Boston University

OpenBU **http://open.bu.edu**

Boston University Theses & Dissertations Boston University Theses & Dissertations

2013

Mental illness in American comedy

https://hdl.handle.net/2144/12095

"Downloaded from OpenBU. Boston University's institutional repository."

BOSTON UNIVERSITY

COLLEGE OF COMMUNICATION

Thesis

MENTAL ILLNESS IN AMERICAN COMEDY

by

KATE CHRISTIE ELSON

B.A., University of Montana, 2009

Submitted in partial fulfillment of the

requirements for the degree of

Master of Arts

2013

© 2013 by
KATE CHRISTIE ELSON
All rights reserved

Approved by

First Reader ____
Roy Grundmann, Ph.D.
Professor of Film Studies

Second Reader ____
Charles Warren, Ph.D.
Professor of Film Studies

MENTAL ILLNESS IN AMERICAN COMEDY

KATE CHRISTIE ELSON

ABSTRACT

The goal of this thesis is to explore the subject of mental illness in current American comedy films. Its focus centers upon comedic depictions of two classes of diseases: those within the category of Anxiety Disorders and Clinical Depression and related illnesses. Further, I discuss differences between depictions of the two. This thesis also details the cultural importance of the comedic genre in America and the dissonance between the genre's rigid structure, the nature of mental illness and our current lifestyle. It also explains our nation's complex and at times contradictory relationship with mental illness as a cultural and social phenomenon and illustrates how these contradictions play out within the entertainment industry. Lastly, my focus centers upon the ways in which America's dominant ideologies clash with the reality experienced by mental illness sufferers and discusses film's role both in perpetrating pre-existing ideologies and in challenging them by creating new perspectives.

Table of Contents:

Reader's Approval iii

Abstract iv

Introduction 1

Chapter One: A Brief History of Mental Illness on Film 21

I) Film as a Replica for the Human Mind 22

II) Mental Illness Throughout the Ages 24

III) The American Perspective 31

IV) Horror 36

V) Drama 38

VI) Conclusion 42

Chapter Two: Why Comedy Matters 43

I) Comedy's Roots 43

II) America's Relationship to Comedy and to Tragedy 45

III) Mental Illness' Relationship to Tragedy 52

IV) Happy Endings: What does that mean? 55

V) Comedy and Humor: Know the Difference 57

VI) Tragedy, Comedy, and Catharsis 58

VII) Nietzsche's Strong Pessimism, Consolation, and Humor 59

VIII) Conclusion 61

Chapter Three: Comic Depictions of Anxiety Disorders 62

I) About Anxiety and Comedy 64

II) Comedic Subgenres 67

III) Romantic Comedy: Conventions, Structure and Mental Illness 68

IV) Raunchy/Late Night Comedy 72

V) Family Entertainment: Disneyfying Mental Illness 75

VI) The "Bootstraps" Problem: Curing Crippling Anxiety Disorders through Romance, Adventure and Fun 82

VII) Cognitive Behavior Therapy, Mindfulness Training and Graded Exposure Therapy: How the Differ from the Bootstraps Mentality 85
VIII) *Silver Linings Playbook*: A Critique of the Critiques 87
IX) A Brief History of Mental Health on Film 88
X) The Mental Health Industry in Comedy 90
XI) Conclusion 93
Chapter Four: Comic Depictions of Clinical Depression 95
I) Defining Black Comedy 95
II) Dramatic Depictions of Depression 97
III) Replicating Depression in Comedy 100
IV) How Humor Differentiates Comedies 106
V) Humor as a Coping Mechanism for Depressive Disorders 110
VI) Problems with Comedy's Depiction 111
VII) Suicide in Comedy 115
Conclusion 118
Works Cited 121
Filmography 123
Curriculum Vitae 124

Introduction

Mental illness is an interesting concept in that it exists as both a marginal aspect of society and as a problem that is rapidly growing in prevalence. Its cultural importance beyond simple pathology is reflected in its inclusion as a subject in art and entertainment, primarily in the world of film. Films depicting mental illness have always existed (the earliest examples include silent era movies such as *The Cabinet of Dr. Caligari,* 1920), but they have significantly increased in number over the past few decades. Various studio systems across the world display their own cinematic representations of mental illness. These include everything from the aforementioned *Dr. Caligari* and other examples of German Expressionism to the fairly recent British dark comedy, *About a Boy* (2002), to obscure Canadian independent ventures such as *Nothing* (2003). The United States of America, however, shares a special relationship with the mental-illness based film. This is true not only in Hollywood, but also for the smaller American independent film circuit. The central objective of this thesis is to delve into America's deeply complicated relationship with mental illness as a cultural phenomenon through examining the subject matter's ties to film. It stands to reason that the cinema would have an interest in portraying mental illness. Film, like any art form, displays the dominant preoccupations of its culture. One could argue that humanity has always exhibited a certain preoccupation with madness and its effect upon civilization. Although modern science has given us a relatively complex understanding about the laws of physics, chemistry and astronomy, we still know little about the human body. The innermost workings of our own brains remain especially mysterious and woefully under explained

to this day. Perhaps mental illness serves as a blatant reminder of how little we understand our most vital organ – indeed an organ that has become synonymous with the very nature of humanity.

I maintain that, although mental illness, like any ailment, is first and foremost biological in nature, it also takes on an important cultural, social and political function in modern society. As I am not a neurologist, biologist, or psychologist, the social and cultural aspects surrounding mental illness are most important in developing my understanding of the phenomenon in terms of its relationship to film. I have already alluded to the physical level upon which mental illness exists. Though our understanding of the exact causes remains incomplete, we now know that disorders of the brain stem from structural abnormalities, chemical imbalances or faulty wiring between neurons. Science has also discerned that some varieties of mental illness, including Clinical Depression, possess a genetic component. Pharmaceutical companies have designed a multitude of medications to combat mental diseases by altering brain chemistry, many of which have proven very effective for sufferers, especially when coupled with therapy or other forms of treatment. There is also evidence that direct alterations to the brain, such as the oft maligned but surprisingly effective electro shock treatment, have been useful in managing some symptoms of mental illness.

Mental illness in America also takes on a political dimension in that our government often decides to a degree the quality of life mentally ill individuals are allowed to enjoy. In the not so distant past, sufferers were primarily housed in asylums, and much of the time, said institutions were harsh places where inmates were severely

mistreated and the hospital staff frequently abused their privileges. Fortunately, laws now exist to protect people in such institutions. On the other hand, issues regarding social security, disability benefits and health care coverage for the mentally ill remain persistent issues in America. Equal Opportunity Employment laws are in place to help protect mental illness sufferers from unfair prejudice in the job market, but even so, it remains sadly true that obtaining and holding a job is more difficult for someone with a mental illness than for a neurotypical individual.

The most interesting dimension of mental illness as well as the one I hope to most elaborately focus on throughout this paper falls within the cultural sphere. Although America and its dominant ideology serve as the thesis' primary focus, our understanding of mental illness as a social/cultural phenomenon goes back much further in humanity's history. Long before the advent of neurological science, psychotic behavior was believed to have its roots in either demonic possession, acts of supernatural forces or as punishment from vengeful gods. No matter what the paranormal explanation, however, early man generally viewed mental illness and its sufferers as highly frightening phenomena. Early beliefs about mental illness also primarily centered on blaming the sufferer because very rarely was a person possessed by a spirit or a god without having done something horribly wrong. This viewpoint increased tenfold in the Middle Ages, when the Catholic Church relied on "demonology" to explain mental disorders. Partially because America was originally built upon Puritanical values and forged by God-fearing settlers, there still exists a sense of shame relating to mental disorders deeply imbedded in our shared cultural psyche.

It seems obvious to state that we have reached a higher level of both understanding and acceptance of mental illness sufferers than that of our forbearers. Following the mass execution of many mentally ill and disabled individuals in the Nazi Death Camps, society began to reanalyze the overall treatment of people with physical, social or mental differences. Like Jews, homosexuals, and those with physical disabilities, Hitler considered people suffering from mental illness "lives unworthy of life." In our age, the mentally ill are afforded the same rights, freedoms and sense of dignity as any other group.

As I previously mentioned, laws exist to prevent work place segregation. In the same vein, Individual Educational Plans are initiated in public school settings to help the mentally ill (as well as those with learning disabilities, physical handicaps and intellectual delays) succeed to the best of their abilities. Because of our current focus on political correctness, we look down upon the usage of terminology like "insane," "crazy," "nuts," or "psycho" to describe someone with a disorder. Moreover, instead of, for example, referring to someone as "a depressed person," we are urged to say "a person with Clinical Depression," so to avoid using the disease as a de-humanizing label.

Despite the fact that we treat mental illness sufferers with more respect, dignity and tolerance on the surface level and no longer believe they are frightening, nor would we ever insinuate that they are in any way unworthy of life, liberty, or the pursuit of happiness, some subtle, deeply imbedded prejudices still remain. As I will argue in the bulk of this thesis, the American worldview elaborately clashes with the reality of mental illness. This, of course, is where the discussion of American film, particularly comedy,

comes into play. Above all, the American philosophy was built upon the concept of controlling one's own destiny. How then, I wonder, can someone be expected to control his destiny if he cannot control his own brain? This question, I believe, lies at the very heart of the dissonance between America and mental illness.

Film, more than any other art form, possesses a uniquely intrinsic link to the human brain. According to Hugo Munsterberg, who wrote about cinema during its early years, the medium's greatest strength lay not in its replication of objective reality, but rather, its means of exploring the workings of the human mind, hence replicating a more subjective form of reality. However, during the course of film's history, the exploration of subjectivity has made up only tiny fraction of the cinema's use, and many films, across genres and studio systems, have preferred to take a more objective, realistic vantage point. Although a handful of mental illness based films utilize various techniques in order to replicate how a sufferer might see the world, various others approach the subject matter from a more objective vantage point. This, I believe, is unfortunate not only because a more conventional approach neglects some of the most innovative tools offered by the medium, but also because it can inadvertently lead to negative, problematic, or simply wrong depictions of mental illness and its sufferers. While I am in no way opposed to objective or realistic filmmaking in a general sense (and, indeed, believe it has a useful function in some cases), I would definitely think a film focusing on mental illness would benefit from a more subjective vantage point.

If you were to list filmic representations of mental illness in American cinema, the first characters that come to mind would probably be the likes of Norman Bates, Michael

Myers, Hannibal Lector, Norma Desmond, Baby Jane Hudson or any number of terrifyingly psychotic villains who populate the horror and thriller genres. Or, perhaps instead, your mind would first focus in on the inspirational dramatic re-tellings of real life mental illness sufferers such as John Nash in Ron Howard's *A Beautiful Mind*. Film and mental illness have had a long, complicated relationship, just as society itself has always held complex views regarding mental disorders. The very earliest films to explore mental illness belonged to the horror genre and utilized our innate fear of the otherness mentally ill individuals project, by casting them as villains and pitting them against mentally healthy protagonists.

Meanwhile, dramas capitalize upon the inherent seriousness facing the mentally ill by creating stories based around sufferers as protagonists who combat their inner demons in order to successfully overcome their harsh, often sad existences. In most mental illness based dramas, antagonistic forces arise both from the mental disorder itself and from society's prejudices against the protagonist. Although I believe both drama and horror provide interesting commentary on the cultural importance of mental illness, I also feel that both have already been discussed by film students, at least to a degree. Therefore, my focus will instead be on another genre, the American comedy, at first glance, a strange genre to pair with mental illness, but at the same time, a meaningful and surprisingly fitting one.

American comedy's portrayal of mental illness may rarely be discussed in comparison to either the dramatic or horror depictions, yet, as we move forward in the millennium, more and more comedies centering on mentally ill protagonists appear, both

in Hollywood and in the independent film world. While at first the growing number of such comedies may seem coincidental, after exploring the topic in greater detail I began to realize that the prominence of such films points to an important trend in the American mindset. Comedies about mental illness exist within a wide variety of subgenres that ranges from romantic comedies, to raunchy/low-brow comedy, to dark, independent satires, to children's animated/adventure comedy. Despite the multi-faceted storytelling approach, however, I noticed, upon careful examination, that many of these films, regardless of subgenre, followed similar patterns in their depiction of mental illness, its sufferers, the mental health care industry, and society's dominant ideas about the disorders.

Whereas horror films objectify mentally ill characters by making them terrifying villains, shrouded in mystery and dramas ask us to identify and sympathize with mentally ill protagonists, comedies achieve both effects simultaneously. On the one hand, viewers generally sympathize with the protagonists, and thus identify with them on some level, but at the same time, we are also asked to laugh at them and view their struggles as ridiculous or silly, which in turn partially objectifies them. The types of diseases depicted also widely differ across genre. Horror and thriller movies focusing on mental illness generally utilize rarer, vaguer and more over-the-top disorders. Especially prevalent in the world of horror, although they are seldom, if ever, actually named on screen, are the likes of Antisocial Personality Disorder, Multiple Personalities, Schizophrenia, Obsession, Narcissism, Dissociative Disorder or Borderline Personality Disorder. The inclusion of such disorders in horror stands to reason as these diseases do

include some frightening aspects and have been linked in rare cases to real life serial killers. Dramas tend to utilize rarer diseases for an entirely different reason. By giving the dramatic protagonists extremely debilitating disorders such as Schizophrenia, these films can focus on their uniquely difficult struggle.

In contrast to horror and drama, comedies about mental illness usually focus on more common diagnoses. This, I suppose, fits into the ancient notion that comedy tended to emphasize the struggles of commoners/everyday people, instead of characters of social or political prominence. In modern-day American society, the two most commonly diagnosed mental disorders fall into either the category of Anxiety Disorders or Clinical Depression. Fittingly, these two groups of diseases are the most frequently observed in American comedy. Of course, both Depression and Anxiety can be highly debilitating illnesses (although, to be fair, probably not to the same degree as Multiple Personalities or Schizophrenia). However, both are considered closer to "normal" human experiences, especially in an age where regular shyness can be misinterpreted as Social Anxiety Disorder or common loneliness as Clinical Depression.

Whether belonging to high or lowbrow categories, art and entertainment serve as mirrors reflecting back cultural values, mindsets and attitudes. If one looks at recent mental illness based comedies as mirrors for society, we can see an America that is grappling with a major paradigm shift and desperately struggling to maintain its sense of identity. In the age of the internet, everyone is a critic, and the general consensus about modern day American society is as follows: we live in a world dominated by fear and anxiety, where children are over-protected, individuals are isolated because of an over-

reliance on technology, attention spans and intelligence have dramatically decreased, entitlement reigns supreme and illnesses (particularly mental disorders such as Clinical Depression) are over-diagnosed. Yet, at the same time, we still, at least in part, hold fast to older value systems that existed in a much less complicated era. America was built upon ideals of individuality, Manifest Destiny and the proverbial notion of "pulling oneself up by one's bootstraps." The dissonance between these two radically different worldviews plays out in mental illness based comedies by having the films critique the culture of over-diagnosis by asserting that their protagonists simply need to learn how to toughen themselves up, stop worrying and realize how objectively well they have it.

The America and the Hollywood of the past both relied on fairly concrete categories, but, in our postmodern age of the fragmented self, many of these rules and distinctions have become outdated. Quite separate from America's main current cultural climate and social structure exist a vast multitude of people whose brains, for whatever reason, simply operate differently. Unfortunately, in our world of over-diagnosis and malaise, they are frequently lumped into the same category as those who are wrongly labeled as sick. In comedy films, this is presented by way of implying that all mental illness is wrongly labeled and that good old-fashioned willpower, romance or adventure is a superior treatment option to anything the mental health industry has to offer. On top of the culture of over-diagnosis/ "Generation Me" and overprotection making easy targets for jokes and contempt, mental illness sufferers also have to contend with a much older prejudice that dates back to the dawn of humanity when disorders were considered curses from supernatural entities.

This thesis will further discuss how the term "comedy" can be split into two categories, each of which gives a very different representation of mental illness. The first is an ancient definition, first developed by Aristotle, which follows a standard pattern in terms of plot and characters and relies heavily on crafting a happy ending. In light of our present situation, I believe that this comic formula no longer holds relevance and is far too simplistic to accurately describe the current human condition. Moreover, combining something as inherently serious and tragic as mental illness with Aristotle's formula actually causes harm by perpetrating damaging myths (such as implying that mental illness sufferers are lazy, selfish, immature or over-coddled by society). The second, more nuanced definition of comedy, however, which I will refer to as the "Strong Pessimist" view (taken from Nietzsche) uses a combination of humor and seriousness in order to accurately present the human condition, jagged edges and all.

Interestingly, the division between Aristotelian comic films and Strong Pessimist comic films can also be made in terms of which type of disorder is being discussed. Though Anxiety and Depression are equally prevalent in America and frequently comorbid, each group of disorder possesses its own unique comic depiction. Anxiety Disorders are commonly depicted in mainstream Hollywood comedies and therefore, tend to fall into the harmful Aristotelian side of the spectrum. Meanwhile, Clinical Depression and Bipolar Disease are more commonly shown in Dark Comedies made by independent filmmakers. These films generally stray from Aristotle's comic formula, and instead use humor to educate their audiences about what Depression feels like, while simultaneously offering entertainment.

This thesis is divided into four chapters. The first will discuss America's and humanity's long history with mental illness and will delve into a brief analysis of what horror and drama have to offer in terms of depicting mental disorders on film. The chapter opens with a discussion of Munsterberg's theory of the teleplay from *The Film: a Psychological Study,* in which he describes how various filmic techniques can imitate functions of the brain. To this, I add ways in which directors could potentially use film to display not only the subjective world of a healthy individual, but to educate viewers about how mental illnesses feel. Mental disorders commonly affect visual and auditory senses and can even change the way a person experiences the passage of time. Film offers us a highly useful tool to empathize with and better understand those with mental disorders.

Following my discussion of Munsterberg, I will briefly describe society's dominant conceptions regarding mental illness. For this portion of the chapter, I primarily utilize Theodore Millon's thought-provoking *Masters of the Mind: Exploring the Story of Mental Illness from Ancient Times to the New Millennia* as source material. Millon describes how different schools of thought (beginning with "philosophical stories" and ending with neurobiology) perceived the nature of mental disorders and how each provides at least part of our modern day perspective. The main focus in this subchapter will deal with the creation of the asylum and the political/cultural significance of medicine. Here, I also reference Foucault's *The Birth of the Clinic* and tie his discussion of bodily ailments to my topic of mental illnesses.

Following my analysis of Foucault comes a brief discussion of psychoanalysis, its

impact upon the mental health field and, more importantly, the ways in which the American mindset was influenced by Freudian theory. Although Freud himself allegedly hated everything about our country (according to Ernst Falzeder's article in *After Freud Left*), we adopted many of his core beliefs and redesigned them as our own. I argue that both the scientific/intellectual communities (such as theorists like Erik Erikson) and the world of pop-psychology (most importantly, the Self-Help Movement) found their source in Freud's work. Although psychoanalysis as a practice is becoming increasingly outdated, many tenets of the theory maintain their importance in our current therapeutic practices.

The third portion of Chapter One delves into the American perspective regarding mental disorders. As I will discuss in detail, American culture has always had a penchant for strict categorization and black-and-white dichotomies. This is true both in terms of diagnosing mental illnesses and, curiously enough, in Hollywood's genre system. I will briefly touch upon two results of our fondness for labeling. The first is a discussion of the *Diagnostic Statistical Manuel-III* and its flaws, utilizing statements from both Millon and Bradley Lewis' book *Moving Beyond Prozac*. Secondly, I will discuss the culture of over-diagnosis as well as the backlash against it.

The final portion of Chapter One will focus upon American horror and dramatic portrayals of mental illness and the problematic aspects of both. Horror tends to under-explain diagnoses in order to maintain a sense of mystery, objectifies mentally ill characters by neglecting their point of view, and can be likened to the disturbing age-old practice of offering tours of insane asylums in order to simultaneously frighten and

entertain audiences. Meanwhile, dramas focusing on mental illness have the contradictory problem of both over-explaining diseases (this is especially true in the made-for-television subgenre which often seems to quote directly from the *DSM*) and sensationalizing the material.

The second chapter will delve into discussions of comedy and tragedy from the standpoints of famed philosophers Aristotle, Hegel, and Nietzsche while simultaneously commenting upon the current American mindset and how it relates to both comedy and to tragedy. First, I will explain the Aristotelian definition of comedy, which stresses the importance of an ordinary character achieving a happy ending through hard work and perseverance. I will further explain how this structure relates to the concept of the American Dream and the ways in which our country was built upon a "comic" view of life.

A discussion of Aristotelian comedy cannot be made without also referencing his definition of tragedy. Therefore, I will also discuss America's current relation to a more tragic mindset. Because of post-modernism and a growing sense of isolation, our sense of faith in the individual as tantamount is becoming lost. Therefore, ideas relating to the American Dream or to the simplicity of a comic structure no longer hold as much relevance. More importantly, however, I will proceed to evaluate the ways in which mental illness fits into several definitions of tragedy. While I will continue to utilize Aristotle's definition, I will also incorporate other descriptions of the tragic plot including several provided by Hegel. In order to illustrate how tragedy relates to mental illness, I will use descriptions of both Social Anxiety and Clinical Depression as examples.

Finally, and perhaps most crucially, I describe the differences between my two definitions of "comedy" and discuss how humor is utilized not only to make sense of a chaotic world, but also to embrace all of life's hardships and discover the innate beauty in them. For this discussion, I utilize theoretical evidence from Nietzsche's Strong/Dionysian Pessimism and Wes D. Gehrig's book, *American Dark Comedy: Beyond Satire*.

The bulk of the thesis discusses how interpretations of Anxiety Disorders and Clinical Depression differ in American comedies. As I noted earlier, Anxiety-based comedies generally stay within the realm of Aristotelian comedy, while Depression-based comedies fall closer to the second comedy definition. The third chapter will analyze in detail several comedies that focus on Anxiety Disorders and the problematic nature presented by the films. My first step in Chapter Three is to describe the nature of anxiety disorders by utilizing statistics, definitions and personal narratives from the Anxiety and Depression Association of America's website. Secondly, I briefly touch upon the use of embarrassment as humor and how it differs from the devastatingly difficult reality of an anxiety sufferer.

