heavily on television and media for their information on people with mental health problems. These people were more likely to believe that mental health problems were associated with violent behavior. Those less likely to rely on television and media as their primary sources of information for mental illness were mostly those that had experienced mental illness first-hand. Surprisingly, a reverse effect also occurred with a few in the audience sample using the media portrayal as a source of information even though they had worked closely with people with mental health problems or experienced mental health problems themselves. The authors concluded that the relationship between the media and

audience reception of mental illness portrayal is not simple. “People are not simply blank slates on which its messages are written” (Philo et al., 1994, p. 277-278). However, the media are used as primary sources on this subject and can generate strong emotional responses (Philo et al., 1994). In conclusion, the authors reiterate their suggestion that the media can be used to portray people with mental illnesses accurately and without stereotypes. According to Philo et al. (1994), good practice within the media should be rewarded and recognized.

The primary limitation to this study was the sample size. A larger sample size for this study would have made the findings of the study much more substantial. For future studies in audience perception and reception, a larger sample size is needed for more accurate data.

Diefenbach and West (2007) explored attitudes toward mental health issues as a result of the portrayal of mental illness in television. The body of theory used by the authors was the third-person effect, which they argued is particularly prevalent for issues and effects that are considered socially undesirable such as stereotyping (Diefenbach and West, 2007). The authors began by providing literature reviews of relevant articles and by discussing previous findings in this area of research. The authors looked at survey research methods and experimental research methods. There was no question that mental illness is portrayed in the media as negative, and characters with a mental illness are more likely to be portrayed as violent or dangerous to society. They also discussed research conducted by criminologists in order to compare the accuracy of the portrayal of mental illness in television.

The authors provided nine hypotheses for testing. The first four were tested using content analysis, and the other five were tested using the survey method. The nine hypotheses were: 1) television characters that are portrayed as mentally disorder will be significantly more likely to be the perpetrator of a violent crime than the actual population; 2) television characters that are portrayed as mentally disordered will be significantly more likely to be the perpetrator of a violent crime than non-mentally disorder television characters; 3) mentally disordered television characters are significantly more likely to be portrayed as having a quality of life that is negative; 4) mentally disordered television characters are significantly more likely to be portrayed as having an impact/effect on society that is negative; 5) heavier views of television are more likely to believe that there is something about the mentally ill that makes it easy to tell them from other people; 6) heavier viewers of television are more likely to report that they would not want to live next door to someone who is mentally ill; 7) heavier viewers of television are more likely to believe that spending on mental health services is a waste of tax dollars; 8) heavier viewers of television are more likely to believe that locating mental health services in residential neighborhoods endangers local residents; and 9) viewers of television are likely to attribute more influence of television in shaping the beliefs of others on mental health issues than themselves (Diefenbach and West, 2007).

The content analysis sample was composed of 84 hours of programming broadcasted on ABC, CBS, Fox, and NBC networks during prime-time hours (Diefenbach and West, 2007). Undergraduate students rated the programs by using the *Diagnostic and Statistical Manual of Mental Disorders*. The authors used telephone interviews as their survey methodology. Respondents were asked questions from the

Community Attitudes Toward Mental Illness scale to test attitudes toward mental health issues on dimensions of authoritarianism, benevolence, social restrictiveness, and community health ideology. Hypotheses one, two, three, four, eight and nine were supported by the data collected, while hypothesis six was partially supported. Hypotheses five and seven were not supported by the data collected. The authors used chi-square and regression statistics in order to analyze data.

The authors concluded by determining that the third-person effect applies and people do believe that these portrayals have little effect on them, but a greater effect on others' attitudes (Diefenbach and West, 2007). They suggested that there is a causal relationship between the portrayal of mental illness on television and the public's attitude toward mental illness. The authors believed that broadcasters must serve public interest by becoming more informed and by consulting with mental health professionals.

The authors suggested that further research needs to be conducted in which more useful scales to measure respondent perceptions of the mentally ill are devised. Also, the data were somewhat inconsistent and show little correlation to one single underlying factor of a negative disposition toward mentally ill people (Diefenbach and West, 2007).

Wahl and Lefkowitz (1989) analyzed the effect of a television film depicting mental illness as dangerous and the effect this film had on the audience's attitude toward people who are mentally ill. The authors began by discussing preliminary findings in this area and suggested that "there is strong belief that such stereotypes help to maintain the stigma which accompanies mental illness" (Wahl and Lefkowitz, 1989, p. 521-522). The article explained that although significant studies on mental illness portrayal in the media and audience perception have been conducted and have supported the assumption that the

media are affecting the public's perception of mental illness, very few studies in this area have been done.

The authors began their study by choosing a television movie titled "Murder: By Reason of Insanity". The movie was based on an actual story involving a man who was committed to a psychiatric hospital who was allowed to go home on a day pass, and while home murdered his wife. "The strong message of the film was that hospitals should take greater care that dangerous psychiatric patients are not easily allowed into the community" (Wahl and Lefkowitz, 1989, p. 523). A trailer was also included explaining that the man's character was not a general reflection of mentally ill people. The trailer was presented at the beginning and at the end of the movie.

Undergraduate psychology students were invited to participate in the study by viewing a film and filling out a questionnaire immediately following their viewing. One group viewed the target film along with the trailer, while a second group viewed the target film without the trailer. A third control group viewed a different movie titled "Murder on the Orient Express". A central element of this film was murder rather than mental illness (Wahl and Lefkowitz, 1989). Following the viewing of the films, students were asked to fill out the Community Attitudes toward the Mentally Ill (CAMI) questionnaire.

The first hypothesis presented by the authors was that the more a film made stronger statements about the dangerousness of mentally ill people and the need for caution and control, people would develop a corresponding attitude and express less enthusiasm for mentally ill persons in the community (Wahl and Lefkowitz, 1989). The second hypothesis was that the no-trailer group would obtain significantly lower scores

on The CAMI than the control group who had not seen the target film (Wahl and Lefkowitz, 1989).

The authors found that the trailer and no-trailer group scores did not differ significantly from each other, but both differed from the control group that viewed a completely different film. “Exposure to different films was associated with significantly different expressed opinions about mental illness and community care” (Wahl and Lefkowitz, 1989, p. 525). Target film viewers also expressed less sympathy for mentally ill persons (Wahl and Lefkowitz, 1989). The influence of the trailer on the audience seemed to be little to none. Both hypotheses presented by the authors were supported by their study.

There are quite a few limitations to this study. Attitudes toward mentally ill persons were not measured or documented before the students viewed the films. The sample groups did not represent a general audience and was a rather small sample size. Also noted by the authors, “It is not clear how stable and long-lasting these results may be” (Wahl and Lefkowitz, 1989, p. 526). The effects of the film on the students’ attitudes may have been short-lived and not long term. The only conclusive result was that viewers’ attitudes toward mental illness did seem to be affected after immediately viewing the film that negatively portrayed mental illness.

Penn, Chamberlin and Mueser (2003) examined how viewing a documentary depicting schizophrenia can reduce the stigma of mental illness. The authors mentioned that the media have generally depicted severe mental illnesses in a negative fashion (Penn et al., 2003). A documentary film was chosen that was deemed to have an accurate portrayal of schizophrenia. Four different experimental conditions were provided for 163

participants, which were no documentary film, a film about polar bears, a film about fears of being overweight and a documentary about schizophrenia (Penn et al., 2003). In order to measure changes in mood as a result of viewing the films, a Positive and Negative Affect Scale (PANAS) was administered to the respondents before and after viewing each film. Other forms of measuring used in the surveys administered were the Film Rating Form (FRF), the Social Distance Scale, the Dangerousness Scale, an affect scale, and attributions scale and an index of behavioral intentions (Penn et al., 2003).

The findings of this study indicated that “a documentary about schizophrenia influenced participants’ attributions about schizophrenia but affected neither general attitudes about the illness nor behavioral intentions to participate in a focus group with person with schizophrenia” (Penn et al., 2003, p.388). Participants who viewed the film on schizophrenia generally desired less social distance from people who have schizophrenia, had fewer negative affective reactions and perceived people with schizophrenia as less dangerous than participants who viewed different films (Penn et al., 2003). However, participants who viewed the film on schizophrenia did not have an increase in intent to interact with people who have schizophrenia. However, “this study showed that a documentary about schizophrenia produced more benign attributions about person with schizophrenia” (Penn et al., 2003, p. 388).

The authors noted that one major limitation of this study was the inclusion of only undergraduate students in the design of the study (Penn et al., 2003). Penn et al. (2003) suggested that more studies of this nature need to be replicated with a more diverse sample. They also suggested that future research should examine the effects of media

presentations of severe mental illnesses on “actual social behavior, not attitudes or behavioral intentions alone” (Penn et al., 2003, p. 389).

Summary

Several trends can be observed from reviewing material in this area of knowledge. The portrayal of mental illness, including schizophrenia, in the media has been found to be mostly negative in nature, and the most common stereotype found among scholars is *dangerous and unpredictable*. Nearly every scholarly article reviewed for this study stated that the media have been found to be the public’s main source of information on mental illness. Thus, when considering how the media’s portrayal of mental illness impacts and affects the attitudes of viewers, scholars seem to agree on one thing: the relationship between the portrayal of mental illness in the media and the impact these portrayals have on viewers is complex. Scholars seem to agree that while the media may be contributing to the formation and reinforcements of stereotypes, people’s attitudes toward mental illness are not solely formed from what is consumed in the media. Also worthy of noting, people who had first-hand experience with mental illness seemed to rely less on the media for information on mental illness.

Very few of these studies were grounded in a body of theory. Diefenbach and West (2007) briefly mentioned cultivation analysis in their study, but the body of theory employed for the study was third-person effect. Cultivation analysis assumes that the more one views television content, the more likely that person is to believe what they are viewing as reality. Third-person effect assumes that people believe that while they are not greatly affected by media consumption, others are. Because most of the studies were concerned with how content may affect viewer attitudes, the use of social cognitive

theory would have been appropriate for most of the studies discussed in this review. Many of the authors reviewed in this chapter suggested that negative images of mental illness in the media can lead to people be wrongly educated on the subject. In turn, viewers may believe what they are observing. In the most general terms, social cognitive theory assumes that people learn by observing. This theory will be discussed in more detail in Chapter 3.

