Psychology Honors Papers

Psychology Department

2022

Fictional Crime-Based Dramas and the Relationship Between Violence and Mental Illness

Katharine R. Carrión

Fictional Crime-Based Dramas and the

Relationship Between Violence and Mental Illness

A thesis presented by

Katharine R. Carrión

to the Department of Psychology

in partial fulfillment of the requirements

for the degree of

Bachelor of Arts

Connecticut College

New London, CT

May 4, 2022

Abstract

Since its beginnings in the late 1940s, the crime-based media genre has continuously maintained its status as an entertainment favorite, and portrayals of violence and crime in the media have led to an increasingly strong, close relationship between viewers and this type of media. A problem that goes widely undiscussed about this genre is that the perpetrators of these violent crimes are often portrayed as suffering from some mental illness. The goal of this study was to understand how fictional crime-based television dramas impact general public understanding of the relationship between violence and mental illness, while also examining the best ways to combat misinformation and stereotypes perpetuated by fictional crime dramas. A total of 45 participants from Connecticut College completed the study in its entirety. Participants were first asked to complete measures of familiarity with mental illness, attitudes toward mental illness, perceived dangerousness of mental patients, and a measure of social distance. Participants later attended an in-person screening of an episode from the popular fictional crime-based drama, *Criminal Minds*. After watching the episode, attitudes toward mental illness were again assessed. This was immediately followed by one of four randomly assigned corrective interventions and completion of all prior measures. The first hypothesis that participants who report more frequent crime drama viewing would show a greater desire for social distance, as well as hold more stigmatizing attitudes and perceive those with mental illnesses as more dangerous, was partially supported. By self-report, crime drama viewing was not associated with stigmatizing attitudes, and in some cases was associated with less stigmatizing attitudes. However, after *viewing* a crime drama episode, participants showed an increase in stigmatizing attitudes. The second hypothesis that corrective intervention showing people familiar with mental illness speaking about mental illness – specifically a mental health professional – would be the most effective in correcting

misinformation and in lowering stigmatizing attitudes post-episode was supported. Specifically, the text disclaimer method with audio was less effective than a video testimonial. Implications of these findings and directions for future research are discussed.

Dedication

To my grandparents. From the very beginning, your endless love, support, and wisdom have guided me every step of the way. And to my parents, whose love and sacrifice have helped me and my siblings to pursue our passions to the fullest.

En honor a mi familia. Gracias por todo lo que han hecho por mí.

Acknowledgements

Firstly, I would like to extend a massive thank you to my thesis adviser, Professor Audrey Zakriski, for her endless support and patience with helping me to sort through data and work through multiple drafts. Thank you for your dedication to helping me throughout every step of this process. I would also like to thank my reader, Professor Nakia Hamlett, for her time and attention to this project. And a special thank you to Professor Jefferson Singer, my second reader and major advisor, who has supported me and encouraged me from the moment I began attending Conn.

Finally, I would like to thank my friends and family. None of this would have been possible without your immense love and support.

Table of Contents

List of Tables

Fictional Crime-Based Dramas and the

Relationship Between Violence and Mental Illness

Since its beginnings in the late 1940s, the crime-based media genre has continuously maintained its status as an entertainment favorite. It was during this time that the genre set an industry standard for the way stories of violence and crime would be told for years to come. According to VanArendonk (2019),

> ...in 1949, only the third year TV shows were aired in the United States, television was already keyed into the themes and stories that would dominate the medium for the next 70 years: cops and murderers, mobsters and FBI agents, thieves and fraudsters and violence. (para. 2)

Portrayals of violence and crime in the media have led to an intimately close relationship between viewers and this type of media that only continues to grow stronger. Over the years, themes of violence have been reproduced many times, continually becoming more graphic, with variations in names, faces, and settings. As noted by Zeitchik (2019) in a discussion about the success of Netflix's self-produced violent shows, "...some note that the company's algorithms tend to encourage consumption and production of what's already succeeding, amplifying the trend" (para. 23). Thus, continued viewership and popularity has led to increased production of violent media, encouraging a cyclical dependency on and expectancy of this type of entertainment.

These crime dramas allow us to play out hypotheticals, escape from our realities, and vicariously live something new and exciting that disrupts our everyday routines. In 2011, Australian TV columnist David Dale wrote an article in which he noted that in the same night he wrote said article, nearly a third of the population had watched a crime drama on television

(Turnbull, 2014). Additionally, Dale made the observation that of the 19 shows he found on the programming schedule that were related to crime and punishment, 13 had been produced in the United States. This massive production by the United States compared to other countries may be partially explained by the genre's early beginnings and long-time connection to older American Westerns. However, VanArendonk (2019) notes that the continued viewership after all this time could be because these shows allow us to view the darker, scarier, unpredictable, inexplicable parts of the human mind that we would not otherwise be able to explore on our own.

However, it is not only the familiarity and content of these shows that leaves audiences wanting more. In order for viewers to continue to feel drawn in, there must be something – or someone – to make a deeper connection with. In an article for *Variety* (Hendrickson, 2011), lead producer of "Justified," an American Western crime drama, Graham Yost, discussed the importance of characters, especially criminals, being entertaining, complex, and intriguing. This sentiment was echoed by former Peacock, USA Network, and Syfy head of programming Bill McGoldrick, who stated that "when characters resonate like that...audiences keep coming back for more" (para. 10). Interestingly, the idea of a character affecting a viewer so deeply that they continue to seek out more interaction has been found to be especially true when the subject is murder and the perpetrators are serial killers (Bonn, 2014).

Our fascination with serial killers comes not only from excellent fictional character creation and development, but also from the fact that their acts of violence are so curious and fascinating to viewers. Criminologist, professor, and TV analyst Scott Bonn (2014) discusses this dark intrigue, noting that since the killers' behaviors in these crimes are so bizarre and fear-inducing, watching this kind of media provides a "euphoric adrenaline rush" (p. 229). Additionally, in his *Time* article, Bonn (2016) briefly notes the function of the hormone

adrenaline, which "produces a powerful, stimulating and even addictive effect on the human brain," adding that "the euphoric effect of true crime on human emotions is similar to that of roller coasters or natural disasters" (para. 6).

The continued viewership of this kind of media, fueled by intrigue, excitement, and fear, only partly explains the rise in production of shows. In order to fully understand the volume and speed at which crime dramas are being produced, we must also consider the adjacent rise in popularity of streaming platforms. Although launched in 1997 as a mail-based rental business, Netflix began its journey to becoming a streaming and media production giant in 2007. The platform quickly became popular during this time because of increased cable and satellite package prices – while cable companies were raising prices up to $100 a month, Netflix offered an $8.99 monthly subscription fee (Blomeley, 2021).

With Netflix on the rise and leading the way for other streaming services to join its ranks, Hulu followed suit. Hulu was unique in that it offered streaming of newly aired content while Netflix had a wait time on new shows and movies. Amazon Prime Video also tapped in during this time when it became bundled with Amazon Prime memberships, allowing those already subscribed to the service to have access to streaming at no additional cost. From this point on, these platforms continued to grow in popularity as more households began to make the switch from cable to streaming. The recent global Coronavirus pandemic has only boosted the incentive to switch: "In the first three months of 2020, Netflix more than doubled its expected number of new subscribers for the year, adding 15 million new subscribers" (Blomeley, 2021, para. 8). With people being home for much longer than before, having access to all one's favorite shows and movies became more important than ever. With streaming companies becoming richer by

way of increased subscriber count, they were able to quickly increase their role in the production of media in addition to distribution of media.

Big streaming services that are now able to buy the rights to create and produce their own media exclusive to their platforms are finding that there is money to be made in new crime-based entertainment. These media focus mostly on murder and violence, and Netflix seems to be at the forefront of the production of content within this genre. As briefly noted earlier, in his article about violent media produced by streaming platforms Zeitchik (2019) notes that Netflix's hit shows, both within and apart from the crime drama genre, more often include those showcasing gruesome violence, which is a problem that is only made worse given that Netflix itself is "both more popular (some 60 million U.S. subscribers) and more intensely watched (in all rooms of the house, often multiple episodes at a time)" (para. 4).

Although the concern described by Zeitchik (2019) focuses mostly on the desensitization to violence – an incredibly important issue – a problem that goes widely undiscussed is the fact that in much of these media, the perpetrators of these violent crimes are often portrayed as suffering from some mental illness. For example, in an article for *The Guardian*, Davies (2010) discusses a study conducted by the Glasgow Media Group where the researchers examined three months of local British prime-time television dramas. The researchers found that out of 34 programs, 74 episodes had storylines relating to mental illness. Of those episodes, 33 depicted characters with mental illnesses as dangerous. This creates and perpetuates an issue where shows such as these have become the unchecked and unofficial center of *de facto* mental health education, which then leads to increased stigma and negative attitudes that ignore fact and maintain harmful stereotypes (Sieff, 2003). By continually representing mental illness and those living with it in a negative and dangerous light, and by not then supplementing these portrayals

with corrective or educational content, those producing and sharing this material are encouraging the spread of misinformation, which can lead to and maintain negative stereotypes.

In order to combat these negative and misinformed stereotypes about mental illness, the use of corrective material can be a step in the right direction. Although film has more often been a tool that promotes false information about mental illness, Perciful and Meyer (2017) found that it could also be a sound method of decreasing stigmatizing attitudes towards mental illness in the general population. Specifically, the authors note that "accurate portrayals of mental illness can, at least temporarily, decrease [young adults'] stigmatizing attitudes towards those with a severe mental illness" (p. 491). Additionally, they found that identifying and directly labeling inaccurate material provides the opportunity to educate the general public on mental illness portrayals, thus decreasing stigmatizing attitudes towards those who suffer from severe mental illnesses.

Influence of the Media

The importance of correcting misinformation in media portrayals of mental illness would not be as much of an issue if it were not for the powerful nature of media portrayals and representations. In the introduction to his first section of collected works about television and American culture, Lowe (1981) discusses the history of television and how it has come to "dominate the entertainment and information fields" (p. 11). Lowe also makes an important note, however, to consider whether through its domination, television has become controlled by or a controller of our society. Within the context of public policy, he offers an example of how the political process has adjusted itself to consider how legal and governmental developments will be received by home audiences. Within the context of greater societal understanding, Rice (1980) similarly offers an example of how frequent viewers of crime-related content are more

likely to associate criminal activity with "psychological abnormality" as opposed to other factors like unemployment (p. 44).

History

Given the characterization of television as a method through which we learn about and begin to form an understanding of the society in which we live, it is important that we investigate the history into how and why it has been able to obtain this power. In his article titled "The TV Plexus," Monaco (1978) explains the development of television as an integral part of our functioning as a society, and its complicated history within intellectual and academic criticism. Monaco goes on to suggest that in order to more fully understand television as a vehicle of mass influence in all aspects of the creation of knowledge and history, we should be investigating it as a union of form and content rather than separating the two: "We want to understand the *function* of television, in the broadest sense of that word, not only as a political instrument, or economic activity, but also as a transcendent model" (p. 14).

Of course, this does not only apply to audiovisual media. Rather than being an entirely new subject, the current discourse on the influence of television is more an evolution of the same discussions that surrounded prior methods of knowledge sharing and creating. For centuries, we as a species have utilized storytelling as a way to remember, commemorate, educate, and entertain, passing down our histories in the hopes that they would inspire and guide future generations. As time passed, the influence of our personal and shared narratives grew simultaneously alongside developments in *how* we shared this information. From needing to physically travel from one location to another to share important news by word of mouth, to having instant digital access to every corner of the planet in the palms of our hands, a central part of our existence has always relied on the dissemination of information and of stories.

Since our very beginnings, we have placed a massive importance on sharing and knowing. In order to keep ourselves up-to-date on everything around us, we have continued to develop newer, faster, and more efficient ways to keep our flow of information open and easily accessible. However, we have also formed a habit of creating worlds for ourselves that are more interesting than our own. Thinking back to Monaco's (1978) article referenced earlier, he makes a point to note that our "need" for drama and entertainment has been artificially induced by the dramatization of everyday life in media of all forms, but even more so from television:

> Entertainment and news have intrinsic value for most of us, but this basic quantity is multiplied considerably by the cultural values which television markets. Advertising creates artificial needs not only for consumer products but also for television itself as a social fact, and its programming. (p. 16)

We have created for ourselves a reality where we spend a significant amount of time experiencing television compared to our actual lives around us: Monaco (1978) noted in his article that, at the time he was writing, the average TV in the United States was on for an average of more than 6 hours a day. Years later in 2020, during the Coronavirus pandemic, this number did not change much. According to Hubbard (2021) in an article for US News, next to sleeping, people across all demographics spent the most time engaged in leisure activities (about 5.5 hours), including watching television.

> Watching television, including watching live programming, viewing DVDs, and streaming shows on TV sets, computers and portable devices, occupied the most time in 2020 of any leisure activity, ranging from more than 5 hours per day for those 75 and older to just over 2 hours per day for those ages 35 to 44. (para. 3)

Additionally, when we are not watching television, we are still on our electronic devices for remote work or school. By investing so much time in these digital worlds, we continue to make it easier to blur the lines between fact and fiction, fantasy and reality.

Sociological Background

The Creation of Truth Within "Non-Fiction". Thus far, we have discussed how important sharing information is to the continuation and preservation of our individual and collective societies. As time has passed, we have become so reliant on the technology we have available to us, and increasingly modern forms of media have been and still are ever-present tools for the creation and sharing of knowledge and information. Television specifically as a source for this sharing and learning is no exception. Since its invention, it has walked the fine line between how it shares both fact and fiction, translating reality to fit the screen. Over the years, it has grown in power, becoming more important and vital to our survival as well as being relied on heavily for our entertainment. However, with this growth has also come a softening and obscuring of that line between what we know to be true and what we know to be false. Although always a method of creating knowledge, television has now become a method of creating reality and truth.

The pervasiveness of media – and more specifically television – in our lives has fostered the conditions for us to acknowledge that reality and our communication about it are not separate from each other, nor necessarily produced in linear steps so that reality is first and communication second. Rather, reality and communication are related and created equally: just as life influences art, art influences life. However, in this simultaneously and bilaterally influenced relationship, we find ourselves in the position where we have the power to invent and develop truth. In an interview with Foucault conducted by Fontana and Pasquino (1977/1980),

the interviewers open discussion into the topic of truth and power. At the end of their discussion, Foucault makes an important note about truth and power not being necessarily completely separate from one another:

> Truth is a thing of this world: it is produced only by virtue of multiple forms of constraint. And it induces regular effects of power. Each society has its régime of truth, its 'general politics' of truth: that is, the types of discourse which it accepts and makes function as true; the mechanisms and instances which enable one to distinguish true and false statements, the means by which each is sanctioned; the techniques and procedures accorded value in the acquisition of truth; the status of those who are charged with saying what counts as true. (p.131)

Just as reality and communication function together, so do truth and power. But, as Foucault mentioned, truth is a product of societal discourse, which implies that "truth," and therefore reality, constantly varies.

Foucault established with this thinking the notion that our lived realities are essentially entirely fabricated based on the hand-picked principles and ideas we have decided were important rather than being based on universal truths. As time passes, we continue to evolve our societies on a macro level – and even on a micro level such as within a family – based on these principles, and each development makes the creation of new realities or truths easier to accomplish. In considering how this ties in with the media, one could argue that if creating lived realities is so simple that it has become a subconscious common practice, then the possibility of creating selective realities to be dispersed by the media – whether within "fact" (the news) or "fiction" (entertainment) – is even simpler given the technological and creative tools at our disposal.

When it comes to news production and reporting, it is important to recall that there will always be some form of selectivity or editing that alters the way news is shared and published.