The majority of Chapter Three analyses several subgenres found in mainstream Hollywood comedies and discusses the merits and problems related to each. My first discussion revolves around the romantic comedy and utilizes Claire Mortimer's book *Romantic Comedy* in order to explore the well-known structure the subgenre tends to rigidly follow. My focus here is on Zoe Cassavetes' 2007 directorial debut, *Broken English*, in which Parker Posey plays Nora, a woman suffering from Generalized Anxiety

Disorder who overcomes her problem in order to ensure her role as perfect match for her love-interest. Romantic comedy's inherent structure problematizes mental illness as a focus for several reasons. First, in the case of *Broken English*, Nora's illness is generally relegated to plot device and rarely gets a realistic portrayal. More importantly, however, the main character overcomes her debilitating disease through a romantic relationship, rather than through traditional therapy. In short, her triumph over the disease comes too quickly, too easily and is altogether too neatly wrapped up.

The second film to utilize a protagonist with an anxiety disorder is Judd Apatow's *The 40-Year-Old-Virgin*, belonging to the subgenre known as the "raunchy" comedy. Though *Virgin*, too, presents problems – Steve Carrel's Andy never receives traditional therapy either and like Parker Posey's character, is "healed" through a romantic connection. Moreover, the film's sense of humor often borders on mean-spirited so that we sometimes laugh *at* Andy's anxieties rather than *with* him – it manages to display anxiety in a more realistic and nuanced manner than *Broken English*. I attribute this more sympathetic, nuanced portrayal to Apatow, whose films are regularly infused with a sense of seriousness and pathos rarely seen in the world of raunchy comedy.

Chapter Three also discusses how children's entertainment addresses anxiety disorders through the utilization of comedy. For this section of the chapter, I focus on two examples, each of which goes about depicting the protagonists' illness slightly differently. First, Disney and Pixar's *Finding Nemo* tells the story of an agoraphobic clown fish named Marlin (Albert Brooks) who must overcome his intense fear of the ocean in order to locate his missing son, the titular Nemo. Although Marlin is generally

depicted in a sympathetic light (with only occasional gentle mocking of his behavior), his disorder is, much like Andy's and Nora's, still solved far too easily. Moreover, the inclusion of a character foil in the form of go-with-the-flow Dory (Ellen DeGeneres) has the unfortunate effect of connecting Marlin's anxiety to negativity, uptightness and selfishness. To make full use of a discussion of *Finding Nemo*, I also must briefly analyze the Disney mindset and how the company has become synonymous with stories involving individuality and a kiddy version of The American Dream, regardless of context. The second children's animation which focuses on anxiety as humor is an episode of the hit television series *My Little Pony: Friendship is Magic* called "Lesson Zero," in which main character Twilight Sparkle's nervous breakdown is played for laughs and made to look entirely ridiculous. Despite the show's general stance of acceptance and kindness, "Lesson Zero" unfortunately shows Twilight as not only silly, but also scary and dangerous.

Following the analysis of comedic subgenres, I discuss what I refer to as "the bootstraps problem." This refers to how the American mindset expects one to be able to toughen up and handle his own problems through grit and hard work alone. I analyze how *Broken English*, *The 40-Year-Old-Virgin* and *Finding Nemo* each utilize the bootstraps mentality to differing degrees by professing that the main characters can get over their debilitating problems simply by worrying less, being less selfish and "lightening up." Here, I also employ some scientific sources in order to compare and contrast the bootstraps mentality to real, proven-effective therapeutic strategies such as Cognitive Behavior Therapy, Mindfulness and Exposure Therapy.

The next portion of Chapter Three discusses the history of the mental health industry's portrayal in film, briefly touching upon silent era horror films and social issue dramas like *One Flew Over the Cuckoo's Nest*. The bulk of the subchapter, naturally, involves an analysis of the negative manner both therapists and drugs are given in the American comedy film. My main sources for this section are *Numb* (2007) and *What About Bob?* (1991), both of which primarily serve as critiques of the mental health care system. I also mention *Silver Linings Playbook*, a recent romantic comedy that shows mental health care in a much more positive and realistic light.

The fourth and final chapter of the thesis will focuses on Depression and the contradictory role it plays in comedy. Unlike comedies about anxiety disorders, which are naturally problematic, I believe comedies about Depression mostly serve as positive, useful tools in educating the public about the disease. I begin the chapter by defining Dark/Black Comedy and explaining how it differs both from more mainstream subgenres of comedy and from drama. I use Wes D. Gehrig's *American Dark Comedy: Beyond Satire* to discuss the history behind dark humor and its roots prior to film.

Most of the fourth chapter deals with how various films use medium specific techniques in order to replicate the mindset of someone suffering from Clinical Depression. First, for the sake of comparison, I analyze two dramatic portrayals: Campbell Scott's *Off the Map* (2003) and Lars Von Trier's *Melancholia* (2011). Second, I look at three unique visions by comic filmmakers and explore how each effectively mimics symptoms of Depression. These include Goran Dukic's *Wristcutters: A Love Story* (2006), James' Westby's *Rid of Me* (2011), and Jodie Foster's directorial debut,

The Beaver (2011). In order to support my points, I also utilize David A. Karp's book, *Speaking of Sadness*, which chronicles his own battle with Depression as well as his in depth study of the disease's impact upon various aspects of American civilization.

After I have analyzed *Wristcutters, Rid of Me*, and *The Beaver*, I compare their representations of Depression to those seen in *Off the Map* and *Melancholia*. Most importantly, I discuss the role humor plays in order to differentiate the three films from their dramatic counterparts. I speculate that comedies based on Clinical Depression utilize some combination of the following humor devices: deadpan sarcasm, Absurdism and/or the usage of a comic relief character. Further, I mention how humor helps make the stories presented in *Wristcutters*, *Rid of Me*, and *The Beaver* more palatable than what they would have been if the filmmakers had gone with straightforward, dramatic presentations. In this part of the discussion, I also briefly reference some scientifically-based evidence about how laughter and humor can be utilized in treating Depression and other illnesses (both mental and physical). To obtain this information, I interviewed social worker Ellen Weiner who has been specifically trained in "Laughter Therapy."

Although comedies about Depression are, by in large, less problematic than those centering on anxiety disorders, filmmakers still occasionally fall into similar traps of accidently portraying their protagonists as self-centered or somewhat to blame for their conditions. The example I focus on in depth is Anna Boden and Ryan Fleck's *It's Kind of a Funny Story* (2010), in which a young man decides to check himself into a psychiatric ward after a failed suicide attempt. Though the film makes some very realistic points about the nature of Depression (most notably pointing out the role of

shame as it relates to the disorder), it also complicates matters by regularly allowing characters to critique the protagonist for daring to be sad when he leads what most would interpret as a charmed life.

The final portion of Chapter Four discusses suicide and its presence in comedy. First, I address statistics involving suicidality's relationship to Depression and other mental illnesses from the website *HealthyPlace.org*. After this, I proceed to discuss humanity's innate discomfort with the idea of suicide and how this leads to its relative rarity in the world of comedy. Even when suicide is used in comic films or television shows, such as in *Harold and Maude* (1971), *Heathers* (1989), *Little Miss Sunshine* (2010) or *The Simpsons* episode "Homer's Odyssey," its effect is neutralized by way of assuring the audience that the suicides are unreal.

Through the study of this topic, I have come to realize that our society desperately needs a change in viewpoint. Luckily, a tool exists to change society's perspective. This tool, of course, is art/entertainment, an apparatus that has the power, not only to reflect dominant ideology or perpetrate pre-existing beliefs, but also to spread new ideas and change the way people think. When I first began work on this thesis, the topic seemed relatively narrow, but upon finishing the writing process, I now see the global importance of mental illness, comedy, and the combination thereof.

Chapter One: A Brief History of Mental Illness on Film

Film and mental illness have made for interesting, if somewhat problematic, bedfellows since cinema's inception. Crazed characters served as easy villains even in the silent film era. Picture, for example, the beady-eyed expression of Robert Wiene's infamous madman, Dr. Caligari, played with horrifying intensity by Werner Krausse. Although his exact disorder is never named, one thing remains certain regarding one of cinema's earliest mental illness sufferers – his craziness denotes danger and we are meant to look upon him with terror. Needless to say, film's portrayal of individuals suffering from mental illness has expanded significantly since the early days of silent cinema. However, despite our more nuanced, sympathetic and understanding portrayals of mental illness and its sufferers in modern cinema, the relationship between film and mental illness remains problematic to this day. This stands to reason as, despite our leaps and bounds in scientific knowledge in the recent decades, our society still understands little about the brain's inner workings, not to mention the causes and implications of mental illness.

As seen with *Dr. Caligari*, horror was the first filmic genre to explore mental illness and even now, it remains a popular means of addressing disorders such as obsession, delusion and Antisocial Personality Disorder. While painting the mentally ill as villainous has become less common than in film's early years, variations of the theme continue up to the present. For example, 2011's *The Roommate* (a fairly obvious remake of the far superior *Single White Female*) features Rebecca (Leighton Meister), a young woman with an unspecified mental disorder who becomes obsessed with her roommate,

the beautiful, but naïve Sarah (Minka Kelly). When the two visit Rebecca's family for Thanksgiving, Sarah learns that Rebecca has neglected to take her unspecified medications, making her a severe danger to Sarah and everyone else she knows. The movie feels dated and slightly ridiculous, partly because portraying mental illness sufferers as fear-inducing maniacs in such a blatant manner is a much less common practice in our current decade. I would even wager *that The Roommate* may have never been made if not for its status as a remake of the well-known, chill-inducing classic.

Around the late nineteen forties, directors began exploring various new avenues to address mental illness on film. Most commonplace were dramatic depictions, which unlike their horror/thriller counterparts cast mentally ill individuals as the protagonists rather than the villains of their stories. Until recently, strictly comedic portrayals were fairly rare, although humorous moments occurred in straightforward dramas upon occasion. One of the few early examples of mental illness as comedy is the 1950 Jimmy Stewart vehicle, *Harvey*, directed by Henry Koster. In it, Stewart plays Elwood P. Dowd, a kindly alcoholic with an invisible companion named Harvey, who allegedly resembles a gigantic rabbit. Dowd's actual illness is never specified, but his frequent trips to psychiatric facilities are played for laughs, beginning the long-held trope in comedies of critiquing mental health practices. In the end, the audience is left to wonder whether Dowd is delusional at all or if perhaps Harvey was real all along and the real "craziness" comes from the cultural structure that attempts to label Dowd.

The remainder of this chapter will discuss the shared history between mental illness and film. Further, it discusses the two genres most commonly linked to mental

illness historically and debates the merits and problems of each. These two genres are the aforementioned horror and drama.

Film as a Replica for the Human Mind

When film was first invented, many theorists excitedly hailed it as a perfect instrument to replicate reality. After all, with the medium's unique ability to project movement, it progressed well beyond the realm of photography, generally regarded as the best replication of reality prior to film's conception. However, psychologist Hugo Munsterberg took a completely different approach by asserting that the newly developed medium could be used for an entirely separate purpose. While most of his work focused on clinical, applied and forensic psychology, Munsterberg is also credited by film theorist James Monaco as one of the pioneers of film studies and theory. In his book, *The Film: A Psychological Study*, Munsterberg discusses the "means of the photoplay" to replicate not objective reality, but rather the human mind. Although the book was written relatively early in film's history (circa 1916), Munsterberg manages to touch upon some qualities still present in film.

He explains how various filmic techniques can be viewed as simulating the human brain's inner workings. For example, Munsterberg states, "the attention turns to detailed points in the outer world and ignores everything else: the photoplay is doing exactly this when in the close-up a detail is enlarged and everything else disappears" (332). Meanwhile, he asserts that flashbacks can serve as stand-ins for human memory, whilst parallel editing can signify "the division of interest" in the mind. Munsterberg succinctly sums up his chief argument regarding film's purpose thus: "the photoplay tells

us the human story by overcoming the forms of the outer world, namely, space, time and causality, and by adjusting the events to the forms of the inner world, namely attention, memory, imagination and emotion."

Learning about Munsterberg's theory of the photoplay was what prompted my initial interest in the topic of mental illness in the cinema. If film can be used to replicate human consciousness and subjectivity, it stands to reason that it should be the best tool in demonstrating not only a healthy mind, but a non-neurotypical one as well. If we are to believe Munsterberg's theory regarding the purpose of cinema, it follows that film, more than any other art form, can allow viewers to see how someone with a mental illness perceives the world. One can read about symptoms of mental illness or even hear stories from the mouths of sufferers, but even so, it is hard to comprehend what the diseases feel like through words alone. Although film lacks complete accuracy (for example, it cannot allow one to feel the physical aches and pains of Clinical Depression), a viewer can get a better sense of experiencing the world- albeit for a short period of time - through the eyes of someone with a mental illness.

The aforementioned *Cabinet of Dr. Caligari*, although problematic in many regards, actually serves as an early example of utilizing techniques outside of acting to invoke mental disturbance. A follower of the German Expressionist Movement, Robert Wiene used set pieces to inform viewers of the mindset of the titular character. The surreal set pieces in *Caligari* are noticeably jagged and bizarre, almost invoking an otherworldly sensation, reflecting a mind that is similarly twisted. However, Wiene (and the Expressionist Movement in general) mostly failed to properly utilize inherently filmic

aspects. The sets, while interesting, could easily be utilized in a theatrical setting, sculpture, or even painting. On the other hand, later films focusing on mental illness fully capitalize upon strengths unique to the medium, including editing, close-ups, camera angles, and sound distortion.

Just as film utilizes close-ups to mimic the brain's attention to details, or flashbacks to replicate memory, one would assume that it also has the ability to explore the drab, colorlessness someone with Clinical Depression might feel, the auditory and visual hallucinations of a Schizophrenic, the bright, over-sensory of someone with Autism, or even the scattered thought-processes of someone with an anxiety disorder. In the fourth chapter, I will give several detailed accounts of how various films brilliantly utilize techniques in order to replicate symptoms of anxiety and Depression. I would even go so far as to say filmmakers who choose mental illness as their subject matter have an obligation to educate their viewers as best they can because they are dealing with delicate subject that still evokes a level of misunderstanding. Unfortunately, not all movies centered on mental illness take the approach suggested by Munsterberg of viewing the world through their characters' mindsets. As a result, some films perpetrate commonly held misunderstandings rather than working to alleviate them.

Mental Illness throughout the Ages

In order to thoroughly explore the shared historical background between the cinema and mental illness, I must first briefly discuss the long, often tragic history regarding culture's dominant perceptions of the causes, implications and most importantly, the victims of mental illness. Many of the earliest beliefs depicted the

mentally ill in a strictly negative light, and despite radical changes in scientific understanding, some traces of the earlier means of categorizing and explaining the diseases remain present below the surface, occasionally presenting themselves in film and other art forms. In his book *Masters of the Mind: Exploring the Story of Mental Illness from Ancient Times to the New Millennium*, Theodore Millon traces the historical backgrounds regarding primary attitudes of several schools of thought. His first chapter, titled "Demythologizing the Ancients' Spirits" focuses on what Millon dubs the "Philosophical Stories" of mental illness. Millon states:

> primitive man and ancient civilizations alike viewed the unusual and strange within a magical and mythological frame of reference…Although both good and evil spirits were conjectured, the bizarre and often frightening behavior of the mentally disordered led to a prevailing belief that demon spirits must inhabit them…The possession of evil spirits was viewed as a punishment for failing to obey the teachings of the gods and priests (4).

In addition, many early cultures regarded mental illness as a result of an individual's depravity or weakness. It was not until the Roman Empire that society began to note the connection between strange behavior and the brain, whereupon dominant beliefs shifted from malevolent outer forces to organic reasoning. The shift toward regarding odd behavior as medical actually began with Ancient Greek scientists such as Hippocrates. However, Hippocrates and his ilk largely viewed mental illnesses not as originating in the brain, but rather as resulting from excesses or inadequacies of the Four Humors (yellow bile, black bile, blood and phlegm).

Roman medicine, however, speculated that "mental disorders were caused not by the action of mysterious forces, nor were they the product of bio-humoral movements or conflicts, but by the periodic enlargement or excessive tightening of the pores in the

brain" (Millon 26). While not completely accurate in their approach, the Romans realized that brain irregularities led directly to disordered thinking and behavior. Unfortunately, with the Dark Ages, many of the advanced ways of categorizing mental illness perpetrated by the Romans became lost as society adopted a more primitive belief system based on "demonology." During this period, mental illness sufferers were considered to be led by the devil due to moral weakness in character. Many were accused of witchcraft and subjected to cruel punishment. "When mental disorders were regarded as the outcroppings of the devil or of evil spirits, no less the product of sinful acts," Millon states, "the treatment was abuse and, at best, custodial neglect" (83). Although this attitude no longer serves as a dominant explanation, some sense of the mentally ill as morally inferior, or at best, somewhat at fault for their symptoms remains deeply imbedded in our culture.

In Chapter Three of his book, Millon chronicles the disturbing history of the mental asylum. Prior to the 16th Century, mentally ill individuals were primarily placed within the care of their families, whereupon "the severely deranged typically were hidden in cellars or caged in pigpens" (83). Well into the 1960's, however, asylums retained their status as the dominant treatment option for mental illness. Although they varied in quality, many were horrific places.

Although he does not specifically reference mental disorders, the well-known French theorist Michel Foucault offers interesting insight regarding the vital role disease, clinics, and diagnoses play in culture in *The Birth of the Clinic*. Although illness has existed since the dawn of mankind, the advent of the hospital is a relatively modern

concept. As I mentioned in the paragraph above, this is true of asylums housing mentally ill individuals, but it is also pertains to the way all maladies are observed. Foucault notes that with the birth of the hospital, medicine became colder and more impersonal. He states: "the natural locus of disease is the natural locus of life – the family: gentle, spontaneous care, expressive of love and a common desire for a cure, assists nature in its struggle against illness, and allows the illness to attain its own truth. The hospital doctor sees only distorted, altered diseases, a whole teratology of the pathological" (17). I will note, however, that Foucault references illness as a whole, specifically physical ailments here, because, as Millon stated, families often treated the mentally ill extremely poorly.

Foucault likens the categorization of diseases to botany and explains that the detached method of studying a person's body ignores the fact that humans, unlike plants, each possess unique sets of traits, which in turn causes them to present illnesses in entirely distinctive ways. The advent of the hospital served to objectify patients so that rather than individuals, they become complex cases for doctors to solve. Foucault adds that the second occupation of the clinic, to educate future medical professionals, further dehumanizes patients. I believe Foucault's statements prove even more important for mental illnesses than for physical ailments because, by and large, more variation exists between how each person exhibits them.

In a later chapter of his book, Foucault discusses the role of symptoms in diagnosing illness.

> In the medical tradition of the eighteenth century, the disease was observed in terms of symptoms and signs…The symptom – hence its uniquely privileged position – is the form in which the disease is presented…Cough, fever, pain in the side, and difficulty breathing are not pleurisy itself – the disease itself is never

> exposed to the senses, but 'reveals itself only to reasoning' – but they form its 'essential symptom' since they make it possible to designate a pathological state (90.)

Foucault adds, however, that in the postmodern era, the symptom, like the importance of the sign, has lost its significance. "The symptom has lost its role of sovereign indicator, being merely a phenomenon of the law of appearance, it is on the same level as nature" (91-92). Despite this, symptomology is still utilized to diagnose diseases, particularly mental disorders. For example, while medical diseases can often be determined through the presence of viruses, bacteria or parasites, Clinical Depression is diagnosed by means of a potential sufferer filling out a survey inquiring about their feelings because, as of now, there exists no brain scan that can detect Clinical Depression.

The mental health care system, the means of categorizing mental disorders and a general understanding of the human mind, changed drastically with the innovation of psychoanalysis. First developed by Sigmund Freud, the practice is based upon the notion that each human being possesses an unconscious mind and that mental disorders are caused predominantly by thoughts, impulses or memories repressed within. Destructive tendencies in the psychoanalytic model primarily result from problems arising in childhood. According to Millon, "[Freud] recognized that these unconscious processes occurred in normal and abnormal individuals alike." He also realized that "pathological behavior represents, in large measure, an adaptive strategy developed by patients in response to a threat" (262). Like many students of mental illnesses before him, Freud labeled and classified several groups of disorders. These disorders, as well as healthy adult personality types, he noted, were linked to his psychosexual stages of development,

which included the oral, anal, phallic, latency, and finally, genital stages.

People who experience trauma or frustration during the oral stage of development (that is, the first year and a half of life) are more prone to anxiety later.

> For example, a young boy may have experienced oral gratification only when he submitted to a rigid feeding schedule. Anxious lest he lose parental support and fearful of deviating from parental regulations, he may become a cautious person unable to take any step toward adult independence…As a freshman in college, therefore, he might develop a psychosomatic ailment if he failed to be accepted into a fraternity (Millon 266.)

From the very beginning, Freud (and psychoanalysis in general) shared a complicated relationship with the American public. In *After Freud Left*, John Burnham compiles a wide variety of articles regarding the impact of Freud's series of lectures at Clark University, beginning in 1909. In some senses, Burnham notes, Freudian ideas took on an even greater relevance in America than in Europe. As is typical of America, however, our country infused psychoanalysis with our own, unique flavor. The chapter by Dorothy Ross, titled "Freud and the Vicissitudes of Modernism," states "[American psychoanalyst] Erik Erikson was using Neo-Freudian insights to domesticate both modernism and Freud. I mean 'domesticate' in all its senses: to bring the foreign within the ambit of the native, to bring the wild into the sphere of the home, and to tame" (175).

Like Freud, Erikson named several stages of development present in the life of each human being, but his were more based on cognitive development than strictly psychosexual urges. Erikson purported that each life stage contained "a decisive encounter with others that shaped the course of future development…The infancy nursing period determined whether the child would develop trust or mistrust; the struggle over retention and elimination during the anal-muscular stage influenced whether the child

would emerge with a sense of autonomy or with shame and doubt" (Millon 311). If an individual fails to properly overcome a crisis in his early life, this later results in mental illness.

