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EDITORIAL

“We all go a little mad sometimes”: the problematic depiction of psychotic and psychopathic disorders in cinema

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Cinema has a history of using mental disorders rather flippantly. Characteristics of particular disorders are used as dramatic or comedic devices without any real attempt to understand the disorder or present it in a meaningful way. Those films which do explore a particular disorder generally do so because the film is about that disorder, and realism is sought after to present it in a more meaningful way. A *Beautiful Mind* (Howard, 2001) for example, is a biographical film of the mathematician John Nash, who suffered from schizophrenia. The central character of *Now Voyager* (Rapper, 1942), Charlotte Vale suffers from depression and a nervous breakdown. Although well-presented and acted, these films can be problematic as the central character becomes defined by their disorder. Less common are films where mental disorders are used as a dramatic device, yet still manage to portray the disorder in a realistic fashion.

The presentation of psychosis and psychopathy in cinema has particularly negative consequences for the diagnosis and treatment of mental disorders, not least because the kinds of film which use them as a dramatic device encourage the misguided perception that those with mental disorders are dangerous and to be feared. The slasher/horror genre is especially culpable. This cinematic strand began arguably with *Psycho* (Hitchcock, 1960) and intensified during the 1970s and 1980s with the *Halloween* and *Nightmare on Elm Street* franchises. The antagonists in these kinds of films usually display the kind of behaviours, which mainstream media generally considers as indicative of psychopathy. Rarely are these characters diagnosed with any particular disorder (the psychiatrist character at the end of *Psycho* does have a go), but instead they present with specific symptoms to indicate a general “madness”. These include split personality behaviour, talking to imaginary people, violent urges, sadism, manipulation, obsessive behaviours, remorselessness and general acts of depravity. Crucially, all these particular antagonists are human beings, made villainous by their mental illness. After all, as terrifying as vampires, werewolves or zombies can be, we know as we watch that they are

fictional constructs. Human violence, however, is a reality and a potential threat to our well-being. And so, as we watch a group of teenagers being terrorised by a murderous stalker, we absorb the message of this reality, and the attendant message that these individuals of “unbalanced” mind are a danger to us. As Wedding et al. (2010) note, “while entertaining for some, these films typically have nothing to do with any particular mental disorder, and they perpetuate the stigma associated with mental illness.”

Anyone who has set foot in a playground, schoolyard, football match, pub or just walked down the street knows that insults like “psycho” or “schizo” get thrown around quite casually without any real understanding of the etymology of the word, or the disorders themselves. This attitude stems by and large from media – from cinematic depictions to the foot-high headlines in tabloid papers. Many high profile murder cases are reported in the popular press with highly emotive language . . . monster . . . fiend . . . demon and these messages contribute to a severe lack of understanding of these types of mental disorder. “The term psychotic is used to induce fear and suggest unpredictability,” say Wedding et al. (2010), and is usually used interchangeably with psychopathy. Psychosis, though, is described by Connell et al., cited in Patterson et al. (2014) as a “loss and dramatic disruption of identity,” which takes time to rebuild and recover. Denenny et al. (2014) and Razali & Ismail (2014) also speak about the exaggerated link between schizophrenia and violence, which contributes to the stigmatization of those suffering from the disorder. In Hamilton et al. (2014), experiences of people with mental health disorders were examined; these included being treated with suspicion by acquaintances and being subjected to physical and verbal abuse by neighbours.

It is possible, however, to use mental disorders as a dramatic device, and make the presentation of that disorder realistic rather than sensational. An early example of this, as pointed out by Leistedt & Linkowski (2014) is Fritz Lang’s *M* (Lang, 1931) – a surprisingly realistic portrait of a man struggling with his urge to kill. Hans Beckert, played by Peter Lorre, displays none of the common cinematic indicators of psychopathy (facial tics, grimacing, sinister laughing). At the end of the film, he remarks to the baying mob who have caught him, “who knows what it’s like to be me?” His, and

by extension, the director's awareness of his internal struggle against his desires stands out amid the bloodbath of this genre.

Directors and writers may well argue that a properly presented case of psychopathy would not create the requisite amount of fear and tension to satisfy their audiences. I think however, that it is possible, if not to be more clinically accurate, then at least to raise tension by other means. I'm not a fan of the recent spate of "torture porn" movies such as *Hostel*. However, that particular film, which involves travellers being sold for slaughter does not peddle the mental disorders myth, so much as the terror of human beings being treated as chattel by their gaolers and as playthings by their tormentors. In this case, the business-like nature of the torture is what creates the horror.

Other films have a psychiatrist character who attempts to Explain It All, with mixed results. In *Psycho*, the psychiatrist enlightens us about Norman Bates' split personality. Dr Loomis in *Halloween* (Carpenter, 1978) describes Michael Myers' particular brand of psychopathy as "purely and simply...evil," which is not a description included in any official assessment tools, such as Hare's revised psychopathy checklist (Hare, 2003). Both films attempt to present some understanding of the mental disorder of the protagonist; but both films still end up portraying the antagonist as a violent, dangerous loner.

It is the purpose of horror films to shock and terrify their audiences. However, using mental illness to create this effect can only increase the stigma of these disorders. Those suffering from a disorder may be less likely to seek help if they are afraid of being labelled "insane" or dangerous to be around (Wykes & Craig, 2013). Even Hitchcock made a nod towards this attitude as Norman Bates bristles about the idea of sending his mother to an institution. As he says, "People always call a madhouse 'someplace', don't they? Put her in 'someplace!'"

Fritz Lang showed us as early as 1931 that it is possible to make a film about psychopathic behaviour, without the central character being a slaving, cackling, blood-stained stereotype. It would be interesting to see modern horror film makers taking a closer look at the way mental illness is portrayed and taking steps to counteract this.

Perhaps, dialogue could be more carefully deployed, for example, by having a character objecting to a stigmatising remark. Alternatively, mental illness does not have to be used as a reason for an antagonist's behaviour, or if it must be, it could be portrayed and explained in a more considered manner. At the moment, the default depiction seems to be a cobbled-together set of the most sensationalist symptoms of various disorders and this is unfair to those struggling with these disorders and to the health professionals who treat them.

Declaration of interest

The authors declare no conflicts of interest. The authors alone are responsible for the content and writing of this article.

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