

Mad TV: A History of Mental Illness on Narrative American Television

by Allison Kelly

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Patricia Phalen
Associate Professor of Media and Public Affairs

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Abstract of Thesis

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In general, previous research into representation of mental illness in the media have either been very broad in scope, looking at multiple types of mass media (film, TV, news media, art, written fiction, etc.), or very narrow, examining specific stories, films, or brief periods of time. This project aims to fill a gap in the existing literature by focusing on portrayals of mental illness on narrative American Television from the 1940s to the present day. The author used news reports and reviews, books about television, DVDs, and streaming services to gather examples of depictions of mental illness on TV. The representative sample led to several conclusions. First, mental illness has appeared on television from the early days of the medium. Second, I found no evidence to contradict the conclusion drawn by previous scholars that depictions of mental illness on television tend to be negative and stigmatizing, often employing inaccurate stereotypes linking mental illness to violence. Third, positive and sympathetic portrayals of mental illness have also appeared on narrative television throughout its history. Previous research has noted the existence of these representations but has rarely elaborated on them. Meanwhile, television critics seem to believe that positive and accurate portrayals are something new. To be sure, these positive depictions have been and continue to be outnumbered by the negative portrayals, but it's significant that they have always been a part of the narrative television landscape.

Table of Contents

Acknowledgments.....	iii
Abstract of Thesis	iv
Chapter 1: Introduction	1
Chapter 2: Literature Review	8
Chapter 3: 1940s and 1950s	17
Chapter 4: 1960s	27
Chapter 5: 1970s	39
Chapter 7: 1980s	48
Chapter 8: 1990s	60
Chapter 9: 2000s	68
Chapter 10: 2010s and Conclusion	78
References.....	89

Chapter 1: Introduction

In the past few years, many television critics and pop culture critics have published articles declaring that TV has finally figured out how to accurately and sensitively portray characters with mental illnesses like depression, anxiety disorders, schizophrenia, bipolar disorder, PTSD, and obsessive-compulsive disorder. They cite shows like *Crazy Ex-Girlfriend*, *You're the Worst*, *BoJack Horseman*, *Lady Dynamite*, and *Homeland* in which central characters openly address and struggle with mental illness. It was apparently enough of a trend that within a single week in October 2016, both the New Yorker Festival and the Paley Center held panels on the topic of mental illness on television.

I attended the New Yorker Festival event, which was moderated by the magazine's TV critic, Emily Nussbaum. She kicked off the discussion by playing a video montage of clips from TV shows in which characters talked about or referenced mental illness. I struggled to keep up, trying to make note of as many examples as possible. *Mr. Robot*. *Arrested Development*. *My Mad Fat Diary*. *Buffy the Vampire Slayer*. *Grey's Anatomy*. *Unreal*. *Maude*. *American Horror Story*. *The Sopranos*. *Crazy Ex-Girlfriend*. The clips kept coming. The television critics, it seemed, had a point.

The discussion between Nussbaum and the panelists was interesting and illuminating. Asked about the explosion of shows dealing with mental health, the creator of *BoJack Horseman* commented that he wasn't sure there was actually an increase. Perhaps it was an example of people's tendency to see patterns. The other panelists cited the growing number of program distribution networks, the increased demand for scripted

shows, and the related freedom of producers to take more creative risks. All of these explanations seemed plausible to me.

The panel and the pop culture commentary led me to wonder what academic research had been done on the topic of narrative television and mental illness. I soon learned that that yes, scholars from a variety of fields have looked into the topic over the last sixty years. There have been media effects studies and content analyses, comparisons to real life and critical examinations of specific media. However, very little of the academic research has taken a long-term look at the specific subject of narrative television. Some studies looked broadly at media and mental illness. Others limited their research to specific, relatively short periods of time or to news media or to individual narrative programs/films. And so, I decided to try to answer the question myself: how has mental illness been portrayed over time on narrative American television shows?

First, I want address why I think it's a question worth answering. Why look at the portrayals of mental illness over the course of American primetime narrative television? First, television is a medium that has reached millions of people for most of its existence. According to Gary Edgerton's history of American television (2007), 8.1% of households in 1950 owned a TV. By 1955, the number jumped to 64%. As the decade came to a close, 90% of American families owned television sets. Over the course of following half century television remained a constant in the lives of the vast majority of Americans. In 2016, Nielsen reported that 301.7 million Americans above the age of 2 live in homes that have a TV capable of receiving video via antennae, cable, satellite, and/or broadband internet. That is 96% of American homes. The same year Nielsen also reported that American adults watch about five hours of television per day. 2015 data from Bureau of

Labor Statistics reports a smaller but still significant daily average of 2.8 hours. That does represent a decrease from previous decades. And of course, not all of the TV being watched is narrative television and not all of it is what might be considered primetime, but it does demonstrate the continued reach of television in America.

Another reason to look at this specific form is to fill in gaps in the existing literature. As mentioned above, many books and articles on the topic of media and mental illness take a very broad focus, attempting to examine how mental illness is generally represented in news, art, print, film, and television. For example, Otto Wahl's *Media Madness* (2003) looks at news coverage, advertising, films, and TV. At the same time, a lot of the studies are quite limited when it comes to their examinations of narrative television in particular. Wahl's appendix of television shows only includes programs that aired between 1980 and 1994 and is based entirely on episode descriptions that appeared in the *Washington Post*. Having watched some of the episodes he included, I believe his method misses important details and nuances. Similarly, Birch's *Mediating Mental Health* (2011) looks at film, news, television, and comic strips, but uses specific examples as case studies.

Of course, my approach of focusing on the specific history of mental illness on narrative television has limitations. It cannot be used to reach broad conclusions about public attitudes about mental illness or about what information people were getting about the mentally ill. Narrative, primetime television shows were not and are not the only source of information about mental illness nor were they the only medium to reflect public attitudes toward the mentally ill. Narrative films, for example, have told stories about mental health since the silent era. During the years examined in this study, popular

films like *One Flew Over the Cuckoo's Nest*, *Psycho*, and *Sybil* were imparting their own messages about mental illness. Real-life stories and events like Betty Ford's struggle with alcoholism or John Hinckley Jr. being found not guilty by reason of insanity also informed the public's understanding of mental illness. The same can be said for novels, comics, advertisements, and every other type of mass media. Additionally, narrative television does not exist in a vacuum; it is influenced by other mass media. Episode plots are ripped from the headlines. Television shows are adapted from films. Lastly, it is also important to remember that for many people, their understanding of mental illness is shaped by their own experiences or by the experiences of close friends and family. However, even with these limitations, I believe that television's wide reach, its ability to tell longer stories, its tendency to reflect public attitudes, its power to spread information, and the frequency with which it takes up the topic of mental illness make it worthy of more focused study.

Next I want to more specifically outline which programs I have included in this study and which programs I have not examined. I have not included any documentaries or reality TV shows. TV shows that are dramatizations of real events have been included. I have not included daytime television like soap operas nor have I included children's programming. These were excluded from the study for a number of reasons. First, they don't reach as many people. Second, including them would have made this project so large that it likely would have been impossible to complete in the time allotted.

Additionally, I did not include foreign programs unless they were aired regularly on American TV. This decision was based on concerns about volume, my limited knowledge of foreign television and my interest in having a more focused project.

Notably, a lot of research on media and mental illness has originated in England. I have included some of those findings in my literature review because it is some of the most recent work on the subject and because some of their findings could reasonably be extrapolated to American television. Lastly, I did not include made-for-TV-movies but I did include anthology series and mini-series. Again, this was a decision based partly on concerns about volume. It was also based on the fact that I'm interested specifically in the episodic television format. Finally, I have included shows that are exclusive to streaming services like Netflix, Hulu, and Amazon Prime. By definition, they are not primetime shows, but a look at the current television landscape would be incomplete without them.

I also want to provide an explanation of how I defined "mental illness" for the purposes of this project. First, I should note that I did not include examples of degenerative mental illnesses like Alzheimer's disease or dementia. This decision was based partially on concerns about volume and partially due to the fact that those illnesses were not often included in previous studies. Second, I had initially intended to use the Diagnostic and Statistical Manual of Mental Disorders as my guide. However, I soon discovered that television shows are not nearly as clear-cut as a diagnostic manual. Often, characters are not explicitly diagnosed but their illness is hinted at by their actions or by descriptions provided by other characters. In other instances, words like "schizophrenic" or "psychotic" were used in the same way as "crazy" or "insane;" they became catchall terms instead of actual diagnoses. As a result, I had to broaden my definition to include any instance in which the viewer might reasonably believe a character had some type of mental illness.

Even with the above parameters, I ran into many of the same problems encountered by previous scholars. The sheer amount of televised narrative content made it impossible to document every comment, character, and storyline that has involved or invoked mental illness. Just watching the full series run of *M*A*S*H*, for example, would have taken more than 90 hours. Additionally, in an ideal world, I would have watched every episode included in this study. Time and access made that impossible. In cases where I was not able to watch a show, my descriptions are based on news reports and reviews or episode descriptions from Amazon or iTunes. Unsurprisingly, I had to lean on print reports and reviews much more for the earlier shows, especially for the anthologies. Of the two thousand live anthology dramas produced between 1947 and 1961, only five percent are available for review (Edgerton, 2007). My sample was drawn from Rabkin (1998), Marsh & Brooks (2003), searches of newspaper and magazine archives, and my personal knowledge of television programs. As a result of these limitations, it is most accurate to characterize this as a representative rather than comprehensive examination of mental health on American narrative television.