Although Freudian theory was most commonly experienced within America's intellectual communities, eventually even traversing to film theory, ideas propagated by psychoanalysis also permeate the world of pop psychology. Many Self Help books, belonging to a fairly modern genre allowing access to therapeutic advice without the expenses or stigmatization attached to seeing a counselor, also utilize concepts related to childhood trauma and subconscious impulses, albeit using much simpler, easier to understand terminology. In the last chapter of his book *Speaking of Sadness: Depression, Disconnection and the Meanings of Illness*, David A. Karp discusses the therapeutic culture America developed in the post-Freudian era. "Preoccupied with their dis-ease, huge numbers of Americans purchase the time and expertise of professionals in order to discover more about themselves…We are in an era that has been characterized as the age of narcissism and Americans are said to have constructed a 'me, myself and I' society" (175).

According to Karp, our current affinity for Self-Help books fits perfectly into America's preexisting paradigm of individuality. Karp further notes that two types of individualism exist and that the second type, which he dubs "expressive individualism," "refers to the deep and abiding concerns Americans have with personal self-fulfillment" (183). I would like to add that the genre's very name reflects heavily upon our "pull yourself up by your bootstraps" mentality. The term "Self-Help" may be a misnomer in

that the book's author guides your journey by offering exercises, coping skills and thought processes, but the fact that the genre's title implies curing one's self without the help of an outside source certainly helps explain why Self-Help enjoys less stigmatization than traditional therapy. Conversely, however, many ideas stemming from psychoanalysis and perpetrated by Self Help culture often take away an individual's sense of responsibility by allowing him to blame past events (and specifically, his parents) for his current problems.

The American Perspective

This thesis is primarily concerned with American portrayals of mental illness on film because American values have a uniquely complex relationship with both mental illness and cinema, which informs what movies depicting mental illness get made and how audiences respond to them. This sub-chapter will explore the strange discrepancies and dissonances in the American mindset in hopes of explaining the most common phenomena found in our mental illness-based films. Once again, I will delve into historical references to help explain my points.

From the very beginning, the United States has held a fairly black-and-white view regarding mental illness. Per Millon, "the expansion of the state mental hospital system in the United States was a logical outgrowth of the commonly held view that people were either sane or insane" (103). Interestingly enough, the American desire to split people into easy categories also appears in early Hollywood, where stories generally consisted of easily discernible heroes and villains. Just as characters were divided into good/evil dualities, the American genre system, too, could be viewed as a result of our focus on

categories and can help explain the multitude of genres, genre hybrids and sub-genres in existence.

This penchant for strictly categorizing can also be witnessed in America's greatest contribution to the mental health system, the American Psychological Association's *Diagnostic and Statistical Manuel of Mental Disorders* (*DSM*). First published in 1980, the *DSM-III* quickly became the leading source for diagnosing all varieties of mental illness. Says Bradley Lewis in his chapter on the *DSM-III* in *Moving Beyond Prozac*, "[the *DSM-III*] shifted psychiatric diagnosis from vaguely defined and loosely based psychoanalytic descriptions to detailed symptom checklists – each with precise inclusion and exclusion criteria all meant to be 'theory neutral'" (97).

Although naming disorders is undeniably useful, many, including Millon and Lewis, have criticized the *DSM* for various reasons. Says Millon,

> Most diagnostic criteria lacked empirical support. Some were inadequately explicit or, conversely, were overly concrete in their observable referents. Many were redundant both within and with other diagnostic categories. Others were insufficiently comprehensive in syndromic scope or displayed a lack of parallelism and symmetry among corresponding categories (192.)

Despite multiple changes and additions to the *DSM's* format over the decades, the index generally neglects the fact that every human brain, personality and symptomatic structure works completely differently and that one cannot hope to generalize how a disorder is experienced. *DSM-III's* detailed lists of symptomology also seem a natural outgrowth of Foucault's comparisons between medical diagnostics and botany. His statement regarding how "cough, fever, pain in the side are not themselves pleurisy" also applies to *DSM's* manner of diagnosing mental illness. Like humans themselves, mental illnesses

are more complicated than a list of symptoms would indicate. Unfortunately, as I have already mentioned, until brain scans are developed to accurately decipher mental disorders, symptomology remains the best method of distinguishing normal individuals from mentally abnormal ones.

I've heard it said that if you meet one person with Asperger's Syndrome, you have met one person with Asperger's Syndrome. Although this claim seems obvious, I believe it holds an important implication for how one observes mentally ill individuals. The same could be said not only for Asperger's Syndrome, but for any other mental illness as well. As my research indicates, for example, there are nearly as many ways to experience Clinical Depression as there are people with the disorder. Some feel it as a dullness and lack of emotion, while others become anxiety-ridden, excessively teary and overly emotional. There are also various symptoms (or even groups of symptoms in some cases) that easily fit into more than one category. For instance, extreme social anxiety can be associated with the common Social Anxiety Disorder or much rarer and severe Avoidant Personality Disorder.

American desire to label as well as psychiatry's reliance on the *DSM* has led to what many consider an "over-diagnosis of mental illness" in recent decades. In order to support my point, I would like to utilize a non-scholarly and non-scientifically-based source, in this case a blog, because I feel it best illustrates a viewpoint shared by many outside the scientific or academic communities. "Mid-Level U", written by an emergency room nurse, states "I am…shocked by the number of seemingly 'normal' patients I see on psychiatric medications." She adds that the so-called "psychiatric craze"

or “fad” has “led to a forty-fold increase in diagnoses of bipolar in children. Autism diagnoses have increased twenty-fold and attention deficit disorder diagnoses have doubled in recent years.” The blogger continues on to explain her opinion of the reasoning behind this phenomenon. “Individuals are becoming complacent, too lazy to deal with everyday life. When things go wrong in life, they should not be treated with medication. Yeah, it stinks when your boyfriend breaks up with you, but Prozac won't bring him back either.” Although her argument is poorly worded, this blogger and countless others have, perhaps inadvertently, touched upon a very interesting point regarding America’s relationship with mental illness.

In the prologue to his book, Millon states: “that the incidence of both mild and severe disorders of the mind is strikingly high in contemporary society cannot be denied. Perhaps it reflects the strain of life at the turn of the twenty-first century – what political leaders and social thinkers have noted as a time of terrorism and economic decline.” Both Millon’s account and that of the blogger hold some degree of merit. Our current, stressful, and frequently isolating lifestyle in America could easily be semi-responsible for the increase of some disorders (Clinical Depression particularly), but at the same time, our labeling system may also lead to over-diagnosing based on the pathologization of what the Mid-Level U blogger dubs “everyday life.” I believe both these explanations possess ties to the ideal of the American Dream, which purports that every individual is entitled to a house in the suburbs with white picket fences and 2.5 children. For some, the American Dream leads to the belief that pain, discomfort and suffering are unnatural. This, in turn, may lead to regular sadness being wrongly diagnosed as Depression or

normal introversion as Social Anxiety Disorder.

Despite the prominence of mental illnesses in modern America, many still regard disorders of the mind as shameful. As I will discuss thoroughly in Chapter Three, this idea is best explored in American comedy films, which exist in direct opposition to culture's tendency toward over-diagnosing and labeling. Like the Mid-Level blogger, the films I will discuss in Chapter Three generally purport that those who rely on medications and/or therapy are simply too "lazy," "weak" or "selfish" to deal with the average problems of everyday life. Unfortunately, this notion completely ignores the fact that, although some people may be wrongly diagnosed, others have real differences in brain chemistry that can be greatly alleviated through mental health practices.

Aside from a general annoyance about over-diagnosing mental disorders, I think Hollywood's current stance exists for two reasons, both intrinsically tied to America's belief system. First, although currently highly diverse in terms of religious practices, America was originally built upon Puritan Christian values. Therefore, some outdated beliefs regarding mental illness as a punishment for moral degradation still exist at a subconscious level. Secondly, and perhaps even more crucially, is the issue I will call the "bootstraps problem." Our nation is one that prizes individuality above all else and one of our chief beliefs related to the American Dream is that one should be able to succeed at anything through perseverance and hard work alone. Moreover, he should be able to overcome all obstacles on his own. While an admirable philosophy at first glance, "pulling oneself up by one's bootstraps" alone cannot fix a faultily wired brain.

Horror

Now that I have all too briefly discussed humanity's intricately woven history with mental illness, I will return to the topic of filmic portrayals by discussing the most well-known genre to tackle the subject: horror. The link between mental illness, entertainment and fear has existed since the early asylum era. According to Millon, "many asylums were open to the curious public for their amusement. In 1799, Immanuel Kant warned 'nervous people' against visiting such institutions out of curiosity because the sight of these patients might provoke similar disturbances in the onlookers" (85). The hospital of St. Mary of Bethlehem in London, also known as "Bedlam", was especially notorious for offering tours of its premises to outsiders. In some senses, the horror genre represents a kind of modern-day equivalent to visiting an insane asylum.

Truth be told, mental illness can indeed be a frightening experience, not only for sufferers themselves, but for those close to them. Mental illness represents otherness in that it is nearly impossible to fully comprehend, even for health professionals. In some cases, sufferers of disorders can be virtually impossible to decipher or differentiate from neurotypical individuals. Therefore, unlike earlier horror villains, the mad man easily blends into society and appears as a completely normal human being. When taking the combination of these aspects into account, one can easily discern why horror became the dominant means of depicting mental illness early on. From *Dr. Caligari* onward, the mentally unstable villain became an acceptable, real-world based alternative to supernatural horrors such as monsters, ghosts, aliens or zombies. Like supernatural elements, mental illness is incomprehensible, but it has the added scare factor of being a

real-life problem. The innate fear of mental illness that horror films exploit may also tie back to the older belief systems of our ancient forbears who saw it as demonic or supernatural punishment.

In general, horror films try to keep their villains and their diagnoses as vague as possible, because once something is understood, the fear factor greatly diminishes. The remake of *Halloween*, for example, was harshly criticized because it attempted to humanize Myers with a backstory explaining his psychic disturbances. Ultimately, in order for a horror villain to be truly successful at his job (which is, of course, providing entertainment through fear), he must be at least partially de-humanized and surrounded by mystery. Visitors to Bedlam and other asylums in earlier centuries were terrified of the inmates because although they resembled normal humans, they also took on non-human characteristics (Millon even describes the experience as similar to viewing animals at a zoo). The same, I believe, is true of the mentally ill horror villain.

The issue with the horror/thriller genre's depiction of mental illness is twofold. The most obvious implication is that it tends to portray mental illness as dangerous not only to individuals close to the sufferers, but to society as a whole. While certain mental disorders do represent a real life danger, the majority are relatively harmless. Therefore, horror films become responsible for inadvertently placing a negative stigma on those with mental illness. Secondly, and maybe even more importantly, horror tends to dehumanize mental illness sufferers, forcing them firmly into the category of other. The mentally ill villain represents an obstacle for the healthy protagonist to overcome and, commonly he is either killed at the end of the film or locked away.

One of the sole examples within the horror/thriller genre told from the vantage point of a mentally ill protagonist is Darren Aronovsky's critically acclaimed *Black Swan* (2010). This film follows Nina (Natalie Portman), a young ballerina whose already tenuous sanity unravels after she earns the coveted role of Swan Queen in her company's rendition of *Swan Lake*. Unlike the previously mentioned films, *Black Swan* paints Nina's illness as the antagonist, rather than Nina herself. I would argue that *Black Swan*, unlike the aforementioned horror movies, utilizes Munsterberg's theory effectively by allowing viewers access to Nina's innermost thoughts and feelings. We see her hallucinations unfold, and become just as confused as she is.

Drama

Dramas depicting mental illnesses appear to fall into two general categories, each on opposite sides of the quality spectrum. The first category includes critically acclaimed films, heavy with meaning and importance, but sometimes difficult to find entertaining. On the other end, we find trashy, cheaply-made after school specials and made for television films, which, although they too can project meaningful elements upon occasion, often times trivialize their subject by injecting too great a sense of melodrama, sappiness, or obvious attempts at educating the audience. Drama is perhaps the broadest and largest filmic genre and includes various subgenres including (as defined by Netflix), "period piece", "political drama," and "tear jerker." Each of these subgenres has tackled the subject of mental illness to some degree.

As a genre, drama differs greatly from horror in that it has few distinct conventions. Sometimes, a drama will adhere to the conventions of the much older

tragedy genre (in which, as described by Aristotle, a heroic protagonist is destroyed by a fatal flaw), but this is not a necessity. Drama is in some senses, viewed as a sort of default film genre, best described by negation (if it lacks conventions of more concrete genres like comedy, action or horror, for instance, it may fall into the drama category.) It is also widely regarded as the most realistic genre, but, again this is not always a necessary trait. By and large, dramas represent the most realistic and sympathetic portrayals of devastating mental illnesses, but because of their seriousness, they tend to attract fewer viewers than comedies or horror films.

One of the earliest and best known dramas centering on mental illness was Milos Forman's *One Flew Over the Cuckoo's Nest* (1975). Based on Ken Kesey's novel of the same name, *Cuckoo's Nest* delves into the horrific state of the American mental health care system circa the 1960s. The film follows several mental institution patients including Jack Nicholson's charismatic McMurphy and Will Sampson's silent observer known as "The Chief" as they attempt to make the best of their unfortunate situation. Like the horror films mentioned previously in this chapter, *Cuckoo's Nest* sets up a clear hero/villain duality. However, in this case, the mentally ill inmates serve the role of protagonists, while the health care system itself, personified by the hateful Nurse Ratched (Louise Fletcher), serves as antagonist.

Other dramas take a similar approach to *Black Swan* and portray the mental illnesses themselves as primary antagonists, while the victims fill the role of protagonist. Ron Howard's Oscar winning *A Beautiful Mind* (2001) serves as a crucial, yet somewhat complicated example. This beautifully directed and acted movie portrays real life

mathematician John Nash's (Russell Crowe) struggle against Schizophrenia and realistically shows how the disease affects not only John himself, but also his wife, Alicia (Jennifer Connolly). The film hints that Nash's Schizophrenia is not a fully evil force and that his illness holds an intrinsic link to his giftedness in math.

Of all film, the made-for-TV-movie ranks objectively lowest in terms of quality. Although there have been some worthy exceptions, they mainly appeal to the lowest common denominator of film viewers. However, channels such as Lifetime and Hallmark Movie Network as well as non-cable networks such as NBC have actually offered some interesting, realistic, sympathetic and even thought-provoking portrayals of mental illness. At first glance, *Strange Voices*, a made-for-television drama that premiered in 1987 on NBC, feels very much typical of its oft-ridiculed genre. The production values are notably subpar, with dull coloring, bland settings and passable, if conventional camera work. The acting is mostly mediocre as well and the dialogue is stilted, unrealistic, and at times, borders on silly (the main character's conversation with her younger sister about losing her virginity is especially cringe-worthy). The film's melodramatic musical score begins with the credits and remains present throughout as an obvious means to alerting viewers of what emotion they are supposed to feel.

Strange Voices begins with the seemingly perfect, but bland Glover family, which includes photographer mother Lynn (Valerie Harper), businessman father David (Stephan Macht), older daughter Nikki (Nancy McKeon), a college student studying architecture, and her sister, Lisa (Tricia Leigh Fisher), who dreams of studying music at a prestigious university. The family's life takes a dramatic turn, however, when Nikki is diagnosed

with Schizophrenia. At this point, the film also becomes inherently more interesting. On the one hand, *Strange Voices* offers a vast amount of bland exposition regarding the disease (Nikki herself gives her mother an unrealistic speech about how she feels. On top of that, we are also offered exposition from Nikki's myriad psychiatrists as well as her parents). If horror films have an issue with leaving mental illnesses purposefully vague, the made-for-television movie possesses exactly the opposite problem in that they often tend to explain symptoms nearly directly from the *DSM*.

On the other hand, the film occasionally offers a more nuanced perspective. The best example of this is the director's use of filmic aspects to mimic auditory symptoms of Schizophrenia. During a family dinner party, Nikki experiences her first episode and we, the audience, experience it right alongside her. As she approaches her mother and a friend, the sound of voices begins to distort. "Hi, Baby!" her mother announces, but even as the conversation moves forward, the words echo eerily on top of the other diegetic sound, later replaced by her mother's friend repeating "hi, Nikki!" This effect makes the actual voices of the characters sound blurry and far away. Even as Nikki ventures away from her mother, her words continue to echo. When she speaks to her father, his voice is entirely muted so that we only hear the voices in her head.

In spite of the aspects *Strange Voices* does well, it and its ilk present various problems regarding the portrayal of mental illness on film. First of all, the made-for-TV genre tends to sensationalize its subject matter for dramatic effect, causing even the most serious real life issues to take on a melodramatic, almost ridiculous feel. This film in particular also gives the unfortunate impression that its protagonist's life was perfect

prior to her illness. The family we meet in *Strange Voice's* opening scenes hardly resemble anything in the real world. The parents never argue, the sisters openly discuss sex, and the largest problem presented is that Lynn is beginning to feel the pangs of empty-nest syndrome with both daughters in college (although the problem is easily alleviated by her new interest in photography). This perfection makes relating or sympathizing with the characters difficult, even after Nikki's diagnosis.

Conclusion

In conclusion, while mental illness's history derives from the very beginning of humanity and film's history is a scant hundred years, understanding of both have developed together into an interesting, if difficult relationship. Film, like any other form of art or entertainment, shows the dominant perceptions at the heart of culture. In the case of mental illness, we can see through movies that although we want to believe our current view is more informed than that of our forbearers, a problematic view remains, especially in American society. Although films in both the drama and horror genres illustrate this in their own ways, I believe that comedic films best illustrate the issue. The remainder of this thesis will focus on comedy's role in depicting mental illness in American cinema, both in terms of Hollywood and independent film. I narrow my focus primarily to the two most commonly depicted groups of disorders, namely Anxiety and Depression, and discuss how each depiction differs.

Chapter Two: Why Comedy Matters

In terms of critical acclaim, comedy remains a highly underrated genre. According to Claire Mortimer, author of the aptly titled *Romantic Comedy*,

> Comedy as a whole has rarely been seen as being as critically respectable as other genres; perhaps it is a rather self-defeating paradox to ask for it to be taken seriously. Even Shakespeare's comedies seem to be critically over-shadowed by his tragedies, perhaps diminished by the foregrounding of characters who are not heroic or noble, and themes that concern issues found in everyday life, such as love and relationships, rather than the elemental issues of life, death, good and evil (2.)

Despite the under appreciation the genre typically suffers, comedy has served as an important tool in addressing difficult cultural issues from its very creation. Moreover, as perhaps the most popular genre from a commercial standpoint, comedy also has the unique ability to transmit social messages to a wide array of people. The main purpose behind this chapter is not only to argue for comedy's importance as an art/storytelling form, but also to explore the genre's linkage to the American mindset. Because of its inherent value in the American psyche, the comedy film plays an important role in depicting mental illness, perpetrating commonly held viewpoints, and formulating innovative ideology. However, as I insinuated in the opening chapter, this becomes problematic when one analyzes America's complex and often confusing relationship with both mental illness and, as I hope to demonstrate in this chapter, comedy.

Comedy's Roots

In order to discuss comedy's relationship to America and to mental illness, we must first explore the genre's long, complex history as well as its intrinsic relationship with tragedy. Like various other current cinematic genres, comedy's existence began

prior to film. As a matter of fact, along with its foil, tragedy, comedy could be viewed as the oldest genre in existence. DePaul University's website offers a page defining various aspects that categorized early comedy as explained by Greek philosopher Aristotle. Chief among comedy's defining features was the genre's reliance on conveying a happy ending.

Per DePaul's website, "[in Aristotle's model], a happy ending is all that's required. In essence: A comedy is a story of the rise in fortune of a sympathetic central character." The site also describes the typical protagonist of a comic play, novel, film or television series. "Traditionally, comedy has to do with the concerns and exploits of ordinary people." On top of his ordinariness, a comic protagonist also tends toward "average to below average" moral character in Aristotle's model. Tragedy differs from comedy in that it "depicts the downfall of a basically good person through some fatal error or misjudgment, producing suffering and insight on the part of the protagonist and arousing pity and fear on the part of the audience."

Although there is no current filmic genre labeled "tragedy" (although sub-genres of drama such as "tearjerker" may offer a present-day alternative), comedy remains a staple of categorization at movie rental stores and on movie streaming websites such as Netflix. I believe that part of the problem regarding mental illness based comedies in America is that studios continue to utilize an outdated definition of the term. If Netflix and its ilk are any indication, tragedy no longer holds relevance as a genre, but its opposite remains persistently present, while generally following the same narrative structure as its ancient forbearers. It is this insistence on following the comic structure

(most notably, the happy ending feature) that serves to problematize American comedies about mental illness. Although dividing movies into specific genres is not a unique practice to the American film industry, our categories generally appear more rigid. French and Italian cinema, for example, tend more readily toward mixing conventions of different genres and are less likely to label.

America's Relationship to Comedy and to Tragedy

If Aristotle's description of the comic plot sounds familiar, it should, not only due to its prevalence in mainstream movies, but also because the basic structure of an Aristotelian comedy is essentially identical to our rudimentary understanding of the "American Dream." In short, perhaps the American public loves comedies and responds by attending comic films in greater numbers because our view of life is an inherently "comic" one, if we are using the old fashioned definition of the word. The problem is, of course, that the "streets paved with gold" and "rags to riches" philosophies propagated by the American Dream become fairly unrealistic when properly analyzed because the viewpoint is altogether too simplistic in its approach. One could argue that romantic comedies are not meant to depict life realistically, but when one takes into account America's dominant ideology, it makes sense that viewers might find their storylines and characters believable.