CHAPTER 3

METHODOLOGY

This study sought to explore how the media affect viewers' attitudes on mental illness, particularly schizophrenia. Exploring the concept is important because, as discussed in Chapter 2, the media have been found to serve as the public's primary source of information on mental illness, and depictions of mental illness are overwhelmingly negative. If portrayals of mental illness are reinforcing stereotypes and solidifying the stigma of mental illness, there are several consequences to consider. For example, people who may need help with their mental illness may be ashamed or hesitant to come forth about medical assistance that might be needed. Also, communities may not support the establishment or growth of services for people with severe mental illness because the topic is vastly misunderstood by the public and misrepresented in the media. Along the same line, people with a severe mental illness risk being socially ostracized because of the attached stigma and this marginalization can make dealing with symptoms and day-to-day life much more difficult.

As noted earlier, several content analyses of scholarly literature have been conducted on this area of knowledge; however, few studies have explored how portrayals of mental illness affect viewers' attitudes on mental illness. The next step is to understand if people actually believe what they are seeing when viewing media depictions of mental illness and if the media affect attitudes toward people with schizophrenia. Chapter 2 mentioned that the most common stereotype of schizophrenia and mental illness in the media is dangerousness. Are people taking this at face value or are they learning these depictions as accurate or as factual? Are television shows

teaching people not only what schizophrenia is, but also how to approach and treat a person with schizophrenia? Studies conducted by Wahl and Lefkowitz (1989) and Penn et al. (2003), which were discussed in Chapter 2, explored these questions by conducting experiments, and these two studies will serve as models for the current study on media effects.

Hypotheses

This study examined how portrayals of severe mental illness, specifically schizophrenia, affect viewers' attitudes towards people who are mentally ill. The five hypotheses generated for this study were based on whether or not the stimulus material shown to respondents negatively affects attitudes. Because scholars in this area of knowledge have expressed concern over whether or not negative portrayals are in fact reinforcing negative attitudes and stereotypes of mental illness, this concept will be explored further in this study. The following five hypotheses were examined:

H1: Those who view the negative stimulus material that shows a person with schizophrenia will express more authoritarian attitudes toward people with schizophrenia compared to those who do not view the negative stimulus material.

H2: Those who view the negative stimulus material that shows a person with schizophrenia will express less benevolent attitudes toward people with schizophrenia compared to those who do not view the negative stimulus material.

H3: Those who view the negative stimulus material that shows a person with schizophrenia will express more socially restrictive attitudes toward people with schizophrenia compared to those who do not view the negative stimulus material.

H4: Those who view the negative stimulus material that shows a person with schizophrenia will express more negative community health ideologies toward people with schizophrenia compared to those who do not view the negative stimulus material.

H5: Those who view the negative stimulus material that shows a person with schizophrenia will express attitudes that view people with schizophrenia as more dangerous compared to those who do not view the negative stimulus material.

Method

The methodology for this study was an experiment assessing whether or not participants' attitudes are affected when material depicting people with schizophrenia as dangerous. An experiment was chosen as the methodology for this study because experiments focus on causation and are appropriate for hypothesis testing (Babbie, 2008). Also, Albert Bandura used experimentation in order to form and test the validity of social cognitive theory. Because this study was rooted in social cognitive theory, it was appropriate to compliment the theory with the appropriate methodology.

Participants

The participants for this study were undergraduate students enrolled in the University of Nevada-Las Vegas. Students were offered extra credit to participate in the

study outside of class so the sample pool would be as random as possible. Much emphasis was placed on the fact that participation was completely voluntary, and no student was penalized for not participating in this study. The number of people expected to participate in this study ranged from 50 to 75 people. However, 79 people ultimately participated in this study.

Experimental Design

Two groups were asked to view separate stimulus materials. Group One viewed negative stimulus material that showed a person with schizophrenia as dangerous and unpredictable and took a pretest and posttest. Group Two viewed stimulus material that did not portray schizophrenia or mental illness whatsoever, but also took a pretest and posttest.

The negative stimulus material was chosen on the basis that it contained a blatant depiction of a person with schizophrenia as dangerous and unpredictable. The control stimulus material was chosen on the basis that it was irrelevant to the study and did not contain any depictions of mental illness whatsoever. Both shows were 40 minutes in length.

An episode of *Law and Order: Special Victims Unit* entitled “Blinded”, aired in 2007, served as the negative stimulus material. The episode is 40 minutes in length. This episode is about a man who has schizophrenia and stops taking his medication as prescribed. The character begins to relive a traumatic childhood experience of witnessing his sister’s rape. He rapes and nearly kills three young girls, but because of his delusions subsequent to the real rape, doesn’t realize what he is doing. He believes he is keeping the girls from harm and doesn’t realize that he is actually the person committing the

crimes until he is caught by the police and put back on his medication. The show ends with the character wanting the death penalty and desiring to die because of his actions. The show does not depict him as a bad person, but as someone who is very dangerous because of his disease.

Another episode of *Law and Order: Special Victims Unit* that does not depict mental illness or schizophrenia whatsoever was shown as the control stimulus material. The episode is entitled “Trade” and is about the murder of a young woman and two suspects who are wealthy coffee traders. This episode was aired in 2008, and is part of the same season as “Blinded”. The episode is 40 minutes in length.

Experimental Conditions

Each group was asked to participate in this experiment as extra credit for a class. Students were placed in groups based on what time and day they signed up for participation. Students did not know if they were part of the control group or the test group. Students were notified that participation was completely voluntary, and there was no penalty for not participating. Each session took approximately one hour to complete. The facilitator passed out pretests to participants and asked that each person be as honest as possible since answers would be confidential. Respondents were assigned a number and asked to refrain from writing their names on the questionnaires. Respondents were also asked to refrain from sharing their answers or discussing the questionnaire with each other. Participants were asked to view a video after taking the pretest. Once the video ended, participants took a posttest, which was the same questionnaire as the pretest. A debriefing on the stimulus material was provided, which consisted of a discussion on

what schizophrenia is and services provided in the state of Nevada for people who have schizophrenia or a severe mental illness.

Measures

The independent variable for this experiment was the media stimulus, containing two distinct messages: 1) negative images of schizophrenia implying people with schizophrenia are dangerous and unpredictable; and 2) no message regarding schizophrenia whatsoever. The dependent variables were measures assessed in the pretests and posttests and are discussed in further detail in the next section.

Community Attitudes Toward the Mentally Ill Scale

Taylor and Dear's (1981) scale called the CAMI or Community Attitudes Toward the Mentally Ill along with three additional questions assessing views on mental illness associated with dangerousness/unpredictability were used as the pretest and posttest. This scale is a popular tool for measuring attitudes toward mental illness and has been used by many authors such as psychologists, psychiatrists and social scientists (Sévigny et al., 1999). Scholars cited in Chapter 2 such as Diefenbach and West (2007) and Wahl and Lefkowitz (1989) used the CAMI scale (Taylor and Dear, 1981) for their studies as well. Because this study focused on attitudes toward schizophrenia, some of the questions were slightly reworded. For example, in some cases the phrase "mental illness" was changed to "schizophrenia" or "severe mental illness". Also, if questions were double-barreled, they were split into two separate questions to avoid confusion. The questions were formatted with a five point Likert-type scale ranging from "strongly agree" to "strongly disagree".

Five questions in each section of the CAMI are phrased in a positive manner, and five questions in each section are phrased in a negative manner. For example, a positive question in the *benevolence* section states, “The mentally ill should not be treated as outcasts of society.” A negative question in the *benevolence* section states, “One of the main causes of mental illness is a lack of self-discipline and will power.”

The CAMI scale (Taylor and Dear, 1981) was developed because community-based mental health care was becoming more prevalent at the time. The scale was developed to assess community attitudes toward people who are mentally ill and how communities feel about providing services to people who are mentally ill. The scale consists of four different themes: 1) authoritarianism; 2) benevolence; 3) social restrictiveness; and 3) community mental health ideology. Each section has ten questions.

The *authoritarianism* section includes statements that assess the respondents’ views on the need to hospitalize people who are mentally ill, the difference between normal people and people who are mentally ill, the importance of custodial care, and the cause of mental illness (Taylor and Dear, 1981). Sample questions from this section are as follows: “One of the main causes of mental illness is a lack of self-discipline and will power”; “There is something about the mentally ill that makes it easy to tell them from normal people”; “Mental patients need the same kind of control and discipline as a young child”; “Virtually anyone can become mentally ill”; and “As soon as a person shows signs of mental disturbance, he should be hospitalized.” The alpha coefficient measuring the validity of the *authoritarianism* scale was .68 for Taylor and Dear’s (1981) preliminary study using the CAMI scale.

The *benevolence* section includes statements that assess the respondents' views on society's responsibility for caring for people who are mentally ill, the need for sympathy and kind attitudes, willingness to become personally involved with someone who is mentally ill, and anticustodial feeling (Taylor and Dear, 1981). Examples from this section are as follows: "The mentally ill have for too long been the subject of ridicule"; "More tax money should be spent on the care and treatment of the mentally ill"; "We have a responsibility to provide the best possible care for the mentally ill"; "There are sufficient existing services for the mentally ill"; and "It is best to avoid anyone who has mental problems." The alpha coefficient measuring the validity for this scale was .76.

The *social restrictiveness* section includes statements that assess respondents' views on the dangerousness of people who are mentally ill, maintaining social distance, lack of responsibility, and the normality of people who are mentally ill (Taylor and Dear, 1981). Examples from this section are as follows: "The mentally ill should not be given any responsibility"; "A woman would be foolish to marry a man who has suffered from mental illness, even though he seems fully recovered"; "I would not want to live next door to someone who has been mentally ill"; "The mentally ill are far less of a danger than most people suppose"; and "Most women who were once patients in a mental hospital can be trusted as babysitters." The alpha coefficient used to measure the validity of this scale was .80.

The *community mental health ideology* section assesses respondents' views on the therapeutic value of the community, the impact of mental health facilities on residential neighborhoods, the danger to local residents posed by people who are mentally ill, and the acceptance of the notion of community-based care (Taylor and Dear, 1981). Sample

questions from this section are as follows: “The best therapy for many mental health patients is to be part of a normal community”; “Locating mental health services in residential neighborhoods does not endanger local residents”; “Mental health facilities should be kept out of residential neighborhoods”; and “It is frightening to think of people with mental problems living in residential neighborhoods.” The alpha coefficient used to measure the validity of this scale was .88.

Additional Questions

Four additional questions were added to the survey in order to better understand if respondents view people with mental illness as dangerous and unpredictable. These questions are similarly phrased to questions already asked in the CAMI scale (Taylor and Dear, 1981). The questions are as follows: “People with schizophrenia are very dangerous”; “People with schizophrenia are unpredictable”; and “People with schizophrenia are less of a danger than people suppose”.