This project is organized by decade. Obviously television seasons, trends, and cycles don't fit cleanly into units of ten so it is an imperfect system. However, I chose to organize it this way because many people think about and categorize history by decade. Discussions of shows are generally included in the chapter about the decade in which they premiered. In a few cases where the instance of mental illness appears in a single episode that doesn't involve regular characters, I've put them in the chapter about the decade in which the individual episode aired.

Each chapter begins with a broad look at developments in the television industry and in mental health care during the decade. These provide important context for how the portrayals of mental illness that appeared on television were developed and received.

Chapter 2: Literature Review

As I will outline in the following chapters, mental illness has been a topic on American television for essentially the entire life of the medium. However, scholarly research into portrayals of mental illness on television has been relatively limited and sporadic, though it has picked up a bit in the last fifteen years. Very few of these studies were exclusive to narrative television. Several examined multiple forms of media or multiple genres of television program. Over the decades, researchers have tended to reach similar conclusions: mental illness has been present, but not necessarily prevalent on television; people do get information about mental illness from the media; the portrayals of mental illness are generally negative; and these negative depictions reinforce long-held, stigmatizing stereotypes about the mentally ill.

Before delving into the literature about television, I think it's important to first include a brief overview of the ways madness and mental illness have been portrayed throughout history. As Simon Cross wrote in his book *Mediating Madness: Mental Distress & Cultural Representation* (2010), "contemporary images and representations of madness are a consequence of the cultural legacy of ways of seeing 'the mad' under changing social and psychiatric conditions" (p. 6). As such, it's worth a brief detour.

The arts have always been a way for people to grapple with the mysteries of the human condition. Artists and consumers have used paintings, poems, stories, and films to try to understand the things that scare and confuse them. Over time, standards and conventions of depiction emerged. Death, for example, is portrayed as a grim reaper or a

skeleton. People in love are healthy and happy, perhaps with a cherub or a stylized heart nearby. Mental illness, too, has an iconography, one that generally serves to separate and distinguish the mentally ill from “normal” people.

That iconography of mental illness is thoroughly examined in *Seeing the Insane* (1982), Sander Gilman’s study of images and sculptures from the Middle Ages to the end of the nineteenth century. In the book, Gilman outlines the methods developed over time to portray something that is essentially invisible to the eye. In the West, conventions for portraying the mentally ill in images were established by the close of the seventeenth century (p. 21). Depressed or melancholic people tend to be shown seated, hunched with their heads down, withdrawn from the world around them. Manic people are depicted with their limbs flailing, full of unrestrained energy. The statues outside London’s Bethlehem Hospital (AKA “Bedlam”) are a classic representation of these two forms of mental illness – “one, staring out in lifeless vacuity, was called *Melancholy Madness*. The other, a grimacing man-beast raising a chained arm, was called *Raving*” (Powers, 1993, p. 60). Along with their physicality, the mentally ill are also visually recognizable in images based on their appearance. Their hair is often disheveled and their clothing is in tatters. By the following century, mental illness also became visually associated with ugly or deformed facial features and expressions (Gilman, p. 72). Television viewers will no doubt find these visual descriptions of mentally ill people familiar.

The first studies that touched on the portrayals of mental illness on television appeared in the mid-1950s, amid television’s first golden age. In 1954, Dallas Smythe published an examination of TV content based on programs that aired in 1951 and 1952

in New York and Los Angeles. Among his findings was the fact that two percent of the characters on television were “insane” (p. 153). The same year, Sydney Head published a content analysis of television that aired over a thirteen-week period in 1952. Of the 1,763 characters that appeared on screen, twelve had “serious mental illnesses” (p. 189).

In 1957, Jum Nunnally published one of the first scholarly articles to look specifically at the ways mental illness was depicted in mass media. He used interviews to gather opinions on mental illness from mental health experts and laypeople. He also undertook a content analysis of samples from mass media – newspapers, magazines, and television program – noting what information about mental illness was given and how it was presented. When he compared the gathered opinions to the mass media content, he found that “In general, the causes, symptoms, methods of treatment, prognosis, and social effects portrayed by the media are far removed from what the experts advocate. In particular the media in their over-all presentations emphasize the bizarre symptoms of the mentally ill” (p. 229). In 1961, Nunnally expanded on his paper and published the book *Public Conceptions of Mental Health*. It included more details about the content analysis and provided some additional interpretation of his findings. He concludes, “The symptoms of mental illness are exaggerated, the causes and treatment are greatly oversimplified and often erroneous, and mental illness usually appears in the context of ‘horror,’ sin, and violence” (p. 235). Over the next fifty years, many scholars would report similar findings.

In 1960, George Gerbner, known for developing Cultivation Theory, and Percy H. Tannenbaum authored a paper on the regulation of mental illness content in film and on TV. Specifically, they used industry production codes, interviews, and censorship records

to understand what ideas about mental illness were getting through to viewers. The National Association of Broadcasters Television Code, which was based on a similar code for radio, instructed producers to “avoid ridiculing” people suffering from “mental afflictions” and advised that “excessive or unfair exploitations of others or their physical or mental afflictions shall not be presented as praiseworthy” (p. 373). Despite this code and individual network codes, portrayals of mental illness did make it to the censors’ desks. According to censor records analyzed by Gerbner and Tannenbaum, “TV appears to emphasize mental illness for ‘dramatic’ purposes” (p. 380).

The issue of how mental illness was portrayed in narrative television programs was raised in a report to President Carter from the President’s Commission on Mental Health (1978). The commission was formed “to review the mental health needs of the Nation and to make recommendation to the President as to how the Nation might best meet these needs” (p. iii). While the majority of the report focused on issues of access and funding, the authors did briefly turn their attention to mass media. Noting the influence television can have on children, they expressed concern about inaccurate portrayals of people with mental illnesses, especially “the image of the mentally ill person as essentially a violent person” (p. 55). They concluded, “there is a need for more accurate portrayals of mentally and emotionally troubled people in documentaries and in drama. There is a similar need for accurate fictional and journalistic portrayals of the everyday lives and problems of people who struggle with a whole range of mental and emotional problems” (p. 56). Unfortunately, scholars in the latter half of the century found that the Commission’s call for more accurate depictions of mental illness on television was rarely heeded.

In one of the largest studies of how people with mental illness are portrayed on television, Nancy Signorielli (1989) examined seventeen annual weeklong samples of dramatic programs that aired on network television in America between 1969 and 1985. She found that mentally ill characters were more likely to be violent, often to the point of committing murder. Those characters were also more likely to be victims of violence. People with mental illness were often the “bad guys.” Many were portrayed as being social and professional failures without occupations or support networks.

Subsequent content analyses of fiction television in English-speaking countries have found similar results. In 1993, Gerbner singled out one type of television in particular – “the wholesale distributor of the stigma of mental illness is television drama” (p. 20). He reported that people who watched dramas saw about three characters each week that were labeled as being mentally ill. Seventy percent of those characters were violent and seventy-five percent had violence done to them (p.17-19). A 1994 study in Scotland (Philo, Secker, Platt, Henderson, McLaughlin, & Burnside) analyzed fictional and nonfictional media over the course of a month. They found that mental illness was linked to violence in 68% of the items they collected. Diefenbach (1997) found that fictional TV characters with mental illnesses were more likely to be violent than other people on TV and more likely to be violent than real-life people with mental illness. He also concluded that mentally ill characters were portrayed as having a negative quality of life and a negative impact on society. A review by Wahl, Hanrahan, Karl, Lasher, and Swaye (2007) found that even on children’s television programs, characters with a mental illness were portrayed as being aggressive and threatening. The characters were also derided and rejected by other people on the programs. One of the most recent analyses

(Parrott & Parrott, 2015) determined that when it comes to crime-based fictional television programs in the U.S., characters that have a mental illness are more likely than the other characters in the shows to commit crimes and to be violent.

It is critical to note that in real life, the majority of people with a mental illness are not violent or dangerous. In 1985, Teplin examined police encounters with citizens and found that violent crime rates for people with mental disorders and those without were substantially similar, helping to “dispel the myth that the mentally ill constitute a dangerous group prone to violent crime” (p. 593). In the ensuing years, some evidence emerged of a connection between mental disorder and violence (Monahan, 1992; Wahl, 2003) but importantly, it is not clear that the mental disorder is the cause of the violence. Some studies have found that risk factors for violence tend to be the same for the mentally ill as they are for people without mental illness (Bonta, Law, & Hanson, 1998; Steadman et al, 1998). Annual epidemiological studies like the National Survey on Drug Use and Health have consistently found that more than forty million American adults will have some sort of mental illness in a given year. Crime rates make clear that not all of those people are violent. As summarized by Monahan (1992), “None of the data give any support to the sensationalized caricature of the mentally disordered served up by the media” (p. 519).

Many people have theorized that these negative media portrayals of mental illness lead to misunderstanding and stigma but only a few scholars have conducted studies to examine that relationship. In his 2003 book *Media Madness*, Otto Wahl described several of the studies he and colleagues had done that “more directly demonstrate the media’s influence on attitudes toward mental illness” (p. 92). In one study, college students were

shown fiction films about murder. One film's perpetrator was mentally ill, the other film's murderer was not. The students who were shown the first film were more likely to have harsher attitudes about mental illness. Another study using newspaper articles instead of films had similar results. Wahl wrote, "exposure to even a single shocking media image of violent mental illness seemed to increase the expectation that those labeled as mentally ill are particularly likely to do physical harm to others and to make the media consumer more fearful of those so labeled" (p. 93).