Unfortunately, I believe we have come to a point in history where the simplistic, inherently comic and optimistic ideology perpetuated by the American Dream no longer applies. Yet, as recent comedy films illustrate, our country maintains a firm grasp on these beliefs at least to some degree. According to David Kamp's illuminating article

“Rethinking the American Dream” in *Vanity Fair*,

> As a people, we Americans are unique in having such a thing, a more or less Official National Dream. (There is no correspondingly stirring Canadian Dream or Slovakian Dream.) It is part of our charter—as articulated in the second sentence of the Declaration of Independence, in the famous bit about “certain unalienable Rights” that include “Life, Liberty and the pursuit of Happiness”—and it is what makes our country and our way of life attractive and magnetic to people in other lands. But now fast-forward to the year 2009, the final Friday of January…Barack Obama, a man who normally exudes hopefulness for a living, pronounces them a “continuing disaster for America’s working families,” a disaster that amounts to no less, he says, than “the American Dream in reverse.

Make no mistake. I do not believe there is anything inherently bad about the American Dream or the ancient structure of comedies. I simply believe we have arrived at a crossroads and therefore need to shift into a more appropriate paradigm that allows us to approach life more realistically.

In my opinion, the American Dream began to lose its relevance shortly after World War II. While the late forties and fifties celebrated affluence with the dawn of suburbia, the sixties ushered in what John Burnham, editor of *After Freud Left: A Century of Psychoanalysis in America* dubs “the age of anxiety.” “World War II,” Burnham states in his introduction, “which came into a world already dominated by modernism, brought with it into the United States another major cultural phenomenon: widespread concern about anxiety. Anxiety in fact became a major American preoccupation in the Cold War period in both highbrow and mass media” (19). In many senses, we still occupy the Age of Anxiety, as evidenced by our culture’s current obsession with “stranger danger”, and the rise of both “helicopter parenting” and rampant political correctness.

As I mentioned in the previous chapter and in the introduction to this thesis, the over-diagnosis of some forms of mental illness (especially Anxiety Disorders) also coincides with this national mindset, coupled, of course, with our tendency toward categorization. In the 1970s, according to Burnham, "the personal took another label, if not another form…with the age of narcissism" (19). Often dubbed "Generation Me," children of the 1970s and forward take entitlement and individuality to even greater levels than previous generations. While the American mindset has always been one of individuality and believing hard work entitles one to a charmed life, it has never been as apparent. Moreover, the "hard work" aspect so crucial to the early explanation of the American Dream has become increasingly less pertinent in an era where over-protective parents attempt to protect their children from any sort of struggle, thus creating offspring who feel entitled to luxuries without exerting effort.

The post WWII world also brought about harsh changes in how identity is perceived, in the form of postmodernism. This school of thought showed us that, among other things, a person's sense of self is fragmented and that, therefore, one can never truly know who one is. Former belief systems purported that each person has a core identity/self that remains fairly consistent. However, postmodernist views ascertain that a human being is little more than a collection of roles played over the course of her life. To put it in more simplistic terms, a person might have one set of characteristics that she displays in front of her friends, another around her parents and a third in private spaces.

The notion of summing up human identity as merely a collection of fragments finds itself at odds with the concept of individuality because, if you have multiple "parts"

constructing your identity, you cease to be an individual and become more akin to a group of several different individuals. Moreover, our understanding of the American Dream also suggests reliance only upon oneself to control one's own destiny. But how can one rely on herself to control her destiny if she does not even know who she is because her identity shifts and no core self exists? To briefly return the conversation to the central topic of the thesis, I would also like to note that the postmodern sense of identity may also be partially to blame for the over-diagnoses of mental disorders, since it has become much more difficult to differentiate normal from abnormal thought processes or behaviors.

The concept of selfhood was hardly the only victim of the growing importance of postmodern thinking. As postmodern ideas spread and gained popularity, various seemingly obvious truths about the workings of humanity, life and the universe were called into question. Among the institutions to suffer radical displacement during this time period was the very basis of philosophical thought. Says Frederic Jameson in *The 60's Without Apology,* of what he dubs "the death of the Subject,"

> The crisis of the philosophical institution and the gradual extinction of the philosopher's classic political vocation, of which Sartre was for our time the supreme embodiment, can in some ways be said to be about the so-called death of the subject; the individual ego or personality, but also the supreme philosophical Subject, the cogito but also the auteur of the great philosophical system (187.)

To me, Jameson's line indicates that postmodernism displaced not only individualism, but most ancient philosophical interpretations of the world and what it means to be human. Because Aristotle's theory of comedy/tragedy belongs to a pre-postmodern philosophical mindset, I would include it in the irrelevant category.

During the rise of postmodernism, America's once strong sense of identity built upon homespun values began to wane. Film critics such as Art Simon label the late 60s as a time of "urban crisis" and "decay" in which filmmakers re-imagined the country's great cities. Simon states that "in the years between 1968 and 1976, the American cinema reacquainted itself with New York City and found there a compelling image of a society appearing to unravel." Furthermore, he claims that the city "would be not just an important backdrop for stories told during the time, but a defining figure for a cinema that deeply questioned the power of the protagonist to shape his or her own destiny." The same assessment holds true not only for New York City, but for other urban environments and, most importantly, for America as a whole. Once depicted as a land of freedom, opportunity and promise in the movies, the America of late 60s/early 70s cinema was shown as a cold, dilapidated wasteland.

Although the most commonly-held description of tragedy is one in which the protagonist suffers a tragic fall from grace, another method of looking at the difference between the comic and tragic mindset is described by BU Film Studies Professor Ray Carney thus: in a comedy, the protagonist is able to reintegrate himself within the dominant social structure, while in tragedy, he becomes alienated, both from society and, perhaps even more importantly, from himself. When taking this description of the tragic condition into account, one can perhaps ascertain that the typical American lifestyle has shifted from comedy to tragedy, partially because of the dissonance between the belief system our country was built upon and our current state of existence, and partially because the belief system itself has always possessed inherent flaws. Our pre-occupation

with individuality has led to isolation, which in turn has led to an increase in Clinical Depression (or, if you will, a frequent misdiagnosis of a disease which shares many symptoms with loneliness and stress). Moreover, the focus on the individual has been displaced by the postmodernist view, where the idea of "individuality" is basically considered a myth.

In his book *Moving Beyond Prozac, DSM and the New Psychiatry*, Bradley Lewis offers further commentary about our current postmodernist lifestyle, its dissonance with our most cherished belief systems, and the irreparable damage caused to our psyches. His seventh chapter, titled "Prozac and the Posthuman Politics of Cyborgs," focuses specifically on modern man's overreliance on technology by utilizing postmodern feminist Donna Haraway's term from *Simians, Cyborgs and Women: The Reinvention of Nature*. In "The Cyborg Manifesto," Haraway defines the term thus: "A cyborg is a cybernetic organism, a hybrid of machine and organism, a creature of social reality as well as a creature of fiction… Modern medicine is full of cyborgs, of couplings between organism and machine, each conceived as coded devices, in an intimacy and with a power that was not generated in the history of sexuality." She goes on to state: "by the late twentieth century, our time, a mythic time, we are all chimeras, theorized and fabricated hybrids of machine and organism; in short, we are cyborgs."

Adds Bradley Lewis, in slightly simpler terms: "Just think about the amount of time you spend in some kind of synergistic interface with a machine. How much time in your day are you not on the telephone, at the computer, watching TV, listening to the radio, in the car, or in a climate controlled environment?" (124). The fact that people rely

so heavily on technology in our day to day lives, Lewis speculates, further confuses the human sense of self already called into question by postmodernist theory.

> Since the cyborg is always and inseparably organic and mechanic, the cyborg displaces, and renders nonessential, crusty Western binaries like nature/culture, fact/value, pure/contaminated, inorganic/organic, and real/artificial. These distinctions, while useful in the past, do not work well in the current technoscience moment – which effectively blurs them all (127.)

If this is the case, it follows that not only are we unaware of *who* we are at a basic level because of the constant shifting of our identities in terms of roles we play, but, because of technological advances, we cannot even be certain of *what* we are anymore or about our relationship to the natural world.

As I briefly insinuated in Chapter One, America's dominant ideology is built upon two basic assumptions: first, that black-and-white categories exist, and second, that we each possess a unique and individual "self." Postmodernism and technology show the falseness of both statements and, as illustrated in current American art (particularly movies), our society is desperately struggling to adjust. The internet provides an especially interesting problem in that it serves as a direct example of fragmented selves. On the one hand, it takes away our sense of individuality in that it allows us to become a member of a vast network. When you visit some blogs or forums, for example, a sidebar appears, informing you of how many viewers the site has had, making you just one of the masses.

The very fact of anonymity inherent to the internet also stands in direct opposition to the ideas of individuality and selfhood because it allows one to create a completely separate persona from one's real life self if one so chooses. Some even go so far as to lie

about their name, age, gender, geographical location or background, but even those who do not create elaborate lies often profess to acting completely differently in real life than on the web (most commonly, I've noticed, people state they are quiet and withdrawn in real life, but more "talkative" or "outgoing" online.) On the other hand, while the internet takes away a person's sense of individuality, at least to a degree, it also causes isolation and loneliness, as you engage in staring at your computer, alone, typing to individuals you will probably never meet, who may or may not be who they claim, instead of engaging in face-to-face communication.

Mental Illness's Relationship to Tragedy

Now that I have spoken about America's relationship with both comedy and tragedy, I will shift my focus back to mental illness. Here, I will once again utilize ancient definitions of tragedy in order to address why pairing mental illness with Aristotle's definition of comedy becomes problematic. Many forms of mental illness could be read as tragic in structure if we take either previous definition of the term (that is, where a person of prominence suffers a fall or where the protagonist is alienated from the world around her) into account. *Speaking of Sadness's* author David Karp's early descriptions of his own battle with Clinical Depression are presented in an eerily similar pattern to what genre scholars refer to as a "fall from grace."

Karp states that the onset of his disease "forced him to have a new consciousness as a troubled person." According to Karp, when his symptoms first appeared, "by any objective standards I should have been feeling pretty good. I had a solid job at Boston College, had just signed my first book contract, and had a great wife, beautiful son, and a

new baby daughter at home. From the outside my life looked pretty good" (4). Much like a tragic hero, Karp began his journey with relative affluence and a good position in society, but everything changed dramatically for him and his family because of his Depression.

Mental illnesses also fit quite well into Carney's description of tragedy, mainly because the diseases serve to separate sufferers from society. A social anxiety sufferer, for example, may desperately want to engage in conversation with others, but his symptoms prevent it, or, at least, in the best-case scenario, make conversing significantly more difficult. Meanwhile, Depression and various other diseases cause sufferers to see the world completely differently than neurotypical individuals. This is to say nothing of course, of the multitude of stigmas still attached to mental illness, which further separate sufferers from the majority of society. Not only do mental illnesses alienate sufferers from the cultural norms of society, but also from their sense of self. Karp rightly stated that his diagnosis caused a shift in his self-perception and that, like many other sufferers, he needed to adopt "a new consciousness as a troubled person."

Georg Wilhelm Friedrich Hegel's description of tragedy (discussed in Mark William Roche's *Tragedy and Comedy: A Systematic Study and a Critique of Hegel*) also provides insight into the tragic nature of mental illness. Hegel defined multiple categories of tragic plots, but his description of "the tragedy of opposition" best relates to my discussion. "Hegel defines tragedy as the collision of two substantive positions, each of which is justified, yet each of which is wrong to the extent that it fails to recognize the validity of the other position" (70). Roche goes on to explain that Hegel's "tragedy of

opposition” is further divided into two sub-categories.

> We can differentiate two forms of collision: the tragedy of opposition (or external collision) and the tragedy of awareness (or internal collision). In opposition, the hero sees only her own perspective and fails to recognize, as the audience does, that her own position is as invalid as it is valid. The tragic hero of awareness sees both sides of the conflict (75.)

Where in a typical example of Hegel’s tragedy of opposition, the hero pits herself against an external opponent, in a tragedy of awareness, she must contend with conflicting emotions, impulses and ideas inside her own mind and soul. Continues Roche, “the hero, however, must still choose one position over the other; she must transgress one good in order to preserve the other, and so the action remains tragic” (79).

People with mental illness oftentimes find themselves in conflict with opposing aspects of their own natures. Take for instance, someone with severe Social Anxiety Disorder. Despite America’s high value placed on the individual, we are also a country that privileges boldness, courage and extroversion. Therefore, someone who fears social interaction is generally considered strange or weak. A person with social anxiety is acutely aware of this fact and must contend with both wanting to abide by societal norms and wanting to protect herself from the pain and discomfort caused by her attempts to fit in, both of which are completely valid emotional needs.

Moreover, in the cases in which a Social Anxiety Disorder sufferer tends toward extroversion, she must wrestle with her own simultaneous desires for social interaction and her profound fear of rejection. Furthermore, a person with Social Anxiety Disorder (or any mental illness, for that matter) must also contend with society’s general distaste for asking for help (not to mention, of course, her own fear of confronting a therapist).

Karp's descriptions of his onset of Clinical Depression also provide a good example of Hegelian tragedy as he struggled with the knowledge that his dark feelings were abnormal, but felt too embarrassed to admit it as well as his sense of feeling that he "should" be content.

Happy Endings: What does that mean?

The most obvious difference between comedy and tragedy lies in the ending. As has been proven time and time again, the happy endings prevalent in comedies generally do not translate to real life. Yet, because of the ideals propagated by the American Dream, many Americans seem to believe happy endings are not only possible, but also natural. Perhaps even more important than the happy ending in mainstream American cinema, however, is the general notion of ending the film by wrapping up loose ends. Generally speaking, Hollywood tends to shy away from open-ended finales, a fact that differentiates our films from many foreign ones and even occasionally from independent American ventures. Even a sad ending could probably be regarded as more fulfilling than an open-ended one. Mental illness, however, is a phenomenon that cannot easily be wrapped into a nice, easy finish. Although treatments exist, most mental disorders are considered incurable in the sense that they become a constant presence for the sufferer to battle. Therefore, placing a mentally ill protagonist into a cookie-cutter happy ending (usually, in which he finds a love interest, achieves success and comes to terms with his illness) is highly unrealistic and problematic for viewers (both for sufferers who want a character to relate to and for those hoping to learn about the disease through the movie).

In the chapter "Coping and Adapting" in David Karp's book, he interviews

several sufferers in the process of accepting their illnesses as part of day-to-day life. One source, a sixty-six-year-old male professor claims that “AA says you have to admit you’re an alcoholic, otherwise it won’t work. That means I had to admit that I can’t overcome this thing. I’m still not able to say that but I’m getting closer and closer and closer to admitting that it is a permanent condition in my life. It’s been a change in that direction… I’m coming to acceptance” (126).

Interestingly enough, one of the best “filmic” depictions that illustrates the open-endedness of Clinical Depression is not a movie or even a television program, but rather, a commercial for an antidepressant. While one might expect an antidepressant commercial to advertise its product as a sort of miracle cure (and, indeed, many do), a current ad for Abilify takes a refreshingly unique approach. In it, an animated woman introduces herself while holding a sad-looking, blue, anthropomorphic umbrella. This umbrella, she indicates, represents her Clinical Depression. Before starting Abilify, she explains, “I could get out from under it and carry on most of the time, but other days, I still struggled with my Depression.”

Here, the umbrella begins to blow away in the wind and suddenly “Depression” transforms into a black hole, which the woman sinks into. After beginning Abilify, however, “Depression” returns to umbrella-form, but it remains closed for the remainder of the advertisement. Importantly, however, it does not disappear, but remains a constant presence. When the woman fills out medical forms, Depression sits next to her and fills out a separate form. When she picks apples with a friend, Depression is propped up against a tree. “Depression was always hanging over me,” the woman explains. “Now,

with Abilify, I feel better." The commercial delivers its point clearly and effectively. Depression can be dealt with and neutralized, but it cannot be completely cured.

It is my opinion that American film's desire for closed endings is one of the industry's most noteworthy problems. Many of my favorite movies (both foreign, independent and even, in some rare cases, mainstream Hollywood ventures) have aspects of their endings that can be left up to interpretation, making them truer to the human condition. While, as mentioned, the films of the sixties and seventies tended towards a grittier sense of realism (including comedies such as *Harold and Maude*), the eighties returned Hollywood to its more mainstream formula. Fortunately, I think Hollywood has begun to slowly drift away from the pat happy ending. My evidence for this claim lies in 2010's Best Picture Nominees at the Academy Awards, several of which (including *Black Swan*) utilized open-endings effectively.

Comedy and Humor: Know the Difference

I would like to propose that there are two completely separate definitions of comedy presently in use in American society. The first, as I have already discussed in detail, is Aristotle's definition, which concretely describes narrative structure as well as character types. However, when most of us hear the word "comedy," we simply imagine something that evokes laughter, whether that be within a narrative space or in a performance by a stand-up comedian. Although the terms "comedy" and "humor" are often used interchangeably, I believe they have completely different functions when it comes to addressing difficult life conditions, including mental illness. I have already explained how Aristotle's comedy structure does a disservice to mental illness as a

subject by trying to neatly tie-up its inherent loose ends for the sake of achieving a happy ending. On the other hand, we can also define a comedy film simply as one that is "funny." This definition, I feel, is actually relatively useful in addressing mental illness, as humor can be an excellent tool for depicting reality's darker truths.

Tragedy, Comedy and Catharsis

According to Elder Olson's book *The Theory of Comedy*, one aspect stands out as the most crucial separator between Aristotle's notion of comedy and tragedy. Aristotle claims that the idea of "catharsis" is inherently present in tragedy, but completely absent in comedy. Olson, however, is unsure how exactly to define the term as Aristotle never fully explained its meaning. Olson explains the concept as one in which the viewer "takes pleasure" from an "imitation of a fearful or pitiable event" (Olson 35). He goes on to state that, in Aristotle's view,

> We may take either a grave or lighthearted view of human life and actions; tragedy develops out of the grave view as comedy does out of the lighthearted. If we take the grave view, life is full of perils and misfortunes which evoke in us fear and pity; if we take the lighthearted view, there is nothing to be greatly concerned about. It is not the events themselves taken for the gravity or levity; it is the view taken of them (35.)

Therefore, comedy can be made from even the darkest subject matter, so long as the lighthearted view is taken.

In terms of mental illness-based comedies, this statement regarding the sharp duality of worldviews promotes difficulty for two reasons. First, in taking a lighthearted view, some mental illness-based films are forced to make a less realistic portrayal. Second, in the words of Olson, "[comedy] has no catharsis since all kinds of comic – the ridiculous and ludicrous, for example – are naturally pleasant. Tragedy exhausts pity and

fear by arousing these emotions to their utmost and providing them with their most perfect objects…Comedy, on the other hand, removes concern by showing it is absurd to think there is any ground to it. Tragedy endows with worth, comedy takes the worth away" (36). In short, some comedies remove the worth and gravity from mental illness by rendering the protagonist's struggles absurd. As I will discuss in more detail in the later chapters, some go so far as to deny their heroes have mental problems at all.

First, I want to argue against Olson and Aristotle in a general sense about the lack of catharsis in comedy. I completely disagree that one cannot feel sorry for a comic hero, empathize with him, or take his situation somewhat seriously. Viewers may laugh at a character who finds herself in embarrassing situations, but I don't think that necessarily means all meaning has been removed from the situation. Rather, catharsis presents itself through laughter instead of through tears. Any film depicting mental illness should, I would think, evoke a sense of catharsis, especially for viewers who are familiar with symptoms of the diseases. This pertains to comic portrayals as much as it does to their dramatic counterparts. More importantly, however, I would also like to fervently disagree with the notion that comedy/humor must focus upon only what is "naturally pleasant." This disagreement leads directly into my next subchapter.

Nietzsche's Strong Pessimism, Consolation and Humor:

One of my favorite lessons from my Film Studies undergraduate degree centered around Nietzsche's definition of art, pessimism and the Dionysian/Apollonian dichotomy. Although he died before the birth of cinema, I think it is reasonable to speculate that the famed philosopher would have found film a very interesting medium.

In his article, “Nietzsche’s Dionysian Pessimism”, University of Virginia student Joshua Foa Dienstag attempts to dissect Nietzsche’s argument and separate the philosopher’s brand of pessimism from more typical definitions of the term. In *The Birth of Tragedy*, Nietzsche refers to what he calls “Dionysian Pessimism” as “that courageous pessimism that is…the way to myself.”

Most define pessimism as a nihilistic world view, in which one turns away from life. Nikolai Hartmann, a contemporary of Nietzsche, for instance, believed that “the sum of displeasure outweighs the sum of pleasure; consequently, it would be better if the world did not exist.” Schopenhauer, meanwhile, endorsed the theory that “not to be born is best. The next best thing by far is to go back where [one] came from as quickly as one can.” Nietzsche’s Dionysian Pessimism, on the other hand (which we referred to “Strong Pessimism” in my undergrad Film Theory course and which I will be calling it for the remainder of this paper), embraces the chaotic nature of existence. “Rather than hide from the ugliness of the world, perhaps we should learn to withstand it. Nietzsche took it as his task to find a way to live with the conclusions at which he had arrived, and to live well, sometimes, even joyfully.” Whereas other schools of pessimism tended toward passivity, Nietzsche’s requires a more active attitude. Like those who endorsed nihilism (the “Black Pessimists”), Nietzsche also viewed optimism as unable to cope with the reality of the world because it falsely maintains that the universe involves order, therefore ignoring the darker truths.

Nietzsche viewed art as our primary means for making sense of our chaotic environment. To understand this statement, we must explore the dichotomy between

form and content. The most effective art, according to Nietzsche, was chaotic in content (that is, the Dionysian half of the equation), while the form contained structure (the Apollonian). A beautifully designed form that unflinchingly tackles disturbing subject matter offers consolation to the viewer, allowing one to come away from it without devastation. It is within art that we find meaning in the chaotic nature of life. Generally, Nietzsche lists great Greek tragedies as primary examples of art successfully utilizing the Dionysian/Apollonian dichotomy.

However, I believe the same sentiment applies just as well to comedy, if we go by the less rigid definition. Instead of forming dramatic content into a beautiful package, comedies utilize humor to structure chaos. Comedies about mental illness serve as perfect examples. Nowhere is the chaotic/Dionysian more evident than in the case of a person unable to control his own mind. Mental illnesses are, generally speaking, acquired randomly and are both mysterious and largely incurable (although treatment is a different story entirely). They can also wreak havoc and cause devastation in the lives of the sufferers and their families.