Analysis Plan

The use of a manipulation check, or a pretest of stimulus materials, was considered for this study but was not be utilized. Typically, a manipulation check consists of semantic-differential scales or qualitative comments. The data are solicited from a separate group of participants in order to confirm polarized reactions across two or more stimuli. Although methods guidelines often discuss the use of manipulation checks in experimental designs, not all experimental studies incorporate manipulation checks. The two experiments in Chapter 2 did not use manipulation checks.

Post-administration item reliability analysis was performed on pretest and posttest measures. Coefficient Alpha of .70 was established *a priori* (Cronbach, 1951. Pretest

and posttest mean scores for each construct were compared statistically. Simple t -test statistics were used to test each hypothesis.

CHAPTER 4

RESULTS

This chapter provides a description of analyses from the data collected for this study. The results are from the pretest and posttest surveys devised from the Community Attitudes on Mental Illness (CAMI) scale assessing attitudes of authority, benevolence, social restrictiveness and community health ideologies and from another scale that was incorporated into the survey that assesses dangerousness. While results will be reported in this chapter, possible implications of these results will follow in Chapter 5.

Analysis

General Findings

The sample size included 79 participants, of which 63 were female and 16 were male. Of the 79 participants, 45 watched the negative stimulus material and 34 watched the control stimulus material. Journalism and media studies students made up 53.2% of the sample while social work students accounted for 20.3% of the sample. Criminal justice students made up 15.2%, communication students made up 3.2%, and 7.6% were labeled miscellaneous because they did not identify their major. Of the 79 participants, 57% reported having watched any previous episodes of the show *Law and Order: SVU*. The mean age was 24. Students were asked to participate in the study for extra credit and asked to sign up for a day and time with a choice of eight different sessions. Four session groups were to be shown the negative stimulus material, and four session groups were to be shown the control stimulus material. The last session group's data were not used for this study because the session was not properly completed due to technical difficulties

with the DVD player. Respondents still filled out the surveys and were afforded extra credit, but the data were not analyzed.

H1: Authority

Hypothesis one predicted that those who viewed the negative stimulus material that showed a person with schizophrenia would express more authoritarian attitudes toward people with schizophrenia compared to those who did not view the negative stimulus material. Post-administration item reliability analysis was performed on the authoritarian attitude scale. Scale reliability tests showed measures not to be inter-correlated and perceived the scale as unreliable. The reasons why this may have occurred will be discussed in Chapter 5. Because the scale was perceived as unreliable, the authority variable was not tested for the negative stimulus group or for the control group.

H2: Benevolence

Hypothesis two predicted that those who viewed the negative stimulus material that showed a person with schizophrenia would express less benevolent attitudes toward people with schizophrenia compared to those who did not view the negative stimulus material. Post-administration item reliability analysis was performed on the benevolent attitude scale. Out of the 10 measurements on the scale, 4 were perceived as reliable and showed inter-correlation ($\alpha = .81$). These questions are as follows: 1) More tax money should be spent on the care of people with schizophrenia; 2) We need to adopt a more tolerant attitude toward the mentally ill in our society; 3) Increased spending on mental health services is a waste of time; and 4) It is best to avoid anyone who has schizophrenia. For the group that viewed the negative stimulus material, the change in benevolent attitudes showed no significance ($p > .05$). For the group that viewed the

control stimulus material, the change in benevolent attitudes showed no significance ($p > .05$). Hypothesis two was not supported.

H3: Social Restrictiveness

Hypothesis three predicted that those who viewed the negative stimulus material that showed a person with schizophrenia would express more socially restrictive attitudes toward people with schizophrenia compared to those who did not view the negative stimulus material. Post-administration item reliability analysis was performed on the social restrictiveness attitude scale. Scale reliability tests showed measures not to be inter-correlated and perceived the scale as unreliable. The reasons for why this may have occurred will be discussed in Chapter 5. Because the scale was perceived as unreliable, the social restrictiveness variable was not tested for the negative stimulus group or for the control group.

H4: Community Health Ideologies

Hypothesis four predicted that those who viewed the negative stimulus material that showed a person with schizophrenia would express more negative community health ideologies toward people with schizophrenia compared to those who did not view the negative stimulus material. Post-administration item reliability analysis was performed on the community health ideology scale. Out of the 10 measures on the scale, 3 were perceived as reliable and showed inter-correlation ($\alpha = .82$). These questions are as follows: 1) Mental health facilities should be kept out of residential neighborhoods; 2) Local residents have good reason to resist the location of mental health services in their neighborhood; and 3) It is frightening to think of people with schizophrenia living in residential neighborhoods. For the group that viewed the negative stimulus material, the

change in community health ideologies showed significance ($p = .031, t = 2.19, df = 86$). Respondents supported community-based services and community-based healthcare less after viewing the negative stimulus material. For the group that viewed the control stimulus material, the change in community health ideologies also showed significance ($p = .039, t = 2.1, df = 64.75$). Possible reasons as to why significance was found within the control group's responses will be discussed in Chapter 5. Hypothesis four was supported.

H5: Dangerousness

Hypothesis five predicted that those who viewed the negative stimulus material that showed a person with schizophrenia would express attitudes that viewed people with schizophrenia as dangerous more than those who did not view the negative stimulus material. Post-administration item reliability analysis was performed on the dangerousness scale. This scale consisted of three measures, which was perceived as reliable and showed inter-correlation ($\alpha = .72$). These questions are as follows: 1) People with schizophrenia are less of a danger than most people suppose; 2) People with schizophrenia are unpredictable; and 3) People with schizophrenia are dangerous. For the group that viewed the negative stimulus, the change in attitudes on dangerousness showed a strong significance ($p = .001, t = 3.42, df = 83.7$). Respondents viewed people with schizophrenia as more dangerous after viewing the stimulus material. For the group that viewed the control stimulus material, the change in attitudes on dangerousness showed no significance ($p > .05$). Hypothesis five was partially supported.

Comparisons of Sex

Simple t -test analyses were run on male respondents and on female respondents for each scale in the survey that showed reliability. For males that viewed the negative

stimulus material, the change in attitudes on community health ideologies showed significance ($p = .005$, $t = 2.88$, $df = 68.69$), and change in attitudes on dangerousness was significant ($p = .002$, $t = 3.18$, $df = 3.18$). No significance was found regarding attitudes of benevolence ($p > .05$). After viewing the negative stimulus material, male respondents supported community-based healthcare less and found people with schizophrenia to be more dangerous. For males that viewed the neutral stimulus material, the change in attitudes on dangerousness showed significance ($p = .041$, $t = 2.09$, $df = 51.96$). After viewing the control material, male respondents found people with schizophrenia to be more dangerous. Reasons as to why this may have occurred will be discussed in Chapter 5. No significance was found in regards to change in attitudes on benevolence ($p > .05$) and attitudes on community health ideologies ($p > .05$).

For females that viewed the negative stimulus material, the change in attitudes on benevolence showed significance ($p = .048$, $t = 1.99$, $df = 154.42$); change in attitudes on community health ideologies showed significance ($p = .002$, $t = 3.14$, $df = 154.64$); and change in attitudes on dangerousness showed significance ($p = .002$, $t = 3.18$, $df = 3.18$). After viewing the negative stimulus material, female respondents had less benevolent attitudes towards people with schizophrenia, supported community-based healthcare less and found people with schizophrenia to be more dangerous. For females that viewed the neutral stimulus material, no significance ($p > .05$) was found for any of the reliable scale measures.

Comparisons of Department

The sample population consisted of undergraduate students from several departments in the university. Journalism and media studies students made up 53.2% of

the sample; social work students made up 20.3%; criminal justice students made up 15.2% of the sample; communications students made up 3.8% of the sample; and 7% of the sample was coded as miscellaneous/not given. An analysis of variance, or an ANOVA, was run. The three hypotheses with high reliability were tested, which were hypothesis three, hypothesis four and hypotheses five. The difference between groups was shown to be significant in regards to attitudes on benevolence ($p = .002$), attitudes on community health ideologies ($p = .002$), and attitudes on dangerousness ($p = .013$). For attitudes on benevolence, the difference between the social work students and journalism students was significant ($p = .001$) as was the difference between the social work students and criminal justice students ($p = .014$). For attitudes on community health ideologies, the difference between social work students and journalism students was significant ($p = .002$). For attitudes on dangerousness, the difference between the social work students and communications students was significant ($p = .009$).

For further analysis, a simple t -test was run sans the social work group. Significance was found with each of reliable scale measures. The change in attitudes on benevolence showed significance ($p = .048$, $t = 1.99$, $df = 154.42$); change in attitudes on community health ideologies showed significance ($p = .002$, $t = 3.14$, $df = 154.64$); and change in attitudes on dangerousness was significant ($p = .000$, $t = 3.68$, $df = 153.74$). Shifts in attitude were as predicted in each of the hypotheses. A t -test was also run on just the social work respondents. No significance ($p > .05$) was found with the three measures.

Comparisons of Responses to How Often Show Was Watched

Respondents were asked if they watched *Law and Order: SVU* and if so, how frequently. This was the only opened-ended question in the survey, but responses were similar enough to be grouped into four variables, which were labeled rarely, sometimes, frequently and very frequently. Simple *t*-tests were run in order to assess those who claimed to watch the show very frequently, to assess those who had watched the show before and to assess those who had never watched the show at all. Respondents that had watched the show before and viewed the negative stimulus material showed a significant shift in attitudes on community health ideologies ($p = .001$, $t = 3.31$, $df = 114.34$) and on dangerousness ($p = .001$, $t = 3.5$, $df = 114.24$). No significance ($p > .05$) was shown on the benevolence scale. Those that had viewed the show before and watched the control stimulus showed a significant shift in attitudes on benevolence ($p = .028$, $t = 2.21$, $df = 128.67$), on community health ideologies ($p = .017$, $t = 2.41$, $df = 127.94$) and on dangerousness ($p = .002$, $t = 3.17$, $df = 127.51$). For those who had never viewed an episode of *Law and Order: SVU* and viewed the negative stimulus material, a significant shift occurred with attitudes on benevolence ($p = .057$, $t = 1.92$, $df = 127.56$), on community health ideologies ($p = .006$, $t = 2.81$, $df = 127.26$) and on dangerousness ($p = .001$, $t = 3.52$, $df = 122.98$). Those who had never viewed the show and were shown the control material showed a significant shift in attitudes on community health ideologies ($p = .019$, $t = 2.38$, $df = 88.77$) and on dangerousness ($p = .011$, $t = 2.58$, $df = 92.63$). No significant changes ($p > .05$) were shown with attitudes on benevolence. Those who viewed the television show very frequently and were shown the negative stimulus material showed a significant change in attitudes on community health ideologies ($p =$

.004, $t = 2.99$, $df = 92.67$) and on dangerousness ($p = .001$, $t = 3.48$, $df = 87.54$). No significance ($p > .05$) was shown with the benevolence scale. For those who viewed the show very frequently and watched the control material experienced a significant shift in attitudes on dangerousness ($p = .047$, $t = 2.02$, and $df = 67.99$). No significance ($p > .05$) was found with benevolence and community health ideologies scales.