Still, it is clear that filmed, taped, or live, the televised image is never more accurate or precise than the cameraman, editor, or reporter allows it to be…television's illusion of verifiable reality is so powerful that it is continually necessary to remind oneself that, even with television "news," seeing is not always believing. (Funt, 1980, p. 95)

There will always be sides of a story that remain unseen, especially in our current world of fast-paced news cycles that place emphasis on giving only the "highlights" to accommodate the busy lives of the curious audience. However, while some appreciate this quick and easy transfer of information, Novak (1980) argues strongly against television as a means for sharing important information.

Since the content we see on television is easily manipulated by those creating it, we as consumers and viewers need to be cautious of what we believe as honest fact. In agreement with Funt's statement about being a mindful media consumer, Novak (1980) argues that, because of its tendency to leave out bits of information and our inclination to believe everything being presented in the news as fact, television is unnecessary, unhealthy, and even dangerous: "The moving pictures on the news are not pruned from reels of tape for the sake of calmness and objectivity. They are chosen for power" (p. 99). With this statement, Novak is affirming the use of television as a semi-uncontrolled means to retain power over the production of knowledge. It is this power that enables and drives television's influence over our understanding of the world around us and our interaction with it.

The Impact of "Truth" on Fictional Media. While Funt's and Novak's discourse on the power of television over the creation of shared knowledge and societal understanding was

focused mostly within non-fictional media, the same concept can be applied to fictional television. When a story within any subject is being created, the authors have a responsibility to maintain authenticity to the core message they are trying to convey. However, an even more determinant factor in how content is created is what production companies, networks, and top executives believe will bring in the most viewers within a target audience. Thus, we return to the discussion on the popularity of crime dramas, which in combination with what we now know about the pervasiveness and influence of television, makes for a greater understanding of the importance of accurate and well-informed media representations.

As previously discussed, television as a medium for the production and distribution of information holds incredible power over the ways in which we understand that information. If non-fictional media is not exactly pure fact, and it has developed an environment in which we have learned to believe what we see as totally true, then one could argue that fictional media created to emulate reality – crime dramas, for example – pose an even greater threat because of how we have learned to unconditionally believe information we are presented with. As part of her study on social issues in television fiction, Henderson (2007) found that television fiction was "culturally charged," and that the significant influence of serial dramas stems from their massive public visibility and economic importance (p. 7). Similarly, Curran (1996) noted that, "generally, media fiction provides cognitive maps that structure and interpret reality, and provide a commentary upon our common social processes. It is in this sense an integral part of the media's 'informational' role" (p. 102). Curran also briefly mentioned, however, the representation of crime: "how crime is presented in fiction – whether it is portrayed in terms of innate evil or interpreted in a social context – offers understandings that potentially influence attitudes to penal policy" (p. 102).

When creating media content, especially fictional dramas, education is not necessarily the first thing a writer or producer will consider as part of the creative process. This is especially true when it comes to representations of mental illness and crime. The entertainment industry is a business. In order to maintain its success, the industry must continue to create new and interesting content while building on tried and true foundations. Although common themes are recycled – much like the "crazy" murderers who are "psychotic" and commit acts of extreme violence against others – the characters, storylines, and crimes themselves change as time goes on. As we continue to consume this kind of media, we allow ourselves to fall into a cycle where we repeatedly seek out this content without regard to how it may be affecting us.

Further Implications

Earlier it was noted that crime-based media has been a staple of our entertainment consumption since the beginning of modern television in the 1940s. Additionally, it was discussed that this intrigue and continued search for violent, crime-focused media could be associated with what VanArendonk (2019) described as an allowance to safely view the subconscious, darker parts of what a person is capable of, or what Bonn (2014; 2016) explained as the adrenaline rush which is a product of the fear we experience when watching this content. For whatever reason, by repeatedly seeking out this type of media we are not only desensitizing ourselves to these images but also putting ourselves in a position to view the world around us from this lens of fear and aggression as our realities adjust to accommodate what we are learning from our televisions.

Exposure to violence has long been argued to lead to a desensitization toward violence, and therefore possibly be a predictor of violent behavior. In a study examining the effects of continuous exposure to violent media, Krahé et al. (2011) had participants self-report their

violent media consumption habits, and trait aggression, trait arousability and normative beliefs about aggression were also measured. Two weeks later, the authors measured skin conductance level (SCL) to determine ratings of anxiousness and pleasure in response to two clips: one violent clip and one sad or funny comparison clip. The authors found that participants who were used to watching violent media demonstrated less of a physiological response when watching a violent clip than those who were not habitually exposed to violent content, supporting the notion of desensitization toward violence after being continuously exposed to it.

Similarly, Han et al. (2020) conducted a study focused on investigating the long-term effects of exposure to violent media on proactive and reactive aggression among college-aged students through competitive reaction time (CRT) tasks. Proactive aggression is conscious and purposeful, with the aim of taking possession of things or dominating others without provocation. Reactive aggression refers to defensive reactions and emotionally charged responses to provocations. 40 participants were split among two groups: high degree of media violence exposure (H-MVE) and low degree of media violence exposure (L-MVE), and within these two groups participants were split evenly into high- and low-irritation CRT task groups. This part of the study yielded results that indicated long-term exposure to violent media increased levels of proactive aggression in both high- and low- irritation situations as well as reactive aggression in low-irritation situations. Additionally, the researchers looked at whether long-term exposure to violent media would make individuals more angry and therefore more aggressive. This was found to be true, as in the same provocative situation, anger and aggression levels of those in the H-MVE group were significantly higher than those of the individuals in the L-MVE group.

While it has been well-established that there is a relationship between viewing violent media and increased aggressive behavior, there is also something to be said about how exposure to violent media can influence fear of violence in our communities on a micro level. In their study on crime news consumption in Finland and how it relates to fear of violence, Näsi et al. (2021) examined where participants received information on violent crime and what this information contained. The researchers also explored how we process and retain this information as it relates to fear of violence in the forms of street violence, avoidance behavior, and perceiving terrorism as a personal threat. Results indicated that "traditional media" – i.e., the news through television, radio, newspapers, etc. – continues to be the main source of information on violent crime. However, the authors also found that about 18% of respondents used social media platforms like Twitter and Facebook as information sources for news on violent crime. This number, which over the last few years has only increased, was established as an important contributing factor toward the increase in fear of violent crime.

In addition to increased fear of violence, another important implication of consumption of violent media, especially within the genre of "true crime," is the ways in which it shapes our understanding of our environments on a macro level. In a development of cultural adaptation theory with a focus on the United States and the United Kingdom, Garland (2000) argued that the "field of crime control that has developed over the last few decades has its roots in a new collective experience of crime and insecurity" that are based in social and cultural events (p. 347). In other words, the way the media presents incidents of crime has become the perceived reality for those who consume this type of media, and this has had massive social impacts in that it has influenced criminal justice policies and politics. The images of crime that we view and vicariously experience through our screens have seeped into our lives as the "truth" about crime

and how it works. We have taken these images and our understanding of them to add to our created reality of the world around us, leading a push toward policies and verdicts that will reflect the punishments we deem fit for what we see on television which in turn are meant to quell our fears.

As we continue to consume violent media and become increasingly fearful of violence as a whole, we have also simultaneously continued to adjust how we should react to these acts and how we come to these conclusions. The CSI Effect is a term that describes

> …the perception commonly held by lawyers, judges, police officers, and even the general public that, due to the apparent availability of forensic evidence on crime television shows such as *CSI,* jurors may be either unwilling to convict in the absence of such evidence or overly reliant on it when it is presented. (Maeder & Corbett, 2015, p. 84)

Working off of cultivation theory, a theory that suggests television cultivates the public's perception of reality, the authors had the aim of examining the perceived realism of crime programs on whether a CSI Effect would occur for those who believe these shows to be accurate depictions of the criminal justice system. Participants were students from a Canadian university with ages ranging from 18 to 51 years old. They were asked to read a 12-page trial transcript of a second-degree murder charge, which included eyewitness testimony for the defense and DNA evidence for the prosecution. After providing a verdict, participants answered a few questions on their impressions about each piece of evidence, each witness, and the defendant. They were also asked their views on DNA evidence and self-reported how often they watched certain crime television shows and their perceptions of them. The authors found that those who perceived crime-focused television as more realistic were partial toward believing DNA evidence and were

more influenced by its presentation. However, they also found that those who frequently watched crime television were less certain about the defendant's guilt.

As we have seen time and again, the influence and impact of the mass media is far reaching and has deep implications on our knowledge and understanding of the world around us, from our own individual perceptions to legal and political actions and policies. As Philo et al. (1994) noted, we are not blank slates where information can be newly written, but we are still easily influenced by our environment. This is especially important to consider when thinking about the kinds of media about crime and violence we continue to see shared with us from established television networks and streaming platforms, namely when connected to mental illness and within the context of stigmatizing representations.

Mental Illness

Mental illness, an umbrella term for any deviation from what might be considered "normal" on the spectrum of mental health, is complex, multi-faceted, and generally misunderstood. Since there cannot be one singular way to define what mental illness is – there are a plethora of diagnoses and symptoms that are experienced uniquely by each individual – there cannot be one singular way to understand how it works. Typically, mental illnesses or disorders are thought to be "abnormalities" since, as stated before, they are in some way removed from "normal" mental health functions. The term "abnormal", however, can be dangerous in that its negative connotations foster a fear of what it may refer to. Additionally, use of this term further exacerbates the stigma surrounding mental illness by encouraging the incorrect belief that problems with mental health are rare. In a given year, 1 in 5 adults in the United States experience mental illness and about 1 in 20 adults in the United States experience serious mental illness (National Alliance on Mental Illness [NAMI], 2021). These data indicate

that mental illness is anything but abnormal. However, it continues to be a subject that is misunderstood and misrepresented, especially within popular media.

Stigma

Although difficult to exactly define, stigma is generally described as prejudice based on stereotyped beliefs associated with particular circumstances, places, or people. These beliefs typically lead to discriminatory behavior towards stigmatized groups. Stigmatized groups are characterized as outgroups *relative to whichever groups are considered to be dominating* in any given culture or society (Crocker & Major, 1989). This is opposed to outgroups in general, which are defined by reference to any ingroup regardless of which group holds a dominating position. Some dynamics of interaction between stigmatized and non-stigmatized groups are similar to ingroup-outgroup relations. However, it is important to note that unlike outgroups, stigmatized groups have the added burden of being "devalued not only by specific ingroups but by the broader society or culture" due to the power relations that create the conditions for stigmatization to occur (p. 609).

Because of society's dependence on social power hierarchies, the stigmatization of an outgroup is determined by an artificially constructed concept of delinquency rooted in power dynamics. In his book *Discipline and Punish*, Foucault (1975/1995) explores how power itself has evolved, specifically within the history of the prison system. He continually refers to how power is enacted through the context of punishment and describes how criminality is a socially constructed concept. Foucault takes the idea of socially constructed criminality further by noting that, since criminality is unique to each society, the criminal justice system of that group must be based on their construction and socialization of the concepts of legality and illegality.

Part of the specifically tailored notion of what is considered right and wrong within a society includes close examination and understanding of delinquency and the delinquent. Foucault (1975/1995) states clearly that "delinquency must be specified in terms not so much of the law as of the norm" (p. 253). In saying this, Foucault is asserting that the idea of delinquency is based not on legal precedent alone, but on the social norms that have influenced the creation of the legal institution and the idea of criminality. Additionally, Foucault offers that what determines who is considered a delinquent is dependent on who the person is themselves – their behavior, their beliefs, their attitudes, etc. "The delinquent is to be distinguished from the offender by the fact that it is not so much his act as his life that is relevant in characterizing him" (p. 251). An offender may break the law as written and be labeled a criminal by that singular act. But a delinquent is the person whose entire existence has been labeled as a diversion from the norm, thus labeling the person themselves a non-conformist, an outsider.

Stigmatization, especially of mental illness, is dependent on power and power relations. Based on Foucault's examination, those with mental illnesses could be described as delinquents within any society that deems their existence to be outside of the norm, deviating too far on the mental health spectrum. This notion of delinquency is further expressed through the repeated use of stigmatized representations of mental illness in popular media. It is clear that these presentations and our understanding of what mental illness is come, in part, from our society's way of defining, labeling, and devaluing these "delinquents," and in order for this devaluation, and stigmatization as a whole, to occur, power must be exerted by one group over another. The components of stigma, noted by Link and Phelan (2001) as "labeling, stereotyping, separation, status loss, and discrimination," are further demonstration of this dependency on and exertion of

power – there is no way to act on these components without also placing oneself and others at different levels, without creating delinquents.

To further support this notion of stigma and delinquency being reliant on established power relations, it should be noted that the use of labeling as a method of consolidating various points of information into a concise category or classification has created an environment where we subconsciously adjust our behaviors toward those with mental illnesses.

People who interact with former mental hospital patients do not simply form evaluations on the basis of behavior or a label per se but instead react in a manner consistent with their understanding of what the label of former patient means. (Link et al., 1987, p. 1490)

This behavioral adjustment is either positive in the way that it helps identify the best methods of treatment, or negative in matters of avoidance or trying to be overly-helpful to the 'helpless' (Link et al., 1987). Additionally, when we act on these implicit attitudes without realizing, the ways in which we behave toward and react to others can lead to systemic implications, such as discrimination within employment, healthcare, and education (Thornicroft, 2006).

Manifestations of Stigma. Social distance is a concept that involves the desire to remain distant and avoid contact with certain groups or individuals. In their study on understanding the desire for social distance from people with mental disorders, Jorm and Oh (2009) found that "knowledge of mental disorders is associated with less social distance" (causality unknown), and that "exposure to negative events in the media, such as violent crimes committed by people with mental disorders, can increase social distance" (p. 184). Knowledge, a complex variable, is noted to be influenced by factors such as contact, personal experience, and exposure through content such as educational materials. Exposure was also closely tied to news coverage of actual events. Additionally, the authors found that, similar to Link et al.'s (1987) assertion about labeling and

familiarity with particular labels, "labelling a person as mentally ill or having a specific mental disorder can increase social distance. The effect varies, however, depending on the label used and the familiarity of the labeller with mental disorders" (Jorm & Oh, 2009, p. 184). This, then, explains another of the authors' findings that greater social distance was desired from people with disorders that are less well known, compared to others that are more often openly discussed: substance use, schizophrenia, depression, and anxiety.

As evidenced by these conclusions, social distance is a reaction fueled by stigma, what we know about mental illness, and how we learned it. This emphasizes the importance of encouraging and advocating for more educational media content rather than content made purely for entertainment. Ritterfeld and Jin (2006) conducted a study where they investigated whether accurate and empathetic media portrayals of schizophrenia could aid in stigma reduction. The authors examined knowledge acquisition through an Education-Entertainment strategy, which posits that an entertainment experience can serve as an entrance to information processing that may be effectively supplemented by an informational component.

In order to investigate how an informational component might educationally enhance an entertainment experience, eight conditions were created. All participants were presented with an accurate and empathetic movie portrayal of schizophrenia. Those in the control group only saw the film, while participants in the six manipulated conditions were also presented with different types of educational trailers *after* the movie. Participants in the final group were presented with a trailer *before* the film. The six trailers are as follows: a personal/inductive message style that involved the speaker referring to schizophrenia while also referencing the movie (with, without movie footage); a general/deductive message style that featured the speaker referring to schizophrenia in general (with, without movie footage); the patient's point of view where the

speaker described their personal experience with schizophrenia; and the expert's point of view which shows the speaker discussing schizophrenia from a professional view. All information shared was the same, as was the actor in each trailer. The authors found that while the movie increased knowledge about schizophrenia, the trailers as educational components increased knowledge *and* positively influenced stigma reduction. However, while the authors found this strategy to be effective, we are still far from actively creating popular television content that represents mental illness accurately.