Conclusion

My opinion is that Aristotle's definition of comedy and the American Dream fall into the category of "Pink Optimism" as described by Nietzsche in that they tend to completely overlook the darker aspects of life. On the other hand, humor can be used in a Strong Pessimistic sense to address the world's chaotic nature. This is especially the case in terms of Dark Comedy. In *The American Dark Comedy*, Wes D. Gehrig explains how "the second dark humor theme, after man as beast, is that it is an absurd world,

where the individual counts for very little. This absurdity is most obviously shown by the fact that the genre's antiheroes are not so much participants as they are unwilling spectators in a terrible, ongoing joke called life" (36). Dark humor often deals directly with the most chaotic aspects of the world, yet it formulates it so that viewers respond with laughter, rather than tears.

I think some of Hollywood's comedies focusing on mental illness fail to deliver accurate interpretations because of their strict adherence to Aristotle's very rigid plot/character structure. In order to portray this ever-growing aspect of society to the best of their abilities, directors should perhaps abandon the easy formulaic comedy structure and instead combine aspects of comedy with other genres.

Chapter Three: Comic Depictions of Anxiety Disorders

This chapter focuses on one particular subset of mental disorders, namely, those within the anxiety categorization. When I first watched most of the films on my viewing list, my initial reaction was a fairly positive one. Unlike the objectified monsters portrayed in the many horror films focusing on mental illness, who generally die horrible deaths at the hands of the neurotypical hero, comedies about anxiety disorders place sufferers at the center of the narrative and allow them to achieve happiness in spite of their problems. Rather than being forced firmly into the category of "other," the mentally ill comic protagonist is easily identifiable and his struggles become relatable even for those of us without anxiety.

However, upon analyzing various examples, I came to realize that what we see in the anxiety-based comedy is neither as straightforward nor as positive as I initially believed. This is because a disturbing contradiction exists within such comedies that reflects not only our cultural attitudes about mental illness, but our general value system. As Freud and Foucault both noted, disease is a complex phenomenon that is rooted at least partly in social/cultural construction. Because American society gives us strict rules regarding the duality between normal and abnormal, mental illness retains its status as an undesirable trait. In a comedy, therefore, the protagonist cannot achieve his happy ending without first becoming cured (or, as seems even more common, discovering that he was never truly ill in the first place), which is unfortunate, because it implies mental illness is incompatible with leading a satisfying life.

Furthermore, most anxiety-based comedies hinge upon the protagonist solving

his problem through non-therapeutic means. On the one hand, this gives the impression that someone with an Anxiety Disorder is just as capable as anyone else of pulling himself up by his bootstraps, thus even further decreasing a sense of otherness. Conversely, however, it also dismisses the very real struggle brought on by anxiety symptoms. Realistically speaking, someone with an Anxiety Disorder should not be expected to overcome his obstacles using simple "get over it" techniques and he should not be made to feel guilty, weak, selfish or lazy because his brain operates differently.

About Anxiety and Comedy

On the surface, there appears to be little amusing about Anxiety Disorders. Along with frequently comorbid Depressive Disorders, they belong to a category containing some of the most pervasive mental health problems in the world. Anxiety issues range from moderate to severe social anxiety to specific phobias. Although the Anxiety and Depression Association of America's website lists several distinct categories including slightly rarer instances of Obsessive Compulsive Disorder or Post-traumatic Stress Disorder, they specify that Social Anxiety Order is by far the most prevalent.

ADAA defines Social Anxiety Disorder, affecting approximately 15 million adults in America alone, as "the extreme fear of being scrutinized and judged by others in social or performance situations." The condition often causes havoc on sufferers' everyday functioning because "people with this disorder…may have few or no social relationships, making them feel powerless, alone or even ashamed." Following Social Anxiety Disorder in prevalence is Generalized Anxiety Disorder, commonly referred to as GAD. "Generalized Anxiety Disorder," ADAA explains, "is characterized by

persistent, excessive and unrealistic worry about everyday things…Sometimes just the thought of getting through the day produces anxiety. [Sufferers] don't know how to stop the worry cycle and feel it is beyond their control." GAD affects roughly 6.8 million adults, or 3.1% of the US population, in any given year.

Aside from listing symptoms, treatment options and general information about various branches of anxiety disorders, ADAA also offers personal stories directly from sufferers. When viewing these oftentimes heart-wrenching descriptions, one can easily perceive the seriousness and the debilitating nature of the disease. For example, a young man named Michael Timmerman explains his symptoms thus:

> First period, ninth-grade religion class: The teacher asked me to walk in front of the class and set up a presentation. Simple enough, right? I couldn't do it. I was having an anxiety attack—soaked in sweat, shaking, and nauseous. My symptoms began every morning from the moment I stepped foot inside the school building…All I wanted to do was run away, but that wasn't an option. It would blow my cover. When I wasn't suffering an anxiety attack, I was wondering when the next one would happen or if anyone could tell. The worrying and the panicking left me with barely any strength to get through the day.

Despite the inherent gravity of the topic, however, characters struggling with anxiety have become a mainstay in American comedy within the past few decades (mostly in film, but to a lesser degree, such characters also appear on television.) This pairing might seem strange given anxiety's ability to utterly destroy a person's life, but it begins to make a degree of sense if we analyze comedic conventions.

Ever since Charlie Chaplin's beloved Little Tramp character won the hearts of audiences worldwide during silent cinema's glory days, watching people endure embarrassing social situations has become a huge component of comedy. In fact, I would wager that the tie between embarrassment and humor goes back even further. Many of

Shakespeare's most famous comedies, for example, center upon silly mishaps, usually involving mistaken identity or minor misunderstandings that eventually snowball into disaster. This type of humor's appeal lies in allowing viewers the opportunity to simultaneously relate to and feel superior to the comic hero. An anxiety sufferer fits the trope of embarrassment as humor perfectly, both because he is, by nature, more prone to humiliation and also because anxiety is oftentimes accompanied by poor social skills.

As I mentioned in Chapter One, many recent comedies centering on Anxiety Disorders appear to exist in direct response to America's current culture of over-diagnosis. Thus, comic directors often critique the system by way of attempting to prove the protagonist's illness is less serious than he initially believes. This has unfortunate implications because in criticizing the system, these movies also inadvertently ask their audiences to mock the protagonist, who is often depicted as a self-centered worrywart merely suffering from what internet memes contemptuously refer to as "First World Problems." Although this line of thinking seems primarily rooted in popular culture, scholarly sources also frequently refer to both Depression and Anxiety as "diseases of affluence," a term which basically amounts to a more subtly-worded and anthropologically-based version of the aforementioned internet meme.

The logic behind "disease of affluence" states that First World Countries tend toward a higher rate of mental illness largely because our culture enjoys a greater amount of leisure. As Michel Foucault notes in *The Birth of the Clinic*, "before the advent of civilization, people only had the simplest, most necessary diseases," and "as one improves one's condition in life…health seems to diminish by degrees" (16-17).

Although mental illnesses such as Anxiety and Depression exist worldwide, one cannot deny their abundance in America and other First World environments. The argument purported by many modern comedies is as follows: if the protagonist manages to "get out of his head," he will gain perspective regarding the objective quality of his life. If not making the main character himself appear foolish, this type of film at least makes the disease and/or the treatment seem borderline ridiculous. If taken solely as a critique of America's culture of over-diagnosis, this type of storyline suffices, but it becomes problematic when the narrative focuses on someone with an actual diagnosis, because it invalidates his very real struggle.

I maintain that the push toward diagnosable anxiety as humor began with the famed director and actor Woody Allen. Though he has played a variety of roles in his own films, Allen generally depicts a variation of himself: a goofy, shy, neurotic man involved in the entertainment industry (in *Annie Hall* – Allen's well known 1977 romantic comedy, for instance, Allen's Alvy Singer, much like Allen himself prior to his film career, works as a struggling stand-up comedian). Most of Allen's films involve frequent trips to a therapist's office where the protagonist waxes poetic upon his various fears and worries, many of them bordering on ridiculously over-the-top. This neurosis, combined with the character's selfishness and overall negative attitude, generally causes strife in the films' romantic storylines.

Comedic Subgenres

Within the last few years, anxiety disorders have become prevalent storylines not only in romantic comedies, but within various other comedic subgenres. While comedy

may seem like a straightforward classification, if one dissects it carefully, it becomes clear that the category contains multiple subgenres, each providing slightly differing sets of conventions. Although such classifications may appear arbitrary, I believe that discussions of subgenre provide relevant analysis when looking at how anxiety disorders are portrayed. Each subgenre deals with the subject matter slightly differently, but at the same time share a large amount of overlap. Keep in mind of course, that these subgenres do not represent black and white distinctions. One movie could have aspects of several "types" of comedy, just as a "hybrid" film can be categorized as existing in several genres simultaneously.

Romantic Comedy: Conventions, structure, and mental illness

Perhaps the best-known and most easily-defined in terms of narrative conventions, the romantic comedy (often referred to in a slightly derogatory manner as a "chick flick,") remains one of comedy's most prevalent subgenres. Says Claire Mortimer in *Romantic Comedy*: "Every year sees the release of new romantic comedies, which are strongly in the mold of the earliest examples in cinema history. We want to see the same characters, the same situations, the same narrative trajectory, the same settings and dialogue, with new stars that speak to new generations, but tell the same story" (1). Mortimer adds that although the standard romantic comedy formula tends to invite a degree of mockery, the genre's conventions exist for well-established reason. "Genre is about mass entertainment, it is about studios maximizing their returns on a huge investment in a film, by replicating formulae which have made money in the past."

In the opening chapter of her book, Mortimer briefly outlines the standard plot

formula of the quintessential romantic comedy.

> A romantic comedy certainly has a very distinctive narrative structure: boy meets girl, various obstacles prevent them from being together, coincidences and complications ensue, ultimately leading to the couple's realization that they are meant to be together…The narrative often hinges around the central couple, who are initially antagonistic toward each other, but who come to recognize their inescapable compatibility in the face of great adversity and, often, mutual loathing (4.)

In many senses, the romantic comedy's structure provides a similar narrative to that of the traditional Hollywood musical. Within the confines of both genres, the romantic leads represent well-established opposites in terms of personality, role, or ideology, but their inevitable union serves to provide a sense of wholeness for both parties.

Throughout the standard musical plot, each lead takes on characteristics of their partner, in what Rick Altman dubs the "personality dissolve," in his book *The American Film Musical*, so that both can achieve a happy medium. A romantic comedy differs in that it generally focuses solely on the female lead, who begins the story with a profound sense of missing something. The genre dictates that the romantic heroine must overcome whatever obstacles held her back at the film's beginning in order to become a worthy partner for her love interest. Although, like many other comedic subgenres, romantic comedies often utilize embarrassment as a humor device, they generally do so in a gentle manner, laughing at the situation rather than the people involved, thus allowing the protagonist to maintain her sense of dignity.

Although some film scholars refer to *Annie Hall* as a romantic comedy, few examples of anxiety-based rom coms exist. *Broken English* (2007), Zoe Cassavetes' feature-length directorial debut starring Parker Posey, offers a rare exception. The movie

follows Posey's Nora Wilder, a thirty-something woman in a dead-end hotel Guest Relations job who peruses dating websites on a daily basis. Nora has been officially diagnosed with an Anxiety Disorder and takes prescription medication to treat panic attacks. Despite the film's insistence on repeatedly telling viewers this information, however, she behaves more like a typical romantic comedy heroine than like someone with a crippling mental illness. In the opening scene, she appears fairly functional, reacting to her customers without a trace of nervousness. She also responds reasonably normally to a random date offer from movie star Nick Gable (Justin Theroux). The date itself, while sufficiently awkward, seems no more so than any other first date scenario. Even Nora's accidental assumption that she and Nick are a couple (spoiled as soon as she witnesses him on a talk show with his costar fiancée) seems more akin to a typical romantic comedy heroine's mishap than a result of her mental illness.

When paired with the film's main love interest, Julien (Melvil Poupaud), a charmingly laidback Frenchman with a limited grasp of the English language (hence the title), Nora provides the former half of the introvert/extrovert dichotomy commonly seen in romances. For example, when they meet at a party Nora attends only on the insistence of her friend Audrey (Drea de Matteo), her desire to leave appears to have little to do with anxiety exhaustion. Overall, Nora's portrayal is sympathetic, if somewhat generic and bland. Her mental illness itself, on the other hand, is generally all but ignored, except in the rare instance it becomes a necessary plot device. During a date with Julien, for example, Nora suffers a fairly well depicted panic attack. Julien asks her if she feels sick, to which she replies, "Yeah, I feel sick. I feel like I'm going to die!" Upon returning to

her apartment, Julien asks, “Is there something wrong with you?” Her reply is “yeah, I’m afraid.” She admits that she suffered an anxiety attack, which scared her because she hasn’t had one in a long time.

Despite the sympathetic portrayal, the attack itself becomes what Mortimer describes as an obstacle as it is directly responsible for Nora’s declination of Julien’s offer to have her move to France with him, relegating a hugely debilitating symptom to the much lesser role of developing Nora and Julien’s romance. Moreover, and perhaps even more disturbingly, Nora’s family and friends offer little support in terms of her disorder. At a family dinner near the film’s opening, her parents question why she has not done more with her life (not to mention a college degree in art) and why she cannot find a steady boyfriend. Meanwhile, Audrey suggests Nora “get a life” because her obsession with dating sites has become unhealthy. She recommends meeting men in real life as an alternate option. Naturally, however, it is romantic comedy’s insistence on bringing the pair together that makes *Broken English*’s depiction of anxiety disorder problematic. In order for the two leads’ union to reach maximum effectiveness, genre convention dictates that the heroine must overcome whatever issues plagued the romance. This is a fairly simplistic concept when the protagonist’s conflict involves mistrusting men after a difficult breakup, or a dispute between work and romance, but suggesting one can completely overcome a mental disorder for the sake of the perfect relationship is unrealistic at best and dangerous at worst.

The marginalization of Nora’s anxiety disorder speaks to the nature of the subgenre. As one of the more mainstream comic categories, it stands to reason that a

romantic comedy would attempt to "play it safe." The fact that Nora suffers from Anxiety allows Cassavetes' film to differentiate itself from the multitude of other romantic comedies, but unfortunately, the first-time director seems ill-equipped to delve into the subject matter in a productive manner. In the end, Nora's Anxiety Disorder is simply a quirk that we generally only hear about, rather than actually experience.

Raunchy/Late Night Comedy

While Netflix dubs this subgenre "late night," the comedic category I wish to discuss next has gone by various monikers including "raunchy" comedy, "low-brow" and "gross-out" comedy. Some film critics believe the subgenre to be relatively new, and many credit director/writer/producer Judd Apatow as its founder. Others suggest that the subgenre has existed for years, but that Apatow revolutionized how it was seen by providing heart and pathos to his quirky and raunchy characters. Either way, Apatow retains an important role in comedy as a genre, and since his feature debut, *The 40-Year-Old Virgin*, various filmmakers have followed in his footsteps. Films such as *The Hangover,* while not directly tied to Apatow's team, possess similar atmospheres, characters and storytelling techniques. Aside from its status as Apatow's original film and the forbear to so many others, *The 40-Year-Old Virgin* (2005) also holds a tantamount place in terms of depicting anxiety disorders on film, even if the title character is never officially diagnosed.

In *Virgin*, Steve Carrel plays Andy, a man with such severe social anxiety that, as the title reports, he has never engaged in sexual intercourse. On top of resulting in his virginity, Andy's anxiety also causes him to spend most of his time cooped up at home,

surrounded by action figures and video games. Even at his job as a Radio Shack IT tech, he avoids human contact as much as possible. While it could be argued that Andy simply has a neurotic and immature, but otherwise normal personality, I believe the film offers subtle hints that his anxiety falls firmly into the realm of a disorder due to its negative, stunting effects on his life. We are repeatedly shown that Andy lacks friends and has failed to progress to where society believes a forty-year-old man should be. Though he appears generally content with his lifestyle, we can easily ascertain that Andy is capable of a much more fulfilling existence. A coworker, Paula (Jane Lynch), also comments on the severity of Andy's isolation during his years on the job. Before pushing Andy to work outside his comfort zone, she states, "you're going to have to talk to people. I know that's a scary concept for you."

At the beginning of *The 40-Year-Old Virgin*, Apatow lightly pokes fun at Andy and his disorder. A much younger coworker, Cal (Seth Rogan), pronounces of him: "he seems like a nice guy and everything, but I'm pretty sure he's a serial murderer." During the poker game where he accidently reveals his status as virgin (which Cal and the others all but forced him to attend solely because they were short on numbers), Andy's anxiety and subsequent social ineptitude is also shown as ridiculous. In this scene, the viewer is meant to sympathize with Cal and the others, as we see Andy's complete ineptitude at normal social functioning through their eyes. The poker scene firmly points out just how separate our hero is from the social norm due to his self-imposed isolation. Most relevant, however, are Andy's flashbacks of earlier failed sexual encounters, which throw him into panic even years later.

As the movie continues, however, Andy becomes increasingly sympathetic and his new friends even begin to see the benefits of his virginity (Cal: "he's ten years older, but he looks younger than all of us!") Unlike *Broken English's* Nora, Andy's anxiety does not instantly disappear because of his budding relationship with Trish (Catherine Keener) or his friendships with his coworkers, but he does slowly become more mature and less nervous. He achieves this in small steps, however, first playing poker with his coworkers, then conversing with strangers at a party, and finally, becoming floor manager, a job which requires frequent social interaction.

Although they both exist in the realm of comedic subgenres, the "raunchy" comedy represents the very antithesis of the romantic comedy. Therefore, each possesses a unique sense of humor when it comes to depicting mental illness. Whereas romantic comedy is generally perceived as a feminine subgenre, the raunchy/low-brow comedy mainly appeals to a more masculine sensibility. The key difference, I think, lies in identification. Viewers are supposed to laugh "with" the heroine of a romantic comedy, while we laugh "at" the raunchy comic hero. Some may define the raunchy comedy's brand of humor as more "mean-spirited" than what we see in romantic comedies, but it is also slightly more honest in that it allows us to witness different sides of the protagonist's character and love him even at his worst.

In Chapter Two, I distinguished between humor and comedy, and mentioned that "comedy" as defined by Aristotle is more in line with "Pink Optimism," while the more broad definition of "humor" fits more into the realm of "Strong Pessimism." To take the argument further, I would say that romantic comedy and its light, sensitive humor, is a

good example of Aristotle's model, whereas raunchy comedy sometimes fits into the other definition. In some senses, however, I would also argue that Apatow utilizes a combination of romantic and raunchy comedic devices, which allows his characters more sympathetic and dignified portrayals, whilst appealing to both male and female viewers. Overall, Apatow's films offer us the Hollywood comedy subcategory least prone to perfect/closed ending, so that even when a happy ending is achieved, viewers can imagine the characters' lives continuing. If a sequel to *40-Year-Old Virgin* ever comes to fruition, I imagine Andy would still be living with anxiety despite enjoying a relatively happy life.

Family Entertainment: Disneyfying Mental Illness

Interestingly enough, one of the most realistic portrayals of anxiety occurs in a Disney film centered on talking sea creatures. One of my favorite films in Pixar's repertoire, the undersea adventure/comedy *Finding Nemo,* debuted in 2003. Since then, the film has been re-released in 3D, has launched multiple toy product lines and even has a 2016 sequel in the works. *Nemo* makes mental illness accessible to children and paints its characters in a highly sympathetic light, allowing young viewers to gain a growing acceptance for those who are different, whether said differences appear at a mental or physical level (the title character even has an underdeveloped fin). In fact, it seems that nearly every character in *Finding Nemo* other than the titular clown fish is non-neurotypical in some sense.

For example, Ellen DeGeneres' Dory occasionally behaves in the manner of someone with Attention Deficit Disorder on top of her fictional "short term memory

loss." Meanwhile, the trio of sharks Nemo's father encounters early in the film attends a support group for their supposed meat addiction. Most notably, however, the tank in which young Nemo finds himself after being captured by a human is a veritable psychiatric ward. Nemo's companions include Gurgle (Austin Pendleton), a fish with OCD tendencies and severe anxiety relating to germs and Deb (Vicki Lewis), who sincerely believes her reflection is her twin sister "Flo." *Nemo* also presents a scene near its opening which I believe serves as a hilariously direct commentary on our culture of over-diagnosis, especially in regard to childhood ailments. When Nemo meets his new classmates, his father points out his deformed fin and warns the other children against playing too roughly with the boy. Not wanting to be outdone, a young female squid asserts that one of her tentacles is shorter than the others ("but you can't really tell.") A young sea horse adds that he is "H20 Intolerant" and a yellow angel fish child cuts in with: "I'm obnoxious!"

The most important character in the film, however, is Nemo's father, the anxiety-ridden Marlin (Albert Brooks) who searches the sea for his son after Nemo is caught by a scuba diver. Although one could make the argument that Marlin simply has a timid and worry-prone character, I believe *Finding Nemo* offers subtle hints of Agoraphobia. ADAA describes this subcategory of Anxiety Disorder, which is commonly directly related to Panic Disorder, thus: "People with Agoraphobia…typically avoid public places where they feel immediate escape might be difficult, such as shopping malls, public transportation, or large sports arenas. About one in three people with Panic Disorder develops Agoraphobia."

At the beginning of the film, Nemo attends his first day of kindergarten and his overprotective father accompanies him, all the while reminding Nemo of the danger lurking at the bottom of the ocean. While there is truth in Marlin's statement (oceans contain a multitude of predators and real-life clown fish rarely leave their territory), it also replicates the feelings of Agoraphobics regarding the outside world. At school, the fellow fathers remark: "look who finally left his anemone," to which Marlin replies, "I know. Shocker." This indicates that Marlin's intense fear has kept him housebound for much of Nemo's life.