The 1994 Philo et al. study included an audience reception study along with its content analysis. The authors concluded, "the media can play a significant role not only in informing the public, but also in fueling beliefs which contribute to the stigmatization of mental illness" (p. 278). Another Philo study (1996) that was conducted using focus group interviews also found that the media is a "crucial variable, not merely for reinforcement, but as a powerful influence in the development of beliefs, attitudes and emotional responses" in the area of mental illness (p. 104).

Granello & Pauley (2000) conducted a study with a small group of college students who reported that television was their primary source of information about mental illness. They determined that the more television the students watched per week, the more likely they were to "indicate attitudes of authoritarianism toward people with mental illness" and "the less likely they were to report attitudes of benevolence or community health ideology" (p. 171). Another small study, this time of high school students in Belgium (Minnebo & Van Acker, 2004), had mixed results but the authors ultimately concluded that the impact of television on attitudes toward mental illness is small but real. Not all studies have had similar conclusions, however. Sancho-Aldrige

and Gunter (1994) reported that they found no evidence that watching a television program about psychiatrists and their patients led to “misconceptions about the real world of psychiatric medicine” (p. 163).

There has been less attention paid to the positive and sympathetic representations. Signorielli (1989) found that 17.1% of mentally ill characters were shown to be successful and 22.5% of mentally ill characters were depicted as “good.” Gerbner (1993) reported similar data on the number of mentally ill characters presented as being “good.” Philo et al. (1994) determined that when it came to people with mental health issues, “coverage depicting [their] ability to live relatively competent, independent lives was also very unusual.” Their findings also suggest “even ‘sympathetic’ coverage can present a limited version of mental health issues” (p. 279). Sancho-Aldridge and Gunter (1994) note that while some researcher have found positive effects when people view educational programs about mental illness, “studies to ascertain whether television programmes can be used to educate the public often produce equivocal results and the nature of any effects are dependent upon the type of programme” (p. 164). As stated above, Parrott and Parrott (2015) found that mentally ill characters were more likely to be violent. However, one of their other findings was that in their sample of crime dramas that aired between 2010 and 2013, “the appearance and social standing of characters with mental illness...were more ambiguous and perhaps paint a more hopeful picture” (p.652). Many of the studies on the topic of mental illness provide examples of negative portrayals but few include concrete examples of positive or sympathetic depictions. As such, I have chosen to highlight to the latter characterization.

Having identified the history of visual representations of mental illness and existing literature on media and mental illness, I turn now to the substance of this project: a history of how mental illness has been portrayed on narrative television programs in America.

Chapter 3: 1940s and 1950s

1940s

According to Leslie Rabkin (1998), a clinical psychologist who undertook a study of the portrayal of mental health professionals in film and on television from the early silent film era to 1990, the 1940s were a time when psychiatry became a more publicly known field than ever before. As a result of the trauma of World War II, psychiatry and its practitioners entered the day-to-day lives of millions of Americans. The National Mental Health Act was signed into law in 1946 and the National Institute of Mental Health was formally established in 1949.

In the 1940s, television also began to slowly but surely enter American homes and routines. The FCC authorized July 1, 1940, as the first day for commercial television, but the industry's development was soon halted by America's entry into the war. (Most of the information about television history is from Edgerton, 2007. Information not gathered from that source is cited separately). Television manufacturers switched gears to provide material for the war effort and several early industry executives served in the armed forces. When they returned to their civilian lives in 1945, they restarted their efforts to get commercial TV off the ground.

Television began as a local medium, with stations concentrated on the East Coast in cities like New York, Philadelphia, and Washington, DC. Between the end of the war and summer 1948, the FCC received more than 425 applications to start stations, and they approved 123. An FCC decision around this time also limited the number of channels that could exist in any one market, a structure that would stay in place until the advent of

cable television decades later. A television-buying boom began in 1947 and by 1950, nine percent of the country, nearly four million households, had televisions.

What were those viewers seeing? The variety show was one of the most popular genres of the late '40s. Sports were also a big hit with audiences. Other types of programming included cooking shows, travelogues, and news. The sitcom made its television debut in 1947. The first television dramas appeared between 1945 and 1947. The vast majority of those dramas were part of anthology programs. Like the theater that inspired many of the productions, they were performed live. The shows often tackled the struggles and concerns of the Americans who were tuned in. Unsurprisingly, then, most of the instances of mental illness on television in the 1940s appeared in anthology programs. Variety shows also contained occasional mentally ill characters or references to mental illness, but as discussed in the introduction, they are not included here.

In 1949, an episode of *Chevrolet Tele-Theatre* titled "The Door" told the story of a former soldier who had developed an incredible fear of opening doors. He is treated by a psychiatrist who discovers that the root of the problem "is in the patient's having opened a booby-trapped door during the war, leading to the death of a buddy" (Rabkin, 1998, p. 116). The doctor treats the patient by pretending he is in danger. When the patient breaks down a door to save the doctor, the patient's fear is cured. The same year another anthology program, *The Silver Theater*, aired an episode titled "Patient Unknown" in which a depressed woman in a psychiatric hospital was treated and cured by a psychiatrist (Rabkin, p. 116).

One anthology series in the 1940s focused specifically on psychological issues. For a few months in 1949, NBC's *Theater of the Mind*¹ aired brief dramatizations of real psychological case histories on topics like sibling rivalry and alcoholism. After each story, there was a discussion with a panel of experts. According to a *New York Times* article about the show, "the program is designed to bring viewers an understanding of the psychological and emotional causes for problems of human behavior" (July 7, p. 50). *Variety* praised the program, calling it "a laudable endeavor" that was "doing a great deal to edify the public" on matters of the mind. "It's an ambitious undertaking for a half-hour show inasmuch as there's enough meaty material to warrant longer study. The program can only serve to skim over the matter at hand, but even if there's only a surface discussion, listeners, at least, may be able to recognize the condition if it crops up" (July 20, 1949, p. 32).

Another anthology series that began in 1949, NBC's *Lights Out*, often featured psychological themes. On multiple occasions *The New York Times* called it a "psychological mystery series," but episodes frequently veered into supernatural and science fiction stories. *The Washington Post* described the program as a series of "ghost and horror dramas." One episode combined genres, telling the story of a man in a mental institution who believes that he encountered a "race of supermen" on an island while he was a naval officer. The episode ends with the revelation that his psychiatrist is one of the supermen (Rabkin, p. 103). The central character in a 1950 episode of *Lights Out* was "a man who has been in an asylum for 160 years" (Hellman, p. 6).

Based on the brief descriptions from newspapers and books, it's hard to say whether these portrayals were negative or positive overall. I was unable to find video or

¹ In some publications the show's title was spelled *Theatre of the Mind*.

images, so it is possible that the mentally ill characters had the stereotypical disheveled and/or disfigured appearance. However, it is notable that none of the characters with a mental illness were violent nor were they villains.

1950s

Rabkin describes the 1950s as a time of “therapeutic optimism” (p. 125) when there was a growing belief that personal and social problems could be overcome via mental health treatment (p.179). The first antipsychotic medications and antidepressants were introduced in the mid-1950s, a development that was trumpeted by drug companies and greeted with excitement and enthusiasm by the press (Powers, p. 221). The following year, the Mental Health Study Act of 1955 called for “an objective, thorough, nationwide analysis and reevaluation of the human and economic problems of mental health” (NIH.gov).

By 1950, 3.8 million households had televisions and one hundred thousand new sets were being sold each week. Two years later, *The Chicago Daily Tribune* reported that there were more than 100 television shows on the air. By middle of the decade, the number of households with television sets had jumped to 30.7 million (Bianculli, 1992) and networks were beginning to air programs in color (though most of the TVs airing the shows could only display black-and-white). By the end of the decade, television had nearly completed its development into a national medium. It was television’s (First) Golden Age.

At the beginning of the 1950s, variety shows were still king. In 1951, they made up almost thirty percent of all the shows on primetime with leading men like Milton

Berle, Ed Sullivan, and Red Skelton drawing big audiences. However, by the middle of the decade their popularity began to wane. Variety shows were also more expensive to produce than dramas. The number of sitcoms on the air grew dramatically. Through the first half of the decade, nearly ninety percent of the shows aired live, but the success of *I Love Lucy*, which was filmed, prompted a big shift in the way shows were produced.

Around this time, broadcasters and networks set up the codes of practice for television that were described in Chapter 2. Along with sections on sex and violence, the national code also included guidance on mental illness. The codes generally recommended avoiding content that might offend people with mental illnesses or their family members. The network codes were a bit more specific, including statements like “insanity and feeble-mindedness are not acceptable subject for comedy routine” and “the presentation in plot development of physical or mental maladjustment is permitted only when it is within the bounds of good taste” (Gerbner & Tannenbaum, p. 373). In their study, Gerbner and Tannenbaum summed up the role of network censors: “Since the enforcement provisions of the national code are relatively toothless, and since the [National Association of Broadcasters] exercises no pre-broadcast censorship, the censors who really count are those in the networks” (p. 374).