Violence. When it comes to understanding mental illness and its relationship to violence, more and more people are turning to their favorite true-crime shows, fictional crime-based dramas, and even the nightly news as evidence of a causal link between the two. In their study on the impact of mass media on public knowledge of mental illness, Philo et al. (1994) found that when investigating whether people believed mental illness to be associated with violence, two-thirds of the sample believed this to be true, and two-thirds of these respondents cited the media as their source. This view is very popular in the United States, where issues such as gun violence continue to be a growing issue. In their public opinion piece about the likelihood of violence from people with mental illnesses, Pescosolido et al. (2019) discuss the stigma surrounding mental illness and the consequences of misinformed beliefs. The authors frame this discussion within the context of increased gun violence within the United States, and note that as a result, the general public of the United States has become very aware of violence and danger. The authors also make the point that while public health and policy advocates push for legislation limiting access to guns, organizations who thrive on gun sales choose to place blame not on the weapon, but on mental illness.

Proponents of widespread – and generally unregulated – gun ownership tend to point their fingers at the "dangerousness" they associate with mental illness as the primary culprit of mass gun violence. This is especially true for schizophrenia, which Pescosolido et al. (2019) found, over the twenty-two year period of data they analyzed, was believed by an increasing amount of the United States population (~10%) to be an indicator of the potential to commit violence toward others.

The discussion of gun violence in relation to mental illness is one that continues to be of central importance because of how frequently such associations are made. Ahonen et al. (2019) examined the real-life connection between mental illness and gun violence, addressing three questions:

1. Which serious mental health problems increase the risk that individuals will commit violence (especially gun violence)? And, to what extent do experts agree with the literature about the findings?

2. Do serious mental health problems explain most violence and especially gun-related violence? And, what is the opinion of experts on this question?

3. Are there effective screening instruments that can help in identifying individuals with mental health problems at risk to carry a gun and commit violence in the short- and long-term, respectively? Second, do the experts think that the screening of individuals for mental health risk of violence is practical and feasible? (p. 614)

Through their findings, the authors were able to conclude that, although research shows that there are a few serious mental illnesses (schizophrenia, bipolar disorder) that are "consistently linked with violence" outside of fictional media, most serious mental health problems do not increase the risk for violence (p. 621; Corrigan & Cooper, 2005; Glied & Frank, 2014). Ahonen

et al. (2019) also found limited evidence that, when accounting for other factors like substance

abuse, previous violence, or conduct disorder in childhood, mental health problems would act as

independent predictors of violent behavior.

In other words, the risk for violence from mental health patients *with* comorbidity

(specifically substance abuse) was similar to the risk for violence from people with *only*

substance abuse problems and no psychosis. The authors also note that the attributable risk of

individuals with a mental illness committing violence is between less than 1% and 5%, thus only

committing a fraction of all violent incidents. This suggests that most violent incidents are

perpetrated by individuals with no history of mental illness. Additionally, Ahonen et al. (2019)

briefly note that the "mentally ill are much more at risk for intrapersonal violence (suicide) than

as perpetrators of interpersonal violence" (p. 622), and Varshney et al. (2016) note that

individuals with severe mental illness are a high-risk group for being victims of violent crime as

opposed to committing these acts.

Another important factor in better understanding the complex relationship between

violence and mental illness is the impact of medication and other kinds of treatments on violent

behavior. Swanson et al. (2006) conducted a study where they examined prevalence and

correlates of violence among schizophrenic patients. The researchers in this study, as well as

Ahonen et al. (2019) from their study, found that with schizophrenia, violent behavior is often

associated with the presence of positive symptoms (e.g., command delusions, persecutory

ideation, etc.) as opposed to negative symptoms (e.g., social withdrawal, lack of energy, etc.).

Swanson et al. (2006) went on to suggest that, since positive symptoms increased the risk of

violent behavior, "the crucial role of symptom management becomes clear (eg., through effective

pharmacotherapy and patient adherence)" (p. 497). Additionally, however, the authors made a

point to note that the risk of violence can still be linked to other non-clinical variables. As such, violence risk management should not only rely on medication for the individual, but also community-focused treatments.

In addition to examining the role of treatment as a tool for mitigating the risk for violence in patients experiencing psychosis, Pescosolido et al. (2019) note that, although modest, the increase in viewing severe mental illness as a precursor to violent behavior has also led to an increase in the "medicalization of violence" and the push for institutionalization (p. 1741). The authors go on to point out that,

> Since most Americans can discriminate between people with psychiatrically defined problems and those with day-to-day difficulties, the increased fear of people with such daily troubles and support for coerced treatment for them raise classic social science warnings about medicalization. That is, the medicalization of daily life raises the concern that all social problems are increasingly seen as medical problems, with psychiatry and medicine called upon to serve as institutions of social control. (p. 1741)

This push towards medicalization as a method of further social control could be detrimental to the lives of those living with mental illnesses. By attributing violence so carelessly and vaguely to mental illness, the push toward public health laws such as the one described above could restrict the lives of people with mental illnesses further than they already are. This creates a completely imbalanced system of control over a population that, although linked to violence, are not the sole perpetrators.

These beliefs about people with mental illness being violent are extremely harmful for the ways in which they lead us to perceive those who struggle with their mental health. They create an environment where we as a society assume that those who are mentally ill are unable to

care for themselves, are dangerous, and therefore must be forced into treatment that may not be appropriate for them or their condition (Pescosolido et al., 2019). This thinking reinforces the false and misinformed conception of the mentally ill as violent offenders with no ability for self-control, and further encourages the stigma surrounding mental illness to continue and grow. It also encourages the continued view of the mentally ill as delinquents, not only for their difference in behavior and placement as being 'abnormal,' but now also as violent criminals. This is the view that is continually broadcasted by popular media, especially fictional media, where depictions of people with mental illnesses as violent for the explicit use of entertainment relay the damaging effects of stigma and negative stereotypes.

The enduring link between dangerousness and violence is among one of the most popular misconceptions about mental illness and those who live with it. Unfortunately, the notion that the mentally ill, specifically those with schizophrenia and substance abuse disorders, will be violent towards others is a popular opinion from the general public (Pescosolido et al., 2019). This belief is only amplified by misinformed rhetoric about mental illness and gun violence in the news media and supplemented further by fictional media depicting stigmatized portrayals of violent, dangerous, and unhinged mentally ill characters.

In the Media

Around the world, and especially within the United States, we learn a lot about the world around us from what we see on our screens: "Americans themselves identify mass media as the source from which they get most of their knowledge of mental illness" (Wahl, 1995, p. 3). While it is also true that a lot of this understanding comes from personal contact with people with mental illnesses, these experiences tend to still be influenced by our own personal background knowledge, our attitudes on how to react to these disorders, and the types of behavior we find to

be socially allowed towards those with mental illnesses (Thornicroft, 2006). These three key influencers are typically factors learned from what is presented in the media from as early as childhood and certainly well into adulthood (Wahl et al., 2003; Perciful & Meyer, 2016).

Understanding how our experiences, whether lived or watched, shape our attitudes and behaviors toward mental illness is especially important when considering how often we are presented with media focused on the subject of mental illness. A study of prime-time television content in February 1981 in the Washington, D.C. metropolitan area found that of the 385 programs watched that month, 35 (about nine percent) depicted mental illness explicitly (direct language within the program; Wahl & Roth, 1982). In a single month, D.C. metro residents were exposed to 35 mentally ill characters. If understanding this data as representative of a typical month of programming, that would indicate that viewers could potentially view at least one mentally ill character every night of the year – and this was before streaming created unlimited access to shows and movies depicting these types of characters (Wahl, 1995).

In an opinion piece comparing the media to psychiatry, Salter (2003) explains that the media is more a business than is medicine as its popularity relies more on the need to grab and hold people's attention. "For the media, the content of all accounts of mental illness, even those with an explicit educational intent, are subsidiary to another question: is it interesting" (p. 123). With the media's primary focus being on popularity ratings, as discussed earlier, education and accuracy become an afterthought. Because of this, we often find that most fictional representations of mentally ill people are stigmatizing, stereotypical, overly negative, or misinformative, and even children's programs have been found to stigmatize mentally ill characters through their behaviors and the ways in which they are described by others.

Programs targeted towards children offer some of the first views of stereotypical and unfavorable depictions of mental illness for young media consumers. Although not portrayed as obviously aggressive in their behaviors or language as in adult-targeted media, characters with mental illness in children's television shows are still created in such a way that they will be clearly identified as different in some way from the rest of the characters within a show. For example, in their study investigating how mental illness is portrayed in children's television, Wilson et al. (2000) found that cartoon characters in shows from the United Kingdom that were meant to be suffering from some sort of mental illness were typically either comical characters or evil characters.

Comical characters were utilized as a way to get a laugh out of the audience, whether through their appearance (big teeth, wide eyes, oversized extremities, etc.) or through their behavior. Comical behavior was achieved by writing characters that could be "continuously engaged in illogical and irrational actions," "a source of innocent merriment for other characters," and "repeatedly interpret[ing] word expressions literally, or in non-standard ways" (Wilson et al., 2000, p. 442). Characters that were meant to be portrayed as evil or villainous had much smaller, angular features and were often shown hunching over or clenching their fists in some way. These characters were also observed to demonstrate obsessive and determined behavior that aligned with their evil ideas or plots.

Despite differences in appearance and general behavior, both types of characters were written as negative, stereotypical representations of mental illness, and were typically described as "crazy" or "mad". Their lack of specificity in terms of symptoms or diagnoses also make it easy to generalize mental illnesses and assume that all disorders present in the same way. Additionally, these characters, much like those seen in television aimed toward adult audiences,

were identified first and foremost by their mental illness. This teaches children that a person with a mental illness is primarily defined by their illness and is "special, distinct, and probably inferior" (Wahl & Roth, 1982, p. 604). Within adult-targeted media, this sentiment is made even more obvious and is continually affirmed.

Both film and television are guilty of abusing the generally limited public knowledge about mental illness for the sake of entertainment. In her study examining the ways in which mental illness is portrayed in primetime dramatic programming, Signorielli (1989) noted that

> The presentation of a character as mentally ill is a decision that is made to serve very specific dramatic needs. Unfortunately, on television, these dramatic needs result in overemphasizing the negative and stigmatized images of the mentally ill, such as violence, bizarre behavior and failure. (p. 329)

This has become an even greater issue than it once was because we generally already hold stigmatized views of those with mental illnesses, and these beliefs are only confirmed and amplified by what we are seeing on our screens. Another popular representation of characters who suffer from mental illnesses within fictional media is one of extreme violence and aggression towards others, usually within the context of criminality (Diefenbach, 1997; Kimmerle & Cress, 2013; Parrott & Parrott, 2015).

Often when we see characters labeled as 'mentally ill' in adult television it is within a crime-centered show and the individual is a suspect being hunted down for committing a crime. The nature of this crime is typically extremely violent – murder, rape, armed robbery, etc. However, there are also occurrences of less violent crimes such as kidnapping, abuse, and intimidation. According to Diefenbach (1997), "genre does affect the frequency and tone of portrayals of mental illness" (p. 294). In crime dramas, news magazines, reality-based shows,

and movies, the mentally ill violent offender rate, including these less violent crimes, was over 50%, whereas in other types of dramas the same offender rate was only 11.8%. This overrepresentation of mentally ill persons within a criminal context alone is cause for concern, especially since it further supports the notion of perceived realism of these types of media as it pertains to how we come to attribute this understanding to real life.

However, in addition to an inflated view of mental illness as criminalized, Diefenbach also found a significant difference between violent crime offender rates in the media and in real life. Among the population of people considered mentally ill in the United States, around 1.5%-3.65% per year committed a violent crime, while 33.9% of those labeled mentally ill on television – from a two-week sample – committed a violent crime.

Working off of Diefenbach's study, as well as other studies from the decades directly before and after his research, Parrott and Parrott (2015) examined the portrayal of mental illness in television between 2010 and 2013. The researchers focused their study on doing a content analysis that investigated 983 "focal characters" – characters shown or discussed for at least ten seconds throughout each episode and whose faces were discernible at least once during that period – in episodes from the most popular fictional crime-based dramas that aired within this time period. Two coders rated each character on 80 items which covered demographic information, the character's role in the episode, and five key aspects of the content (mental illness labels, crime victimization and perpetration, violence victimization and perpetration, social standing, and physical appearance). Through their analysis, the authors found that 5% of the characters coded were labeled as having a mental illness, and they had findings similar to the research that came before:

As expected, the results showed that crime-based television endorsed stereotypes link-

ing mental illness with violent and criminal behavior. Mentally ill characters were more

likely than other characters to commit crimes and violent acts. When viewers

encountered a character with mental illness on these television dramas, they were often

characterized by an exemplar committing violence or crimes rather than being social. (p.

651)

The ever-present image of people with mental illnesses being portrayed alongside consistently

negative attributes – i.e., violence, aggression, and dangerousness – has seemingly not undergone

many significant changes. As the authors found, these stereotypes have remained a popular

representation of mental illness within popular fictional crime-dramas.

However, being constantly presented with harmful, stereotypical images of mental illness

repeatedly and over such a large expanse of time has negative implications for the knowledge of

these illnesses that is acquired, especially in regard to associated violence. Focusing on

schizophrenia, obsessive-compulsive disorder (OCD), and major depressive disorder (MDD),

Kimmerle and Cress (2013) conducted a study that investigated how knowledge of these

disorders was impacted by television consumption habits. Participants were asked to self-report

how many minutes a day they spent watching television. This was followed by three scales, each

focused on one of the three aforementioned disorders. Each scale contained two subscales:

knowledge and violence-assessment. The knowledge subscales contained 16 identical items each

that addressed diagnostic criteria for OCD, schizophrenia, and MDD, as well as distractor

disorders such as dissociative identity disorder. The violence-assessment subscales were made up

of three identical items each, and each included a question that asked participants to answer yes

or no to "people with OCD [or MDD or schizophrenia] are more violent compared to mentally healthy people" (p. 935).

The authors found that adults who, in general, spend more time watching television have less knowledge about schizophrenia and OCD, while knowledge of MDD was independent from television consumption. In addition to this, they also found that knowledge about OCD was negatively correlated with how violent viewers thought a person with this disorder would be, while knowledge about schizophrenia was positively correlated with how violent viewers thought a person with this disorder would be. For example, the less someone knew about OCD, the more violent they believed people with this disorder to be. The more someone knew about schizophrenia, the more violent they believed people who had schizophrenia would be. Thus we are confronted with how media consumption can inform the repeated, harmful, and inaccurate stigmatization of mental illness and its relationship to violence.

As previously noted, popular media that prioritizes entertainment has created the ideal conditions for the continuation of the stigmatization of people with mental illnesses, which is further facilitated by unchecked and imbalanced power relations. Because of its massive reach and the range of topics it can cover, popular media has become one of the greatest influencers of knowledge and understanding, and its impact only continues to grow. Using schizophrenia as an example, if the public gains their "knowledge" about this particular disorder from what they see on television, the findings from the previously mentioned study would suggest that viewers who had a greater "knowledge" of schizophrenia – however misinformed – would also believe those with schizophrenia to be more violent than those who do not have this disorder.

By continuing to consume media that inaccurately portrays mental illness, the public is given easier access to the notion that mental illness is an infallible explanation and indicator for

extreme violence against others and has caused us to become fearful of mental illness and the "abnormal" behaviors we associate with it. Additionally, if we continue being presented with stigmatizing media portrayals, and most of us here in the United States can acknowledge that our knowledge about topics like mental illness comes from popular media, then we are setting ourselves up to learn and retain stigmatizing attitudes towards mental illness.

Mental Health Education

Because there are many ways to share information about stigma and how best to begin the process of checking our own attitudes towards mental illness, implementing stigma-reducing interventions is something that should probably occur on a case-by-case basis. However, having a consistent method of delivering accurate information may reduce the need for multiple methods of mediation. For example, implementing a mandatory unit about mental health and mental illness beginning in elementary school and continuing throughout high school could be significantly impactful for the ways in which we begin to combat stigma. Additionally, having this kind of education throughout development may encourage further research and learning as a person continues their life, which could lead to larger-scale changes both systemically and within institutions like the media.