In the final chapter, these findings will be discussed and reasoned. Along with discussion on the findings of this study, strengths of this study, limitations of this study and suggestions for future research will be offered.

CHAPTER 5

DISCUSSION

In this chapter, the results from Chapter 4 will be discussed, and the meaning of these results will be analyzed. Each of the hypotheses will be addressed along with data collected on sex, department and whether or not respondents had every watched *Law and Order: SVU*. The strengths, weaknesses and limitations of this study will also be discussed.

Discussion of Reported Data

H1: Authority

This scale, derived from the CAMI scale, was intended to address respondents' attitudes on authority in regards to those who have schizophrenia. As noted in Chapter 4, this scale was found to be unreliable statistically. Several factors may have contributed to the scale being perceived as unreliable. Measures within the scale seemed to address internal authoritarian concepts while others seemed to address external authoritarian concepts. For example, one question in the scale states, "One of the main causes of mental illness is lack of self-discipline." This question addresses how much control and authority one has over their illness. Another question states, "Schizophrenic patients need the same kind of control and discipline as a young child." This question addresses how much control and authority others (external factors) should have over those who have a mental illness. Because questions within the scale seemed to address two separate angles of authoritarian attitudes, reliability may have been compromised.

Another factor that may have contributed to the perceived unreliability of the authoritarian attitudes scale was the population used for this study. As noted in Chapter

3, the CAMI scale has been widely used among social scientists and has been found to be reliable. However, it is important to note that many studies in which the CAMI scale was utilized were done so with a population in the healthcare field, as opposed to undergraduate students used in this study who may not have much of an understanding of mental illness or schizophrenia.

H2: Benevolence

This scale was intended to assess viewers' attitudes regarding benevolence towards people with schizophrenia. The questions in the scale addressed taxpayers' costs towards mental health services, more tolerant attitudes toward people who are mentally ill and avoiding people with schizophrenia. Although no significance within the control group was expected, no significance within the stimulus group was unexpected. Perhaps a viable explanation for this occurrence coincides with the previous explanation given in the preceding paragraph. The sample population consisted of undergraduate students who may not have had prior knowledge or understanding of mental illness and have never considered issues such as whether or not tax money is spent on mental health services as important.

Another possible explanation, the negative stimulus material may not have been the best-suited material to gauge whether or not attitudes of benevolence are affected by negative portrayals of mental illness. The episode shows the man with schizophrenia as very dangerous as a result of his mental illness, but he is very remorseful once medicated, and several characters in the episode are sympathetic to his plight. To further speculate, if the character had been portrayed as dangerous and unremorseful for his actions while

still appropriately medicated, perhaps a larger, more significant change in means would have occurred with this measure.

H3: Social Restrictiveness

This scale measure was intended to assess how much or how little respondents supported social restrictions on people who have schizophrenia. Similar to the authoritarian attitudes scale, the social restrictiveness scale was found to be unreliable. The best possible explanation seems to lie within the sample used for this study. As noted previously, the CAMI scale has been widely used for those in the healthcare profession rather than with undergraduate populations. Prior knowledge of mental illness may have been required in order for this scale to be perceived as reliable.

H4: Community Health Ideologies

This scale was intended to assess how respondents felt about community-based services as well as attitudes on people with schizophrenia living in residential neighborhoods. As noted in Chapter 4, people who viewed the negative stimulus material supported community-based services and people with schizophrenia living in residential neighborhoods significantly less after viewing the video. It can be assumed that because of the portrayal of a man with schizophrenia as a danger to society, respondents related this depiction to real life situations. Social cognitive theory applies nicely to this finding because respondents seemed to view the material as realistic enough to educate them on schizophrenia and make decisions on community-based healthcare based on what they had just seen.

More difficult to explain is the significant change in attitudes found within the control group. This occurrence was very unexpected. Although the control stimulus

material showed no portrayal of mental illness whatsoever, the attitudes of respondents changed significantly after viewing the material. One possible explanation for this is the issuing of the pretest, which specifically addressed attitudes on schizophrenia, before allowing participants to view the control material. Students may have been looking for a portrayal of schizophrenia or may have felt that the pretest was suggesting that the perpetrator in the episode was mentally ill. If this was the case, the criminal in the episode may have been perceived as violent due to mental illness. Several students in the control group had questions after sessions were complete. One student went as far as to ask if the woman in the video was mentally ill. Although this unexpected anomaly occurred, it can be concluded that respondents were greatly affected by the television show. It seemed to have had a powerful influence over how people perceived those who are violent as mentally ill and how people with a mental illness should be addressed.

H5: Dangerousness

This scale was not an original measure in the CAMI scale and was added to assess viewers' attitudes on how dangerous people with schizophrenia are. This measure was considered vital to the study because the stereotype is the most commonly found among portrayals of people with schizophrenia. Although much speculation has surrounded whether or not these portrayals affect perceptions of people with schizophrenia, the strong significance found in the change in attitudes implies that people perceived the portrayal of schizophrenia in the episode as realistic and powerful. At no time in the episode is the dangerousness of the character questioned, only how to reprimand him for his crimes. This perception may be directly linked to desires to ostracize people who have schizophrenia, which can be extremely harmful and cause symptoms to worsen.

Although some people with schizophrenia may be considered a danger to themselves or to others, this stereotype is highly inaccurate. As noted in Chapter 1 and Chapter 2, the media, specifically television, are the public's primary source of information on mental illness. As this study shows, people may be learning from fictional shows that do not accurately portray people with schizophrenia and believing that what they are viewing is a reflection of reality.

Comparisons of Sex

Simple *t*-test analyses were run in order to understand whether or not if sex played a role in shaping trends among respondents. After viewing the negative stimulus material, females had a significant shift in benevolent attitudes while males did not. This suggests that females were more greatly affected by the negative stimulus material in regards to sympathy for people who are mentally ill. Perhaps males were more susceptible to the underlying message of sympathy found in the episode and took into consideration several arguments supported by characters in the episode that were sympathetic of the situation.

Also interesting, while females in the control group experienced no significant change in attitudes after viewing the control material, males experienced a significant change in attitudes on dangerousness. As mentioned before, this unexpected significance may be attributed to giving a pretest addressing attitudes on schizophrenia then showing unrelated material. Respondents may have been seeking answers as to why questions were asked about mental illness when mental illness was not portrayed in the video. Respondents may have tried to make a correlation and as a result attributed the violence in the video to mental illness, which was never mentioned in the control stimulus. Why

this anomaly occurred in the male sample but not the female sample could be attributed to the fact that the perpetrator in the control video was a female experiencing unrequited love. Females may have been sympathetic and may have believed the woman's actions, although extreme, were not due to mental illness. Since the idea of mental illness and schizophrenia were given to the respondents through the pretest, males may have viewed the woman's behavior as a result of mental illness rather than that of desperation. Another important factor to consider is the disproportionate ration of men to women in this study. This may have a significant role in the data collected.

Comparisons of Department

Because social work students may have had prior knowledge of the subject addressed in this study, it was speculated that these students might have had significantly different responses than students who were not in the social work department. Students from the social work department had more than likely had some sort of education on disabilities and mental illness. As shown in Chapter 4, social work students responded significantly different than several departments on each of the measures. Also interesting, when tests were run on all of the departments excluding the social work department, significance was found on each measure. This would coincide with the assumption that social work students would not have much of a shift in attitudes based on their prior knowledge on the subject of mental illness. Because of their education, it would take more than a fictitious portrayal of mental illness to sway their opinions.

Comparisons of Responses to How Often Show Was Watched

These tests were run in order to assess whether or not respondents had watched *Law and Order: SVU* before would affect answers differently than those who had never

seen the show. These tests also assessed whether or not respondents that watched the showed very frequently would answer differently than those who had never seen the show. According to the results, whether or not if a respondent had viewed *Law and Order: SVU* and the frequency in which the show was watched did not play a role in the respondents' change in attitude. Each group, whether they watched the control material or the negative stimulus material, showed significant change in at least one scale measure.

Strengths of Current Study

The methodology of this study was a major strength, which was used to assess attitudes before and after viewing stimulus material. The pretests given before viewing the material were vital and provided more insight than previous studies as to whether or not if attitudes change after viewing material that portrays schizophrenia negatively. Because a pretest was given, effects the portrayal may have had on respondents could be better determined.

Another strength of this study was the inclusion of a dangerousness scale that proved to be highly reliable. This scale was very useful in assessing whether or not people, after viewing the negative material, were buying into the common stereotype that people with schizophrenia are dangerous. Much speculation has existed whether or not fictional portrayals translate as a reflection of reality to viewers, and the reliable dangerousness scale properly addressed this issue and provided insight.

Showing an episode of *Law and Order: SVU* was a definite strength to this study. This show may have had a greater effect on participants simply because the show is so popular and well known. The actors in this show attempt to give the most convincing,

realistic portrayal possible, which fit nicely with the intentions of this study. The episode was very powerful.

Limitations

Several limitations existed within this study, but the most prominent would be the use of undergraduate college students as the sample. Undergraduate students do not represent the public at large, and results may have been different using a sample that accurately represented the public. Another problem with the sample was the use of the CAMI scale with a population that was not familiar with mental health issues. As mentioned previously, the CAMI scale has been used more among healthcare professionals than with populations such as undergraduate students.

This discrepancy led to another limitation, which was the reliability of some of the scales used. As noted earlier, the authoritarian attitudes scale and the social restrictiveness scale were perceived as unreliable. Reasons as to why this happened could rely on a couple of factors, which have already been discussed. This limitation was unexpected and many of the questions utilized in the CAMI scale were not valid and could not be measured. From these results, it is clear that manipulation checks should have been conducted prior to completing the study.