One of those network censors was a man named Stockton Helffrich who worked at NBC. According to a book by Robert Pondillo (2010), Helffrich “went great lengths to avoid any negative depiction of mental illness on TV,” suggesting changes to words, locations, and entire storylines (p. 115). He disallowed an episode of the show *My Little Margie* that was supposed to be set in a mental hospital. He instructed writers to cut phrases like “he’s crazy” and “put her in the nut house,” telling them to substitute words

like “zany” or “foolish.” When writers and executives pushed back, he would cite statistics and remind them just how many of their viewers either struggled with mental illness themselves or had friends and family who did. He urged NBC to partner with the newly formed National Institute of Mental Health to present public service announcements during Mental Health Week. Helffrich’s efforts did not go unnoticed by mental health advocates and he received awards from groups like the American Mental Health Association. I bring up the television codes and censors like Helffrich because it sheds some light on how much more negative mental illness content could have made it onto TV in the 1950s. As outlined below, plenty of negative examples still made it to air but clearly it could have been worse.

Anthology shows were still popular in the 1950s and they continued to include one-time characters dealing with mental illness. Several examples follow. A 1951 episode of *Stars Over Hollywood* followed a psychiatrist who believes he has found a cure for neurotics (“neuroses” being an amorphous mental health diagnosis at the time). In 1952, in an episode of *The Unexpected*, a psychiatrist gets jealous after his psychiatrist girlfriend spends time with an asylum patient. The man ends up killing the patient and later confesses to the crime. Another episode of *The Unexpected* begins with a rich man who has lost his money going up to a roof to commit suicide. However, on the way he meets a beautiful woman who tells him he looks just like her husband. They spend some time together on the roof and eventually suicidal plans are replaced by homicidal ones - the pair decides to murder the woman’s husband so they can be together.

A 1953 episode of the dramatic anthology series *Four Star Playhouse* told the story of a psychiatrist seeing a number of female patients. Over the course of the episode,

the psychiatrist ends up picturing himself in the scenarios his patients are describing. In his review, *The New York Times*' TV critic bemoaned the depiction of psychiatry saying "each beautiful doll merely explains briefly some of her problems, and in a few minutes leaves the doctor's office just fine" (May 25, p. 32). The same year, the mystery anthology series *Eye Witness* aired an episode set in a mental hospital in South America where a Nazi psychiatrist is experimenting with cures for schizophrenia. One experiment backfires and the doctor ends up with schizophrenia himself.

In 1954, the anthology series *The U.S. Steel Hour* aired an episode in which an amnesiac killer is stalking his estranged wife. She convinces her psychologist to see the man and the shrink is able to cure him and reunite the couple (Rabkin, p. 140). A 1956 episode of *Playwrights 56* also featured a character with amnesia. The man, trying to recall his identity, recalls experiences from his life, including a stay in a mental hospital and meetings with a psychiatrist. The same year *Armstrong Circle Theater* collaborated with the National Association for Mental Health and drug company Smith, Kline & French to present an episode called "Man in Shadow." The man of the title was a married businessman who broke down under pressure. This apparently triggers paranoid schizophrenia. New drugs "arouse him and open him for treatment." Unsurprisingly, Smith, Kline & French was the company that licensed and distributed the new antipsychotic medication, Thorazine. Despite the fact that it was essentially a long commercial, *Variety* praised the program, especially the way the script "covered the effect on the patient's wife and mother, in both cases successfully bringing out the point that mental illness is curable just as any other illness is, that it's not a disgrace and that

the patient needs as much love and care as if he had a physiological disease” (July 16, 1956, p. 27).

The program *Navy Log*, which ran from 1955-1958, was an anthology series about Navy life, produced in cooperation with the Department of Defense. In one 1957 episode, a Navy psychiatrist treats a depressed sailor. *Variety* noted that it was one of four anthology shows in two days that “were devoted to mental health and psychiatry.” Other anthology programs included a “yarn about a vet with a history of mental illness” and a comedy about psychiatry called “The Jet-Propelled Couch” (Nov. 1957, p.27).

Clearly, anthology programs of the 1950s varied widely in their portrayals of mental illness. Some made overt connections between mental illness and violence. Some were flippant or gave the impression that cures were quick and easy. However, others portrayals were sympathetic and/or accurate, with many reflecting concerns of the times. It’s no surprise that, ethically dubious drug company connection aside, the program produced in cooperation with a mental health association presented one of the most positive depictions of mental illness.

As mentioned earlier, the 1950s also saw a boom serial programs, including sitcoms and mystery, crime, and medical dramas. The issue of mental illness arose on one of TV’s first medical shows, *City Hospital*, which ran from 1951 to 1953 and aired on both ABC and CBS. In 1952 it ran an episode that featured a young girl who was convinced she was having heart attacks. However, a psychiatrist sits down with her and discovers that “her basic trouble was frustration occasioned by a selfish father who first separated her from her mother and later from the boy she loved.” The television critic for *The New York Times* wrote in his review of the episode that the scriptwriters had taken up

“a matter which in careless hands concededly could prove ill-advised or even dangerous: psychosomatic medicine” but concluded that the authors “not only built a drama of substance and maturity but also offered a useful illustration of what psychiatric help can do” (Gould, April 9).

In 1952, the Dumont network aired a detective show called *The Cases of Eddie Drake* about a PI in New York. A first batch of episodes had been filmed in 1949 and when additional episodes were filmed in 1952, a new character was added – a psychologist/psychiatrist (the role is reported differently depending on the source) who is doing research for a book on criminal psychology. When the episodes finally aired, they were framed as though the detective was telling the mental health professional about his cases. I wasn’t able to find any descriptions of specific episodes or criminals but it seems likely that a connection between criminality and mental illness was made.

An early sitcom, *Professional Father*, was about a successful child psychologist who struggles to deal with his own children at home. In his blistering review of the program, *New York Times* television critic Jack Gould wrote, “Only when a program subjects psychology to cheap and prosaic burlesque does it harm both itself and perhaps the cause of psychology as well. Such a program is ‘Professional Father’” (1955, p. 32). The Executive Secretary of the American Psychological Association agreed, writing in a letter to the editor, “We had learned something of the program in advance, and feared it would be as silly as it proved to be” (Sanford, 1955, p. X11).

Psychiatric issues were common enough TV character traits that in a 1956 screed about how more women on TV should just be pretty instead of interesting, Gould wrote, “Must every girl just have an ‘interesting face’ or be a bloomin’ peasant with psychiatric

problems and talent?" (Feb. 12, p. X11). Later the same year in a review of an episode of the anthology series *The Kaiser Aluminum Hour*, the critic wrote that the show "made its debut last night with a vehicle only too characteristic of contemporary drama. The opening play was a psychiatric study." He went on to say that in future episodes the program "could advantageously avoid too much of the usual TV psychodrama. There is so much of it now that the viewer doesn't know whether to tune in Couch 2 or Couch 4" (July 4, p. 37). The episode was a modern version of *Antigone* in which a draftee, played by Paul Newman, fakes a mental illness in order to get out of the military.

Chapter 4: 1960s

According to Rabkin, the 1960s saw a general disillusionment with mental health care (p. 179). Powers (2017) argues that the disillusionment was the result of two developments. First, the introduction of antipsychotic medicines like Thorazine gave people the idea that mental illnesses could be cured quickly and permanently. Second, the field faced a large and lasting challenge in the form of the anti-psychiatry movement and claims that mental illness was a myth.

The decade also saw the beginning of a massive shift in the treatment and care of the mentally ill in America. In 1963, President Kennedy signed a bill into law that began the process known as “deinstitutionalization” – the transfer of mental patients from large federal psychiatric facilities to smaller community health centers. When Medicaid was created in 1965, it included a provision meant to support the shift to community care centers. It “prohibited federal reimbursement to the states for psychiatric patients in state hospitals and any public facility that treated mental illness” (Powers, p. 191). Unfortunately, this provision meant that many people with mental illnesses ended up not in community health centers, but in private nursing homes or on the street.

In the late 60s, a similar statewide effort was underway in California, where Ronald Reagan had recently been elected governor. In 1967, Governor Reagan signed a piece of legislation that was intended to speed up deinstitutionalization in the state and protect the civil liberties of the mentally ill. It included the provision of “individualized treatment, supervision, and placement services by a conservatorship program for gravely disabled persons.” Instead, however, “over the next two years, tens of thousands of

patients from the big asylums streamed out across the state, overwhelming the unprepared county and private treatment agencies and flooding the streets and the criminal justice system” (Powers, p. 195). The huge undertaking of deinstitutionalization would be drawn out and altered over the course of the subsequent decades but the flood of mentally ill people into the streets and prisons began in the late 1960s.

By the end of 1960, there were nearly ninety million television sets in the United States. Sitcoms and action series were wildly popular, with the top shows drawing more than fifty million viewers a week. Sales of color televisions boomed. Network profits grew. It was the decade that television became a truly national medium, with ABC, NBC, and CBS dominating the airwaves from coast to coast. It was also the decade that would see television labeled “a vast wasteland” by FCC Chairman Newton Minow.

In 1961, ABC launched *Ben Casey*, a medical drama about a neurosurgeon. Over the course of five seasons, Dr. Casey treated just about every type of malady (McNeil, 1996), but his specialty meant that many episodes did focus on problems of the mind and brain. The American Medical Association advised the producers on scripts for the show. Another medical drama, *Dr. Kildare*, premiered the same year.² The show was broadly focused on medicine but psychiatric issues arose in several episodes. In January 1962, NBC aired an episode of *Dr. Kildare* that brought in a psychiatrist to join the regular roster of physicians and nurses. A network executive said that the episode would give them a chance to explore the possibility of creating a whole series around the psychiatrist character. The executive noted that such a show “would not dwell on couch-talk

² The character of Dr. Kildare actually got his start in film. In a 1940 Dr. Kildare film called *Kr. Kildare's Strange Case*, the doctor treated a mental patient with insulin shock treatment (Rabkin, p. 94).

sessions” but “the concept would make the psychiatrist’s office the springboard for a variety of dramas” (*New York Times*, p. 45).