Stigma Reduction

An important step in fostering a more complete and informed understanding of mental illness, especially when considering how the subject is portrayed in popular media, is recognizing the stigma that is attached to it and learning how to combat or reduce it. In order to begin this process, and for the purposes of this paper and project, we must begin by focusing on three important factors: education, contact, and protest (Corrigan, River, et al., 2001). Education places an emphasis on correcting false or inaccurate information about mental illness, contact

involves challenging public conceptions of mental illness by encouraging direct contact with those who have mental illnesses, and protest has the aim of suppressing stigmatizing attitudes about mental illness. While not the only three factors that are central to the work of stigma reduction, these steps are important to beginning that journey and creating an environment where further learning is encouraged and successful. Additionally, we must consider how access to this information and other resources is distributed, and how best to continue and supplement this work outside of the world of mass media as well as within it.

As so often mentioned in this paper, the influence of the media has been shown to be far-reaching. Thus, it is important that we consider how best to correct misinformation through the same knowledge-sharing medium. Within the television and film industries, this may take the form of providing viewers with accurate portrayals or even supplemental educational information about mental illness. As previously discussed, Ritterfeld and Jin (2006) designed their study based on the Entertainment-Education strategy by presenting participants with accurate and empathetic movie portrayals of mental illness, with some participants being presented with one of six different types of educational trailers after the movie and another group being shown a trailer before watching the film. Data from the study indicated that the movie was effective in increasing knowledge. Additionally, the trailer was found to be effective in increasing knowledge as well as positively influencing efforts for stigma reduction. Expanding mental illness education through the same media that are presenting often harmful stereotypes is incredibly important in the effort to reduce stigma on a larger scale.

Although including educational trailers facilitates widespread stigma reduction through correction and education, much closer to the individual is the idea that previous contact with people who have mental illnesses would also be educational and stigma-reducing. This notion of

contact being a way to reduce stigma suggests that knowing people with mental illnesses generates less stigmatizing attitudes because of previous knowledge and positive experiences. Penn et al. (1999) tested this idea by conducting a study that may have been an inspiration for the one by Ritterfeld and Jin (2006) discussed just before. In their study, Penn et al. (1999) investigated whether information associating violent behaviors with schizophrenia would impact impressions of dangerousness of a person with schizophrenia and other mental illnesses through self-reported attitudes. While Ritterfeld and Jin's (2006) study used video as a method of sharing information through informative trailers, this study utilized fact sheets about the relationship between schizophrenia and violence.

Participants were given one of four information sheets about schizophrenia containing either no information (sheet 1), general information (sheet 2), acute information that "summarized the association between the presence of psychotic symptoms and violent behavior in psychiatric patients" (sheet 3), and comparative information which compared prevalence rates of violent behavior among different psychiatric disorders (sheet 4; Penn et al., 1999, p. 439). Participants were then presented with one of two identical vignettes about an individual with schizophrenia, with the only difference being the gender of the person being described. Participants were also asked if they personally knew anyone with a mental illness. The authors found that, generally, participants who had previous contact with a person who had a mental illness rated the individuals with mental illness in the vignettes as less dangerous than participants who had not had previous contact. Additionally, those who received information about the prevalence of violent behavior among those with schizophrenia and other psychiatric disorders also rated those with mental illness to be less dangerous than participants who did not have access to that information. These findings suggest that prior contact with a person who has

a mental illness reduces expectations and perceptions of violence in people with schizophrenia, as did being presented with information about the low risk and prevalence of violence among people with schizophrenia.

As we see from these two examples, education through the media and exposure in real life is incredibly important for the success of stigma reduction. These two interventions are the easier of the three aforementioned (education, contact, protest) to implement, with education being the most efficient, practical, and controllable (Zvonkovic & Lucas-Thompson, 2015). The third intervention, protest, proves to be slightly more difficult to implement as an effective method of stigma reduction. It involves interventionists verbally speaking or acting out on incorrect portrayals of or stigmatizing behaviors toward mental illness, such as through public rallies or boycotts against businesses that engage in stigmatizing behaviors. This method of intervention, while direct and targeted, has been found to yield no substantive improvement in attitude change toward those with mental illness (Corrigan, River, et al., 2001). However, although less effective than the other two interventions, protest as an intervention has been shown to be relatively cost effective, as compared to creating more media content, and is more accessible to larger groups of people in their attempts to intervene.

These three types of stigma reduction – education, contact, and protest – are all effective to varying degrees depending on what information is being shared and how it is being shared. However, while data from previous studies has shown the effectiveness of each method, another important factor to consider is accessibility and the overall reach of these interventions. For example, not everyone will have a strong, prior, meaningful relationship with someone with mental illness, and not everyone will stick around long enough to see an informational trailer at the end of a program. Additionally, there are many adults and children within the United States

who unfortunately do not have the same access to education that places emphasis on better understanding what mental illness is.

The Present Study

The purpose of this project was to understand how fictional crime-based television dramas impact general public understanding of the relationship between violence and mental illness, specifically in regard to stigma about mental illness, while also examining the best ways to combat misinformation and stereotypes that are perpetuated by popular media. Given that popular media has a profound influence on how we create an understanding of our surrounding environment, it is imperative that we take the time to critically analyze the content we are being shown and the ways in which it is impacting our understanding of different topics. Although educational media is improving as we move ever-forward into a world dominated by new digital realities, it still falls short to the interests of large media outlets who find more profit in prioritizing entertainment.

In order to analyze the impact of crime-based television, I shared an episode from a popular crime drama, *Criminal Minds*, that focuses on a criminal who is portrayed as having schizophrenia. *Criminal Minds* is one of CBS' most-watched cable shows over its run time ("Criminal Minds," 2021). The show follows a central group of special agents within the Behavioral Analysis Unit (BAU) of the FBI as they travel across the country for each case they are assigned. The team often deals with extremely violent and/or serial offenders, and they use their behavioral analysis skills to find and apprehend each offender. *Criminal Minds* is popular for its police-procedural theme, as well as recurring characters and the criminals they have to apprehend. Most if not all of the criminals portrayed in each episode suffer from some type of mental illness. Additionally, there are times when the mental illness is unidentified, which causes

concern for the risk of generalizing all symptoms and conflating even the slightest expression of mental illness as an indicator for violence.

The episode that was shared with participants is "Protection", which had a total of about 8.72 million viewers in the United States on the date that it aired ("Criminal Minds (Season 10)," 2021). Along with viewer data, it is important to note that the series is in syndication, meaning that it can be shown on networks other than CBS. Being in syndication alone increases viewership and popularity, but as if that was not enough *Criminal Minds* can also be found on streaming platforms such as Netflix and Amazon Prime Video.

Adding to its popularity are three spin-offs: *Criminal Minds: Suspect Behavior*, *Criminal Minds: Beyond Borders*, and a South Korean version of the original show which is distributed worldwide by Disney Media Distribution. There is even a 2018 video game compatible with iOS and Android devices based on the main series. With worldwide reach, the cultural impact of *Criminal Minds* and all its related content cannot be ignored as a vehicle for socialization making its relative lack of social awareness worth critiquing.

In order to address how representations of mental illness within *Criminal Minds* influence mental illness stigma in viewers, this study included surveys distributed to participants both before and after they watched the episode, and each included measures that focused on identifying and assessing a variety of attitudes, including prior contact and social desirability behaviors. In the interest of testing possible methods for reducing the impact of stigmatizing portrayals, participants were also presented with corrective information to determine what method of delivery is the most effective in correcting stereotypes. Additionally, participants were asked to provide information regarding their media consumption habits, which provided a better understanding of the participants' familiarity with this type of media and how it may or may not

have affected their attitudes towards mental illness and its relationship to violence. I

hypothesized that participants who report more frequent crime drama viewing would show a

greater desire for social distance, as well as hold more stigmatizing attitudes and perceive those

with mental illnesses as more dangerous. I also predicted that videos showing people who are

familiar with mental illness speaking about mental illness – specifically the video of the mental

health professional – would be the most effective in correcting misinformation and in lowering

stigmatizing attitudes post-episode.

Method

Participants

A total of 45 participants completed the study in its entirety. Connecticut College

students from introductory psychology courses, as well as other students within the psychology

department study pool, voluntarily participated in this study and received course credit for their

participation. Other participants included students from throughout the College. All participants

who did not participate for course credit were entered into a gift card raffle. There were 12

chances to win, and each gift card was valued at $25.

This study was completed in two parts. The first part was completed by a total of 50

participants, and the second was completed by a total of 45 participants. Given the need for both

parts of the study to have been completed, only data from the final 45 participants who

completed the study in its entirety were included for analysis.

Table 1
Demographic Characteristics of Participants

	n	%
Age		
18	8	17.8%
19	13	28.9%

20	5	11.1%
21	12	26.7%
22	5	11.1%
23	2	4.4%

Gender

Non-Binary	1	2.2%
Man	12	26.7%
Woman	32	71.1%

Racial/Ethnic Identity

Asian	9	20.0%
Black	4	8.9%
Hispanic/Latine	6	13.3%
Multiracial	4	8.9%
White	22	48.9%

Class Year

2022	17	37.8%
2023	2	4.4%
2024	6	13.3%
2025	20	44.4%

Note. N = 45

Additionally, the non-binary student identified themselves as using "she/they" pronouns. For analysis purposes, this student was grouped with the participants who identified as women.

Materials

Level-of-Contact Report

Familiarity with people who suffer from severe mental illness was measured with the Level-of-Contact Report (see Appendix B; Holmes et al., 1999). This measure consisted of 12 statements, where intimacy of contact varies. Responses were recorded via a check-the-box format, wherein participants reported whether they had experienced any of these situations in their lifetimes. Items such as "I have observed persons with a severe mental illness on a frequent basis" and "My job involves providing services/treatment for persons with a severe mental illness" were ranked based on intimacy of contact, although presented out of order. Scoring for

this scale was based on the most intimate situation checked by participants. For example, if a participant checked both statements that were noted before, the first having a rank order score of 5 and the second a score of 8, the participant's score was 8. The mean of rank order correlations summarizing interrater reliability was 0.83 (Holmes et al., 1999).

Social Desirability Scale-17–Revised Version (SDS-17)

The Social Desirability Scale-17—Revised Version (SDS-17; see Appendix C; Siegling, Ng-Knight, & Petrides, 2019) was used to assess social desirability response bias. This scale consisted of 16 true/false items, such as "I take out my bad moods on others now and then" and "I always eat a healthy diet," where "true = 1" and "false = 0." Additionally, items 1, 5, 6, 10, 14, and 16 were reverse scored. This scale had an acceptable internal consistency (Cronbach's a = 0.69; Siegling, Ng-Knight, & Petrides, 2019). In the present sample, reliability was also somewhat low (Cronbach's α = .621). Despite this low scale reliability, the relationships between SDS and other key variables were explored, and the SDS was used to test for possible influences of social desirability on key findings.

Attitudes to Severe Mental Illness Scale (ASMI)

The Attitudes to Severe Mental Illness Scale (ASMI; see Appendix D; Madianos et al., 2012) measured mental illness stigma. This scale consisted of 30 items split up among four factors: stereotyping (A, 11 items), optimism (B, 6 items), coping (C, 7 items), and understanding (D, 6 items). The statements were scored on a 4-point Likert scale, ranging from "agree = 4" to "disagree = 1" and including "don't know = 0." Consistent with Madianos et al. (2012), "don't know" responses were dropped and treated in analyses as missing values. Some items on this measure (stereotyping items) were reverse scored so that in the end, higher scores indicated stronger non-stigmatizing opinions. For subscales, the same scoring applied: higher

scores indicated more positive attitudes based on each factor. This scale had a high internal consistency (Cronbach's a = 0.88; Madianos et al., 2012) in published research. The internal consistency of the four factors was reasonably high for each (Cronbach's α = 0.86 (factor A); Cronbach's α = 0.82 (factor B); Cronbach's α = 0.79 (factor C); Cronbach's α = 0.80 (factor D); Madianos et al., 2012). Cronbach's alpha for the present sample was good at α = .717.

Perceived Dangerousness of Mental Patients

Link et al.'s (1987; see Appendix E) Perceived Dangerousness of Mental Patients (PDMP) measure was used to measure participants' perceived dangerousness of people with mental illnesses. This measure consisted of 8 items that were answered on a 6-point Likert scale, with response scores ranging from "0 = strongly agree" to "5 = strongly disagree." Items like "One important thing about mental patients is that you cannot tell what they will do from one minute to the next" were reverse scored. Items like "If a former mental patient applied for a teaching position at a grade school and was qualified for the job, I would recommend hiring them," were kept with their original endorsement. Thus, a higher final total score on the PDMP reflected the belief that the mentally ill are dangerous. Additionally, some items were reverse scored, and a higher score reflected the belief that those with mental illnesses are dangerous. This measure had a high internal consistency (Cronbach's α = 0.85; Link et al., 1987). The Cronbach's alpha for this sample was also strong (α = .810).

Schizophrenia Attitude Scale

The Schizophrenia Attitude Scale (SAS; see Appendix F; Ritterfeld and Jin, 2006) was used as a measure for determining participants' desire for social distance from people with schizophrenia. This scale consisted of 15 items split among three components: emotional attitude (6 items), cognitive attitude (5 items), and connotative attitude (4 items). The statements were

scored on a 5-point Likert scale, ranging from "completely disagree = 1" to "completely agree = 5." Although all responses were rated on this scale, this study reverse-scored items 3 (emotional attitude) and 2 (connotative attitude) so that higher scores indicated more negative attitudes and a greater desire for social distance. In total, the 15 items together had a high internal consistency (Cronbach's α = 0.82). The internal consistency of the three components ranged from acceptable to reasonably high (Cronbach's α = 0.65 (cognitive attitude); Cronbach's α = 0.66 (connotative attitude); Cronbach's α = 0.71 (emotional attitude); Ritterfeld and Jin, 2006). Reliability with this sample for the total score was strong (Cronbach's α = .898).

Episode

A portion of this study involved participants attending an in-person screening of an episode of *Criminal Minds* (see Appendix G). This episode ran for 42 minutes and was accessed through my personal Netflix account.

Episode Assessment

Ritterfeld and Jin's (2006; see Appendix H) Movie Assessment measure was presented to participants as a way of assessing their thoughts and opinions about the episode they had just watched. This measure consisted of 26 items split among five categories: empathy with the main protagonist (6 items), perceived reality (4 items), confusion about the movie (5 items), entertainment value (6 items), and perceived educational value (5 items). All items were scored on a 5-point Likert scale, ranging from "completely disagree = 1" to "completely agree = 5." Some items were reverse scored so that higher scores indicated greater empathy for the character, viewing the events as realistic, greater confusion about the episode, high entertainment value, and high educational value. The internal consistency of the five categories ranged from acceptable to reasonably high (Cronbach's α = 0.66 (educational value); Cronbach's α = 0.77

(perceived reality); Cronbach's α = 0.78 (confusion); Cronbach's α = 0.80 (empathy);

Cronbach's α = 0.86 (entertainment value); Ritterfeld and Jin, 2006).

Corrective Information

Each group of participants that attended a screening was presented with one of four

pieces of corrective information after viewing the episode (see Appendices I-L). The information

in each condition remained the same, while the method of delivery varied as follows: text, text

with audio, video of a mental health professional speaking the same text, and video of a mental

health patient speaking the same text. The information was meant to be very brief to simulate

possible methods of correction that could be shown while watching a scheduled television

program in real-time. Participants were randomly assigned to corrective interventions resulting in

the following sample sizes: Text ($n = 12$); Text with Audio ($n = 12$); Mental Health Professional

video ($n = 11$); Mental Patient video ($n = 10$). These numbers may have left the study

underpowered to detect interactions with corrective intervention but were able to detect main

effects.