On the rare occasion Marlin does venture outside, however, disaster ensues. "Dad," Nemo remarks as they approach school, "you're not going to freak out like you did at the petting zoo, are you?" Marlin defends himself with "hey, that snail was about to charge." The fact that Marlin's fear has prevented normal interaction with other fish and subsequently inadvertently hindered Nemo's development indicates that his problem moves beyond the realm of normal personality. A disorder is defined as such only when it becomes debilitating. This definitely appears to be the case with Marlin. Aside from the aforementioned petting zoo incident, we are witness to several more panic attacks during the course of his search for Nemo.

In order to discuss *Finding Nemo's* perspective on mental illness, I must first explain Disney's cultural significance in the American mindset. Although Pixar has since established its own somewhat darker identity (*WALL-E* and *Up* are especially notable in this regard), at the time of *Nemo's* release the animation studio remained firmly entrenched within Disney's control. For that reason, discussing *Finding Nemo* in terms of

the Disney vision feels like a fruitful addition to the argument of how the film depicts mental illness. Although Disney has existed since the 1930s, its "Renaissance" period beginning with *The Little Mermaid* (1989) gave the brand new life and relevance within the imagination of American youth. In fact, I think it is safe to assert that no single company has had as much influence upon generations of Americans as Disney has.

When I reflect upon Renaissance-era Disney, including Pixar's early offerings, I find two aspects most relevant to my discussion. First, Disney tends to sugarcoat its subject matter, so much so that the term "Disneyfictation" has come to stand for the dumbing down or softening of material. Although some Disney films definitely contain a degree of darkness, they are noticeably tame compared to the original source matter that inspired them. For example, while Hans Christian Anderson's *The Little Mermaid* ended in endless torment for the titular character's soul, its Disney movie namesake offers a happy ending instead.

Although painting over the uglier parts of life may seem natural for children's entertainment, keep in mind that many of the sources (most notably fairytale based stories which inspired the likes of *The Little Mermaid*) were dark tales specifically written for children (albeit during a different time period). I should also note that older Disney films, although they still mostly adhered to the happily-ever-after principle, tended to be both darker and scarier than the films of the 1990s and 2000s. The final act of *Fantasia*, for example, features Satan himself torturing souls to the soundtrack of "Night on Bald Mountain."

The second aspect modern Disney/Pixar movies adhere to is a replication of the

American Dream coupled with a primary focus on the importance of the individual, regardless of content or context. The typical Disney/Pixar movie, set up nearly identically to an Aristotelian comedy, introduces a hero who has great difficulty fitting into society, whether because she has unusual interests (as in *The Little Mermaid's* Ariel), is smarter than her fellow townspeople (Belle from *Beauty and the Beast*), or just simply possesses a different mindset (*Mulan*). Through hard work, talent, and, most importantly, believing in herself, however, the Disney protagonist manages to prove herself to her detractors by saving the day, hence ensuring her own happily-ever-after. Although inspiring in theory, Disney's focus on individualism becomes problematic when writers try to shoe-horn it into inappropriate situations. For example, *Mulan's* "American" attitude feels noticeably out of place in an ancient Chinese setting, because the values of the Chinese tend toward a more collective view. I would argue that achieving a happy ending through hard work and grit alone is also out of place in *Finding Nemo* due to the main character's mental illness.

Finding Nemo is not the only example of recent children's entertainment to portray Anxiety Disorders through comedic means. 2010's reboot of the My Little Pony franchise, *My Little Pony: Friendship is Magic* actually presents two protagonists who display characteristics of Anxiety Disorders, namely main character Twilight Sparkle (voiced by Tara Strong) and the aptly named Fluttershy (Andrea Libman). As with *Finding Nemo's* Marlin or *The 40-Year-Old-Virgin's* Andy, one could argue that Twilight and Fluttershy simply display neurotic and shy personalities respectively, since no actual diagnoses are given on screen. Indeed, because the show has multiple writers, the

ponies' personalities fluctuate fairly significantly from episode to episode. However, while I was initially inclined to believe Twilight was merely a standard example of the typically neurotic/nerdy character archetype so commonly cast in children's TV shows, I changed my mind after viewing the second season episode "Lesson Zero," in which she is shown to exhibit multiple characteristics of both Generalized Anxiety Disorder and OCD, all of which are played for laughs.

The premise of the series revolves around formerly reclusive bookworm Twilight Sparkle's move to Ponyville in order to learn how to make friends under the instruction of Princess Celestia. Each week, her assignment is to send the princess a letter describing lessons revolving around her budding friendships with Ponyville's residents. In "Lesson Zero," however, Twilight Sparkle realizes that she has nothing to report to Princess Celestia for the week and proceeds to have what can only be described as a complete nervous breakdown. When she discovers that she has forgotten about the weekly letter, her mind immediately jumps to the worst-possible case scenario as she poses a series of "what-ifs." "What if the Princess doesn't forgive me? What if she doesn't think I'm taking my lessons on friendship seriously?" She then speculates that Celestia will force her to take a test, which she will promptly fail. "Why would you fail?" asks her dragon assistant, Spike, but instead of answering the question, Twilight continues on her rumination, insisting that when she inevitably fails, Princess Celestia will not only send her back a grade, but force her to return to "Magic Kindergarten" where everyone will laugh at her stupidity.

Twilight becomes increasingly anxious throughout the episode, eventually

resorting to magic in order to create a "friendship problem," simply so she has material to write about. Subsequently, Ponyville is nearly destroyed. If someone behaved like Twilight in real life, she would appear to have a real problem, but *Friendship is Magic* wants viewers to laugh at Twilight's behavior and find her overreaction ridiculous. Indeed, when Twilight tells her friends about her worries, their first reaction is also to laugh and tell her to calm down.

As children's entertainment, both *Finding Nemo* and *My Little Pony: Friendship is Magic* tend to exaggerate aspects of mental illness. While *Finding Nemo* depicts its characters sympathetically, only gently poking fun at Marlin and the others upon occasion, the writers of "Lesson Zero" appear to go out of their way to make Twilight Sparkle appear ridiculous. Not only does she come across as silly, but also, as her appearance changes over the course of the episode (her eyes become wide and unfocused, her mane increasingly messy, her ears twitchy and her teeth grinding together), she actually becomes frightening in the same vein as Dr. Caligari, Norman Bates, or any of the multitude of horror movie stalkers. This is especially evident when she approaches a trio of terrified children announcing "HI GIRLS!" While I certainly applaud *My Little Pony: Friendship is Magic* for its role in changing gender norms through the Brony Community, I am also fairly disappointed about the way the show chooses to depict mental illness. Given that the program's primary audience is 3-8-year-old girls, it is unfortunate that someone with an Anxiety Disorder would be shown as both silly and dangerous, especially since the series generally promotes a sense of tolerance and acceptance.

The "Bootstraps Problem:" Curing Crippling Anxiety Disorders through Love Interest, Adventures, and Fun

As has been established, comedies dictate that protagonists must reach a happy ending by overcoming their obstacles and re-integrating into society. To do this, they must also overcome their Anxiety Disorders. However, comic conventions are not the only reason that anxiety-based comedy films in America gloss over disorders in favor of more unrealistic portrayals. The other, much more disturbing reason has to do with the American tendency toward "pulling oneself up by one's bootstraps," which, in turn, causes a fairly negative view of those suffering from mental illness. Because of this, sufferers are frequently portrayed as weak, lazy or selfish due to their inability to function in the world of healthy individuals.

This idea has become so integrated into our thought-process that comedy films starring mentally ill protagonists tend to show their characters overcoming their debilitating disorders, not through medication, therapy or any other real life treatment, but instead through the use of various plot devices including romance, adventure or simply learning how to "get over themselves." In this sense, anxiety is treated more as an undesirable personality trait rather than a diagnosable illness, even when the film has specifically stated otherwise. Nervous characters, even those with official diagnoses, are taught to "loosen up" so that they can overcome their flaws in order to receive their deserved happy ending. Unfortunately, this belief seems to suggest that mental illness is unreal or at the very least, less serious than it actually is.

Each example provided earlier in the chapter (*Broken English*, *The 40-Year-Old*

Virgin and *Finding Nemo*) follows this pattern in its own way, based on the conventions of their respective subgenres. However, these three films are not alone in their insistence that mental illness can be treated through pure will. Every film from the mainstream *What About Bob* (1991) to more independent ventures such as *Humboldt County* (2008) and *Numb* (2007) follow a similar trajectory wherein the result is a happier, healthier, less anxious protagonist.

In *Broken English*, Nora travels to France with Audrey in hopes of getting a chance to confess her love for Julien. While there, however, Audrey suffers a complication in her marriage, forcing her to return to the States. Thus, Nora finds herself alone in a completely unfamiliar world. At this point, Cassavetes reminds viewers that staying is a conscious choice on Nora's part and therefore, a productive step in overcoming the obstacles her anxiety provides. After Audrey departs, Nora makes several small steps, including joining a group of strangers in a café for a night out on the town. While exposure therapy is a valid method of relieving anxiety, the change is generally much more gradual for real patients than for Nora. Even more problematic, just before befriending said strangers, Nora converses with a "psychic" who offers to "remove the curse" of anxiety from her. Although this is a short, cute, and seemingly unimportant scene, it feels disrespectful to actual anxiety sufferers as it implies that their problems, like the psychic's "curse," are merely imaginary.

The-40-Year-Virgin goes about Andy's treatment process more realistically. Unlike Nora, who suddenly possesses the power to approach strangers in a foreign land after visiting a psychic, Andy takes on a more gradual and subtle transformation. After

meeting Trish and befriending his coworkers, Andy begins the slow process of "growing up" as he replaces his bicycle with a car and takes on a more social position at work. However, when Trish suggests selling his action figures, his sole sense of comfort for most of his adult life, Andy reprimands her for going too far. In short, Apatow allows Andy, unlike Nora, to succeed in his love life without fully recovering from his disorder, suggesting that people with mental illness can live normal lives without changing completely. However, just like in *Broken English*, the catalyst for Andy's transformation is romantically-based and he never deals with his symptoms through any sort of mainstream therapies.

Finding Nemo provides the most obvious example of the bootstraps pattern as Marlin learns to overcome his anxiety not only through his perilous adventure to rescue Nemo, but through the company he keeps along the way. Dory, much like *Broken English's* Julien, provides the perfect foil for Marlin throughout his journey. Her complete lack of short-term memory skills allows for a non-existent sense of anxiety, as she is literally forced to "live in the moment," something Marlin, like any worrier, cannot comprehend. Fun-loving, personable and joyful, Dory's motto in life is "just keep swimming" and she constantly tries to impart this wisdom upon Marlin, usually inadvertently. While trapped in the mouth of a whale, for example, Marlin and Dory hold a conversation that acts as the crux of the movie's theme. While some viewers might interpret the scene as a positive message about dealing with life's hardships, I believe it also suggests some very unfortunate implications regarding mental illness.

A defeated Marlin tells Dory that he promised Nemo nothing would ever happen

to him. "That's a funny thing to promise," Dory says. When Marlin inquires as to why she says that, Dory replies: "well, if you never let anything happen to him, then nothing would ever happen to him." Dory then tries to convince Marlin to swim to the back of the whale's throat, as she asserts that she and the beast have been in communication. Marlin, of course, insists that the whale simply wants to eat them. "Look, the water's going down. It's already half empty!" "Hm," says Dory, thoughtfully, "I'd say it's half full." This brief line of dialogue insinuates that unlike Dory, perpetually a "glass-half full" type of fish, Marlin is a pessimist. It ties anxiety and negativity together, suggesting that Marlin can get over his anxiety simply by adopting a more positive Dory-esque attitude. As the whale begins to swallow the two fish, Marlin grips tightly to its tongue. Dory tells him "it's time to let go! Everything will be alright." "How do you know?" Marlin asks. Dory replies, "I don't!" As one might expect, only seconds later Dory is proven right, as the whale ejects the two fish back into the open ocean, where they find they have unexpectedly reached their ultimate destination

Cognitive Behavior Therapy, Mindfulness Training and Graded Exposure Therapy: How they differ from the Bootstraps Mentality

Although medication and therapy can be helpful in treating anxiety disorders, it is also possible to alleviate symptoms through changing one's thought-process. However, these types of behavior, which include Cognitive Behavior Therapy (CBT), mindfulness and Exposure Therapy, differ greatly from the commonly depicted idea of "getting over yourself" seen in comedies. In fact, the tenets of CBT pretty much represent the opposite of the bootstraps stance. Take for example, Dory's simplistically optimistic "time to let

go" philosophy. You cannot simply tell someone with an Anxiety Disorder to "stop worrying," "get out of his head", or shut down his negative thoughts (nor, I would argue, could you instruct the same from someone without a disorder who is still prone to worrying). In fact, rather than avoiding or blocking negative thoughts altogether, CBT actually asks patients to focus even more inwardly in order to thoroughly examine their own thinking patterns. According to Theodore Millon's *Masters of the Mind*, "cognitive therapies seek to address how patients perceive life events, focus their attention, process information, organize their thoughts, and communicate their reactions and ideas to others (393)." In contrast to Dory's effortless philosophy, learning how to correctly utilize CBT takes a great deal of training and hard work.

Despite its inward focus, Cognitive Behavior Therapy is generally not achieved entirely on one's own. This too, stands in direct contrast to the typical American Bootstraps mentality. Says Millon, "Cognitive therapists are usually active in the treatment process, encouraging patients to alter their self-defeating perceptions and cognitions instead of allowing them to work things out for themselves" (394). Even those who learn cognitive behavioral techniques from Self-Help books rather than through therapy rely at least partially on an outside source to teach them appropriate and effective thinking processes.

Closely related to CBT is the idea of mindfulness. A concept originating in Buddhist practices, mindfulness is described by *Psychology Today* as "a state of active, open attention on the present. When you're mindful, you observe your thoughts and feelings from a distance, without judging them good or bad. Instead of letting your life

pass you by, mindfulness means living in the moment and awakening to experience." As opposed to Dory's version of living in the moment (that is, having no concept of either past or future), mindfulness is based on a thoroughly developed understanding of one's mindset. This philosophy does not purport that one should not worry, but rather tells one to allow and accept worrying thoughts, to notice them and to analyze their causes and effects.

The last non-medication based therapy I would like to discuss is Graded Exposure Therapy. As the name implies, this type of therapy involves gradually exposing a patient to his fears so that he can eventually learn to tolerate the outside world. This usually begins with visualization and continues with physical exposure to the anxiety-producing object/event over time. *Finding Nemo* purports that after traveling nearly the entire ocean in search of his son, Marlin's fears of socializing or leaving his anemone have been completely diminished. However, in real life, pushing an agoraphobic like Marlin into that type of situation would be much too large a step. On top of that, even if someone like Marlin became less nervous through exposure, his anxiety would not disappear altogether. We are given very little of Marlin's behavior post-adventure, however, so I will wait for the upcoming sequel to see whether or not he retains some measure of anxiety.

Silver Linings Playbook: A Critique of the Critiques

David O. Russell's Oscar nominated *Silver Linings Playbook* (2012) is an important film in that it comments on and attempts to combat the normal bootstraps mentality so familiar in its genre. Whereas many recent comedies serve as critiques of

society's current trend toward over-diagnosing, I believe *Silver Linings* conversely critiques the viewpoints of other comedies sharing its subject matter. Like *Broken English*, *Silver Linings Playbook* falls into the romantic comedy sub-category (although its star, Bradley Cooper, frequently appears in the late-night subgenres, having gotten his initial start as the suave party boy in *The Hangover*). Unlike the former example, however, which generally downplays Nora's disorder and relegates it to the unsatisfying role of plot device, *Playbook* depicts its characters' mental illnesses as integral to the storyline.

The movie centers on Pat (Cooper), a thirty-something who suffers from both Anxiety and Bipolar Disorder. After his release from a mental health facility, he meets fellow Bipolar sufferer Tiffany (Jennifer Lawrence), with whom he develops a friendship that ultimately evolves into romance. From its opening scene, the movie directly references the typical love-heals-mental-illness mentality. Pat firmly believes that once his wife, Nikki (Brea Bee), who has recently filed a restraining order against him, decides to take him back, her love will be all he needs in order to fix his problem. The movie delves into the untruth of this belief on multiple occasions. Pat has also adopted a new philosophy of looking for "silver linings" and focusing less on negative aspects of his life. However, the film insists that this thought-process alone is insufficient as a means to combat his mental illness. Moreover, unlike Dory's easy answer, Pat's philosophy came about from hard work and training during his time at the mental hospital.

A Brief History of Mental Health in Film

Before delving into either negative or positive examples of mental health's

depiction in comedies, I would like to very briefly discuss the industry's history in cinematic portrayals across genres. In *Psychiatry and the Cinema*, Krin and Glen O. Gabbard discuss different methods of portraying psychiatrists as characters, their roles in society and what their jobs entail. Gabbard mentions that like mental illness itself, portrayals of psychiatry existed even in the earliest days of cinema. Around the same time Dr. Caligari made his frightening debut in Germany, an American Douglas Fairbanks vehicle called *How the Clouds Roll* portrayed psychiatry in an equally fearsome light. In it, Dr. Ulrich Metz (Herbert Grimwood) "seeks to drive the hero to suicide as part of a scientific experiment" (Gabbard 46). Gabbard adds that in early American film, "the proper domain of psychiatrists was regularly confused with that of hypnotists, clairvoyants and other assorted specialists with obscurely defined credentials." He goes on to state that early cinema generally displayed psychiatrists in one of three ways: the alienist, an uncaring, villainous presence in the life of the protagonist; the "quack," who while he may be well-meaning, helps very little because his methods are wrong; and the oracle, an all-knowing, nearly perfect being.

During the nineteen sixties, seventies and beyond, the corrupt state of the mental health industry became the subject of dramatic portrayals. Most well known in this category is, of course, *One Flew Over the Cuckoo's Nest* in which the structure itself serves as the villain in direct contrast to the mentally ill protagonists. This movie and others of its kind opened America's consciousness to the horrors of lobotomies, custodial abuse and electro-shock therapy during the era. Mental health's negative portrayal in drama and horror makes a degree of sense, given the often-terrifying history of the

asylum system (as I discussed in Chapter One). Like mental illness itself, the study of mind diseases is often times difficult to understand, adding to its frightening nature. However, in our modern era, it seems we should have moved past such depictions. While therapy is not one-hundred-percent affective, it can make all the difference for people suffering from mental disorders.

The Mental Health Industry in Comedy

Just as Woody Allen films marked the beginning of Anxiety Disorders as a humorous subject, so too, did they begin the trend of displaying the mental health industry in comedy. Whereas Allen's therapists are portrayed in a neutral manner, however, comedies have increasingly shown both therapists and medications in a shockingly negative light. Two examples of this trend exist in *What About Bob*? Frank Oz's 1991 film starring Bill Murray and Richard Dreyfuss, and *Numb*, a 2007 independent comedy directed by Harris Goldberg.

In *What About Bob*? Murray's title character is portrayed as quirky and troubled, yet thoroughly lovable, while his costar, Dreyfuss' Dr. Leo Marvin, is depicted as a completely terrible character who completely loses his mind after Bob decides to accompany him on a family vacation. Even before Bob's arrival at the lake cabin, Leo is shown in a bad light. When he is told that Bob has committed suicide (a set up in order for Bob to find his therapist's phone number), he tells his wife, "oh well, let's not let it ruin our vacation" and proceeds to fall back to sleep, indicating a complete disregard for his clients. His attitude toward his family is cold, rigid and bossy and Oz plays with the idea that, although a therapist, Dr. Marvin may in fact have more mental health problems

than any of his clients.

Numb, even more than *What About Bob?*, dedicates itself to critiquing the mental health industry. In Goldberg's film, Matthew Perry plays Hudson Milbank, a screenwriter who suffers from Clinical Depression, Generalized Anxiety Disorder and Depersonalization Disorder. Hudson visits various therapists and tries a multitude of drugs in order to treat his diseases, but each seems to worsen his problems. Hudson's first therapist, a Harvard graduate, insists that he simply "feels uncomfortable in his own skin," a catch-all phrase he utilizes for all of his patients. After twelve weeks, Hudson switches to Dr. Townshend, who exists in a constant state of boredom and disinterest, even falling asleep during one of their sessions. The third therapist does little but dispense pills, despite knowing very little about Hudson or his issues. The final and most important therapist, Dr. Blaine (played by Mary Steenburgen) offers another example of a mental health professional with problems more severe than those of her patients. She begins an illicit affair with Hudson and begins scheduling more appointments for him solely for the sex.

Medications also prove unsuccessful in treating Hudson. The first, Clonazepam ("one is the equivalent of a domestic beer, two cut the feelings of hopelessness in half"), causes the unwanted side effect of sexual dysfunction. The second is an anti-psychotic that leads to excessive sleepiness and irreversible facial twitching. In the end, Hudson is cured (although not fully, he definitely becomes more functional at the end) not through the help of typical mental health care, but instead through becoming less selfish, taking his late father's advice to "just pull up [his] socks" and embarking on a romance with his

free-spirited girlfriend, Sara (Lynn Collins).

In contrast to *What About Bob?* and *Numb*, *Silver Linings Playbook* offers a much more nuanced and objective view of both therapists and medications. Pat's therapist, Dr. Patel (Anupam Kher), is depicted neither as an alienist, a quack or an oracle, but rather as a human being with a life outside of his job. While he appears serious, stern and knowledgeable during the scenes in his office, we see a completely separate side of him when Pat encounters him at a sporting event. Unlike Dr. Townsend, who pretends he does not recognize Hudson when the two have a run-in at a restaurant, Dr. Patel introduces himself to Pat's brother and the two enjoy each other's company as fellow sports fans.

Likewise, *Playbook* offers a more positive view of psychotropic drugs than its counterparts. During their initial meeting, Pat and Tiffany compare notes on various medications they have taken, mostly focusing on the negative points of each. Despite this scene, however, I don't think the film situates itself as anti-medication. Pat and Tiffany had trouble with the previous medicines not because they do not need medication, but because those particular medicines simply did not fit their unique brain chemistry. The film makes it abundantly clear that Pat's current medication has helped regulate his behavior. As soon as he stops taking it, his worrying rages so out of control that he frequently awakens his parents (Robert De Niro and Jacky Weaver) in the middle of the night.