Another limitation of this study, which also revolves around the sample population, was the question of complete randomness among the sample. Students were asked to sign up for the study and arrive at the respective time. Concerns that people may have signed up and attended with peers were present, but groups were not divided into subgroups once a session was underway. This division would have ensured a more random sample, but it was deemed more important to keep the session numbers as low as

possible in order to avoid greater chances of sessions being contaminated by factors such as faulty technology, time constraints and peers discussing the study with those who had not yet participated in a session.

While the methodology was considered a strength of this study, parts of the methodology can also be considered a limitation. For instance, giving the pretest and posttest to the control group who viewed unrelated material posed some problems. Because the notion of schizophrenia and mental illness was preconceived through the pretest, participants may have been actively looking for any little indication of mental illness. The control material was a cause of concern because it appeared to affect attitudes in certain scales as well, which was not expected.

Also considered a limitation of the study was the length of the pretest and posttest. In hindsight, participants may have experienced completion fatigue from completing the same survey twice at 44 questions a piece. This may have been a plausible reason as to why the control group experienced unexpected and significant changes in attitudes. The fatigue of such a long questionnaire may have caused participants to eventually answer without thinking.

Also, this study only measured short-term effects of the material on the viewers. Whether or not if attitudes stay changed or remained as intense long-term is unknown. This will be discussed in more detail in the following section.

Suggestions for Future Research

The most important future research that should take place in this area of knowledge is the replication of studies that measure viewers' attitudes on people with schizophrenia before and after viewing stereotypical negative material. One or two

studies are not sufficient in showing that depictions consistently affect attitudes of viewers. More would need to be conducted in order to increase the validity of the findings in the few studies that have already been conducted in this area.

As mentioned previously, long-term effects of the negative portrayal could not be determined. Future research should be conducted assessing whether or not viewers experience long-term effects as a result of these portrayals or if the effects are short-term. This type of research is very important. If long-term effects are present, this would mean the media are reinforcing stereotypes and possibly creating or reinforcing a stigma attached to the label “schizophrenic”.

Another possible research endeavor could involve how people learn about various health issues, not just mental illness or schizophrenia, from network crime dramas. The power of influence these types of shows have should be explored and considered by network executives. Crime dramas, mostly written from a successful formula, may be educating our public on health topics.

Conclusion

The main goal of this study was to assess whether or not negative portrayals of schizophrenia in the media do in fact affect viewers’ attitudes on people with schizophrenia. According to the data collected, attitudes were affected significantly in several different areas. The dangerousness scale was considered the most important scale because this represented the most commonly used stereotype when schizophrenia is portrayed. After viewing the material, people were more prone to believe people with schizophrenia are dangerous and did not like the idea of someone with schizophrenia living or coming into residential neighborhoods. Although the study had design flaws, it

can be concluded that negative portrayals of people with schizophrenia are reinforcing stereotypes and affecting people's attitudes toward those who have schizophrenia.

Although more research in this area should be conducted, these findings are concerning. With attitudes such as these being formed or reinforced, support for community-based services may suffer, people with schizophrenia may be ashamed of their condition and not seek proper healthcare treatment, and people may ostracize those who have schizophrenia, which could in turn lead to symptoms worsening because of isolation.

Community-based services are considered a healthy alternative to institutionalization and a great way for someone with a mental illness to build a support system, which is much needed. From these results, it would appear that people with schizophrenia are considered the *other*, which is a concept often used by philosophers and social scientists alike. Society seeks to ostracize the *other* and wishes to have people considered different or considered blemishes on society to be removed or distanced from what is deemed normal society. Some prime examples of this can be found through racial discrimination during the civil rights movement in which Blacks were forced to sit on the back of buses and forced to use different facilities from Whites, through the establishment of colonies for people with leprosy, and even through present day policies that exclude gays from civil unions. Each of these groups is considered the *other* and not recognized as part of what is considered normal society. This type of attitude is troubling because isolation can lead to a worsening of symptoms.

This study does not in any way suggest that writers or producers should be censored or face regulations in regards to portrayals of vulnerable populations. This study is meant to simply highlight that inaccurate and harmful portrayals may be yielding

harmful results. According to this study, people may not be taking into consideration shows such as *Law and Order: SVU* are fictional and should be taken at face value rather than perceived as a reflection of reality or a general representation of certain populations such as people with schizophrenia. Perhaps powerful crime dramas such as *Law and Order* and *Law and Order: SVU* can follow in the footsteps of the show *House*. Because *House* often portrays disabilities and mental illness, the show has partnered with the *National Alliance on Mental Illness*. Through this partnership, both parties seek to offer available resources to the public for education on mental illness. Writers and producers should consult professionals in order to offer more accurate and less stigmatizing portrayals of those who may have schizophrenia or any other mental illness

APPENDIX 1

RESEARCH APPROVAL



**Social/Behavioral IRB – Expedited Review
Approval Notice**

NOTICE TO ALL RESEARCHERS:

Please be aware that a protocol violation (e.g., failure to submit a modification for any change) of an IRB approved protocol may result in mandatory remedial education, additional audits, re-consenting subjects, researcher probation suspension of any research protocol at issue, suspension of additional existing research protocols, invalidation of all research conducted under the research protocol at issue, and further appropriate consequences as determined by the IRB and the Institutional Officer.

DATE: January 19, 2010
TO: **Dr. Paul Traudt**, Journalism and Media Studies
FROM: Office for the Protection of Research Subjects
RE: Notification of IRB Action by Dr. Paul Jones, Chair
Protocol Title: **The Portrayal of Schizophrenia in Television: An Experiment Assessing How Viewer Attitudes Are Affected**
Protocol #: 0912-3309M

This memorandum is notification that the project referenced above has been reviewed by the UNLV Social/Behavioral Institutional Review Board (IRB) as indicated in Federal regulatory statutes 45 CFR 46. The protocol has been reviewed and approved.

The protocol is approved for a period of one year from the date of IRB approval. The expiration date of this protocol is December 23, 2010. Work on the project may begin as soon as you receive written notification from the Office for the Protection of Research Subjects (OPRS).

INFORMED CONSENT

Department

Greenspun School of Journalism and Media Studies

TITLE OF STUDY: The Portrayal of Schizophrenia in Television: An Experiment Assessing

How Viewer Attitudes are Affected

INVESTIGATOR(S): Dr. Paul Traudt, Principle Investigator; Lindsey Jo Hand, Associate

Investigator

CONTACT PHONE NUMBER: 706-302-3748

Purpose of the Study

You are invited to participate in a research study. The purpose of this study is to look at how television portrayals of mental illness affect viewers' attitudes.

Participants

You are being asked to participate in the study because you are a student of higher education.

Procedures

If you volunteer to participate in this study, you will be asked to do the following: take a survey, watch a video 40 minutes in length, and take the same survey again.

Benefits of Participation

There *may/may not* be direct benefits to you as a participant in this study. However, we hope to learn whether or not if attitudes are affected by how mental illness is portrayed in the media.

Risks of Participation

There are risks involved in all research studies. This study includes only minimal risks. You may feel uncomfortable answering some of the questions on the survey, which should take 10 to 15 minutes. You may also feel somewhat uncomfortable with the subject matter of the video you are asked view.

Cost /Compensation

There *will not* be financial cost to you to participate in this study. The study will take one hour and thirty minutes of your time. You *will not* be compensated for your time.

Contact Information

If you have any questions or concerns about the study, you may contact Dr. Traudt at **895-3647**. For questions regarding the rights of research subjects, any complaints or comments regarding the manner in which the study is being conducted you may contact **the UNLV Office for the Protection of Research Subjects at 702-895-2794**.

TITLE OF STUDY: Mental Illness in the Media

**INVESTIGATOR(S): The Portrayal of Schizophrenia in Television: An Experiment Assessing
How Viewer Attitudes are Affected**

CONTACT PHONE NUMBER: 706-302-3748

Voluntary Participation

Your participation in this study is voluntary. You may refuse to participate in this study or in any part of this study. You may withdraw at any time without prejudice to your relations with the university.

You are encouraged to ask questions about this study at the beginning or any time during the research study.

Confidentiality

All information gathered in this study will be kept completely confidential. No reference will be made in written or oral materials that could link you to this study. All records will be stored in a locked facility at UNLV for at least 3 years after completion of the study. After the storage time the information gathered will be destroyed.

Participant Consent:

I have read the above information and agree to participate in this study. I am at least 18 years of age. A copy of this form has been given to me.

Signature of Participant

Date

Participant Name (Please Print)

Participant Note: Please do not sign this document if the Approval Stamp is missing or is expired.

SURVEY INSTRUMENT
Pretest

Please answer the following questions by placing an “X” by the appropriate answer. Please mark only ONE.

1. Age _____
2. Sex Male () Female ()
3. Have you ever watched the television show *Law and Order: Special Victims Unit*? Yes () No ()
4. If you answered “yes” to the previous question, please indicate how frequently you watch *Law and Order: Special Victims Unit* in the space provided. _____

Below are several questions about mental illness. Please mark an “X” indicating how much you agree or disagree with each statement. Be as honest as possible. Keep in mind that your answers will be confidential. Please mark ONE box for each question.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. One of the main causes of mental illness is lack of self-discipline.	()	()	()	()	()
2. More tax money should be spent on the care of people with schizophrenia.	()	()	()	()	()
3. Mental hospitals seem more like prisons than like places where schizophrenics can be cared for.	()	()	()	()	()
4. We have a responsibility to provide the best possible care for people who have schizophrenia.	()	()	()	()	()
5. Schizophrenic patients need the same kind of control and discipline as a young child.	()	()	()	()	()
6. People with schizophrenia should be isolated from the rest of the community.	()	()	()	()	()
7. The mentally ill don't deserve sympathy.	()	()	()	()	()
8. Mental health services should be provided through community based facilities.	()	()	()	()	()

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	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
9. The mentally ill are a burden on society.	()	()	()	()	()
10. There are sufficient existing services for people with schizophrenia.	()	()	()	()	()
11. It is best to avoid anyone who has schizophrenia.	()	()	()	()	()
12. People with schizophrenia should not be given any responsibility.	()	()	()	()	()
13. Residents have nothing to fear from people coming into their neighborhood to obtain mental health services.	()	()	()	()	()
14. Virtually anyone can become mentally ill.	()	()	()	()	()
15. I would not want to live next door to someone who has schizophrenia.	()	()	()	()	()
16. The best way to handle people with schizophrenia is to keep them behind locked doors.	()	()	()	()	()
17. Anyone with a history of schizophrenia should be excluded from taking public office.	()	()	()	()	()
18. The mentally ill should not be treated as outcasts of society.	()	()	()	()	()
19. People with schizophrenia should not be denied their individual rights.	()	()	()	()	()
20. We need to adopt a more tolerant attitude toward the mentally ill in our society.	()	()	()	()	()
21. Mental patients should be encouraged to assume the responsibilities of normal life.	()	()	()	()	()
22. One of the main causes of mental illness is lack of will power.	()	()	()	()	()