Media Consumption

In this section, participants were asked to answer questions designed to examine what

kinds of programs they watch and how often they watch fictional crime shows, if at all (see

Appendix M). These questions included assessing basic media consumption habits, as well as

those related specifically to fictional crime-based dramas.

Technology

The use of computers or a smartphone with internet connection was required to complete

the surveys, which were distributed via Qualtrics. Access to a viewing device (television;

projector & screen) with the ability to use the streaming service "Netflix" was also required in order for me to screen the television episode for participants.

Procedure

Connecticut College student participants were recruited through the psychology department study pool, as well as online through social media (my personal Instagram account) by posting a description of the study and instructions on how to sign-up, as well as through posters put up around campus. Participants within the psychology department signed up through a Google Document sign-up sheet provided by the department and signed up for their screening date through Sona, while others outside the department were granted immediate access to the survey and were provided with a link to a Google Calendar appointment sign-up at the end of the survey to schedule their screening date.

This research required Connecticut College participants to sign up for a time slot where they could come to Bill Hall to watch the screening of the selected episode. Time slots were made available to students seeking credit through Sona while other students signed up through Google Calendar. Students who signed up to take part in this study were immediately given access to a Qualtrics survey which they were required to complete prior to their selected viewing date. This survey assigned each participant a random identification number which they then provided at the start of the second survey in order to match their responses. This second survey was emailed to those present at the screening. It consisted of two parts: the first was completed immediately after the episode and the second was completed after viewing the corrective information, which was embedded in the second survey and each condition randomly presented to participants.

Within Qualtrics, accessed from a mobile device (i.e., a laptop or cellphone), participants were asked for their consent to be part of the study through an Informed Consent document (see Appendix A). If they accepted, as part of the first survey, participants reported their intimacy of contact with people who suffer from severe mental illnesses based on given scenarios, followed by a measure to determine response bias. They were then presented with a series of statements meant to assess mental illness stigma: the Attitudes to Severe Mental Illness Scale (ASMI). After this, participants completed the Perceived Dangerousness of Mental Patients measure, which examined individual beliefs about whether a person who is or has been mentally ill would likely be a danger to others. This was followed by the Schizophrenia Attitude Scale, a measure of attitudes towards and desire for social distance from individuals with schizophrenia.

At the end of the first survey, participants were asked to sign up for a time to come to Bill Hall at least two-to-three days after completing the survey to watch an episode from the popular fictional crime-drama, *Criminal Minds*. This screening was followed by a second survey that was split into two parts. Immediately after the episode, the first part of the survey was completed. This part consisted of the ASMI and the Episode Assessment. Participants were then randomly assigned one of four pieces of corrective material about schizophrenia through a between-subjects design. The corrective material was as follows: brief text with minimal corrective information, brief text with audio of someone reading it, a video of a mental health professional correcting misinformation, and a video of a mental health patient correcting misinformation. The information presented in each condition was exactly the same, with delivery method being the only difference. Following the engagement with the corrective intervention, participants were asked to answer the same stigma measuring questions (the ASMI) as a manipulation check to make sure they attended to the information in the corrective intervention. This was followed by

the same dangerousness attribution measure and social distance measures presented in the first survey. Participants also answered questions about their media consumption by self-reporting their familiarity with similar media. Finally, participants were asked to complete demographic information before being debriefed.

The intimacy/familiarity measure (see Appendix B), desirability scale (see Appendix C), ASMI scale (see Appendix D), Perceived Dangerousness of Mental Patients scale (see Appendix E), Schizophrenia Attitude Scale (see Appendix F), screening of the episode (see Appendix G), Episode Assessment measure (see Appendix H), corrective information (see Appendices I through L), media consumption questionnaire (see Appendix M), and demographics information (see Appendix N) took approximately 1 hour and 30 minutes total to complete. After the completion of these sections, participants were debriefed (see Appendix O).

Results

This study investigated two primary hypotheses. The first hypothesis posited that individuals who watch more crime dramas would have a greater desire for social distance from people with mental illnesses. Additionally, I believed these individuals would also perceive those with mental illnesses as more dangerous and hold more stigmatizing attitudes. I also predicted that the influence of watching crime dramas on attitudes about mental illness could be shown experimentally using a measure of attitudes toward severe mental illness (the ASMI). The second hypothesis was focused on the corrective interventions that were shown to participants after viewing a crime drama episode. I predicted that videos showing people familiar with mental illness sharing facts about mental illness, specifically the video of a mental health professional, would be the most effective in correcting misinformation and result in lower stigmatizing attitudes on perceived dangerousness (PDMP), attitudes toward severe mental illness (ASMI),

and desire for social distance (SAS) immediately after the corrective intervention, and on

attitudes toward severe mental illness over time from post-episode to post-correction.

Preliminary Analyses

One of the first questionnaires presented to participants measured their social desirability

response bias. This was used as a check to see whether participants would be likely to self-edit

and choose responses on the other questionnaires that would make them seem less stigmatizing.

A series of bivariate correlational analyses was run using all the measures of the first survey with

the social desirability bias scale. No significant correlations were found with any of the measures

of stigma (i.e., Schizophrenia Attitude Scale (desire for social distance) $r = -.06$; perceived

dangerousness $r = .06$; Level of Contact scale (familiarity with mental illness) $r = .18$; attitudes

about severe mental illness $r = .01$ with subscales ranging from $r = -.15$ to $r = .14$, all p values >

.241) at the first survey. This suggests that social desirability bias was not strongly related to how

people responded to the primary measures used in this study for the sample as a whole. Below,

we check all significant findings by re-running them with social desirability scores as a covariate

to make sure all differences reported hold once individual social desirability bias was accounted

for.

I next examined intercorrelations among the primary measures used in survey 1 to assess

pre-experiment attitudes. As shown in Table 2, there were several significant correlations

between these measures. The Level of Contact (LoC) scale, used as a familiarity with mental

illness measure, was negatively correlated with the Schizophrenia Attitude Scale (SAS), which

was used as a measure for desire for social distance. Those who were more familiar with mental

illness reported being less likely to socially distance from those who have mental illnesses. The

Attitudes Towards Mental Illness (ASMI) stereotyping subscale was negatively correlated with

the Perceived Dangerousness of Mental Patients (PDMP) scale, indicating that those who had

less stereotypical attitudes towards people with mental illness also perceived those with mental

illness as less dangerous. Stereotyping was also negatively correlated with desire for social

distance. Participants who reported less stereotyping of mental illness also typically reported less

desire for social distance. Desire for social distance was negatively correlated with the ASMI

subscale of optimism, and positively correlated with perceived dangerousness. These results

indicate that those who were more optimistic about mental illness were less likely to socially

distance, and those who perceived people with mental illnesses as more dangerous would be

more likely to socially distance. Finally, as shown in Table 2, the ASMI subscales were

correlated with the ASMI Total as expected, with the exception of the understanding subscale

which was not significantly correlated with the total.

Table 2
Spearman (LoC) and Pearson Correlation Matrix for Pre-Experiment Attitudes

	1	2	3	4	5	6	7
1. LoC Total							
2. ASMI Total	.110						
3. ASMI Stereotyping	-.019	.375*					
4. ASMI Optimism	.268	.416**	.442**				
5. ASMI Coping	-.118	.359*	-.200	.007			
6. ASMI Understanding	.065	.123	-.024	-.043	-.011		
7. PDMP Total	-.247	-.188	-.418**	-.224	.107	.085	
8. SAS Total	-.375*	-.176	-.530***	-.296*	.263	-.128	.684***

*$p < .05$, **$p < .01$, ***$p < .001$
$N = 45$

Main Analyses

To test the first hypothesis about crime drama viewing and attitudes about mental illness,

Pearson correlations were conducted between self-reported crime drama media consumption,

perceived dangerousness, and desire for social distance. Two measures of self-reported crime

drama media consumption were used: 1) a single item Likert rating of frequency of crime drama viewing (overall rating) and 2) a sum of the frequency of viewing ratings provided for 10 different crime dramas that participants were asked about (total consumption) . These measures were significantly correlated ($r = .65$, $p < .001$). Neither measure was significantly correlated with perceived dangerousness ($r = -.11$, $p = .509$ for overall rating; $r = .10$ $p = .491$ for total consumption). Total crime consumption was significantly negatively correlated ($r = -.34$, $p = .022$) with desire for social distance, and was negatively but not significantly correlated with the overall rating of crime drama viewing frequency ($r = -.25$, $p = .135$). People with more crime drama viewing had less desire for social distancing from people with mental illness. Neither measure was significantly correlated with ASMI Total ($r = .069$, $p = .778$ for rating scale; $r = .184$, $p = .226$ for total consumption), and media consumption was not correlated with any of the ASMI subscales (stereotyping, optimism, coping, understanding; r values ranged from -.195 to .392 with all p values > .096).

In the study, I also used a within-subjects design to test whether viewing a crime drama episode ("Protection" from *Criminal Minds*) would influence people's attitudes about mental illness. Using a 2 (participant gender) x 2 (time point) repeated measures ANOVA I first assessed changes in attitudes towards severe mental illness using the total score of the ASMI scale. There was a significant main effect for time, $F(1, 43) = 12.18$, $p = .001$, $\eta_p^2 = .221$, showing that people had more negative attitudes about mental illness after viewing the episode ($M_2 = 81.02$) than they did several days prior to viewing the episode ($M_1 = 87.82$). There main effect for gender was not significant, $F(1, 43) = 3.84$, $p = .056$, $\eta_p^2 = .082$), and there was no gender x time interaction, $F(1, 43) = .135$, $p = .715$, $\eta_p^2 = .003$.

To learn more about what aspects of people's attitudes about severe mental illness were affected by viewing the episode, I next conducted a 2 (participant gender) x 2 (time point) repeated measures MANOVA to assess change over time on all four subscales of the ASMI Scale. This analysis revealed a significant multivariate main effect for time, $F(1, 42) = 7.08$, $p = .011$, $\eta_p^2 = .144$, and for ASMI subscale, $F(2.03, 85.43) = 17.53$, $p = .000$, $\eta_p^2 = .294$, with a significant time x ASMI subscale interaction, $F(2.70, 113.37) = 8.32$, $p = .000$, $\eta_p^2 = .165$. The time effect showed again that attitudes worsened after watching the crime drama episode ($M_1 = 3.17$, $M_2 = 3.03$). The ASMI main effect showed that people's overall scores on the different ASMI subscales varied. Pairwise tests revealed that scores on stereotyping ($M = 3.30$) were significantly higher than scores on optimism ($M = 3.12$), coping ($M = 2.73$), and marginally higher than scores on understanding ($M = 3.26$).

To understand the time x ASMI subscale interaction, follow-up repeated measures ANOVAs on the ASMI subscales were conducted. They showed that there was a significant time effect for stereotyping, $F(1, 43) = 28.77$, $p < .000$, $\eta_p^2 = .401$, and optimism, $F(1, 42) = 4.49$, $p = .040$, $\eta_p^2 = .097$, but not for coping, $F(1, 43) = 2.07$, $p = .158$, $\eta_p^2 = .046$, or understanding, $F(1, 43) = 1.75$, p = .193, $\eta_p^2 = .039$ (see Table 3). Since lower total scores on the ASMI indicate more negative attitudes overall, lower scores for each subscale indicate more negative attitudes for each factor. Reduced scores for stereotyping and optimism reveal that post-episode, participants were more likely to attribute negative stereotypes to people with mental illnesses and were less optimistic about people with mental illnesses being able to function in society. The ASMI was the only measure used for immediate post-viewing comparison with survey 1 attitudes.

Table 3
Comparison of Means and Standard Errors for ASMI Factors Pre- and Post-Episode

Factor	Time			
	1		2	
	M	*SE*	*M*	*SE*
Stereotyping***	3.53	.05	3.10	.09
Optimism**	3.24	.08	3.00	.10
Coping	2.70	.06	2.79	.05
Understanding	3.16	.09	3.29	.07

Note. **$p < .01$, ***$p < .001$.

To test the second hypothesis that different corrective interventions may influence attitudes towards mental illness after viewing a crime drama, I conducted a 4 (intervention type) x 2 (gender) MANOVA on attitudes towards mental illness, perceived dangerousness, and desire for social distance. There was a significant multivariate main effect for intervention type, $F(9, 87.76) = 2.30$, $p = .023$, $\eta_p^2 = .158$, Wilk's $\Lambda = .598$, but no main effect for gender, $F(3, 36) = .45$, $p = .723$, $\eta_p^2 = .036$, Wilk's $\Lambda = .964$, and no gender x condition interaction, $F(6, 72) = .87$, $p = .522$, $\eta_p^2 = .068$, Wilk's $\Lambda = .869$. Univariate follow-up tests revealed significant main effects for intervention type for attitudes towards mental illness, $F(3, 38) = 6.10$, $p = .002$, $\eta_p^2 = .325$, and for social distance, $F(3, 38) = 3.17$, $p = .035$, $\eta_p^2 = .200$, but not for dangerousness, $F(3, 38) = 1.40$, $p = .257$, $\eta_p^2 = .100$. Tukey follow-up tests for attitudes towards mental illness revealed that participants who viewed the corrective intervention using text with audio after the crime episode had more negative attitudes than those who read text only ($p = .034$), than those who watched a video of a mental health professional speaking the text ($p = .001$), and than those who watched a video of a mental health patient speaking the same text ($p = .015$) (see Table 4). Tukey follow-up tests for social distancing revealed a similar but narrower effect with participants who received the text with audio intervention scoring higher, indicating a more negative response, than those who heard the same message in a video by a mental health

professional ($p = .001$) and marginally more negative that those who only read the text ($p = .060$; see Table 4).

Table 4

Comparison of Means and Standard Errors for ASMI and Social Distance by Condition

Post-Condition Variable	Video Condition							
	Text		Text w/ Audio		MH Professional		MH Patient	
	M	*SE*	*M*	*SE*	*M*	*SE*	*M*	*SE*
ASMI Total	87.31	3.18	74.33	3.14	99.50	5.70	89.10	3.44
SAS Total	38.11	3.14	45.75	3.10	26.55	5.63	36.50	3.40

Note. "MH" is used in place of Mental Health.

In order to examine whether intervention type interacted with time for attitudes toward mental illness immediately after the video and the intervention, I conducted an additional 2 (time: post-episode vs. post-intervention) x 2 (gender) repeated measures ANOVA. There was a significant multivariate main effect for time, $F(1, 38) = 4.78$, $p = .035$, $\eta_p^2 = .112$. All participants' attitudes towards mental illness improved in this time period ($M_{episode} = 83.92$; $M_{intervention} = 87.34$). However, this did not interact with intervention type, $F(3, 38) = 1.73$, $p = .178$, $\eta_p^2 = .120$.

To investigate potential social desirability bias, all prior analyses were rerun using social desirability as a covariate. All reported significant effects remained significant. Details on these analyses are available from the author.

Discussion

The present study sought to understand how fictional crime-based television dramas impact general public understanding of the relationship between violence and mental illness, while also examining the best ways to combat misinformation and stereotypes that are perpetuated by popular media. Results showed that by self-report, crime drama viewing was not associated with stigmatizing attitudes, and in some cases was associated with less stigmatizing

attitudes. However, after *viewing* a crime drama episode, participants showed an increase in stigmatizing attitudes. Thus, this support for the hypothesis that viewing crime dramas negatively impacts attitudes about mental illness depended on the method of assessment. Tests of methods for lowering stigmatizing attitudes after crime drama viewing showed that the text disclaimer method was less effective than video testimonial. The specifics of these broad findings and their implications are discussed below, after a review of how the important constructs in this study related to one another in this sample.