In *Speaking of Sadness* David A. Karp discusses the risks and benefits of antidepressants in detail. He quotes one of his case studies, a 24-year-old female

graduate student, as stating, “all I can tell you is, ‘oh my God, you know when you’re on the right medication.’ It was the most incredible thing. And I would say that I had a spiritual experience” (78). On the other hand, the author describes his own battle to find the correct antidepressant.

> I began the drug (Amitriptyline) just before a family vacation to Orlando, Florida…Even as I boarded the plane, I knew something was desperately wrong. My head was in a state of fantastic turmoil and, as anxious as I had been in the past, it didn’t compare in intensity to what I felt then. The feelings were so awful that I should have known the drug was going to be a disaster, but I had no experience of these things (9.)

Again, the difficulty in finding appropriate drugs speaks to the complicatedness of the human brain, rather than to a flaw in the mental health care system. Because the brain chemistry of each person differs, it stands to reason that each would respond to medication slightly differently. The danger is not the drugs themselves, but having them prescribed by someone who does not fully understand one’s symptoms. Karp later warns against stopping medication cold turkey and instead suggests slowly tapering off a drug in order to avoid relapses of symptoms.

Conclusion

The importance of comedies in structuring the worldview of audiences cannot be ignored or denied. As one of the most prevalent and widely viewed film genres, comedy has the power to affect and influence a wide-range of viewers, perhaps even more than either drama or horror. As we move forward, comedic films focusing on mental illnesses become more accepted as mainstream endeavors, allowing various groups to experience the topic. Unfortunately, many of these films perpetrate dangerous misconceptions shared by the dominant American philosophy, allowing for the continuation of beliefs

regarding anxiety as a non-issue and sufferers as lazy, selfish, entitled, or some combination thereof. I maintain that entertainment is hugely important in constructing our views, and while I applaud films for tackling the prevalent and difficult issue of mental illness, directors need to tread carefully in order to avoid negative portrayals.

Chapter Four: Comic Depictions of Clinical Depression

Despite its frequent comorbidity with Anxiety Disorders, Clinical Depression is generally depicted completely differently in film. If something inherently amusing exists within the concept of anxiety because of its natural ties to embarrassment, Clinical Depression is, by definition, the very antithesis of humor. However, a multitude of Depression based films containing humorous elements prove that the disease and comedy have the ability to coexist. In order to portray a disorder characterized by a pervasive sense of sadness, however, comic directors must move beyond the realms of the straightforward subgenres utilized in portraying Anxiety Disorders. The most common comedic subgenre featuring depressive illness, therefore, is black comedy (also referred to as dark comedy – a term I will proceed to utilize interchangeably over the course of this chapter).

Defining Black Comedy

Of all comedic subgenres, dark comedy is perhaps the most difficult to define. It certainly lacks the strict formula followed by either the typical romantic comedy or Disney movie. In some senses, dark comedy feels like a completely separate genre, or at the very least, one that combines aspects of comedy with aspects of drama. The existence and popularity of black comedy indicates that Aristotle's duality between tragedy and comedy as categories is indeed too rigid and that aspects of the two actually can intermingle. In *American Dark Comedy: Beyond Satire*, Gehring explains the importance of the subcategory.

> At its most fundamental, black humor is a genre of comic irreverence that flippantly attacks what are normally society's most sacredly serious subjects –

> especially death…Comedy, traditionally about optimistic new beginnings, frequently is symbolized by endings that celebrate a marriage and/or a birth. Thus, deathly black humor is often described as 'beyond a joke' or 'anticomedy…Similar to Surrealism, black humor is geared for shock effect, juxtaposing comedy and terrifying chaos…The student of comedy theory would do well to link shock to the humor hypothesis that credits surprise as the most pervasive explanation for laughter. Only here, the laughter is of a nervous 'should I be responding in this manner? nature (1.)

In the first chapter of his book, Gehring reminds readers that black humor's existence is not an inherently modern phenomenon. Writers as early as Greek playwright Aristophanes employed it as a strategy, as did Jonathan Swift for the premise of his shockingly macabre "A Modest Proposal." Gehrig adds, however, that "dark humor was also pushed more to the center stage by the writing of Charles Darwin and Sigmund Freud," because "Darwin's shocking claims for man's haphazard evolution from lesser beasts rather derailed the comfortable noble claim of being made in His image" whilst "Freud's pioneering work in psychoanalysis effectively called into question the possibility of being in control of one's own mind" (4). World War I also "gave dark humor fertile ground for growth," because, with the uniqueness of the conflict, "courage, honor, dignity and other traditional values became meaningless."

However, while shock value explains the prevalence of "gallows humor" and illuminates why we can uncomfortably chuckle at jokes about rape, mental retardation, 9/11 or even devouring babies (as Jonathan Swift suggests in "A Modest Proposal"), poking fun at Clinical Depression generally lacks the same sense of macabre surprise. If there is little funny about Clinical Depression, there is also very little shocking about it. In fact, the disease pretty much represents an antithesis of shock, since, aside from sadness, one of its most prevalent features is a sense of dull apathy. Therefore, I believe

a separate sort of black humor must be used in comedies focusing on Clinical Depression, perhaps more akin to Nietzsche's Strong Pessimism. I would suggest that comedies about Depression (at least, the good ones) show us the world through the eyes of sufferers, and through their viewpoint we see a morbid world, but still manage to find humor.

Dramatic Depictions of Depression

Before I delve into dark comedic portrayals of Clinical Depression, I would like to briefly mention selected dramatic interpretations of the disease. As one could probably imagine, the dramatic approach retains its status as the most commonly used and obvious mode of depicting the disease and its impact. Well-known dramas featuring Clinical Depression include *Ordinary People* (1980) and *The Hours* (2002), both of which involve the ultimate danger related to Clinical Depression, suicide. Less familiar examples include *Off the Map* (2003), an independent drama directed by Campbell Scott that stars J.K. Simmons and Sam Eliot, and *Melancholia*, Lars Von Trier's strange drama/art film/science fiction hybrid that uses the end of the world as a backdrop to explore Kirsten Dunst's crippling Depression.

Despite the notability shared by *The Hours* and *Ordinary People*, I would like to briefly focus on both *Off the Map* and *Melancholia* in order to discuss the ways in which each of these more obscure ventures uses filmic conventions to accurately portray Clinical Depression. *Off the Map* takes a relatively unique approach in that, while it features two depressive characters, neither serves as the central focus, nor do they represent antagonists. The film instead concentrates on eleven-year-old Bo (Valentina de

Angelis), a creative young girl living in rural New Mexico where her father, Charlie (Sam Elliot), has recently developed a crippling case of Depression. When tax auditor William Gibbs (Jim True-Frost) arrives at the family's estate, he quickly becomes absorbed into their lives. Like Charlie, William suffers from Clinical Depression, but the film does excellent work of showcasing the multi-faceted nature of the disease by distinguishing the symptoms of the two men.

While Charlie's Depression largely manifests itself in outward appearance, present in his weary eyes, his slow gate, his frequent crying and his silence, William's is an inner sadness, hidden beneath a façade of normalcy. Vastly different too are the backgrounds of the two characters. During a late night conversation, William reveals to Charlie that he has "never not been depressed" and that he believes his sorrow originated with witnessing his mother's suicide at age six. Charlie, on the other hand, notes that his illness struck suddenly and its appearance was unprecedented. The two characters also illustrate how Depression can exist in both chronic and acute forms. In *Off the Map*, we only experience the characters' illness through outward appearances, actions and dialogue. Despite the well-crafted portrayal of both Charlie and William's symptoms, Depression fails to become the central focus or theme of *Off the Map*. More so, Scott's film serves as a coming of age story for a young girl growing up in a slightly unusual situation. Depression just happens to exist as a backdrop for Bo's life lessons. Unfortunately, this fact works against the film, because it ignores the all-encompassing nature of the disease (especially when untreated, as is Charlie's case).

Von Trier's *Melancholia* presents an entirely different vision in which the director

places Depression front and center of the film's universe. The planet, rapidly approaching a collision with Earth, has a name harkening to a much older term for Depression (derived, of course, from "melancholy," one of the Four Humors described by Hippocrates). It's absorption of Earth at the film's conclusion could easily be read as an allegory for the all-consuming aspects of Depression, both as an individual disease and perhaps as a cultural condition. Von Trier evenly divides his film into two halves. While the second focuses on Melancholia's frightening approach, the first (and, in my opinion more interesting) segment centers around Justine's (Kirsten Dunst's) own private feelings of melancholia. Although one half provides a global spectacle and the other remains deeply personal, Von Trier devotes equal care and attention to both forms of melancholy.

Melancholia begins with Justine's elaborate wedding. Although she herself suggested the large party, she quickly realizes that the strain of celebrating and feigning happiness among a sea of guests is far too daunting a task. It is here that Von Trier offers one of the truest interpretations of Clinical Depression I have seen on film. As I mentioned in the first chapter, Hugo Munsterberg believed that film can and should be used as a replica for the human mind. *Melancholia* does an admirable job replicating how an illness like Depression affects the psyche. As Munsterberg suggested, *Melancholia's* first act successfully breaks away from the normal realm of space and time and instead allows the viewer to experience time the way Justine, in her depressed state, experiences it. The wedding appears to drag on forever, making us feel nearly as tired, frustrated and despondent as Justine.

Replicating Depression in Comedy

Melancholia is far from alone in providing a portrait of how Depression causes the mind to operate. Of all comedies focusing on Clinical Depression, Goran Dukic's *Wristcutters: A Love Story* remains truest to Munsterberg's vision. This curious independent film is based on the notion that a special afterlife exists solely for victims of suicide. The protagonist, a sarcastic twenty-something named Zia (Patrick Fugit) finds himself there after slitting his wrists following a brutal breakup with his girlfriend Desiree (Leslie Bibb). Once in hell, he discovers that Desiree committed suicide soon after he did. This knowledge initiates a journey to find her, and Zia embarks on a road trip accompanied by his new friend Eugene (Shea Whigham). Along the way, the pair encounters Mikal (Shannyn Sossamon), who insists her presence in hell is a mistake. Eventually, Zia and Mikal develop feelings for each other and return to life simultaneously. While some critics have commented upon *Wristcutters'* unrealistic and overly positive depiction of suicide, I would argue that the film holds importance not for its commentary on suicides, but rather for the fact that Zia's afterlife is one of the best replications of Clinical Depression I have seen on film.

Compared to some mental illnesses, Depression lacks over-the-top flashiness. Major outbursts and mental breakdowns occur occasionally, but for the most part, depressives experience the world through a dull haze. Sufferers sometimes describe a numbness or lack of affect (David Karp's chapter on "The Dialectics of Depression" explains how "the world loses its very dimensionality, appearing flat, lifeless" (Karp 27,) while others experience a persistent sense of hopelessness coupled by feelings of

entrapment within their surroundings. In *Wristcutters*, Zia's afterlife is, as he describes it, "pretty much the same, only everything is a little worse." Once Zia enters purgatory, the film's colors become washed out and drab (especially noticeable when compared to the film's frequent flashbacks to Zia's previous life), while the landscape is uninspired, with only garbage and ugly buildings serving as scenery. Dukic's film seems to take place in a small, excessively boring middle-American town populated by others sharing Zia's dismal mindset. Every single day appears overcast, but rain never falls. Several characters comment on the lack of stars in the night sky. Zia works in an ugly, run-down pizza joint and lives in a small, dilapidated apartment with a dull, if slightly annoying roommate. Even the grocery store is nearly empty, with the exception of a few bland products (Zia's roommate, for example, has an affinity for cottage cheese.) Zia mentions through narration that he is unaware of how much time has passed since he arrived, as the days seem to blend together.

Movies and Mental Illness: 3rd Edition harshly criticizes *Wristcutters*, claiming that "the film will teach you very little about depression and suicide, and it insults the viewer's intelligence by making use of a cheap 'it was all a dream' plot device that explains everything away" (65). I strongly disagree with this judgment. In fact, it is my personal opinion that the film actually has very little to do with suicide. Although an afterlife solely populated by suicides is utilized as a central plot device, I think of it merely as a set up to represent and replicate the mindset of Clinical Depression sufferers. As Karp states, "the essential problem with nearly all studies of Depression is that we hear the voices of a battalion of mental health experts…and never the voices of depressed

people themselves. We do not often hear what Depression feels like" (11).

Because of its unique qualities that allow it to illustrate various workings of the human mind, film is an excellent tool in not only telling, but showing how Depression feels, and I believe *Wristcutters*, perhaps even more than *Melancholia*, serves as a primary example. Zia may not actually have died, but he clearly feels dead. Per Karp, "the words death and dying came up frequently [in descriptions of depression] as with the person who said 'I was dead. You could actually say I was dead at that point" (30). Because the film is a comedy, Zia and Mikal eventually become "cured" (as symbolized by their simultaneous awakening in the hospital) because of their romantic relationship. However, I consider this fairly different from Andy's growth because of his romance with Trish in *The 40-Year-Old Virgin* or Hudson's relationship with Sarah in *Numb*. Karp states that his main reasoning for writing *Speaking of Sadness* was to show depressed individuals that they are not alone in their suffering. This implies that the best way of understanding the disease is through personal experience. In each other, Mikal and Zia discover a sense of understanding and belonging. In my view films like *Wristcutters* serve a very important function in society, both in showing Depression sufferers individuals with whom they can relate and by educating others (at least in part) about how the disease feels.

Rid of Me, James Westby's beautiful independent film made in 2011, utilizes a wide array of filmic techniques to replicate not only symptoms of Depression, but of Social Anxiety Disorder as well. In fact, despite its relative obscurity, I would place it on the same level as *Wristcutters* in its authentic and unique portrayal of mental illness. The

film focuses on Meris (Katie O'Grady), a newlywed who follows her husband, Mitch, to the small Oregon town where he grew up, whereupon she becomes acquainted with his highly judgmental brigade of childhood friends. As the film opens, Westby barrages the audience with music fit for a horror movie as the he rapidly cuts between close-ups of Meris' face while she delivers a voice-over listing her concerns about their new home (chief among them being "what if your friends don't like me?") Her voice sounds static and far-away, which coupled by the disconcerting shots, serves as a very anxiety-producing experience. As Mitch talks on the phone with his friends, his voice also distorts and Westby focuses on an extreme close-up of Meris's face. We then get several back-and-forth cuts between sex scenes and Meris nervously practicing her introductions in the bathroom.

It is only when Meris meets her new husband's friends that the film moves beyond awkward and into the realm of terrifying. As soon as the couple enters their new apartment, they are met by loud screams of "SURPRISE!" Once again, Westby offers a close-up in order to depict Meris' reaction. This is followed by a strange, blurred, slow-motion shot of Mitch's excited friends, again accompanied by distorted sound. The director quickly closes up on Meris' eyes and follows up with a point-of-view shot of her husband running to meet his friends. Mitch introduces each of them (three women and three men) and Meris stumbles through her hellos. She gives a fake smile, only involving her mouth, while her eyes appear weary, anxious and tearful. Meanwhile, Mitch's friends stare directly and unflinchingly at the camera, giving the impression that they judge not only Meris, but us viewers as well. Although I cannot claim to personally

understand the symptoms of Social Anxiety Disorder, I believe the fact that Westby purposefully causes nervousness in the viewer helps us relate to Meris's plight. Furthermore, the distorted view caused by a fear of constant judgment by others we see with Meris fits into descriptions given by real life anxiety sufferers (as mentioned in the previous chapter).

Jodie Foster's directorial debut, *The Beaver* (2011), takes an even more bizarre tactic in replicating Depression. The movie tells the bizarre story of Walter Black (Mel Gibson), a family man, who, the narration states, is "a hopelessly depressed individual." After failing to receive relief from traditional therapies, Walter begins talking through a beaver puppet, much to the chagrin of his family (Foster herself plays Walter's wife, Meredith, while Anton Yelchin stars as his teenaged son, Porter). Aside from his obvious role as plot device in dissolving Walter's marriage and eventually helping him to recover from his illness, the titular beaver serves another interesting purpose. His presence functions as a physical manifestation of the negative thought processes that tend to plague sufferers of Clinical Depression.

In *Women and Self Esteem*, Linda Sanford and Mary Ellen Donovan label several negative thought patterns commonly seen in people with low self-esteem. Although they do not specifically discuss Clinical Depression or mental illness in general, these thought processes (as well as cripplingly low self-esteem) are frequently present in sufferers. However, unlike someone who merely has a poor sense of self-worth, a Depression sufferer is less able to rid himself of these thoughts without utilizing medications or therapy. One of the book's sub-categories, dubbed "Critical Tapes" by Sanford and

Donovan, especially pertains to Depression sufferers in general and to Walter in particular.

Sanford and Donovan describe Critical Tapes thus:

> In the mind of someone with low self-esteem, powerful, negative statements about the self or equally powerful and negative visual images often run constantly…A person may be thinking relatively happy thoughts, or no particular thoughts at all, when a Critical Tape begins to unwind: 'I'm so ugly I should be in a circus freak show…' 'Everyone hates me – I don't know anyone who cares…' 'I'm so lazy I never finish anything… (294.)

The beaver constantly berates Walter, in narration, to his family members, friends and coworkers, and at times, speaks directly to Walter himself. He insinuates on multiple occasions that Walter is a pathetic individual and a loser and that the world would be better off without him. I do not believe we are meant to think Walter literally hears the beaver puppet speaking to him (as that would imply a completely different kind of mental illness), but rather that he represents the negative voices within Walter's own head, or perhaps that he is even a physical representation of Walter's disease itself. This interpretation becomes especially interesting when the Beaver divulges his big secret ("I'm real") to Walter's coworker. Of course, the puppet is not a real live beaver, nor is he able to speak without Walter's help, but his negative effect on Walter's life is very real indeed.

Another thing *The Beaver* does well is depict Depression's effect on family life. Its truthful portrayal is especially notable when compared to the less successfully managed family storyline in *Off the Map*. Each member of Walter's family responds differently to his illness. Meredith tries to put on a happy façade in order to keep the family together, but also wishes Walter would return to his "old self" and desperately

holds on to the notion that their former way of life can be restored. Meanwhile, youngest son Henry (Riley Thomas Stewart), though not old enough to fully comprehend his father's disease, clearly suffers psychological effects, causing isolation and withdrawal at school and moodiness at home. Once the beaver appears, however, Henry is so overjoyed to have someone to talk to that he becomes much livelier. Porter, on the other hand, begins the film so ashamed of Walter that he keeps sticky notes all over his room listing the traits he and his father share. His goal is to completely separate himself from these traits before he graduates from high school. Unlike Henry, who becomes enchanted with the beaver, and Meredith, who grudgingly puts up with his presence, Porter has absolutely no tolerance for the puppet and refuses to indulge Walter's fantasy.

Although Porter's attitude might seem excessively harsh in regard to an illness sufferer, his responses also ring true. As mentioned in David Karp's chapter about family involvement, it is not uncommon for family members to feel ashamed of their sick relatives, even if they realize their illness cannot be controlled. Anne, a mother of two severely depressed adult children, describes her husband's feelings: "He was very angry at the children's illness and felt it was their own fault…As he saw it, he had paid the bills and gave them a good life and here they were failing him" (Karp 147). *The Beaver* helps illustrate the fact that Depression has implications outside of the sufferer and that its effects reach well beyond a single individual.

How Humor Differentiates Comedies

The three comedies discussed in the previous section differentiate themselves from their dramatic counterparts (such as *Off the Map* and *Melancholia*) by utilizing

several different humor devices. Whereas the humor of embarrassment generally qualifies the anxiety-based comedy, dark comedies focusing on Clinical Depression utilize a completely different tool kit. *Wristcutters*, *The Beaver* and *Rid of Me* each employ some combination of the following devices: deadpan sarcasm, absurdity/quirk, or the use of a comic relief sidekick. Deadpan line delivery pairs especially well with Depression, since the disease is frequently characterized by a lack of emotion or flat affect. Absurdism, meanwhile, is a relative mainstay in the general world of dark comedy. I will briefly explore the relevance of these devices seen in each film. From its opening moments, *Wristcutters* masterfully employs the art of deadpan snark. Just after the credits, Zia's narration, told in his typical expressionless voice, explains how his body was lowered into the ground "like a melted chocolate bar." Throughout the film, Zia, both in his narration and in his dialogue with other characters, keeps this wry, witty attitude. Although Depression as a rule is not inherently shocking, I believe the humorous shock value discussed by Gehrig lies in Zia's ability to make sarcastic commentary about the disease.

Wristcutters also delves into absurdity with its very concept, beginning with Zia telling us: "the day after I killed myself, I began work at this pizza place." The very fact that hell is depicted not as a burning pit of torture, but rather, a boring town with only the blandest of ingredients at the grocery store, adds to the film's absurd nature. The absurdity continues as Zia and his comrades try to guess how each inhabitant of this dull afterlife committed suicide and find that several show physical manifestations of their deaths (Zia retains the scars on his wrists, while a policeman who shot himself in the

back of the head retains a gaping head wound). Later, on the road to find Desiree, Zia and the gang come across an odd campground, peopled by a strange assortment of quirky individuals including Kneller, a man in constant search of his missing dog, who we first encounter asleep in the middle of the road, and Nanook, a mute throat singer. Zia and Mikal are also joined on their journey by a comic relief companion, Eugene, who decides to accompany his new friends simply because he has nothing better to do.

The Beaver likewise utilizes all three devices to some degree. Chief among them, of course, is the film's level of complete absurdity, as the idea of a grown man speaking through a puppet is so completely odd that it is also inherently amusing. The fact that the puppet is a beaver, generally a silly-looking animal, naturally adds to this effect. Moreover, despite his role as a symbolic representation for Walter's negative thought-process, the beaver also possesses a knack for sarcastic humor, with his opening narration taking on a similarly deadpan quality to Zia's.