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	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
23. Locating mental health services in residential neighborhoods does not endanger local residents.	()	()	()	()	()
24. No one has the right to exclude the mentally ill from their neighborhood.	()	()	()	()	()
25. A woman would be foolish to marry a man who has suffered from schizophrenia, even though he seems fully recovered.	()	()	()	()	()
26. Schizophrenia is an illness like any other.	()	()	()	()	()
27. Most women who were once patients in a mental hospital can be trusted as babysitters.	()	()	()	()	()
28. Residents should accept the location of mental health facilities in their neighborhood to serve the needs of the local community.	()	()	()	()	()
29. Increased spending on mental health services is a waste of time.	()	()	()	()	()
30. The best therapy for many mental patients is to be part of a normal community.	()	()	()	()	()
31. Having mental patients living within residential neighborhoods might be good therapy, but the risks are too great.	()	()	()	()	()
32. People with schizophrenia are less of a danger than most people suppose.	()	()	()	()	()
33. Mental hospitals are an outdated means of treating the mentally ill.	()	()	()	()	()
34. The mentally ill have for too long been the subject of ridicule.	()	()	()	()	()

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	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
35. People with schizophrenia are unpredictable.	()	()	()	()	()
36. There is something about the mentally ill that makes it easy to tell them from normal people.	()	()	()	()	()
37. Mental health facilities should be kept out of residential neighborhoods.	()	()	()	()	()
38. Local residents have good reason to resist the location of mental health services in their neighborhood.	()	()	()	()	()
39. Less emphasis should be placed on protecting the public from people with schizophrenia.	()	()	()	()	()
40. It is frightening to think of people with schizophrenia living in residential neighborhoods.	()	()	()	()	()
41. Locating mental health facilities in a residential area downgrades the neighborhood.	()	()	()	()	()
42. As soon as a person shows signs of mental disturbance, he or she should be hospitalized.	()	()	()	()	()
43. People with schizophrenia are very dangerous.	()	()	()	()	()

When you are finished taking this survey, please DO NOT talk to anyone or submit the survey to the administrator. Please sit quietly with your survey until you receive further instructions.

SURVEY INSTRUMENT
Posttest

Please answer the following questions by placing an “X” by the appropriate answer. Please mark only ONE.

1. Age _____
2. Sex Male () Female ()

Below are several questions about mental illness. Please mark an “X” indicating how much you agree or disagree with each statement. Be as honest as possible. Keep in mind that your answers will be confidential. Please mark ONE box for each question.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. One of the main causes of mental illness is lack of self-discipline.	()	()	()	()	()
2. More tax money should be spent on the care of people with schizophrenia.	()	()	()	()	()
3. Mental hospitals seem more like prisons than like places where schizophrenics can be cared for.	()	()	()	()	()
4. We have a responsibility to provide the best possible care for people who have schizophrenia.	()	()	()	()	()
5. Schizophrenic patients need the same kind of control and discipline as a young child.	()	()	()	()	()
6. People with schizophrenia should be isolated from the rest of the community.	()	()	()	()	()
7. The mentally ill don't deserve sympathy.	()	()	()	()	()
8. Mental health services should be provided through community based facilities.	()	()	()	()	()

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	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
9. The mentally ill are a burden on society.	()	()	()	()	()
10. There are sufficient existing services for people with schizophrenia.	()	()	()	()	()
11. It is best to avoid anyone who has schizophrenia.	()	()	()	()	()
12. People with schizophrenia should not be given any responsibility.	()	()	()	()	()
13. Residents have nothing to fear from people coming into their neighborhood to obtain mental health services.	()	()	()	()	()
14. Virtually anyone can become mentally ill.	()	()	()	()	()
15. I would not want to live next door to someone who has schizophrenia.	()	()	()	()	()
16. The best way to handle people with schizophrenia is to keep them behind locked doors.	()	()	()	()	()
17. Anyone with a history of schizophrenia should be excluded from taking public office.	()	()	()	()	()
18. The mentally ill should not be treated as outcasts of society.	()	()	()	()	()
19. People with schizophrenia should not be denied their individual rights.	()	()	()	()	()
20. We need to adopt a more tolerant attitude toward the mentally ill in our society.	()	()	()	()	()
21. Mental patients should be encouraged to assume the responsibilities of normal life.	()	()	()	()	()
22. One of the main causes of mental illness is lack of will power.	()	()	()	()	()

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	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
23. Locating mental health services in residential neighborhoods does not endanger local residents.	()	()	()	()	()
24. No one has the right to exclude the mentally ill from their neighborhood.	()	()	()	()	()
25. A woman would be foolish to marry a man who has suffered from schizophrenia, even though he seems fully recovered.	()	()	()	()	()
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28. Residents should accept the location of mental health facilities in their neighborhood to serve the needs of the local community.	()	()	()	()	()
29. Increased spending on mental health services is a waste of time.	()	()	()	()	()
30. The best therapy for many mental patients is to be part of a normal community.	()	()	()	()	()
31. Having mental patients living within residential neighborhoods might be good therapy, but the risks are too great.	()	()	()	()	()
32. People with schizophrenia are less of a danger than most people suppose.	()	()	()	()	()
33. Mental hospitals are an outdated means of treating the mentally ill.	()	()	()	()	()
34. The mentally ill have for too long been the subject of ridicule.	()	()	()	()	()

CONTINUED ON THE NEXT PAGE

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
35. People with schizophrenia are unpredictable.	()	()	()	()	()
36. There is something about the mentally ill that makes it easy to tell them from normal people.	()	()	()	()	()
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40. It is frightening to think of people with schizophrenia living in residential neighborhoods.	()	()	()	()	()
41. Locating mental health facilities in a residential area downgrades the neighborhood.	()	()	()	()	()
42. As soon as a person shows signs of mental disturbance, he or she should be hospitalized.	()	()	()	()	()
43. People with schizophrenia are very dangerous.	()	()	()	()	()

When you are finished taking this survey, please DO NOT talk to anyone or submit the survey to the administrator. Please sit quietly with your survey until you receive further instructions.

APPENDIX 2

DETAILED SUMMARY OF NEGATIVE STIMULUS

LAW AND ORDER: SVU

“BLINDED”

Bolded scene descriptions indicate instances in the episode that may have had a noteworthy impact on viewers.

Epilogue—A little girl is found raped and badly beaten

The episode begins with a police officer speaking with an ornery elderly woman who claims she heard someone asking for help in the trunk of an Impala. The woman also notifies the policeman that she heard the name Sabrina. The cop recognizes the name is the same as a little girl that went missing only a few days prior. The police and the Special Victims Unit with detectives Olivia Benson and Elliot Stabler in the lead rush to the tow yard where they know the car has been impounded. The girl is found in the trunk of the stolen car on the lot and is identified as Sabrina. She is nearly dead and badly beaten.

Scene 1—Little girl at the hospital

This scene begins with detectives Benson and Stabler speaking with a doctor. The doctor informs them that Sabrina has a concussion, is unconscious and has been raped. She is only eleven years old. The detectives are back at the station and have a hit on the impounded Impala, Saul Picard. Picard rented the car only a few days prior, but had returned it before the abduction. Benson and Stabler decide to pay Picard a visit.

Scene 2—First contact with Picard

Detectives Benson and Stabler are in Saul’s apartment. Saul is disheveled and looks as if he hasn’t slept in days. Although he is eccentric, he has proof that he returned the rental car a day prior to the girl being kidnapped. When asked where he has been for the past two days, Picard says that he has left his apartment only for coffee and burgers. The detectives learn that Picard is in town from Louisiana on business and informs them that he lives on the north shore of Lake Pontchartrain. Upon leaving, Benson and Stabler decide to check with the clerks in the coffee shop in order to verify Picard’s alibi. Benson informs Stabler that the clerk said Picard had been in at least a couple dozen times over the past two days. She says he is a definite coffee freak to which Stabler replies, “And a paranoid freak, asking for IDs twice. He’s gotta a bad case of OCD.” Benson also remarks that the shower had never been used, and his personal hygiene needs improvement.

Scene 3—Picard is the guy

Stabler and Benson consult with forensics and learn that a rare type of pollen was found on Sabrina's clothing and on the driver's seat of the stolen Impala. This rare type comes from the north shore of Lake Pontchartrain, and the detectives realize that Saul Picard is the abductor. Picard had simply stolen the car right after he had returned it to the rental agency. The duo rush to Picard's apartment, but he has left leaving nothing behind.

Scene 4—Finding Picard

SVU are in the station discussing the case and trying to figure out if he is a repeat offender. Picard has no criminal record aside from two speeding tickets. The detectives then learn that Picard rented a blue SUV and has more than likely stayed in town.

Scene 5—Questioning the little girl

Sabrina is awake and Detective Benson has the opportunity to talk with her. Sabrina explains how she was abducted and the strange phrases Picard was uttering such as, "Hearken to the Arch" and "Stop Francine". Benson shows Sabrina a lineup of pictures, and Sabrina identifies Saul Picard's picture as her abductor. During their conversation, Stabler gets a call and urgently calls Benson over. Another little girl named Eve has been kidnapped.

Scene 6—On the trail to finding Picard

Eve was last seen at a local bookstore. The detectives speak with a clerk who remembers Eve, and shows them the table he saw her sitting and reading at. Stabler looks at the books on the table and realizes that Saul Picard is the author of one of the books, which is entitled *Secret of the Arch*. The illustration on the cover, also by Picard, resembles the Arc De Triomphe in France and an Arch in a nearby local park.

Scene 7—Picard is found

A lot of police officers are on scene, but Stabler suggests that he and Benson go in first as not to frighten Picard. The detectives quietly approach the blue SUV and find Picard in the front seat asleep. The little girl is asleep in the backseat. Picard is seized and cuffed by Stabler, and Benson wakes the little girl. While Stabler is walking Picard back to where the police cars are parked, Picard is mumbling about Alice in *Alice in Wonderland* and then begins to rant about the president's stance on the Iraq war. Stabler and Picard approach the car when Picard sees a sign on a moving truck for vacation spots that read, "Time to Escape". Picard says, "Okay, but it's going to be really hard." At this point, Picard head butts Stabler causing Stabler's head to go through the rear window of the car. While Picard attempts to make his escape by running back into the woods, Benson directs the policemen to go after him while she tends to Stabler.