For a May 1962 *New York Times* piece about medical dramas, freelance writer John Keats decided he wanted to try to understand the genre’s popularity – “Who watches them week after week, and why? What will be the effect of saturating the frequencies with additional scalpels, sutures and specimen jars?” In an effort to answer those questions, he sat down to watch some of the shows with a real-life psychiatrist. After watching an episode of *Dr. Kildare* that followed the doctor’s efforts “to prevent the brilliant chief of his hospital’s alcoholic ward from slipping back into alcoholism himself,” the psychiatrist noted approvingly, “We learned some important facts about alcoholism. The characterizations of the alcoholic were excellent and medically correct.” Keats concludes, “One viewer might enjoy it as drama. Another, who might be related to an alcoholic or knew of someone who was an alcoholic, would be fascinated by the show’s realism and by its essential sympathy for the victims of alcohol. Others might appreciate the factual information about the disease and the ways in which the medical profession tries to deal with it.”

The article’s discussion of *Dr. Casey* is very different. Describing the opening sequence Keats writes, “There follows a discordant, jarring music – the sound of violence.” He continues, “Everything in *Dr. Casey* is violent.” The episode they watched tells the story of a rich financier with mental problems who kills his best friend and is sent to prison where he attacks a police officer. Dr. Casey suspects a rare form of epilepsy is the cause and he fights to ensure the man is treated fairly. The psychiatrist watching the episode said one of his patients thought that Dr. Casey was “sexy” because

he was “violent.” Then the psychiatrist gave Keats a letter written by a physician who was appalled at the American Medical Association’s involvement with the program. The doctor wrote, “I realize there is little we can do about it, for the irresponsible people who create and program this trash are beyond our pale... I urgently recommend that those of the A.M.A. who are involved better take a second look.” A representative for the AMA conceded that some medical inaccuracies slipped through but that, by and large, the effort was successful. Asked about who would watch this show, the psychiatrist watching the program speculated, “Casey might attract many people who had something wrong with them; people who demand radical solutions and want their hero to be a violent man.” The AMA representative concurred, saying that some of the fan letters were from “people who are almost emotionally unbalanced.”

In the fall of 1962, NBC launched its psychiatrist-centered show, *The Eleventh Hour*, with an opening episode focused on a case in which a “sexy murderer” pretended to be insane (Gould, October 5). Later episodes focused on topics like group therapy, hallucinations, divorce, marriage, and teen pregnancy. Murder and crime were often a part of the program. One description of the show made clear that such topics would play a key role in the drama – “‘Eleventh Hour’ will star Wendell Corey as a psychiatrist whose activities include work among criminals.” (Shanley, 1962). Rabkin (1998) described the program as “a prize series from the waning years of psychiatry’s Golden Age in the movies and on TV” (p. 203).

The American Psychological Association (APA) criticized the show saying that “more often than not” it presented a “false picture” of the treatment of mental illness. The organization had appointed a psychologist to be a consultant to the show but when the

producers did not make use of the resource, the APA withdrew his participation. The APA went public with their criticism because they wanted viewers to know that the program had not been reviewed by any mental health professionals. NBC pushed back, saying that they had produced the show with advice the American Medical Association's Physicians Advisory Council and alleging that the APA just wanted to advance the "status of psychology" (Harrison, 1962).

In October of 1962, *New York Times* critic Jack Gould took aim at the new shows about the "insane." He specifically called out *The Eleventh Hour*, describing it as a show about a "court alienist³ whose services are required by people when, to borrow the National Broadcasting Company's own phrase, they near the breaking point." He criticized the show as one that "proposes to make a career of capitalizing on the mentally ill." Gould also pointed to two episodes of the crime procedural *The Defenders*. He criticized one episode, titled "Madman," for being dark and wretched. "The sordid insistence on examining the madman time and again was not necessary to the ostensible theme of the drama. The incoherency of the man's talk, the anguished facial gyrations, the drooling implications of sexual impotence were basically only unpleasant" (p. 135).

Gould believed that "the appearance of dramas on insanity is probably an inevitable result of the popularity of the shows dealing with medical matters." He saw in their success some hypocrisy among censors and writers of broadcast standards. Programs were not allowed to show "manifestations of a healthy and normal outlook on sex" but were free to air "suggestions of sexual maladjustment." More generally, Gould

³ According to *Merriam Webster* online, "alienist" means "psychiatrist" – "In the case of *alienist*, the etymological trail leads from Latin to French, where the adjective *aliene* ('insane') gave rise to the noun *alieniste*, referring to a doctor who treats the insane. *Alienist* first appeared in print in English in 1864... *Alienist* is much rarer than *psychiatrist* these days, but at one time it was the preferred term."

worried that these dramas undermined the “enormous progress that has been made in recent years in promoting a better understanding of mental health as a whole and, in particular, the uses of psychiatry.” In a line that could have been written by Wahl or Diefenbach, Gould complained that “for reasons of pictorial emphasis, TV tends to accent the physical behavior of a patient, not what underlies its cause.” He closed by worrying that viewers might be influenced and impacted by these inaccurate portrayals, a conclusion that was borne out years later by researchers. “No one can foretell the possible influence on viewers who may be under some form of psychiatric care, and frequent recourse to the subject of insanity only invites distortion of the many forms of mental health that lie far short of that extreme.”

Gould was not the only concerned critic. In *The Washington Post* Lawrence Laurent bemoaned “television’s extraordinary preoccupation with mental illness” and argued that its popularity was related to “Madison Avenue’s belief that a personal psychiatrist is a status symbol” (April 1963, p. B6). Not only did he call out *The Eleventh Hour* and *Ben Casey*, but he also cited examples in anthology shows and westerns. He noted that mental health professionals were frustrated by the “instant mental health care” they saw on TV. In fact, it prompted the scheduling of medical conference focused on TV psychiatry. A newsletter about the April 1963 conference in West Point, NY, cited “the frightening TV equation of mental illness with bizarre violence” as one of the event’s primary concerns.

Despite the unease of critics and mental health professionals, another psychiatry-focused medical show premiered in 1963. *Breaking Point* on ABC was focused on two psychiatrists working at an outpatient clinic of a major hospital. Like *The Eleventh Hour*,

it was a spin-off from a popular medical drama. In the season finale of *Ben Casey*, the eponymous doctor had a patient who needed psychiatric treatment and he referred the patient to one of the characters on *Breaking Point*. In a bit of clever programming, the new drama aired in *Ben Casey*'s timeslot while that show was on hiatus. The same year, ABC also aired a British television show titled *The Human Jungle* that followed a psychiatrist who worked in private practice and at a public mental hospital.

In a rave review of *Breaking Point*'s premiere, *Los Angeles Times* critic Cecil Smith wrote, "Monday night, television got what it seems to be most in need of this season – a good psychiatrist... The interest in psychiatry is enormous these days (ours is the age of anxiety)." The patients in the episode included a woman who hated her body so much that she was getting unnecessary surgeries and a musician "filled with violent hatreds and guilts and at the mental breaking point." Interestingly, the latter story line ends with "no solutions, no healing balm" but with hope (Smith, Sept. 1963, p. D14). Later episodes focused on characters like a family man accused of rape, a minister who lost his faith, a girl with an "unnatural devotion" to an actress, and a gay construction worker.

The people involved in the program felt that they were doing something special and unusual. Before *Breaking Point* aired, one of the show's stars, actor Paul Richard, said, "We're trying to deal with problems that touch the lives of all of us – we're not interested in the shock value of bizarre psychiatric situations. We deal with people who reach the breaking point, who crack under the pressure most of us endure without breaking" (Smith, Aug. 1963, p. C3). In a column about the show, its producer expressed the same sentiment – "It must not be inferred from these topics that we intend to

dramatize bizarre psychiatric symptoms merely for shock value. It is the purpose of ‘Breaking Point’ to comment on those areas of life which need to be taken out of darkness and to examine those pressures and stresses which most of us endure WITHOUT breaking We expect to cover the broad spectrum of human existence from humor to tragedy” (Lefferts, 1963, p. D12). One episode specifically addressed concerns expressed by critics of portrayals of mental illness on TV – a character “discovers that ex-mental patients are a discriminated against minority in spite of the fact that one in nine Americans require psychiatric treatment at some point in his life” (Lefferts). Anecdotally, these kinds of shows could have a positive impact on viewers. The British star of *The Human Jungle* told a reporter that after he did the show, he “received 2,000 letters a week. The great majority of people wrote that they had lost their fear of psychiatry and were going to see a doctor” (*The Sun*, 1967, p. D10).

Others involved in the programs felt differently. In the early 1970s, Norman Felton, the producer who created *Dr. Kildare* and *The Eleventh Hour*, said, “Television does not reflect the truth... Although the [A.M.A.] gave us technical help, it goes without saying that we did not present an accurate picture of the practice of medicine, or the difficulties many people had in obtaining adequate medical care” (Rintels, 1972, p. D1).