Familiarity, Attitudes, and Stigma Toward Mental Illness

Overall, preliminary analyses found that those with more positive attitudes towards mental illness were typically less inclined to seek social distance from people with mental illnesses. Additionally, those who were more familiar with mental illness were also less likely to seek social distance, which is consistent with previous research (Jorm & Oh, 2009). These findings suggest that familiarity with and positive attitudes toward mental illness are both key factors in limiting the desire to remain distant from people with mental illnesses. Another important relationship that supplements this conclusion is that familiarity with mental illness typically leads to less stigmatizing attitudes (Penn et al., 1999; Corrigan, Edwards, et al., 2001).

To examine this relationship more closely, Penn et al. (1999) focused on attitudes toward mental illness as they related to perceptions of dangerousness. The authors found that respondents who reported increased familiarity and more positive attitudes also believed those with mental illnesses to be less dangerous than those who reported more negative attitudes. These results were echoed by the present study, which found that participants who had more positive attitudes toward mental illness rated individuals with mental illness as less dangerous than participants who reported more negative attitudes.

The findings from this study and those aforementioned all highlight the positive impact that increased exposure to or contact with mental illness can have on limiting stigmatizing attitudes and resulting behaviors. This increased familiarity may be due, in part, to the knowledge of mental illness that can be acquired when exposed to people with mental illnesses. The more knowledge a person has on a subject, the better they typically understand it. Additionally, interpersonal connections allow for stereotype-disconfirming experiences, and create space for people to find similarities between themselves and members of other groups (Brewer, 1979).

Impacts of Crime Drama Viewing

A primary prediction in this study was that people who more frequently watched crime dramas would have a greater desire for social distancing from people with mental illness and would evidence other signs of stigmatizing attitudes as well. The reasoning behind this prediction was based on previous research that found popular media depicting mental illness quite frequently (Wahl & Roth, 1982), especially in a highly stigmatized and negative light (Wilson et al., 2000; Signorielli, 1989). It was also found that these stereotypical representations of people with mental illness, especially within fictional media (crime dramas), tended to portray those with mental illnesses as extremely violent and aggressive (Diefenbach, 1997; Kimmerle & Cress, 2013; Parrott & Parrott, 2015).

Considering this context, and the fact that popular media has been shown to be a significant source for information on mental illness (Wahl, 1995), with negative exposure acting as a factor for increased social distance (Jorm & Oh, 2009), it was believed that these consistent and over-represented negative presentations would have the effect of encouraging more stigmatizing attitudes and therefore more desire for social distance. Data from this study,

revealed some support for this prediction but the support depended on the methods and measures examined. Analyses also revealed one unexpected finding that is discussed first.

High self-reported crime-drama consumption was unexpectedly related to *less* desire for social distance in the present study. If crime drama viewing promotes othering of those with mental illness and kindles stereotypes about dangerousness, one would expect it to be related to a stronger desire for social distance from those with mental illness. In the context of the present, and opposite, finding, it may be important to consider crime drama viewing as a form of contact (or familiarity) with mental illness. As previously discussed, contact has been found to be a strong mitigating factor, reducing stigmatizing attitudes and desire for social distance. Although frequently watching crime dramas would expose viewers to more negative and stereotyped presentations of mental illness, and an over-exaggerated presentation of its relationship to criminality in general, frequent viewing may also act as a form of repeated exposure that is not entirely negative. While most depictions of mental illness in popular media are stereotypical, having frequent exposure may end up in some ways counteracting some of the negative attitudes that could result from being exposed to these presentations less frequently or more sporadically. It is important not to overstate the meaning of this finding and the amount of true stigma reduction that may come from being a frequent viewer of multiple crime dramas. Intergroup contact theory states that increased contact will reduce prejudice, but *only* when certain conditions are met, including that different groups must be treated with equal status, share a common goal, are given an opportunity to cooperate, and the contact is positive in tone rather than negative.

As some people continue to consume violent media, they also put themselves in the position to become desensitized to violence (Krahé et al., 2011). It is possible that this general

desensitization to violence, even when violence is presented as a result of mental illness, could explain why there may be less concern about remaining distant from those with mental illnesses when crime drama media viewing is high in everyday life. The muted response to violent acts as a result of frequent exposure to violent acts in media could lead to less fear of violence (Krahe et al., 2011). When violence is paired with mental illness in crime drama media, there is a possibility that this desensitization to violence leads to less desire for social distance. It is also possible that this finding is due more to properties of the individuals who tend to frequently watch crime dramas (e.g., fascination with criminal minds, curiosity about why people do what they do) rather than their frequent crime drama viewing per se.

For other measures of mental illness stigma, there were no relations with self-reported crime drama viewing. This was not true, however, when crime drama impact was assessed comparing attitudes reported prior to watching a specific *Criminal Minds* episode to those reported after viewing the episode. Specifically, participant attitudes about mental illness (reported on the Attitudes to Severe Mental Illness Scale (ASMI)) were more negative after viewing the episode than they were prior to viewing the episode. There were also significant differences for the stereotyping and optimism subscales of the ASMI, where scores for both subscales were significantly lower after the episode than they were before the episode. Considering the findings from Wahl (1995) and Jorm and Oh (2009) that indicated media as an information source through which negative exposure could lead to greater desire for social distance, it can be assumed that the reason this episode would have a negative impact on attitudes is because it acts as a source of potent negative exposure. Since participants were only shown one episode, there was no consistent contact that could help mitigate the negative attitudes that resulted from watching the episode.

Corrective Interventions

Along with understanding the impact of popular crime dramas on attitudes and behaviors towards mental illness, it was also important to consider how best to challenge the stereotypical representations that are so popular in fictional media. Past research has found that education in the form of identifying incorrect information and providing corrective materials often resulted in stigma reduction (increased knowledge, more positive attitudes, etc.; Perciful & Meyer, 2017; Ritterfeld & Jin, 2006). For this study, I tested four corrective interventions where the information was the same, but the method of sharing varied. It seems that the most commonly used method in popular media is the written or spoken disclaimer at the end of an episode. Yet, stigma reduction research suggests that anti-stigma that provides contact (video or in-person) can be more effective. The intervention portion of the study tested two written disclaimer methods (written only, read aloud, and written) against two contact methods (video of mental health professional, video of individual with schizophrenia).

Analyses showed that self-reported mental illness attitudes after the video of the mental health professional were the most positive of the four conditions, and significantly more positive than the text with audio condition. Attitudes reported by people who received text with audio disclaimer were the most negative, and significantly more negative than the rest of the conditions (text, mental health professional, mental health patient). These findings suggest that education from and (video) contact with a mental health professional was the most effective method of correcting misinformation (and text with audio, the least). One possible interpretation of the lower impact of text with audio is that reading and listening to the text at the same time made it harder to process the meaning of the message, compared to reading only or listening only (as in the video conditions). However, these effects were only significant in a single time point analysis

of post-correction attitudes. They showed that the different correction types resulted in different attitudes immediately post-correction, but not that they changed people's attitudes from what they were immediately after the video.

A (time: post-episode, post-correction) x (condition: correction type) interaction in repeated measures analyses would have meant that the change in scores from post-episode to post-intervention was due to the correction type presented to participants. This interaction, however, was not found to be significant. This indicates that, although participants who watched the video of the mental health professional reported more positive attitudes than those who experienced other corrections, those positive attitudes cannot necessarily be viewed as "corrected" views based on the attitudes they held immediately after viewing the episode. We did find that everyone's attitudes improved over time, from after viewing the episode to after viewing the correction, suggesting that the impact of watching crime dramas on negative attitudes about mental illness may fade relatively quickly. It may also be the case that I did not have sufficient power to detect a (time) x (condition) interaction since I had a limited sample size.

Implications

Mental illness stigma is a powerful force that, when gone unchecked, can lead to negative outcomes for certain groups or individuals who face the additional barriers of negative attitudes and bias while navigating a challenging health condition. The findings of this study provide important insight into the impact of viewing crime dramas on attitudes towards mental illness and perceptions of those who have mental illnesses. The information from research studies like this highlight the importance of being a critical media consumer and the value in both creating

media that is educational and supplementing non-educational media with informative interventions.

While advocates have been pushing for more accurate and more educational content about mental illness to be circulated in popular media, the push for sharing these stories should be echoed by others. Knowing the negative effects that stereotypical and stigmatized portrayals of mental illness can have on how the general public views those with mental illnesses and behaves toward them should act as a primary motivator for content creators themselves to be more aware and more cautious about the way they write and present their characters.

It is also important to understand that these effects and impacts were found in a study based only on sharing one episode. If these relationships were present at a smaller scale, it can be assumed that they would also be present – and perhaps more pronounced – on a larger scale. Additionally, this study was focused on fictional media. Although slightly different from how news media is presented to audiences, the findings from this study could prove valuable to evaluating how negative portrayals in the news could impact viewer attitudes.

Limitations

This study had several limitations, the greatest perhaps being that the sample size was small ($N = 45$). The study consisted of two surveys, the first completed remotely and the second requiring attendance at an in-person screening. Although the first survey received upwards of 70 total responses, only 50 of them were complete. Of these 50 participants who fully completed the first survey and thus partially completed the study as a whole, 45 completed the second survey and therefore the entire study. This small sample size may have been caused in part by the requirement of attending an in-person screening. As mentioned earlier, the small sample size limited my ability to detect higher order interactions that may have been present.

Additionally, there was only one non-binary person who participated. They identified themselves as using "she/they" pronouns, and were thus grouped with the participants who identified as women in order to complete analyses and include this person's data. While I would have preferred to include them in analyses under a third gender category, this was not possible for analytic reasons given that it would have created a group of one. Gender analyses were done on the main study variables, and no significant differences were found. Due to sample size issues, the decision was made to not include gender as a variable in factorial analyses. Main findings were run with gender as a covariate and findings were similar, but it is possible that the impact of crime dramas and/or the impact of the corrective interventions may vary by gender of viewer (and possibly interact with gender of protagonist or gender of person in the corrective video). These possibilities should be explored in future studies. Similarly, other demographic variables should be investigated, especially race and ethnicity, given that mental illness stigma and perceptions of dangerousness in particular are affected by these variables. Both race/ethnicity of participants and race/ethnicity of protagonist should be examined.

Another limitation of this study was that the first survey was completed remotely. This was done to limit required in-person attendance for two sessions that may have resulted in even fewer participants completing the study. It was also done to limit the number of in-person meetings in general, particularly because the study was conducted during the Covid-19 pandemic. Having participants take the first survey remotely made it difficult to ensure that participants were taking the first survey well in advance of their scheduled screening date. Although provided with the study in a timely manner, and completed by everyone who was allowed to attend the second session, there was no way of tracking when that first survey was actually completed. This approach caused variability in the time between when the first survey

was completed and when the screening and second survey were completed, which may have affected how answers may or may not have changed over time.

Future Directions

As we continue to move forward into an increasingly digital world, it is incredibly important for us to understand the implications of how information is shared and what could result from those portrayals. Future research would benefit from looking at larger samples, as well as investigating age differences and education differences.

Investigating familiarity as a factor would also be beneficial to future research in this area. The Level of Contact Scale (LoC) was used in the present study to measure familiarity by scoring each answer based on assumed intimacy of contact. Lower scores indicate less familiarity and less intimacy, while higher scores indicate greater familiarity and increased intimacy. The ordering of familiarity for this scale places all familial relationships at the very high end of familiarity, followed by provider relationships and distanced or limited contact relationships. Although these relationships are meant to be scored based on intimacy, the scoring of the LoC more closely represents familiarity based on proximity. This is because the LoC assumes that even extended family would be closer to the individual since they are more closely related than the other more limited contact relationships.

While there are benefits to having increased familiarity with mental illness, there is also the possibility that too much familiarity, or high "familiarity" of a particular type, could result in greater public stigma. In their review of the literature on familiarity and public stigma, Corrigan and Nieweglowski (2019) found that 19 of the 26 studies they reviewed that examined mental illness stigma provided evidence for an inverse correlation between familiarity and stigma. Those that had more familiarity were less likely to hold stigmatizing attitudes, as is commonly

discussed. The authors also found, however, that five of the remaining studies "found significant relationships in the opposite direction: more familiarity was positively correlated with greater stigma" (p. 41). The authors explained this phenomenon through their theory of a "U-shaped" relationship between familiarity and stigma, with people who are very low or very high in "familiarity" showing more stigmatizing attitudes.

Interestingly, this theory places service providers on the higher end of familiarity, between extended family and nuclear family. Providers also fall much closer to nuclear family than to extended family, in terms of amount of contact. This indicates a model of familiarity that may be more accurately based on intimacy than the LoC, since service providers typically have a more intimate understanding of the individual they are working with than their extended family might.

Investigating the individual relationships between the varying levels of familiarity reported by participants on the LoC as was scored in the present study and with scores adjusted to better resemble the U-shaped relationship offered by Corrigan and Nieweglowski (2019) may be able to better show how, if at all, the relationship between stigmatizing attitudes and familiarity changes when basing the relationship on intimacy rather than proximity. The findings of the present study examined the relationship between the two factors very generally, showing that on average those with greater familiarity or contact with mental illness tend to have less stigmatizing attitudes. However, there were no specific correlations investigated between each individual level of familiarity and stigmatizing attitudes. Having this information would provide greater insight into the distribution of stigma over varying levels of intimacy of contact, as well as help to identify how increased intimate familiarity could lead to greater stigma, if that relationship was at all present.

It would also be interesting to see how results about attitudes and perceptions vary when presented with news media footage. A study using both fictional media and news media that tell the same story alongside each other may provide data that could show direct differences in how these media are viewed and understood, as well as how they may impact attitudes differently. These results could then inform what kind of changes, if any, should be directly implemented within these media or should be applied as supplementary to these media.

Finally, as briefly discussed in the previous section, this study only measured attitude changes and perceptions after showing a singular episode. It would be much more applicable to viewers today, who have access to whole series wherever they have internet access, to understand how watching whole seasons or series could influence attitudes towards mental illness over time. While one episode, especially for those who watch crime shows frequently, could be insightful for understanding the impact of a singular 45-minute representative episode, it is not necessarily an accurate way of assessing how attitudes and beliefs change and evolve over time. Future research could investigate the impact of single and multiple episodes on people with and without strong viewing histories of crime dramas, to see if they impact people differently based on prior exposure. Collecting crime drama viewing habits through daily diaries may provide a more accurate assessment of actual viewing frequency than the simple self-reports used in the present study. Understanding why people watch crime dramas, and what emotional responses they have when watching them would also be useful. These variables could be useful in understanding individual differences in the impact of crime drama viewing. One measure used as a filler measure to distract participants from the true purpose of the study (the Episode Assessment) could be analyzed in future work to assess possible mediating variables to explore in follow-up studies.

Conclusion

The present study acts as another important contribution to media literacy research and mental health research and one that has some hopeful interpretations. While the impact of viewing a single crime drama episode was negative, it did appear to have a relatively brief impact on mental illness attitudes that improved with all types of corrective interventions (or just over time). The unexpected finding that higher self-reported contact through crime drama viewing was associated with more positive attitudes about mental illness (via less desire for social distancing), is potentially an encouraging result – if it is related to more positive behavior and is not just a product of poor self-observation/reporting of viewing habits. Additionally, that attitudes varied based on the type of corrective intervention presented is helpful in understanding how people best respond to information being shared with them. Specifically, taking the time to make post-crime drama mental health education/stigma reduction messaging vivid, credible, and personal (video contact with a mental health professional) appears to be worthwhile. While more research is needed to more accurately understand these relationships and apply the findings more generally, this study was an important step in adding to the literature.