Scene 8—Stabler in the hospital and blind

Detective Stabler wakes up in a hospital bed with his wife by his side along with Detective Benson. When Benson tells him everything is okay, he remarks that everything isn't okay. He can't see anything. The doctor explains that the blindness is more than likely temporary and was caused by the trauma to his head when Picard assaulted Stabler.

Scene 9—FBI is taking over

A problem arises in Picard's hospital room. An FBI agent is present and informs detectives that he is taking Picard into custody. The FBI agent informs them that Picard kidnapped another girl in Mississippi, took her back to Louisiana and raped her. She was found four days later, barely breathing and badly beaten.

Scene 10—Death penalty

SVU are discussing the case with the ADA, Casey Novak. Picard is being charged with inter-state kidnapping, and if tried in Louisiana, he can face the death penalty because the death penalty applies to those who rape a child under the age of 12 in the state of Louisiana.

Scene 11—Building a case against the FBI

Casey Novak, the ADA, is very upset about the case being taken away from her jurisdiction and feels that the FBI are pushing their own agenda by having Picard tried in Louisiana. She discusses this with a colleague, who is a constitutional lawyer. Novak believes that the FBI is denying Picard his right to due process, so she asks her colleague to defend Picard and build a case against the FBI so she can get Picard back into her custody. The scene ends with Novak asking her colleague if she can request that Picard is given a psychiatric evaluation.

Scene 12—Psychiatric evaluation and Picard's past

Dr. Huang is in session with Picard and begins by asking him why he attacked Detective Stabler. Picard replies that the sign going by on the truck told him it was time to escape. Picard informs Dr. Huang that the messages he sees are from his sister Francine. After the doctor asks who Francine is, Picard answers that Francine is his sister. Picard goes on to explain that when Francine was eleven, she was raped and beaten by a group of older schoolboys. Picard came home from school during the incident, but he froze and didn't help his sister. Dr. Huang explains to Picard that this was his first psychotic break, which was triggered by the raping of his young sister. Picard goes on to explain that doctors told him this, and he was put on medication, which worked for a while. However, Picard reveals that

after his sister died, which was recently, his medication no longer worked. He was put on a new medication, Risperidone, but Picard says that the medication made him feel like he was swimming through wet cement. He fought to find every though and every sentence. Picard says he went off his medication because of the side effects, and that's when he started receiving messages from Francine and when he started seeing those boys again. He says he saw them in the bookstore along with Francine, and the boys were gathered around her. Saul says that she was in terrible danger, so he took her to a safe place. The boys found them, and Picard says one of the boys held him down, while the other two raped her. Picard is visibly upset. He goes on to say that he set up a trap. He took Francine to New York, and when they came to rape her again, he was ready for them. Picard says he beat them with rocks. He beat them so bad that they ran. It is clear that Picard believes that he was protecting his sister rather than assaulting a little girl. He truly believes that he saved Francine and that he "made things right".

Scene 13—Dr. Huang and Novak discuss Picard

Dr. Huang is talking with Novak about Picard's mental state. Huang says, "He's not a pedophile, he's a schizophrenic." Novak questions whether or not if Picard will ever realize that it was he who raped those little girls. Dr. Huang informs her that he may or may not remember and his medication may or may not work during this great time of stress. Novak asks if he is saying that Picard may not make it through a trial. The doctor becomes perturbed at Novak even suggesting putting Picard through a trial. He strongly recommends that Picard is not equipped to be put through a trial, and he goes on to say that Picard belongs in a hospital not in prison. Dr. Huang believes says that Picard is sick, and it is cruel to convict a man who belongs in a hospital. The doctor suggests that Picard's delusions are at fault, not Picard himself. At the end of the conversation, Novak receives a text message that the FBI has dropped the case. Dr. Huang is quick to remind her that Louisiana will still try and get Picard's case so he can be tried for the death penalty.

Scene 14—Press conference

Novak is watching footage of her press conference in her office. She is speaking to the press about Picard's case and informs the public that she doesn't doubt that Louisiana will try and extradite Picard's case, but she fully intends on seeing that his case remains in the state of New York. Her colleague, the constitutional lawyer, walks in and informs her that Louisiana has already filed for extradition. Picard knows about the motion of extradition and wants to talk to Novak in person.

Scene 15—Novak's first visit with Picard

Novak visits Picard in the mental health ward. Picard's medication is working, and he realizes what he has done. He informs Novak that he wants to be tried in Louisiana and face the death penalty. He feels that he doesn't deserve to live. He

goes on to say if it can stop one pervert from harming little girls, then it's worth. He pleads with Novak to let him go home to die.

Scene 16—Novak and colleague argue about Picard's ability to stand trial

Novak and her colleague are arguing about whether or not Picard should go on trial. She believes that Picard should go on trial, regardless of his mental illness. They continue to argue about Picard's sanity, and Novak suggests a call for a 730 hearing in which Picard's competency can be questioned. Her colleague disagrees with her, and reminds her that he can't do anything that goes against Picard's wishes because he is Picard's lawyer. Novak reminds him that Saul Picard raped and nearly killed a little girl and should stand trial for what he has done. Her colleague answers by saying that the real Saul Picard did not rape and nearly kill those little girls.

Scene 17—SVU discussion on Picard's case

All of the detectives from SVU along with Novak are in the station discussing Picard's case. Some believe Picard is not at fault, rather his delusions are. Some argue that Picard is at fault because he was lucid when he made the decision to go off his medication. They also argue whether or not if he should face the death penalty. Some believe he should be convicted, and some believe he should be hospitalized. The opposing views are discussed heatedly. Novak then informs Benson that she will use the little girl Sabrina and Stabler on the stand to testify against Picard. Detective Benson is protective of Stabler and advises Novak to leave him alone so he can heal from his head trauma. Novak reminds her that he has to appear in court if summoned. There is a lot of tension between Benson and Novak

Scene 18—Novak convinces Stabler to stand trial against Picard

Novak arrives at Stabler's house. Stabler's eyes are blackened, but his vision is slowly improving. Stabler agrees to testify against Picard in court.

Scene 19—Trial dismissed

Stabler is on the stand in the courtroom. Stabler recounts how Picard assaulted him at Novak's request. Novak continues to question Stabler, but the interrogation takes an unexpected turn. She asks Stabler if he would consider Picard dangerous. Stabler replies, "I would consider him extremely dangerous." After answering this question, Novak begins to aggressively ask Stabler if he knew that Picard witnessed his sister being gang raped when he was a teenager and he did nothing to stop it. This causes Picard to become agitated and eventually leads to Picard screaming into the air at his sister. Picard is escorted out, and the judge declares a mistrial. The judge then orders a 730 hearing in which Picard's competency can be questioned. It is clear Novak manipulated Stabler in order to get Picard hospitalized rather than imprisoned. Stabler accuses her of using him to get Picard in the "Looney bin".

Scene 20—Benson and Novak argue

Detective Benson, who says she knows why Novak pulled her stunt, scolds Novak. Benson opens a drawer in Novak’s desk and pulls out a picture showing Novak with what appears to be a boyfriend. Benson says to Novak, “Where is he know, Casey. Your schizo boyfriend? Is he locked up somewhere?” The two argue about Picard’s case.

Scene 21—Novak reprimanded for pulling stunt in court

Novak is in the DA’s office. He is very angry with her and how she handled Picard’s trial. He pulls out a police report from 5 years ago. The report covers an incident that happened between Novak and her ex-boyfriend. He went off his medication and attacked her. When the police arrived, she identified herself as an ADA and had the charges dropped. The DA is furious because he believes she was abusing her power then and during this case. He threatens to fire her and take away her license if she doesn’t behave for the rest of the trial.

Scene 22—Novak tells Benson about her ex-boyfriend who also had schizophrenia

Novak and Benson meet again. Novak questions Benson and asks why she told the DA about her incident with her boyfriend. Benson apologizes and says she was wrong. Novak informs her that Picard was ruled incompetent, and Louisiana can’t touch him. She asks Novak what happened with her boyfriend. Novak tells her that he was diagnosed with schizophrenia. She couldn’t take it anymore, so she made him move out. Six months ago, Novak is called by the morgue and asked to identify a man who was hit by a car. The only thing he had on him was her card, and the man is her ex-boyfriend. Novak tears up and questions whether or not if she was partly responsible for his death. Benson reminds her that she had to save herself. Novak receives a text amidst the conversation and looks disturbed. Picard tried to kill himself at the hospital.

Scene 23—Novak’s final visit with Picard

Novak visits Picard at the hospital. He wants to know why she is here, to which she replies she heard he tried to hurt himself. He says he’s better now and wishes she had let him face the death penalty. He wants to die. He goes on to say that each day he feels a little better, but the better he feels, the worse he feels about what he did to those little girls. Novak replies, “Maybe one day you can forgive yourself when you realize it wasn’t your fault.” Picard intensely looks at her and says, “Wasn’t it?”

APPENDIX 3

DETAILED SUMMARY OF CONTROL STIMULUS

LAW AND ORDER: SVU

“TRADE”

Bolded scene descriptions indicate instances in the episode that may have had a noteworthy impact on viewers.

Epilogue—A body is found in an apartment fire

The scene begins with a fire squad desperately trying to put out an apartment fire. After the fire is subdued, a young woman’s body is found. Special Victims Unit is on the scene and determines that she was dead before the fire and appears to have been sexually assaulted before she was killed. She was killed by a lamp in her apartment. The medical examiner informs the lead characters, Detective Olivia Benson and Detective Elliot Stabler, that the 25 year old girl was in the early stages of pregnancy.

Scene 1—Getting to know the scene and Jenna Ludlow

The detectives investigate the crime scene and find that the young woman, named Jenna Ludlow, owned a lot of expensive clothing and shoes. They also come to realize that the fire was started by a can of Sterno, and the drapes were used to accelerate the fire. The forensics specialist finds wine glasses in the dishwasher that were untouched by the fire, and the detectives are hopeful for a lead.

Scene 2—Where is Jenna getting her money?