Rid of Me takes a slightly different approach than *Wristcutters* and *The Beaver*. The film's humor does not even come into effect until the second act, following Meris and Mitch's divorce. Prior to the breakup, the film focuses primarily on embarrassment, but I would argue that, unlike *The 40-Year-Old Virgin* or other anxiety-based comedies, *Rid of Me* does not play Meris's humiliation for laughs, but rather as something both tragic and frightening. During the later portion of the movie, however, Westby utilizes both absurdity and comic relief characters, as well as a small degree of deadpan humor. When Meris begins working in a local candy store, she is introduced to uncouth wild child Trudy (Orianna Herrman), who quickly becomes her new best friend. With Trudy

as an influence, Meris takes on a rebellious partying persona of her own, causing her life to rapidly spiral out of control. Although Meris herself rarely engages in deadpan sarcasm, Trudy often fills the role, especially when commenting on her coworker, the earnest, but highly annoying Dawn (Ritah Parrish). Dawn herself, meanwhile, provides a great deal of quirky comic relief as her self-righteous attitude frequently clashes with Trudy's.

I will also add that, despite their place within the dark comedic subgenre, all three films adhere to the typical happy ending that comedy provides. While *Melancholia* ends with the destruction of the world, *The Beaver*, *Rid of Me*, and *Wristcutters* each involve their protagonists re-integrating into society in some fashion. Walter is able to assert himself against the beaver and learns how to operate without the puppet. Meanwhile, Meris comes to term with her grief and begins to adapt to her new environment (by the end of the film, she has lost her "Goth" persona and becomes more comfortable in her own skin). *Wristcutters*, as I mentioned earlier, invited criticism from *Mental Illness and Movies III* for its happy ending.

The important question, of course, is what these humorous aspects add to *Wristcutters*, *The Beaver* and *Rid of Me* that is not present in the likes of *Melancholia*. The answer to this is three-fold. First I will refer again to Nietzsche's Strong Pessimism. The philosopher states that art's main job is to structure chaos in such a way that the audience leaves feeling joyful instead of devastated. Even in mental illness based dramas with uplifting endings, however, I believe viewers come away with a more negative reaction. Utilizing comedy, on the other hand, allows us to embrace the material in a

more tolerable fashion.

Secondly, inserting humor into a film about Clinical Depression allows viewers to see that life for a mental illness sufferer is not solely negative. Dramas, due to their sensationalist presentations, generally tend to depict only the most undesirable aspects of mental illness, whereas comedies can show both negative and positive qualities. For example, one can assert that Zia's Depression allows him to develop a dryer, wittier sense of humor, and Walter's goes hand in hand with an increased sense of creativity. In the case of both *Wristcutters* and *The Beaver*, Depression is looked upon as not only a disease, but also a unique perspective on the world.

The third advantage the three comedies have over their dramatic counterparts is, of course, the most obvious and simple. Although dramas usually earn high critical acclaim, the general public finds them less desirable in terms of entertainment. Although comic depictions of Depression currently exist mostly within the independent circuit, I see no reason why mainstream ventures cannot start taking a similar approach.

Humor as a Coping Mechanism for Depressive Disorders

In my second chapter, I discussed the ways in which humor can be utilized to approach darker subject matter. As it turns out, science has recently proven that humor has a positive effect on actual Depression sufferers and can be used to ease some of their symptoms. In order to better understand the scientific reasoning behind laughter's effect on neurobiology, I interviewed Ellen Weiner, a social worker who specializes in utilizing laughter and humor when talking to patients. Although every patient is different and not everyone receives a positive effect, she maintains that using humor helps patients relax,

open up, and bond with the therapist in what she refers to as "a therapeutic alliance." Aside from strengthening the bonds between patient and therapist and allowing nervousness to dissipate, Weiner states, "laughter allows pain to come out in a way they can handle." Furthermore, humor helps "universalize the human experience through lightening up the situation."

Problems in Comedy's Depiction

Despite the fact that Depression-based comedies generally offer more nuanced portrayals of mental illness than their anxiety-based counterparts, they still occasionally problematize the subject matter. *It's Kind of a Funny Story* (2010), Anna Boden and Ryan Fleck's film based on the young adult novel of the same name, represents an especially difficult contradiction. On the one hand, the film attempts to accurately portray Clinical Depression and, in some senses, succeeds. At the same time, however, *Funny Story* perpetrates one of our culture's most detrimental myths about mental illness by insinuating that the protagonist's profound sadness is selfish.

The movie begins when Craig (Keir Gilchrist), a teenager at a difficult prep school, checks himself into a psychiatric ward in fear that he might kill himself. After finally convincing the nursing staff of the seriousness of his situation (they maintain that he "is not sick enough"), Craig is placed in the adult ward because the adolescent ward is currently undergoing renovation. During his stay, Craig becomes acquainted with several patients including Bobby (Zach Galifianakis) and future love interest Noelle (Emma Roberts), a fellow teenager prone to self-harm.

During our initial introduction to the character, Craig narrates that he wishes he

had a "real reason" for his depression. He lists several "small" reasons including excessive demands from his parents, competition from a brilliant best friend, and feelings of misunderstanding from his classmates. Craig finally concedes that perhaps "one doesn't need a horrible life to be depressed." I applaud the film for acknowledging two truths about Depression. First, Boden and Fleck note that the disease may not always connect to external events, but is instead, a biological illness. More importantly, Craig's narration comments on the guilt people with Depression often feel because of their supposed undeserved sadness. Dr. Minerva (Viola Davis) even tells Craig during his initial appointment that "Depression is a medical illness", and adds, "if you were diabetic, would you be ashamed of taking insulin?"

In *Speaking of Sadness*, David A. Karp also chronicles guilt and loneliness associated with Depression. Of his own illness, the writer claims, "I felt deeply alone. Everyone else seemed to be moving through their days peacefully, laughing and having fun. I resented them because they were having such an easy time of it; I felt utterly cut off from them emotionally" (7). One of Karp's case studies, twenty-seven-year-old administrator Nina, provides similar insight: "I was lying around feeling sorry for myself when I should have recognized my great good fortune (I am white, single, no children, well-educated and professionally competent) and gone out and found another job" (24).

Unfortunately, the writers of *It's Kind of a Funny Story* confuse this vital message by allowing Bobby to criticize Craig. When Craig's friends or parents insinuate that his problems are imaginary, they are treated as antagonists (when, for example, Craig's best friend, Aaron, tells him, "Dude, you need to chill more. Your problem is you never chill.

There's so nothing wrong with you," he is met by a well-earned "fuck you!" from Craig.) On the other hand, Bobby, who for all intents and purposes is a positive character in the film, makes similar judgments without reprimand. Upon first meeting the young man, for example, Bobby comments: "you're stressed out for sixteen. You need to relax. Get a girlfriend or something."

Later, Craig learns that Bobby, although he takes on the role of older mentor, has more problems than he initially lets on. Unlike Craig, he suffers from financial instability and has few job prospects for when he gets out of the psychiatric ward. He also has a great degree of difficulty regarding his ex-wife and young daughter. Bobby eventually reveals to Craig, in his patented offhand manner, that he has attempted suicide on six separate occasions. During a heart-to-heart on the basketball court (after the pair have a shockingly easy time sneaking out of the hospital), Bobby divulges to Craig, "what I wouldn't do to be you for just a day. I'd just live like it meant something." Even if this was meant as a positive statement about Craig's potential, it still provides a negative implication. Here, Bobby insinuates that Craig has no reason to be depressed. He later adds, "You don't have problems. I have problems!" This, unfortunately, completely negates the film's earlier statement connecting Depression and diabetes. If Craig and Bobby were real people, I would imagine Bobby's words would add to Craig's profound sense of guilt.

Aside from the obvious problem Bobby's character brings, *It's Kind of a Funny Story* is also somewhat problematic in its depiction of the mental health industry. While I commend the film for avoiding the typical clichés of showing the industry in a negative

light, I believe Boden and Fleck's overly positive approach provides a different dilemma. Aside from the few occasions Craig attends one-on-one therapy with Viola Davis's character, the adult psychiatric ward seems more akin to a summer camp than a hospital. Once Bobby introduces Craig to his fellow patients (who provide, at least in part, much of the film's comic elements), he quickly becomes integrated and accepted into their group (which is especially crucial because it serves as such a blatant contrast to his ultra-competitive school environment).

At the hospital, Craig spends much of his time attending arts and crafts groups, performing karaoke with his fellow patients singing backup, and even celebrating his release with a pizza party. The doctors, nurses and orderlies generally treat the patients more as friends than anything else and the security, as I mentioned earlier, is practically non-existent. The hospital staff allows Craig's roommate, the highly antisocial Mustada, to remain cooped in his room for weeks on end. He only emerges for the final pizza party after Craig manages to locate an Egyptian record. On the one hand, I can appreciate the unique vision of a psychiatric hospital the film provides, but at the same time, I find it so unrealistic that it takes away from the realism provided earlier in the film. Psychiatric facilities are not meant to be fun, and a person like Craig probably would not have his worldview so radically altered over the course of a week. Also of note, Craig, much like *Wristcutters'* Zia, encounters his love interest during his battle with Depression. Although the movie provides enough insight into Craig's therapy for us to realize he is not solely cured by love (as is the case with Numb, for example), his budding romance with fellow teen Noelle still adds to the impression that Craig's

recovery is altogether too easy in comparison to an actual battle with Clinical Depression.

Suicide in Comedy

One thing I think we can all agree upon is that the most tragic aspect of Clinical Depression is its ability to rob sufferers of their lives by leading them to commit suicide. Of course, not all suicides are directly related to Depressive disorders (some are instead the results of substance abuse, bullying, monetary woes, physical illness or even other mental illnesses), but the correlation remains obvious. Healthy Place.com: America's Mental Health Channel states that "ninety percent of all people who die by suicide have a diagnosable psychiatric disorder at the time of their death." The site adds that "Over 60 percent of all people who die by suicide suffer from major Depression. If one includes alcoholics who are depressed, this figure rises to over 75 percent…Thirty percent of all clinically depressed patients attempt suicide; half of them ultimately die of suicide." Healthy Place reminds us of suicide's dramatic prevalence in America by listing it as the 11th leading cause of death throughout the country and the 3rd leading cause of death in adolescents.

Perhaps it stands to reason, given suicide's prevalence, that it rarely gets shown in a comedic light. A character can attempt suicide (or even follow through in rare cases) in a comedy, but the act itself retains a level of severity. As stated in Gehrig's *Dark Comedy*, humans have been laughing in the face of death for decades. When it comes to suicide, however, directors largely shy away from completely comic depictions. In fact, it remains one of the few darker aspects of life that comics still tend to treat with proverbial kid gloves. This leads me to believe that Americans generally find suicide

more disturbing, or at the very least, disturbing in a different way, than other deaths. Philosophically speaking, ending one's own life goes against our very biological existence.

All living things have a built-in instinct to survive against external pressures in order to keep their species alive. For this reason, suicide is an incredibly disturbing and seemingly unnatural prospect. On the more religious side of the argument, suicide also represents taking control of something which is meant to be in the hands of a higher power. Taking one's own life, thus deciding when one's time on the planet should end, can be seen to some as akin to "playing God." In general, seeing the humor in death works because it serves as a coping mechanism for dealing with the random, chaotic, uncontrollable nature of the universe. Taking this into account, suicide cannot be funny in the same way as other deaths. Therefore, in order to depict suicide as amusing, the act must be nullified in some way.

One rare example of a film to openly utilize suicide as a comedic device is Hal Ashby's 1971 classic, *Harold and Maude*. While many focus on the unique May-December relationship between the titular characters, the film also veers sharply away from a typical comedy by ending in Maude's suicide. However, even so, her death seems less tragic than a typical suicide as it is relatively painless and occurs after a long, eventful life. We also never get the impression that Maude suffers from Clinical Depression. In fact, she proves a cheerful, life-affirming presence throughout the film. In her case, deciding when to exit the world feels more like an act of empowerment from a free-spirited person who has always bucked the system than a tragic affront to the

natural order.

Meanwhile, the film contrasts Maude's well-planned, pain-free suicide with the gruesome pretend suicides young Harold stages for the benefit of his uncaring mother. These scenes, which occur at several points throughout the narrative, provide much of the film's humor, both due to Harold's theatrics and his mother's apathetic reaction. In the opening scene, for example, Harold's mother finds him hanging from a noose, but instead of the horror one might expect from her, his actions only initiate annoyance as his mother reminds him they are having company for dinner. Later, Harold stages a pretend drowning in the family pool, which is met by a brief eye roll from his mother, who continues swimming laps.

We are allowed to laugh at these moments, I believe, because, although he definitely suffers from Depression and has an unhealthy obsession with death, Harold is not, by all intents and purposes, actually suicidal. He divulges to Maude later that his obsession with staging his own death began as a way to garner his mother's attention. In fact, at the very end of the film, when given the choice to throw himself over a cliff, Harold ultimately declines and chooses life. We can laugh at his "suicides" precisely because they are fake and we know Harold has no interest in performing a real one. Michael Lehmann's *Heathers* similarly utilizes pretend suicides for comic affect. Meanwhile, films such as *Little Miss Sunshine* treat suicide attempts in a sympathetic manner. Even *The Simpsons*, a show that prides itself on its no holds barred satire, plays Homer's suicide attempt in the season one episode "Homer's Odyssey" (1990) completely straight.

Conclusion

As I mentioned at the end of my introduction, when I began this project, I had no idea of the massive scope it would eventually encompass. My initial goal was to explore the relationship between mental illness and film, later further narrowed to the topic of comedy. The final product, however, has woven together what I hope reads as a successful integration of some of my most cherished beliefs. Mental illness may have been the focal point of the project, but in the end, it managed to become much more than that. Through my research into the topic (by means of watching/analyzing filmic representations, reading scientific and scholarly evidence regarding mental illness and utilizing theories provided by Aristotle, Hegel, Nietzsche, Foucault and Nicherin Buddhism) I have come to learn a great amount about what it means to be an American in the year 2013 and, indeed, what it means to be human.

One cannot deny the fact that we live in a difficult time period, especially here in America, chiefly characterized by fear and isolation. While our national mindset has adapted some new thought processes, in other ways, we remain locked within the claws of an old-fashioned paradigm no longer relevant to our current way of life. Recent comedies focusing on mental illness sometimes serve as symptoms of this greater cultural crisis, but, at the same time, they can also be utilized as solutions to the problem. Our understanding of mental illness in terms of its cultural importance has grown considerably since our superstitious forbearers believed possession was the primary cause of mental disorders. But, while we no longer label sufferers as evil, our general response remains problematic. Both because of our nation's strongly upheld past values (which

consist of the American Dream, extreme importance of individuality, the proverbial "bootstraps mentality" and rigid categorization) and our current mindset (a loss of "self," isolating technology and over-diagnosis), people with mental illnesses face a difficult struggle within the dominant American culture. Clinical Depression, Anxiety Disorders, and multiple other groups of mental illness are more prevalent in America than ever before, and yet, these disorders are still attached to a pervasive sense of shame.

Modern day America, I would argue, also shares a somewhat problematic relationship with comedy as a genre. The definition proposed by Aristotle and still highly present in mainstream Hollywood provides an inadequate view of mental illness. Moreover, because the notion of providing happy, closed-ended finales clashes with the idea of mental disorders, comedies oftentimes perpetuate harmful misconceptions. Not only does the Aristotelian definition of comedy offer an incompatible pairing with mental illness, but it also paints an unrealistic and at times harmful view of modern life. That is why, as I argued in both Chapters Two and Four, we need to start adopting a different, less rigid definition of comedy.

Comedy is an often-ignored genre in terms of its importance in shaping the views of its audience. Its overall popularity makes it the perfect candidate for spreading deep cultural messages. But, as I hope I have thoroughly explained over the course of this paper, this importance can lead to both positive and negative consequences upon the overall social climate. Although I am not a filmmaker myself, I still feel I can offer some useful advice to directors hoping to address mental illness from a comic standpoint. Aristotle's comic structure should, by and large, be abandoned at this time, particularly in

the portrayal of Anxiety Disorders. Instead, comic directors should keep Munsterberg's theory in mind and try to interpret the world through the eyes of an anxiety sufferer without trying to pigeonhole him into a "bootstraps mentality" happy ending.

A realistic depiction should be undertaken that takes into account both positive and negative aspects of mental illness and the cultural climate they exist in. Too, filmmakers should understand that mental illness does not have a concrete, tightly wrapped up ending and that living with a disorder is a never-ending journey. Most importantly, directors should desist from treating their protagonists as merely punch lines to poke fun of. Some might believe that comedy films about mental illness can only change when America's dominant perceptions about mental illness and about life in general are altered. Remember, however, that film has the power not only to mirror cultural norms and perpetrate pre-existing values, but also to create and spread new ideas. Indeed, it is the rare film that can change the world for the better by altering the way people view life, but it certainly is not unprecedented.

Works Cited

Altman, Rick. *The American Film Musical*. Bloomington, IN: Indiana University Press, 1987.

"Are We Over-diagnosing Mental Illness?" *Midlevel U: The Online Hub for Midlevels*. January 16, 2013. http://www.midlevelu.com/blog/are-we-overdiagnosing-mental-illness

Burnham, John. *After Freud Left: A Century of Psychoanalysis in America*. Chicago, IL: University of Chicago Press, 2012

Carney, Ray. "International Masterworks." Boston University. Communications Building, Boston, MA.

"Comedy and Tragedy." *DePaul University*. http://condor.depaul.edu/dsimpson/tlove/comic-tragic.html

Dienstag, Joshua Foa. "Nietzsche's Dionysian Pessimism." *The American Political Science Review*, Vol. 95, No. 4 (Dec., 2001), pp. 923-937.

Donovan, Mary Ellen and Linda Tschirhart Sanford. *Women and Self-Esteem*. New York, NY: Penguin Books, 1984.

Gabbard, Krin and Glen O. Gabbard. *Psychiatry and the Cinema*. Chicago, IL: The University of Chicago Press, 1987.

Gehrig, Wes D. *American Dark Comedy: Beyond Satire*. Westport, CT: Greenwood Press, 1996.

"Generalized Anxiety Disorder (GAD)." *Anxiety and Depression Association of America*. http://www.adaa.org/understanding-anxiety/generalized-anxiety-disorder-gad

Foucault, Michel. *The Birth of the Clinic: An Archeology of Medical Perception*. New York, NY: Pantheon Books, 1973.

Haraway, Donna J. *Of Simians, Cyborgs and Women: The Reinvention of Nature*. London, UK: Free Association Books Limited, 1991.

Jameson, Fredric. "Periodizing the 60's." *The 60's Without Apology*. Ed. Sonya Sayers, et al. Minneapolis: University of Minnesota Press, 1984. 178-209.

Kamp, David. "Rethinking the American Dream." *Vanity Fair*, April, 2009.

Karp, David A. *Speaking of Sadness: Depression, Disconnection and the Meanings of Illness*. New York, NY: Oxford University Press, 1996.

Lewis, Bradley. *Moving Beyond Prozac, DSM, & the New Psychiatry: The Birth of Postpsychiatry*. Ann Arbor, MI: The University of Michigan Press, 2006.

Millon, Theodore, PhD, DSc. *Masters of the Mind: Exploring the Story of Mental Illness from Ancient Times to the New Millennium*. Hoboken, NJ: John Wiley and Sons, Inc., 2004.

Mortimer, Claire. *Romantic Comedy*. London, UK: Routledge, 2010.

Munsterberg, Hugo. *The Film: A Psychological Study*. Mineola, NY: Dover Publications, Inc., 1970.

Olson, Elder. *The Theory of Comedy*. Bloomington, IN: Indiana University Press, 1968.

"Panic Disorder & Agoraphobia." *Anxiety and Depression Association of America*. http://www.adaa.org/understanding-anxiety/panic-disorder-agoraphobia

Roche, Mark William. *Tragedy and Comedy: A Systematic Study and a Critique of Hegel*. Albany, NY: State University of New York Press, 1998.

Ross, Dorothy. "Freud and the Vicissitudes of Modernism in the United States, 1940-1980." *After Freud Left: A Century of Psychoanalysis in America*. Ed. John Burnham. Chicago, IL: The University of Chicago Press, 2012.

Simon, Art. "One Big Lousy X: The Cinema of Urban Crisis." *Wiley-Blackwell History of American Film, Volume III*. Ed. Roy Grundmann, et al. Malden, MA, 2012.

"Social Anxiety Disorder." *Anxiety and Depression Association of America*. http://www.adaa.org/understanding-anxiety/social-anxiety-disorder

Timmerman, Michael. "Ending the Nightmare." *Anxiety and Depression Association of America: Personal Stories*. http://www.adaa.org/living-with-anxiety/personal-stories/ending-nightmare

Tracy, Natasha. "Facts About Suicide." *Healthy Place.com: America's Mental Health Channel*. http://www.healthyplace.com/bipolar-disorder/articles/facts-about-suicide/print/

Wedding, Danny et. all. *Movies and Mental Illness 3: Using Films to Understand Psychopathology*. Cambridge, MA: Hogrefe Publishing, 2009.

Weiner, Ellen, Social Worker. Personal Interview. March 16, 2013.

"What is Mindfulness?" *Psychology Today*. http://www.psychologytoday.com/basics/mindfulness

Filmography (in order of appearance in the thesis):

The Cabinet of Dr. Caligari (1920)
The Roommate (2011)
Single White Female (1992)
Harvey (1950)
Halloween (2007)
Black Swan (2010)
One Flew Over the Cuckoo's Nest (1975)
A Beautiful Mind (2001)
Strange Voices (1987)
Annie Hall (1977)
Broken English (2007)
The 40-Year-Old Virgin (2005)
The Hangover (2009)
Finding Nemo (2003)
Wall-E (2008)
Up (2009)
The Little Mermaid (1989)
Fantasia (1940)
Beauty and the Beast (1991)
My Little Pony: Friendship is Magic "Lesson Zero" (2011)
What About Bob? (1991)
Humboldt County (2008)
Numb (2007)
Silver Linings Playbook (2012)
The Hours (2002)
Off the Map (2003)
Melancholia (2011)
Wristcutters: A Love Story (2006)
Rid of Me (2011)
The Beaver (2011)
It's Kind of a Funny Story (2010)
Harold and Maude (1971)
Heathers (1988)
Little Miss Sunshine (2006)
The Simpsons "Homer's Odyssey" (1991)

CURRICULUM VITAE