References

Ahonen, L., Loeber, R., & Brent, D. A. (2019). The association between serious mental health problems and violence: Some common assumptions and misconceptions. *Trauma, Violence, & Abuse*, *20*(5), 613-625. http://dx.doi.org/10.1177/1524838017726423

Blomeley, A. (2021, June 16). The rise of streaming platforms: More shows, more money, more problems. *The Crimson White*. https://cw.ua.edu/81877/culture/the-rise-of-streaming-platforms-more-shows-more-money-more-problems/

Bonn, S. (2014). *Why we love serial killers: The curious appeal of the world's most savage murderers*. Skyhorse Publishing.

Bonn, S. (2016, January 8). *Why we are drawn to true crime shows*. Time. https://time.com/4172673/true-crime-allure/

Corrigan, P. W., & Cooper, A. E. (2005). Mental illness and dangerousness: Fact or misperception, and implications for stigma. In P. W. Corrigan (Ed.), *On the stigma of mental illness: Practical strategies for research and social change* (pp. 165-179). American Psychological Association.

Corrigan, P. W., River, L. P., Lundin, R. K., Penn, D. L., Uphoff-Wasowski, K., Campion, J., Mathisen, J., Gagnon, C., Bergman, M., Goldstein, H., & Kubiak, M. A. (2001). Three strategies for changing attributions about severe mental illness. *Schizophrenia Bulletin*, *27*(2), 187-195. http://dx.doi.org/10.1093/oxfordjournals.schbul.a006865

Criminal minds. (2021, November 20). In *Wikipedia*. https://en.wikipedia.org/w/index.php?title=Criminal_Minds&oldid=1056182164

Criminal minds (season 10). (2021, October 26). In *Wikipedia*.

   https://en.wikipedia.org/w/index.php?title=Criminal_Minds_(season_10)&oldid=105198
   2301

Crocker, J., & Major, B. (1989). Social stigma and self-esteem: The self-protective properties of

   stigma. *Psychological Review*, *96*(4), 608-630. http://dx.doi.org/10.1037/0033-
   295X.96.4.608

Curran, J. (1996). Mass media and democracy revisited. In J. Curran & M. Gurevitch (Eds.),

   Mass media and society (pp. 81-119). Arnold.

Davies, C. (2010, November 21). TV dramas give misleading view of mental illness, claims

   report. *The Guardian*. https://www.theguardian.com/society/2010/nov/22/tv-
   programmes-mental-illness

Diefenbach, D. L. (1997). The portrayal of mental illness on prime-time television. *Journal of

   Community Psychology*, *25*(3), 289-302. http://dx.doi.org/10.1002/(SICI)1520-
   6629(199705)25:3<289::AID-JCOP5>3.0.CO;2-R

Garland, D. (2000). The culture of high crime societies. *British Journal of Criminology*, *40*(3),

   347-375. http://dx.doi.org/10.1093/bjc/40.3.347

Glied, S., & Frank, R. G. (2014). Mental illness and violence: Lessons from the evidence.

   American Journal of Public Health, *104*(2), 5-6.

   http://dx.doi.org/10.2105/AJPH.2013.301710

Fontana, A., & Pasquino, P. (1980). Truth and power. In Gordon, C. (Ed.), *Power/knowledge:

   Selected interviews and other writings 1972-1977* (pp. 109-133; Gordon, C., Trans.).

   Pantheon Books. (Original work published 1977)

Foucault, M. (1995). *Discipline and punish* (A. Sheridan, Trans.). Vintage Books: A Division of

    Random House. (Original work published 1975)

Funt, P. (1980). Seeing isn't believing. In C. Lowe (Ed.), *Television and American culture* (pp.

    89-95). The H. W. Wilson Company.

Han, L., Xiao, M., Jou, M., Hu, L., Sun, R., & Zhou, Z. (2020). The long-term effect of media

    violence exposure on aggression of youngsters. *Computers in Human Behavior*, *106*.

    http://dx.doi.org/10.1016/j.chb.2020.106257

Henderson, L. (2007). *Social issues in television fiction*. Edinburgh University Press.

Hendrickson, P. (2011, June 8). *Will people never tire of cop shows?* Variety.

    https://variety.com/2011/tv/awards/will-people-never-tire-of-cop-shows-1118037884/

Hubbard, K. (2021, July 22). *Outside of sleeping, Americans spend most of their time watching

    television*. US news & world report. https://www.usnews.com/news/best-

    states/articles/2021-07-22/americans-spent-more-time-watching-television-during-covid-

    19-than-working

Jorm, A. F., & Oh, E. (2009). Desire for social distance from people with mental disorders: A

    review. *Australian and New Zealand Journal of Psychiatry*, *43*(3), 183-200.

    http://dx.doi.org/10.1080/00048670802653349

Kimmerle, J., & Cress, U. (2013). The effects of TV and film exposure on knowledge about and

    attitudes toward mental disorders. *Journal of Community Psychology*, *41*(8), 931-943.

    http://dx.doi.org/10.1002/jcop.21581

Krahé, B., Möller, I., Huesmann, L. R., Kirwil, L., Felber, J., & Berger, A. (2011).

    Desensitization to media violence: Links with habitual media violence exposure,

aggressive cognitions, and aggressive behavior. *Journal of Personality and Social Psychology*, *100*(4), 630-646. http://dx.doi.org/10.1037/a0021711

Link, B. G., Cullen, F. T., Frank, F., & Wozniak, J. F. (1987). The social rejection of former mental patients: Understanding why labels matter. *American Journal of Sociology*, *92*(6), 1461-1500. https://www.jstor.org/stable/2779844

Link, B. G., & Phelan, J. C. (2001). Conceptualizing stigma. *Annual Review of Sociology*, *27*(1), 363-385. http://dx.doi.org/10.1146/annurev.soc.27.1.363

Lowe, C. (Ed.). (1981). *Television and American culture*. The H. W. Wilson Company.

Maeder, E. M., & Corbett, R. (2015). Beyond frequency: Perceived realism and the CSI effect. *Canadian Journal of Criminology and Criminal Justice*, *57*(1), 83-114. http://dx.doi.org/10.3138/cjccj.2013.E44

Monaco, J. (1979). The TV plexus. In C. Lowe (Ed.), *Television and American culture* (pp. 12-24). The H. W. Wilson Company.

Näsi, M., Tanskanen, M., Kivivuori, J., Haara, P., & Reunanen, E. (2021). Crime news consumption and fear of violence: The role of traditional media, social media, and alternative information sources. *Crime & Delinquency*, *67*(4), 574-600. http://dx.doi.org/10.1177/0011128720922539

National Alliance on Mental Illness (NAMI). (2021, March). *Mental health by the numbers*. https://www.nami.org/mhstats

Novak, M. (1980). Dangerous to your health. In C. Lowe (Ed.), *Television and American culture* (pp. 98-101). The H. W. Wilson Company.

Parrott, S., & Parrott, C. T. (2015). Law & disorder: The portrayal of mental illness in U.S. crime dramas. *Journal of Broadcasting & Electronic Media*, *59*(4), 640-657. http://dx.doi.org/10.1080/08838151.2015.1093486

Penn, D. L., Kommana, S., Mansfield, M., & Link, B. G. (1999). Dispelling the stigma of schizophrenia: II. The impact of information on dangerousness. *Schizophrenia Bulletin*, *25*(3), 437-446. http://dx.doi.org/10.1093/oxfordjournals.schbul.a033391

Perciful, M. S., & Meyer, C. (2016). The impact of films on viewer attitudes towards people with schizophrenia. *Current Psychology: A Journal for Diverse Perspectives on Diverse Psychological Issues*, *36*(3), 483-493. http://dx.doi.org/10.1007/s12144-016-9436-0

Pescosolido, B. A., Manago, B., & Monahan, J. (2019). Evolving public views on the likelihood of violence from people with mental illness: Stigma and its consequences. *Health Affairs*, *38*(10), 1735-1743. http://dx.doi.org/10.1377/hlthaff.2019.00702

Philo, G., Secker, J., Platt, S., Henderson, L., McLaughlin, G., Burnside, J. (1994). The impact of the mass media on public images of mental illness: Media content and audience belief. *Health Education Journal*, *53*(3), 271-281. http://dx.doi.org/10.1177/001789699405300305

Rice, B. (1980). The unreality of prime-time crime. In C. Lowe (Ed.), *Television and American culture* (pp. 43-45). The H. W. Wilson Company.

Ritterfeld, U., & Jin, S. A. (2006). Addressing media stigma for people experiencing mental illness using an education-entertainment strategy. *Journal of Health Psychology*, *11*(2), 247-267. http://dx.doi.org/10.1177/1359105306061185

Salter, M. (2003). Psychiatry and the media: From pitfalls to possibilities. *Psychiatric Bulletin*, *27*(4), 123-125. http://dx.doi.org/10.1192/pb.27.4.123

Sieff, E. M. (2003). Media frames of mental illnesses: The potential impact of negative frames. *Journal of Mental Health*, *12*(3), 259-269. http://dx.doi.org/10.1080/0963823031000118249

Signorielli, N. (1989). The stigma of mental illness on television. *Journal of Broadcasting & Electronic Media*, *33*(3), 325-331. http://dx.doi.org/10.1080/08838158909364085

Swanson, J. W., Swartz, M. S., Van Dorn, R. A., Elbogen, E. B., Wagner, H. R., Rosenheck, R. A., Stroup, S., McEvoy, J. P., & Lieberman, J. A. (2006). A national study of violent behavior in persons with schizophrenia. *Archives of General Psychiatry*, *63*(5), 490-499. http://dx.doi.org/10.1001/archpsyc.63.5.490

Thornicroft, G. (2006). *Shunned: Discrimination against people with mental illness*. Oxford University Press.

Turnbull, S. (2014). *The TV crime drama*. Edinburgh University Press. https://www.jstor.org/stable/10.3366/j.ctt1g0b60z

VanArendonk, K. (2019, January 25). *Why is TV so addicted to crime?* Vulture. https://www.vulture.com/2019/01/why-is-tv-addicted-to-crime-shows.html

Varshney, M., Mahapatra, A., Krishnan, V., Gupta, R., & Deb, K. S. (2016). Violence and mental illness: What is the true story. *Journal of Epidemiology and Community Health*, *70*(3), 223-225. https://www.jstor.org/stable/44017698

Wahl, O., & Roth, R. (1982). Television images of mental illness: Results of a metropolitan Washington media watch. *Journal of Broadcasting*, *26*(2), 599-606. http://dx.doi.org/10.1080/08838158209364028

Wahl, O. (1995). *Media madness: Public images of mental illness*. Rutgers University Press.

Wahl, O., Wood, A., Zaveri, P., Drapalski, A., & Mann, B. (2003). Mental illness depiction in

    children's film. *Journal of Community Psychology*, *31*(6), 553-560.

    http://dx.doi.org/10.1002/jcop.10072

Wilson, C., Nairn, R., Coverdale, J., & Panapa, A. (2000). How mental illness is portrayed in

    children's television. *British Journal of Psychiatry*, *176*(5), 440-443.

    http://dx.doi.org/10.1192/bjp.176.5.440

Zietchik, S. (2019, March 21). Does Netflix have a killer problem? *The Washington Post*.

    https://www.washingtonpost.com/business/2019/03/21/does-netflix-have-killer-problem/

Zvonkovic, A., & Lucas-Thompson, R. G. (2015). Refuting the myth of the "violent

    schizophrenic": Assessing an educational intervention to reduce schizophrenia

    stigmatization using self-report and an implicit association test. *Social Work in Mental*

    Health, *13*(3), 201-215. http://dx.doi.org/10.1080/15332985.2014.924463

Appendices

Appendix A

Informed Consent

Brief Description

My name is Kat Carrion '22 and I am conducting this study as part of my Senior Honors Thesis in the Psychology Department at Connecticut College under the supervision of Professor Audrey Zakriski. I am seeking your consent to participate in this research study. Involvement is voluntary, so you may choose to participate or not. The information below explains the study in detail. Before volunteering, feel free to ask me any questions that you may have; I would be happy to explain anything in greater detail.

I am interested in obtaining a better understanding of the impact of popular fictional television dramas on attitudes towards mental illness. If you volunteer to participate in this study, you will answer a series of questionnaires related to this topic and you will watch an episode of "Criminal Minds" that focuses on a violent crime. This episode includes depictions of gun violence, alcohol use, and a brief depiction of sexual violence. **Please read the remainder of this description before deciding if you want to volunteer to be in this research study.**

Details of Participant Involvement

If you agree to participate, you will be asked to complete a survey before scheduling a time to attend a screening of an episode of "Criminal Minds." You will then be asked to complete another short survey before being shown a short informational clip. Finally, you will answer a few more questions related to the short clip. This study may be completed in approximately 1

hour and 30 minutes **total**. At the study's conclusion, you will be asked to provide demographic information, be debriefed, and be given an option to remove your data from use in this study if you so choose. You will also write down your name and email on a sign-up sheet to be entered into the raffle ONLY if you are not a PSY 100 or 202 student. Names will not be connected to survey data.

Privacy and Confidentiality

In order to ensure the privacy of yourself and others, please do not ask about the responses of other participants. All information about participants will be kept confidential. For Connecticut College students taking this for credit, you were asked to sign up via a Google Document sign-up sheet so that you could be awarded credit for your participation. All other participants were asked to sign up via a Google Form to specify a time to come in for the episode screening. Surveys will be linked with a randomly assigned number so that I may pair them for data analyses. Once you begin the survey, no names or other identifying information will be collected, so neither I nor anyone else will be able to associate you with your data. When the research is complete, data will be stored in confidential files on my computer to be used in manuscripts, posters, presentations, or dissemination to other researchers for meta-analytic review.

Risks and Benefits of Participation

The risk to you for participating in this study is that you may experience some mental fatigue, frustration, or stress. **To minimize these risks, you are allowed to skip any question you would like and, if you do not wish to continue, you have the right to withdraw from the**

study at any time. If you wish to withdraw from the study and you are taking this for credit, you may exit out of the survey, and you **will still receive credit for participating in that portion of the study.** If you wish to withdraw from the study, and you are not taking this for credit, you **will still be able to enter the gift card raffle.** The benefit of this research is that it may contribute to a better general understanding of how fictional crime-based dramas impact public understanding of mental illness. There are no direct benefits to you as a participant other than partial credit for introductory psychology research participation requirements (if you are participating as part of your PSY 100 or PSY 202 requirement), possibly winning the gift card raffle (ONLY if not a psychology study pool student participating for course credit), and learning more about mental health and media portrayals.

Additionally, because you will be coming into Bill Hall for the episode screening, there is a chance of contracting COVID-19. If a student who was present at a given screening tests positive for COVID-19, all students that were present will be required to be listed as close contacts. At this point, everyone that was present on this day would have their information – names, emails – shared with the College as required. This information will not be connected with survey responses.

Participant Rights

You have the right to ask any questions you have before, during, or after participation. If you do not want to be in this study, there will be no penalties or loss of benefits. If, at the end of the study, you do not want your responses included, there will be an opportunity for you to withdraw your data. **For Connecticut College psychology students: if you choose to withdraw your**

responses from this study, you will still receive credit for your participation. As a voluntary participant in this research, you have the right to refuse to perform any activities and answer any questions that I ask of you. This research has been approved by the Connecticut College Institutional Review Board, a committee responsible for ensuring that the safety and rights of research participants are protected. For information about your rights as a research participant, contact the IRB chair, Ann Devlin (asdev@conncoll.edu).

Contact Information

For more information about this research before, during, or after your participation, please reach out to me, Kat Carrion (kcarrion@conncoll.edu). To report any unanticipated problems relating to the research that you experience during your participation, please let me know immediately. If you have any questions or concerns following your participation, you may also contact my faculty supervisor, Professor Audrey Zakriski (alzak@conncoll.edu).

Before continuing to the next page of the survey, please ask any questions you have about participation in this study.