The detectives are back at the station with the rest of SVU and are watching a homemade video Jenna made in order to advertise for her services as a personal shopper. She is very beautiful and very seductive in the video. They wonder what kind of money she could be making as a personal shopper and wonder how she can afford all of her high-end clothing and accessories. Only \$300 is found in her personal bank account; however, detectives find that someone by the name of Lichtenstein has been depositing \$10,000 in Jenna’s account for the past three months. Lichtenstein is untraceable, and detectives make the connection that Jenna started receiving payments around the time she became pregnant. Detective Benson speculates that Jenna was blackmailing Lichtenstein for money after she purposely became pregnant. They decide to start with a woman named Heaven because it appears that Jenna has been paying Heaven \$200 a week with checks made out to therapy.

Scene 3—Talking with Jenna’s angel healer

The detectives are in what appears to be a New Age facility talking to a woman named Heaven who claims to be an angel healer. At first, she refuses to give any information about Jenna due to patient confidentiality practices, but when she learns Jenna is dead she starts to cooperate. Heaven appears to be consulting her angel counterparts and informs detectives that she sees Africa, possibly Ethiopia, a great body and the name Pearson comes to mind. She then tells them that Cleopatra says to try to commodity exchange.

Scene 4—Meeting Pearson at the commodities exchange

Detectives Benson and Stabler pay a visit to the commodities exchange and ask around for a good-looking Ethiopian man that goes by the name of Pearson. The man they are talking with says that a man, who is not Ethiopian but trades coffee and goes by the name of Pearson Bartlet, is upstairs tasting coffee. The detectives question Pearson, who informs them that Jenna was his son’s fiancé and they met while she was temp worker at his office. Pearson seems floored when he finds out Jenna was murdered. He tells detectives that his son is in Brazil at the moment, but he will fly back as soon as possible. It should take his son 10 hours to arrive back in the states.

Scene 5—Jenna was not raped and she knew the killer

The detectives are consulting forensics and medical personnell. They have found that Jenna was not raped, and the killer was someone she knew. The rape was simply staged.

Scene 6—The private jet takes a detour to Aruba

The detectives check out Pearson’s story about his son taking their private jet to Brazil. The story checks out, but they find out that Pearson son, P.J., stopped out of his way in Aruba for an unnecessary refueling of their plane. It turns out P.J. was never in Brazil.

Scene 7—Jenna is a golddigger

All of the detectives are back at the station and they find that Jenna has never kept a job for more than three months and has mostly temped at 500 Fortune companies. It appears that Jenna was looking for a rich man to seduce. They find that the Barlets are worth over a quarter billion dollars, and she is labeled a golddigger. They believe P.J. was seduced, she got pregnant on purpose in order to blackmail him for money and then he killed her to get out of the relationship.

Scene 8—Meeting at the airport

Benson and Stabler arrive at the airport to surprise Pearson and his son. They believe P.J. was the one who killed Jenna and Pearson knows. They take Pearson and P.J. in for questioning.

Scene 9—Finding information to link P.J. to the crime

The ADA, Casy Novak, informs Stabler and Benson that they don't have enough on P.J. to charge him with Jenna's murder. The station stalls with Pearson and P.J. while Benson and Stabler try to find enough information to pin P.J. to the crime. Other detectives in the station discuss their findings. The fetus' DNA matched P.J.'s DNA as well as the semen found at the scene of the crime. Forensics obtained a sample of P.J.'s DNA from the wine glass found in Jenna's apartment.

Scene 10—Forensics recovers receipts

Benson and Stabler are in an intense discussion with forensics. Forensics was able to uncover receipts from the fire. A prenuptial agreement is found among the stack of receipts recovered from the fire.

Scene 11—Questioning P.J. and Pearson and an introduction to Avery Hemmings

Benson and Stabler are questioning Pearson and P.J. separately about the prenuptial. P.J. informs the detectives that Jenna was very upset about the prenuptial agreement and refused to sign it. Pearson is surprised to learn that P.J. was giving Jenna \$10,000 a month. Benson accuses Pearson of telling P.J. to take care of the problem with Jenna. P.J. took it too far and killed her. After this, Benson speculates that Pearson put his son on a plane out of the country to protect P.J. P.J. says his father had nothing to do with his trip to Aruba. He informs Stabler that after the fight about the prenuptial, he was upset and wanted to get away, so he went to Aruba. P.J. says that he has no idea what happened to Jenna, and she was still alive when he left. The questioning is abruptly interrupted by a young woman, Ms. Avery Hemmings, claiming to be P.J.'s attorney. She asks P.J. if he is okay and hugs him affectionately. P.J. informs Stabler that they have been good friends since college.

Scene 12—The baby isn't P.J.'s; it's Pearson's

Detectives are discussing Hemmings with Novak. During this discussion the medical examiner interrupts to tell them that the baby was not P.J.'s, it was Pearson's. The detectives use this to cause a rift between P.J. and Pearson. P.J. attacks his father, but Pearson subdues P.J. by throwing him through a door.

Scene 13—Maybe Pearson is the killer

Hemmings is furious and having a heated discussion with Novak while P.J. and Pearson start making amends. The detectives realize it will be nearly impossible to get the father and son to turn on each other. Novak and Benson begin to believe that Pearson may have been the killer rather than P.J.

Scene 14—Big deal for land is uncovered

Benson and Stabler are back at Jenna's apartment with forensics. Forensics has found more paperwork that could be salvaged. In this, Stabler finds an email Jenna had printed. It shows the plans for the Bartlet's to buy a new plot of land perfect for growing the perfect coffee.

Scene 15—Charged with conspiracy to murder

Novak is with Hemmings, P.J. and Pearson. Novak informs them that they are both being charged with conspiracy to commit murder. It is apparent that Jenna was planning on sharing their valuable find of land with others unless they payed up. She was blackmailing them. Pearson is told he needs his own attorney.

Scene 16—The trial begins

The trial is underway and Pearson is being questioned by his attorney. Pearson denies everything and says he had nothing to do with the murder of Jenna Ludlow. Novak then questions him and implies that Jenna was blackmailing them and was murdered because of this. P.J. is then on the stand and is being questioned by Novak. Novak reveals that Jenna was not pregnant when she told P.J. that she. Jenna planned the whole thing by seducing P.J.'s father, Pearson. P.J. begins to look disturbed as Novak's interrogation becomes more intense. P.J. shouts, "I didn't kill Jenna!" When Novak asks P.J. if his father did, P.J. says he doesn't know. Pearson becomes heated and starts screaming at P.J.

Scene 17—The trial isn't over yet

Hemmings is furious again with Novak. Hemmings informs Novak that the trial isn't over yet.

Scene 18—The jury cannot reach a verdict

The scene cuts to the trial again. The judge mentions that the jury has been in deliberation for nine days. One juror will not vote guilty. Novak finds out the woman who wouldn't vote guilty is a single mom with a child who has a disability.

Scene 19—Novak visits the juror

Novak visits the juror's apartment and finds out her son has cerebral palsy. Novak informs the juror that she knows \$25,000 was deposited in her bank account the day the jury started deliberating. The juror explains that she was going to lose her mortgage and was going to be on the streets. She didn't know what else to do, and she couldn't let that happen to her son, so she took the money. Novak finds out the juror received the payment from a private investigator named Roger Frome.

Scene 20—Frome is linked to Pearson

Benson and Stabler pay a visit to Frome's office and his secretary is shredding papers. The secretary says Frome retired about three hours ago and left the country. The detectives notice a picture on the wall that shows Frome with Pearson Bartlet. They make the connection and believe that Bartlet was the one that paid off the juror.

Scene 21—Pearson questioned again

Novak and Stabler are questioning Pearson and show Pearson the picture of himself with Frome. Pearson recognizes him and says that he fired Frome four years ago because of his drinking problem.

Scene 22—P.J. is being stalked

Benson comes in with pictures to show Novak and Stabler. It appears that the PI had been paid for years to follow P.J. All of the pictures are of P.J. with several different women. They assume that the father has been stalking his son and keeping close tabs on him for years.

Scene 23—P.J. turns on his father

Benson and Stabler interview P.J. as a special victim and ask P.J. why he thought Pearson would have had him followed for years. P.J. informs them that his dad is a "control freak". P.J. believes his father killed Jenna because he was jealous and believes that he bribed the juror. The detectives ask P.J. if he knows where his father might be keeping an extra set of the pictures.

Scene 24—Pearson's house

Benson, Stabler and forensics are at Pearson's house with a blowtorch threatening to open the safe by force. They have obtained a search warrant. Pearson is very angered. Just as they are about to open the safe, Hemmings comes in with an injunction invalidating their warrant, which was issued by the judge.

Scene 25—Pearson turns on his son

Benson and Stabler arrive back at the station to find that Pearson Bartlet has beat them to the station. Pearson is telling police that he believes his son killed Jenna and that he was just trying to protect P.J.

Scene 26—Where is Jenna's camera?

Stabler and Benson are at the station late. Stabler is watching the video of Jenna's advertisement again and realizes that the video was shot in Jenna's apartment with a

home video camera. They wonder why they didn't find the remains of the camera at the apartment.

Scene 27—The camera along with videos are found

Benson, Stabler and forensics are back at Jenna's apartment searching desperately for the camera or videos Jenna may have shot. They find an SD card in a coffee can. They play the card on their laptop and find that Jenna had set up a camera in her bedroom. The video is of Pearson and Jenna having sex. The camera body is found hidden in the wall and was not harmed by the fire.

Scene 28—Avery Hemmings killed Jenna Ludlow

Pearson, P.J., Hemmings, Pearson's lawyer, Benson, Stabler and Novak are all in a meeting room and are about to watch a video. The video is of the night when Jenna was killed. Hemmings sternly orders Novak to turn the video off and quickly leaves the room. They watch the video and Avery Hemmings is arguing with Jenna Ludlow. Avery hits Jenna over the head with a lamp and kills her. After viewing this footage, the alarm for the emergency stairs to the roof sounds. Avery is standing on the edge of the roof, and she tells P.J. that she loves him. She says that none of those girls were good for P.J. and were only out for his money, but she loved him. She admits to paying the juror for her vote so P.J. wouldn't get convicted. Avery says desperately, "I would never do anything to hurt you." P.J. slowly approaches Avery, and Pearson screams, "Get away from my son!" Avery tells Pearson that everything is his fault. P.J. tells his father to stop talking. P.J. begins to slowly approach Avery again and holds out his arms. She is receptive and embraces him while still standing on the roof. With their arms around each other, Avery tells P.J. she loves him and tells Pearson that she will never let him hurt P.J. again. Avery holds P.J. tight and pulls him over the edge of the building with her. Avery and P.J. land on a car and are dead. The episode ends with everyone stuned and Pearson breaking into uncontrollable sobs.

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