In a preview of the upcoming season, the television critic for *The New York Times* wrote of *Breaking Point*, “since in TV, the subject of psychiatry is more durable than love, [it’s] probably a shoo-in.” He was wrong. *Breaking Point* only lasted one season. *The Eleventh Hour* ended after two seasons, with its last episode airing in 1964, the same year that *The Human Jungle* concluded its run. *Dr. Kildare* and *Ben Casey* both ended in 1966 after five years on the air. The *Los Angeles Times* television critic speculated that

the cancelations of *Breaking Point* and *Eleventh Hour* were part of television's cyclical nature – “The pendulum that swung toward strong problem shows in the way of the success of ‘The Defenders’ and ‘Ben Casey,’ is swinging away again toward comedy and hokey melodrama” (Smith, 1964, p. D24). That didn't mean mental health was totally gone from American TV.

In the 1966 *Star Trek* episode “Dagger of the Mind,” Captain Kirk and the ship's psychiatrist, Dr. Helen Noel, visit a planet to investigate a psychologist who is treating penal colony inmates with unethical and dangerous methods. In 1968 and again in 1970, CBS aired a show called *Crisis*. The program followed a psychiatrist at a 24-hour crisis clinic trying to stop a mentally disturbed man from killing his ex-wife. Written accounts differ about the ultimate goal for the show. Newspapers at the time described it as a play or a special. Rabkin (1998) and online sources indicate that the episode was actually a pilot for a full series that was ultimately never produced.

Anthology programs were still a big part of the television landscape in the 1960s and as with the previous decade, many episodes featured mentally ill characters. In a 1960 episode of anthology program *Sunday Showcase*, Christopher Plummer played a man who posed as a psychiatrist in order to woo a woman (Rabkin, p. 181). The review from the *Los Angeles Times* described it as “a pleasant little spoof that took delicate digs at the voodoo worship of psychiatry” (Smith, p. A12), a description that indicates the decade's growing disenchantment with the fields of psychology and psychiatry.

The same year, *Playhouse 90* aired a drama about a psychiatrist leading a group therapy session for a group of mental hospital inpatients. The patients included an “involved obsessive” (Rabkin, p. 218), a manic-depressive, a catatonic, a bigamist, “an

intelligent schizophrenic,” and a teenager “unable to accept reality” (Bakal, p. 9). The producer of the program had been a longtime contributor to the National Association for Mental Health (NAMH) and was apparently looking for a way to dramatize the issue on TV. He and the playwright worked with the author of a book on the subject and consulted with authorities at Columbus State Hospital. The playwright also sent a draft of the script to the American Psychiatric Association and NAMH for review (Kirkley, p.14). The program’s premiere was timed to coincide with a fundraising drive from NAMH (*Los Angeles Times*, p. J18). The show was widely praised for its empathy and accuracy. *New York Times* writer Richard Shepard lauded the program, saying that the writer “recounted [the patients’] progress with warmth and sympathy” and “in doing so he performed a public service by showing how much can and must be done in this field” (p. 36). Another review of the program notes, “Because this is a honest drama, there are no complete recoveries, some very partial ones, some hardly at all” (Crosby, p. 23).

Also in 1960, the year-old anthology program *The Twilight Zone* aired an episode about an Air Force captain in a mental hospital who is struggling to deal with survivor’s guilt years after World War II. As Sepinwall & Zoller Seitz (2016, p. 93) note, “*Twilight Zone* characters heard voices and saw things and wondered if they were crazy and ultimately found out that they weren’t, too late to defend their sanity.” They point to a 1963 episode starring William Shatner as an example. In the episode, Shatner plays a man who has been cleared for his first airplane flight since an earlier in-flight nervous breakdown that landed him in a sanitarium for six months. Mid-flight, he sees a gremlin damaging the airplane he and his wife are currently aboard. His wife believes his phobia

is back and causing him to see things. When he lands, he is carried away in a straightjacket and the camera pans to damage done to the plane.

In 1963, another science fiction anthology series, *The Outer Limits*, aired its eighth episode, titled “The Human Factor.” It told the story of a soldier at a military post in Greenland who is struggling and hallucinating after the death of one of his soldiers and a psychiatrist at the post who had developed a machine that allows two people to swap minds. The psychiatrist aims to treat the soldier using his machine but when an earthquake strikes during the treatment, they swap minds permanently. The soldier is locked up and presumed to be even crazier when he insists that he is, in fact, the psychiatrist. The psychiatrist, who now has the mind of the madman, attempts to blow up the base.

In 1961, another anthology show aired an episode focused on group therapy in a mental hospital. *Alcoa Premier*’s “People Need People” was about a Navy psychiatrist treating a group Korean War veterans suffering from PTSD (thought it was not called that at the time). Some were violent and some were catatonic. The story was based on the work of real-life psychiatrist Harry Wilmer who was a pioneer of group therapy for Vietnam veterans. As the program opened, the psychiatrist shocks the mental hospital staff when he orders them to remove the restraints from the violent patients. Shortly after being freed, one patient kicks at the staff and yells, “I’ll tear your hearts out. I’ll tear this ward apart. Put me in the quiet room, lock me up!” The doctor responds – “we don’t use the quiet room.” As the patients and doctor leave the room, one staff member says to another, “he’s turning the staff over to the psychos.”

After the credits, the doctor speaks to hospital staff about the approach they will take with their new patients. He says, “We know that the mentally ill are a people in isolation. Each of them is alone in a world of his own where he hides and guards the secrets of his illness. In this experiment we will not accept this terrible solitude. We’re going to have them live as if they were well. Now, for ten days, we’re going to expose them deliberately to the basic conditions of normal living. Living in a group with others, sharing in community. Nothing they do or say will be considered too strange, too frightening, or outlandish. This community will accept them as they are. They’ll not be restricted, secluded, or made to pay a penalty for something they cannot help being – themselves.”

The preceding descriptions show that mental illness was a fairly common topic on narrative television in the 1960s, especially early in the decade. In fact it was the focus of several programs and was common enough that critics complained that there was too much of it. The portrayals were varied. Some were incredibly sympathetic and thoughtful while others were clear examples of the negative presentations documented by scholars of the era.

Chapter 5: 1970s

Rabkin (1998) writes that viewers of the 1970s were ambivalent about psychiatry. That may have been true, but the issue was clearly on the minds of politicians at the state and national level. The process of deinstitutionalization continued in the early 1970s, with the release of thousands more patients from California asylums and into the community. A group of frustrated California parents of children with mental illness began to organize in response to the changes that were impacting their loved ones. That group would eventually join with others around the country to become the National Alliance on Mental Illness (NAMI) in 1979. Over the following decades, NAMI would mobilize to influence policy, educate the public, and weigh in on the representations of mental illness they saw in the media.

In the early 1970s at the Democratic National Convention, mental illness clashed with politics. As the convention got underway, candidate George McGovern still needed a running mate. After Senator Ted Kennedy and several other establishment officials turned him down, he and his campaign turned to an up-and-coming state senator whose political stock was rising – Thomas Eagleton. Eagleton accepted and the pair became their party's nominees for president and vice president. Within days, however, the campaign began to hear rumors about their new VP pick. Eagleton, sources said, had been hospitalized for depression three times. During those hospital stays, he'd received electroshock treatment. Eagleton addressed the issue with reporters and McGovern initially defended him. However, questions about Eagleton's ability to handle the pressures of the office dogged the campaign. Their poll numbers began to sink. After

speaking with Eagleton's psychiatrist, McGovern decided he was too much of a risk. Eagleton withdrew his candidacy eighteen days after he was first selected. The message of the incident was clear: a person with a mental illness couldn't be trusted in a high-stakes job.

In 1977, the issue of mental illness was again taken up in the White House. That year, President Carter created the first President's Commission on Mental Health, the group whose report is cited in the introduction to this project. His wife, First Lady Rosalynn Carter, had been an advocate for the mentally ill since the couple's time in the Georgia Governor's mansion and served as an honorary chair of the commission. In a 1977 *New York Times* op-ed, Mrs. Carter wrote, "In sum, mental illness is still not acceptable in our society. It is not acceptable because we keep turning our back to the facts. We buy the myths...As long as our most vulnerable citizens suffer from a stereotyped image, they will suffer also from discriminatory zoning laws, rejection in the work market, and inappropriate facilities that do not meet their needs" (p. A31). While she did not specifically call out media, it's clear from the commission's 1978 report that its members believed television and other media played a role in creating the myths and the stereotyped images that continued to hurt people with mental illnesses. The year after the report was published, President Carter sent the Mental Health Systems Act to Congress, legislation that was intended to "streamline and coordinate the federal-state effort in combating mental illness" (Powers, p. 197).

The 1970s also saw big shifts in the television industry. The medium was now a firmly established part of American life, with more than 96% of homes having a TV by 1976. Those TVs were typically on for more than six hours a day. By that point, the

dominance of the big three networks had begun to wane. First their grip on the industry was weakened by anti-trust litigation and FCC regulations. Then they were hit by the development and growth of cable television, which cut into their viewer numbers and their profits. HBO debuted in 1972, followed by Showtime a few years later. By the end of the decade they would be joined by channels like USA Network, ESPN Nickelodeon, and C-SPAN.

In terms of content, network shows began to include multi-episode and multi-season story arcs, an innovation first developed by Mary Tyler Moore's production company, MTM Enterprises (Edgerton, 2007, p. 277). Miniseries also became a regular feature of American television, including the premiere of *Masterpiece Theater* on PBS and the airing of *Roots* on ABC.