By continuing with this survey, I am agreeing that I have read all of the information on this form, and all of my questions and concerns about the research described above have been addressed. I choose, voluntarily, to participate in this research project. I am also agreeing that I am at least 18 years old or have a parental consent form on file with the Department of Psychology.

I have read the above information and agree to voluntarily participate in this study. Please use the options below to agree to participate.

I agree to participate.

I do not agree to participate.

Appendix B

Level-of-Contact Report

Instructions: Please read each of the following statements carefully. After you have read all the statements below, place a check by the statements that best depict your exposure to persons with a severe mental illness. For questions with a scale, please select the answer that best applies.

1. I have watched a movie or television show in which a character depicted a person with mental illness.

2. My job or volunteer work involves providing services/treatment for persons with a severe mental illness.

3. I have observed, in passing, a person I believe may have had a severe mental illness.

4. I have observed persons with a severe mental illness on a frequent basis.

5. I have a severe mental illness.

6. I have worked with or volunteered alongside a person who had a severe mental illness at my place of employment.

7. I have never observed a person that I was aware had a severe mental illness.

8. My job or volunteer work includes providing services to persons with a severe mental illness.

9. A friend of the family has a severe mental illness.

10. I have a relative who has a severe mental illness.

11. I have watched a documentary on the television about severe mental illness.

12. I live with a person who has a severe mental illness.

Appendix C

Social Desirability Scale-17—Revised Version (SDS-17)

Instructions: Read each sentence and choose the answer that best fits.

                              True   False

1. I sometimes litter. (reverse scored)

2. I always admit my mistakes openly and face the potential negative consequences.

3. In traffic I am always polite and considerate of others.

4. I always accept others' opinions, even when they don't agree with my own.

5. I take out my bad moods on others now and then. (reverse scored)

6. There has been an occasion when I took advantage of someone else. (reverse scored)

7. In conversations I always listen attentively and let others finish their sentences.

8. I never hesitate to help someone in case of emergency.

9. When I have made a promise, I keep it – no ifs, ands or buts.

10. I occasionally speak badly of others behind their back. (reverse scored)

11. I would never live off other people.

12. I always stay friendly and courteous with other people, even when I am stressed out.

13. During arguments I always stay objective and matter-of-fact.

14. There has been at least one occasion when I failed to return an item that I borrowed. (reverse scored)

15. I always eat a healthy diet.

16. Sometimes I only help because I expect something in return. (reverse scored)

Appendix D

Attitudes to Severe Mental Illness Scale (ASMI)

Instructions: Read each sentence and choose the number that corresponds to how much you agree with the sentence.

4	3	2	1	0
Agree	Somewhat Agree	Somewhat Disagree	Disagree	Don't Know

Factor A: Stereotyping

1. If someone has experienced severe mental illness, they will suffer for the rest of their life. (reverse scored)

2. People with severe mental illness are failures. (reverse scored)

3. In spite of any efforts they are making, people with severe mental illness will never be like other people. (reverse scored)

4. People with severe mental illness have to take medication for the rest of their lives. (reverse scored)

5. Severe mental illness makes someone look ill. (reverse scored)

6. People with severe mental illness are not like any other people. (reverse scored)

7. Severe mental illness is easily recognizable. (reverse scored)

8. People with severe mental illness are not able to acquire new skills. (reverse scored)

9. People with severe mental illness are dangerous. (reverse scored)

10. Severe mental illness is caused by bad luck. (reverse scored)

11. Psychiatric medication causes addiction. (reverse scored)

Factor B: Optimism

12. A person with severe mental illness is able to work.

13. A person with severe mental illness can be trained in an occupation.

14. People with severe mental illness don't differ from other people.

15. People with severe mental illness can cope with life difficulties.

16. To be taking psychiatric medication does not make an individual different from others.

17. People with severe mental illness can recover nowadays.

Factor C: Coping

18. People with severe mental illness must not give up.

19. A person with severe mental illness must seek help from a specialist.

20. It is better to be friends with people with the same problem when you are suffering from severe mental illness.

21. It is better to hide the problem to avoid life difficulties.

22. Friends should not abandon a person when they are suffering from severe mental illness.

23. It is better for a person with severe mental illness to avoid other people.

24. It is not right to hide the problem from family and friends when you are suffering from severe mental illness.

Factor D: Understanding

25. People suffering from severe mental illness feel that they cause burden on their families.

26. People with severe mental illness usually feel inferior.

27. People with severe mental illness are usually treated differently by others.

28. Other people blame individuals with severe mental illness for the suffering of the family.

29. A person suffering from severe mental illness usually feels responsible for their problem.

30. It is difficult for other people to understand a person suffering from severe mental illness.

Appendix E

Perceived Dangerousness of Mental Patients

Instructions: Please read each statement and choose the number that corresponds to how much you agree with the sentence.

0	1	2	3	4	5
Strongly Agree	Agree	Not Sure but Probably Agree	Not Sure but Probably Disagree	Disagree	Strongly Disagree

1. If a group of former mental patients lived nearby, it would not be safe to let children from the neighborhood go to the movie theater alone. (reverse scored)

2. If a former mental patient applied for a teaching position at a grade school and was qualified for the job I would recommend hiring them.

3. One important thing about mental patients is that you cannot tell what they will do from one minute to the next. (reverse scored)

4. If I know a person has been a mental patient, I will be less likely to trust them. (reverse scored)

5. The main purpose of mental hospitals should be to protect the public from mentally ill people. (reverse scored)

6. If a former mental patient lived nearby, I would not hesitate to allow young children under my care to play on the sidewalk.

7. Although some mental patients may seem all right it is dangerous to forget for a moment that they are mentally ill. (reverse scored)

8. There should be a law forbidding a former mental patient the right to obtain a hunting license. (reverse scored)

Appendix F

Schizophrenia Attitude Scale

Instructions: Please read each sentence and choose the number that corresponds to how much you agree with the sentence.

1	2	3	4	5
Completely Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Completely Agree

Emotional Attitude Component

1. I understand why most people dislike people with schizophrenia.

2. I can't blame anybody for being scared of schizophrenia.

3. I would really be interested in getting to know somebody who has schizophrenia. (reverse scored)

4. I would not be able to cope with having a roommate with schizophrenia.

5. I would be afraid to meet somebody who has schizophrenia.

6. If I met somebody who admitted to having schizophrenia, I would feel quite uneasy.

Cognitive Attitude Component

1. People with schizophrenia need to be supervised at all times.

2. I don't want to deal with people who have schizophrenia or other mental problems.

3. Having schizophrenia means to be totally different than anybody else.

4. Healthy people should not become romantically involved with somebody who has schizophrenia.

5. People with schizophrenia should try to be more in control of themselves.

Connotative Attitude Component

1. I understand why companies don't want to offer jobs to people with schizophrenia.

2. I would agree to invite somebody from a psychiatric institution to celebrate a holiday with my family and me. (reverse scored)

3. I can understand why nobody would like to have somebody with schizophrenia as a co-worker.

4. I would never recommend hiring somebody with a history of schizophrenia as a babysitter.

Appendix G

Television Episode

All participants will be shown an episode from the popular fictional crime-drama, Criminal

Minds. The episode selected is "Protection" (S10E22). It is 42 minutes long. In this episode, the

FBI's BAU (Behavioral Analysis Unit) team travels to Los Angeles, California where three

people have been murdered in two separate incidents. Each victim was shot thirteen times and

beaten badly, and it was found that the same gun was used in both instances. The first victim was

known to have frequented sex workers and was found in an area where he was thought to have

met with one. The second and third victims were a sex worker and a client. When a fourth and

fifth victim are discovered together after a supposed mugging, an elderly woman and a young

Black man, the team believes the unsub is a "moral enforcer" who is looking to rid the streets of

what he believes is immoral behavior. Based on information from these crime scenes and the

discovery of more victims, the team then concludes that this unsub (unidentified subject) is a

paranoid schizophrenic who has escalated to a point where he believes everyone is a criminal.

Appendix H

Episode Assessment

Instructions: Please read each sentence and choose the number that corresponds to how much you agree with the sentence.

1	2	3	4	5
Completely Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Completely Agree

Empathy with Main Protagonist

1. I developed bad feelings for Danny. (reverse scored)

2. Danny's story made me cry.

3. I could not relate to Danny. (reverse scored)

4. I felt unmoved by Danny. (reverse scored)

5. I felt very close to Danny.

6. I felt very empathetic toward Danny.

Perceived Reality

1. The story is pure fiction. It could not have happened that way. (reverse scored)

2. The episode was not realistic. (reverse scored)

3. I am convinced that Danny's story could really happen.

4. The story of Danny felt so real.

Confusion about the Movie

1. I don't really know what I feel about the episode.

2. This episode really confused me.

3. I have a lot of unanswered questions about the episode.

4. For some reason I feel conflicted about this episode.

5. I am still struggling with the episode.

Entertainment Value

1. The episode was very entertaining.

2. I had the sense of being pulled right into the story.

3. I stayed 'outside' the story. It did not interest me. (reverse scored)

4. I wasn't involved in the episode at all. (reverse scored)

5. I very much enjoyed watching the episode.

6. This episode was very involving.

Perceived Educational Value

1. The episode changed my perception of people with mental disorders.

2. I learned a lot about mental illness by watching the episode.

3. The topic of the episode, mental illness, was not presented in an educational way. (reverse scored)

4. After seeing the episode, I would feel much more comfortable if I had to communicate with someone who was mentally ill.

5. I am very interested in learning more about mental illness.

Appendix I

Corrective Material: Text

Text will appear on its own.

The preceding program was fictitious and inaccurately depicts people who suffer from

schizophrenia and other severe mental illnesses as extremely violent and out-of-control. While

symptoms of schizophrenia do include delusions and hallucinations, among other symptoms,

individuals with this specific disorder will experience these symptoms differently. Additionally,

those who suffer from schizophrenia and other severe mental illnesses are more likely to be

victims of violence rather than perpetrators.

Appendix J

Corrective Material: Text with Audio

Text will appear with an audio track of someone reading it.

The preceding program was fictitious and inaccurately depicts people who suffer from schizophrenia and other severe mental illnesses as extremely violent and out-of-control. While symptoms of schizophrenia do include delusions and hallucinations, among other symptoms, individuals with this specific disorder will experience these symptoms differently. Additionally, those who suffer from schizophrenia and other severe mental illnesses are more likely to be victims of violence rather than perpetrators.

Appendix K

Corrective Material: Video of Mental Health Professional

A video of a "mental health professional" speaking will be presented to participants. This person will be played by a non-mental health professional.

Hi, my name is Dr. Shum and I am a psychologist who works with schizophrenic patients. The preceding program was fictitious and inaccurately depicts people who suffer from schizophrenia and other severe mental illnesses as extremely violent and out-of-control. While symptoms of schizophrenia do include delusions and hallucinations, among other symptoms, individuals with this specific disorder will experience these symptoms differently. Additionally, those who suffer from schizophrenia and other severe mental illnesses are more likely to be victims of violence rather than perpetrators.

Appendix L

Corrective Material: Video of Mental Health Patient

A video of a "mental health patient" speaking will be presented to participants. This person will be played by non-mental health patient.

Hi, my name is Lily and I have schizophrenia. The preceding program was fictitious and inaccurately depicts people who suffer from schizophrenia and other severe mental illnesses as extremely violent and out-of-control. While symptoms of schizophrenia do include delusions and hallucinations, among other symptoms, individuals with this specific disorder will experience these symptoms differently. Additionally, those who suffer from schizophrenia and other severe mental illnesses are more likely to be victims of violence rather than perpetrators.

Appendix M

Media Consumption Questionnaire

Instructions: Please read each statement and answer to the best of your ability.

1. How do you typically watch TV? Check all that apply.

    a. Streaming Services (Netflix, Hulu, HBO Max, etc.)

    b. Cable/Local Channels

2. Which media genres you watch ***most often?*** Check all that apply.

    a. Action/Adventure   f. Documentaries

    b. Anime   g. Dramas

    c. Children & Family   h. Romance

    d. Comedies   i. Sports

    e. Crime-Based   j. Local News

Instructions: Please read each statement and slide the scale to answer.

0   1   2   3   4   5   6   7   8   9   10   11   12   13   14   15+

1. On average, how many hours of television do you watch in a given week?

2. On average, how many hours of fictional crime-based television (*Criminal Minds, Law & Order, CSI, etc.*) do you watch in a given week?

Instructions: Please select the answer that best applies.

Never   Rarely   Sometimes   Often

1. ***How often*** you watch the following fictional crime-based shows?

    a. The Blacklist   f. Law & Order (any)   k. Other (please specify)

    b. Blue Bloods   g. NCIS

    c. Criminal Minds (any)   h. Quantico

d. CSI

e. Dexter

i. True Detective

j. Sherlock

Appendix N

Demographics Questionnaire

Instructions: Please complete the following demographic information.

Age: _____   Gender Identity: _____   Racial/Ethnic Identity: _____

Class Year: _____

Are you currently studying, or have you at one point studied, psychology?   Yes or No

Did you take AP Psychology in high school?   Yes or No

Are you a psychology major or minor?   Yes or No

Appendix O

Debriefing Form

Thank you for participating in this study! Connecticut College psychology students who are part of the study pool and doing this study for credit will receive 1.5 credit hours for participating. All other students will be entered into the gift card raffle.

You were asked to complete a series of questions aimed at understanding the relationship between violence and mental illness. You were first asked to report your intimacy of contact with people who suffer from severe mental illnesses, followed by questions designed to determine potential response bias. You were then presented with the Attitudes to Severe Mental Illness Scale (ASMI) to measure mental illness stigma, the Perceived Dangerousness of Mental Patients measure, and the Schizophrenia Attitude Scale. You then watched an episode from the popular fictional crime-drama "Criminal Minds" and took the ASMI again as well as doing an assessment of the episode before being shown a piece of corrective material. Each participant group was presented with one of four corrective conditions, each presenting the same information but differing in how the information was presented: text, text with audio, a video of a mental health professional, or a video of a mental health patient. Each video was filmed using an actor. Following this, you were asked to complete the ASMI, the Perceived Dangerousness of Mental Patients measure, and the Schizophrenia Attitude Scale once more as well as providing some information about your media consumption habits.

I hypothesized that individuals who have higher rates of consumption of crime dramas, have less familiarity with mental illness, and have a greater desire for social distance from people with

mental illness will perceive mental illness as a predictor for violence. Additionally, I theorized that those with less familiarity with mental illness in general would have a higher desire for social distance and believe mental illness to be a predictor of violence. Finally, I believed that video messaging as a method of providing corrective information about mental illness, specifically video of a mental health professional, would be the most effective way to combat stereotypes.

Please do not discuss this study with anyone. If future participants learn about your experience or thoughts about this study, it could impact the results for this and future studies.

If you would like to withdraw your data from the study at this time, please let me know using the response choices below. Once you submit your responses, you will receive credit for participating **even if you choose to withdraw your data.**

If you would like to obtain information about this research when it is finished, please contact me, Kat Carrion (kcarrion@conncoll.edu). If you have concerns about your rights as a participant in this study, feel free to contact Ann Devlin (asdev@conncoll.edu), who is the chair of the research review committee at Connecticut College.

If your participation in this study was upsetting or stressful to you in any way, please contact Student Counseling Services by phone at (860) 439-4587 or by email at SCS@conncoll.edu.

If you are interested in this topic and want to read the literature in this area, you might

enjoy the following articles:

Perciful, M. S., & Meyer, C. (2017). The impact of films on viewer attitudes towards people with

 schizophrenia. *Current Psychology: A Journal for Diverse Perspectives on Diverse*

 Psychological Issues, *32*(3), 483-493. http://dx.doi.org/10.1007/s12144-016-9436-0

Sieff, E. M. (2003). Media frames of mental illnesses: The potential impact of negative frames.

 Journal of Mental Health, *12*(3), 259-269.

 http://dx.doi.org/10.1080/0963823031000118249