In a 1972 statement to the Senate Subcommittee on Constitutional Rights about television censorship, television writer David Rintels said, "Life and truth do not interest the public and cannot be written about except in rare instances when we are allowed to explore controversial themes, and the only under the most rigidly controlled conditions and only under the expressed condition that we still 'play it safe.'" He bemoaned censors like Helffrich – "they hunt through our scripts looking for words and ideas and dreams to delete." He said of the networks, "They allow laughter but not tears, fantasy but not reality, escapism but not truth" (statement published in *The New York Times*, March 12, 1972).

In September 1970, ABC launched the drama *Matt Lincoln*, an hour-long show about a psychiatrist who works at a free clinic and runs a hotline for teenagers in trouble. The eponymous doctor was played by Vince Edwards, who had previously held the role

of Dr. Ben Casey. The program opened with the theme song “Hey, Does Somebody Care?” and the title of each installment was the name of the episode’s central patient. In the premiere episode, “Sheila,” Patty Duke played a suicidal woman who regretted giving her baby up for adoption. By the end of the hour, Dr. Lincoln had “found a spouse for the distraught girl and a father for her offspring and convinced the couple who had adopted the child that there were many more infants in need of a home” (Gould, 1970, p.55). In a later episode, Martin Sheen played a “murderous madman” (Rabkin, p.338). The show, which was aired at the same time as the very popular *Flip Wilson*, was canceled halfway through the 1970-1971 season.

In 1971, NBC began to air a quartet of programs under the umbrella title *Four in One*. One of the four series was a medical drama called *The Psychiatrist*. The show followed a psychiatrist who treated patients with individual and group therapy and the psychiatrist’s older mentor/colleague who helped him evaluate his methods (Brooks & Marsh, p. 967). Three of the four programs, including *The Psychiatrist*, only lasted for one year. The fourth, a supernatural anthology series called *Night Gallery*, ran for two more seasons. One 1971 episode of that program, titled “The Diary,” starred Virginia Mayo as a former celebrity and Patty Duke as a reporter. When Duke’s character insults Mayo’s, the star gets revenge by giving the reporter her diary, which is full of strange entries that all come true. The reporter enters a sanitarium to try to get away from the diary but ultimately ends up going mad (Rabkin, p. 295).

In 1973, the popular medical drama *Marcus Welby, M.D.* aired an episode in which “a married man who, faced with divorce and alcoholic and diabetic problems, is concerned that he has homosexual tendencies and goes to Dr. Welby for advice.” The

man is declared “sick” and urged to seek out psychiatric care. Gay activists, who were campaigning at the time to get homosexuality removed from the Diagnostic and Statistical Manual of Mental Disorders, protested the episode (Krebs, 1973, p. 63).

1972 saw the premiere of the highly acclaimed and long-running war sitcom *M*A*S*H*. Adapted from a film by the same name, the program, a thinly-veiled commentary on the Vietnam War, followed members of the 4077th Mobile Army Surgical Hospital serving in the Korean War. Given the topic, it’s no surprise that mental health issues frequently appeared over the course of the show’s eleven seasons. In fact, Otto Wahl, in his book on mental illness and media, cited *M*A*S*H* as a show that contained “ample opportunities for communities to learn about mental illness” (2003, p.7).

The character Cpl. Maxwell Klinger was known for his many efforts to be declared mentally unfit to serve, a determination that would get him honorably discharged from the military. His most frequent tactic was dressing in women’s clothing. Many of the show’s characters drank in excess to cope with their experiences. An army psychiatrist, Dr. Sidney Freedman, made visits to the unit to assess how its members were coping. Some of the patients treated in the medical unit struggled with survivor’s guilt. As the critics Alan Sepinwall and Matt Zoller Seitz (2016) note, “Psychology, and the value of psychotherapy, became increasingly important as the show wore on” (p. 82).

Mental health was a central focus of the show’s 1983 finale, which broke records for the most-watched television broadcast in American history. The episode opens with Alan Alda’s character Hawkeye in a psychiatric clinic after having a nervous breakdown. Other patients at the clinic are described as men who believe they are President Truman and General MacArthur. In his early sessions with Dr. Freedman, he insists that he

doesn't belong in a place he refers to as a "whackateria." It's clear, though, from his rambling and angry outbursts that something is bothering him. Eventually, Dr. Freedman forces him to come to terms with a traumatic incident he witnessed – while hiding from Chinese soldiers on a bus with civilians and members of his unit, he yelled at a local woman to keep her crying baby quiet because it might reveal their location. The baby suddenly goes silent and he realizes that the woman smothered her own baby to keep the group safe. After Hawkeye tells Dr. Freedman what happened and breaks down crying, the psychiatrist says, "You had to get it into the open. Now we're halfway there." Eventually Hawkeye goes back to his unit and confronts situations he wasn't able to handle before his time with Dr. Freedman. At the end of the episode, the truce has been signed and Hawkeye says to Klinger, "You don't have to act crazy now. We're all getting out!"

Along with many thoughtful storylines and characterizations, the show also included frequent, derogatory references to mental illness. The first season alone included mentions of "the funny farm," the "nut farm," being taken away "in a rubber truck," people "cracking up," somebody "turning into a fruitcake," and somebody going "bananas." Though we never hear the lyrics to the opening theme song, it's notable that the title of the tune is "Suicide is Painless," a message that most mental health professionals would decry. As Wahl (2003) notes, *M*A*S*H* demonstrated how a single show could contain both positive and negative references to mental illness (p. 6-7).

In the *Bob Newhart Show*, a situation comedy that ran from 1972 to 1978, Newhart played psychologist Bob Hartley. According to series co-creator Lorenzo Music, the character was a psychologist instead of a psychiatrist because members of the latter

group are “into more serious stuff.” In the beginning, CBS didn’t even want the character referred to as a psychologist, preferring the title “personal counselor” instead (Clifford, 1973, p. H28). Hartley’s patients “had problems ranging from ordinary, everyday neuroses to homosexuality to extreme paranoia. They were all trying to find themselves.” One character, Elliot Carlin, was described as “without a doubt one of the most neurotic individuals ever seen on television.” (Brooks & Walsh, p. 138). Several episodes included group therapy sessions among his various patients. The patients were not violent. In one episode, season six’s “Shallow Throat,” a patient did confess to committing a crime - embezzling. The patients were often the source of jokes on the show but Hartley was generally kind and understanding during their sessions.

In a 1973 interview around the start of the second season, Newhart said, “I heard one story about how a mother took her 7-year-old son to a psychologist and he told her he wasn’t afraid because he had seen my character on television. It’s a nice feeling. For years there was the fear that psychologists were all a bunch of cuckoos and that people who went to them either had nothing better to do, or all they needed was a good swift kick to straighten them out. Most of the reaction from the profession also seems to be favorable.” (Clifford, 1973, p. H28). Many years later in a 2015 interview, Newhart said he and the producers had been nervous about the psychologist character – “We didn’t know if that would be accepted. Psych majors were off by themselves and were sometimes stranger than the people they treated. We didn’t know as an occupation whether it was going to work.” Asked whether he saw the stigma against psychological treatment change during the time the show was on the air, he referenced the story of the little boy who wasn’t scared to go to a psychologist and then concluded, “I felt kind of

validated that maybe we were taking the stigma off of psychiatrists and psychologists.” (Porch, 2015).

There were other attempts at comedies with psychological themes. In April 1974, NBC aired three unsold comedy pilots. One, *Bobby Parker and Company*, was about a mental patient whose “guilts” take human form and follow him wherever he goes. Cecil Smith of the *Los Angeles Times* said it “may be the best comedy series that was never made in the history of the medium” (p. E18). Another of the pilots was *Doctor Dan*, a show about “a child psychologist whose problems include a distrustful patient and a rebellious teenage daughter” (*Chicago Defender*, 1974, p. A7). The medical comedy *A.E.S. Hudson Street* aired for less than a month in the spring of 1978 on ABC. One of the doctors featured on the program was a psychiatrist and the very first episode included a plot line about a psychiatric patient who escapes and pretends to be a doctor.

Serial dramas, especially crime procedurals often included mentally ill characters, sometimes as victims, sometimes as perpetrators. From 1973-1974, NBC aired a drama called *The Magician*. The program was about an illusionist named Tony Blake who, after spending time in prison for a crime he did not commit, decides to use his talents to help people and prevent crimes. One episode told a “story involving a teen-age mental patient. His madness began on a trip to a small town, where Tony is snooping to discover the cause” (*Chicago Defender*, 1974, p. A7). In a 1974 episode of the crime drama *Ironside*, which ran on NBC from 1967-1975, “a psychotic psychiatrist used his evil powers to have a number of his patients murdered or commit suicide” (*Variety*, 1974, p. 38). The same year, Lloyd Bridges appeared in an episode of *Police Story* as a cop who couldn’t face his looming retirement. He overreacts to a joke and eventually begins shooting at people

from a tall building (Gendel, p. W3). In 1978, *The Rockford Files* aired a two-part story about Rockford helping a psychologist who is being stalked by one her patients. The patient claims to have split personalities, one of which is a paid killer. The episode includes Rockford making references to “the lollipop factory” (AKA a mental health facility) and assertions that a court would stamp the killer as “a ranking banana and send him off on a valium holiday.”

Again, like the decades before it, television in the 1970s included both positive and thoughtful representations of the mentally ill and inaccurate, stigmatizing portrayals linking mental illness with violence.

Chapter 6: 1980s

In 1980, President Carter signed his Mental Health Systems Act (MHSA) into law. In his remarks he called it “the most important piece of Federal mental health legislation” since the law signed by President Kennedy in 1963 that began the process of deinstitutionalization. The MSHA was on the books for less than a year before it was almost entirely repealed by a budget reconciliation act signed by President Reagan.

During the 1980s, deinstitutionalization continued across the country and many mentally ill people who weren’t able to access community resources ended up on the street or in jail. A study by the National Academies found that the influx of mentally ill inmates accounted for “about 7 percent of prison population growth from 1980-2000 — representing 40,000 to 72,000 people in prisons who would likely have been in mental hospitals in the past” (Collier, 2014, p. 56).

Mental illness became a hot topic in the news in March 1981 when John Hinckley Jr., a man with schizophrenia, tried to assassinate President Reagan in an attempt to impress the actress Jodie Foster. The following year, Hinckley was found not guilty by reason of insanity. In response, Congress and several state legislatures tightened the rules for using the insanity defense. Some states got rid of it entirely.

The Entertainment Industries Council was established in 1983 with the goal of encouraging the entertainment industry to “bring the power and influence of the entertainment industry and news media to better communicate about health and social issues” (EICOnline.org). Mental health was one of their issues of concern. The group,

which still exists today, provides educational material to producers, makes PSAs, and recognizes instances where the industry has positively addressed health and social issues.

Cable television continued to grow in the 1980s, increasing the channel and programming options for American consumers. Lifetime, MTV, Bravo, CNN, BET, TLC, and the Weather channel were among the new offerings of the decade. With the creation and success of Fox, the number of network channels also grew. Meanwhile, HBO produced its first original programs. Other structural developments in the industry included wide use of the VCR, the popularization of the TV remote, the end of the NAB television codes, and the growth of domestic syndication of old shows.

Of television in the early 1980s, one writer-producer who had worked on *M*A*S*H* and *Mary Tyler Moore* lamented the state of primetime – “Shows with a heart are a hard sale... Just look what’s in the top 10. Broad comedy. Fantasy. Absurdity. Shows that were relevant are being replaced by pap” (Preston, 1982, p. B9). Just a few years later in 1984, Peter Kaplan wrote in *The New York Times* that comedies were dwindling in favor of detective shows. By the end of the decade, innovative and critically acclaimed dramas like *St. Elsewhere*, *Hill Street Blues*, and *L.A. Law* were populating the airwaves. The proliferation of such shows prompted critic Tom Shales to note in 1988, “Ironically or not, as network television draws smaller and smaller percentages of the total viewing audience, TV programming gets better” (via Edgerton, p.321). As outlined below, programs of all types touched on issues of mental health. Some addressed the topic sensitively and accurately, while others continued to employ harmful stereotypes.

Cheers, one of the most popular and critically acclaimed sitcoms of all time, began its eleven-season run in 1982. The bar at the center of the show was run by Sam

Malone, a former professional baseball player whose athletic career crumbled after he became an alcoholic. Sam's alcoholism was common knowledge among his employees and the bar's regulars. In the first season, he opens up to Diane about his recovery and his fear that he will fall off the wagon. The third season opens with Sam drinking again after his breakup with Diane. Diane, for her part, has just returned from a three-month stint at a sanitarium that she chose to go to after having a nervous breakdown. In the show's final season, Sam realized that he also suffers from sex addiction (Sepinwall and Zoller Seitz, p. 46). A television critic for the *Chicago Tribune* noted in 1982 that unlike other shows of the era, *Cheers* contained "subtle-but-regular messages about the evils alcohol abuse" (Alridge, p. H5). In a 1986 piece from the same paper about how depictions of drunkenness had changed on TV, a person connected to either the show or the network (the quote is unattributed in any way), said "The idea of making Sam Malone a recovering alcoholic was that we were not totally ignoring the negative aspects of drinking. It's very hard to make a drunk funny unless you do a cartoon drunk, and we didn't want that. It can get kind of grim" (McNulty, p. 1). The comments are about the dangers of alcohol rather than the addiction of alcoholism, but do reflect a shift in the way (recovering) alcoholic characters were portrayed. The author of the piece attributed the development to an overall change in how Americans generally thought about and consumed alcohol.

One character that appeared on *Cheers* several times in its early seasons demonstrates the varying ways a single show could portray mental illness. Andy Andy's first appearance was in season one, where he was portrayed as a man recently released from prison after being convicted of manslaughter. He's characterized as creepy more

than explicitly mentally ill. When he returned in the second season, the mental illness connection was more clear. In an episode titled “Homicidal Ham,” he claimed that he heard voices that sounded like his mother and that he had killed in a state of temporary insanity. (Notably, this episode aired the year after John Hinckley Jr. was found not guilty by reason of insanity.) At the end of the episode, Andy Andy gets jealous of Diane’s relationship with Sam and tries to choke her. As it’s happening, Diane yells to the crowd in the bar, “The psycho is trying to kill me!”

The character returned in a season four episode that aired on Halloween 1985. Diane has a dream that Andy Andy has escaped from a state mental health facility. A newspaper announcement about his escape warns that he might be dangerous. Diane calls him a “lunatic” and tells Sam that the man is a “cold-blood, homicidal maniac.” She wakes up from the dream screaming and speaks to the psychiatrist character Dr. Frasier Crane about her fears. Frasier tells her that Andy Andy has in fact been released from the mental facility but adds that he has spoken with him and believes that he has made progress and is not harmful. Andy Andy eventually shows up to the bar and asks the gang to help him lie to his new fiancée about his past. When Sam asks Frasier if the man is cured, Frasier responds, “a trained psychiatrist never uses the word ‘cured’” but he does go on to vouch for Andy Andy’s stability. They help the guy out and at first worry it was a mistake. Eventually, though, they realize he is indeed a good guy now. In the end, there’s a question whether the whole thing was actually a dream. Like *M*A*S*H* before it, these episodes demonstrate how positive portrayals and negative stereotypes of mental illness can exist on a single series.

Golden Girls, which ran on NBC from 1985 to 1993, also occasionally tackled issues of mental illness. In season 2, Blanche becomes depressed when she realizes she's going through menopause. She feels her life is over. Her friends eventually make her see a psychiatrist because she's crying, not getting out of bed, not eating, and not sleeping. As they wait for the doctor, a patient leaves and Sophia says to the girls, "did you see him? Total fruitcake. We're talking serial murderer." Dorothy responds, "Perfectly normal people see psychiatrists. It's like talking to an old, knowledgeable good friend." Blanche panics and says, "I'm not staying. I'm not crazy but he's going to think I'm crazy because why else would I be here?" After she goes in to see the doctor, Sophia points to another patient and says, "See him? Banana boat time. He's talking to himself." The man ultimately tells Sophia he's talking to a Martian friend who landed a spacecraft in his eye. Later in the episode, Blanche cheers up after meeting an attractive man and regaining her confidence. She says it wasn't the man but rather the support of her friends that got her out of her menopausal depression.

In season 4, it is revealed that Rose has for decades been addicted to painkillers she started taking for a back injury. When all of her pills are knocked down the sink and she's unable to refill her prescription for a couple days, she begins to go into withdrawal. When the girls find out how long she's been taking the pills, they worry she's become dependent. Rose decides to quit cold turkey to prove them wrong but realizes she's scared to try. The girls suggest rehab but she says she'd be too embarrassed and ashamed. Dorothy, again the voice of reason, responds, "What is there to be ashamed of? You have a medical problem. Was Betty Ford embarrassed?" Rose still resists the idea of rehab and decides that instead she will try to quit at home with the help of her friends. She makes it

through the night but takes another pill the next day, an action that prompts her to go to rehab. When she comes home a month later Blanche says, “It must just feel wonderful being cured!” Rose responds, “Oh I’m not cured... I’ll never be cured. But I know I can live without drugs my whole life one day at a time.” To my knowledge, her struggle did not come up again during later episodes of the show, but it does present a slightly more realistic representation of addiction.

Rose was not the only 80’s sitcom character to spend time in rehab. In the premiere episode of *Murphy Brown*, the eponymous character had just returned to work after a stint at the Betty Ford Clinic where she’d been treated for alcohol addiction. However, much like what happened with Rose, it appears that it was rarely, if ever, brought up in subsequent episodes of the show. The program, like many others, also included offhand, derogatory comments about the mentally ill. For example: “Maybe he ran into an escaped mental patient with an ax” (Rovner, 1993, p. 11).

Other sitcoms also touched on mental illness during the 1980s. In a 1988 episode of the CBS sitcom *Designing Women*, the audience learns that the half-brother of two of the main characters has been recently released from a mental institution. *Growing Pains*, which ran on ABC from 1985 to 1992, focused primarily on the central family but occasionally turned to the father’s psychiatry practice for storylines. In a season three episode, Dr. Seaver finds himself talking to one of his son’s classmates who has sought him out because she is having suicidal thoughts. They have an impromptu therapy session outside the family’s house, during which she confesses how she is feeling and tells him that her mother committed suicide. After her revelations, they continue talking. Later, a fellow therapist asks Dr. Seaver how she’s doing and he indicates that she’s doing well.

The episode ends with Dr. Seaver talking to the girl again, making plans for future, more formal sessions. The episode was recognized by two suicide prevention groups (Smith, 1989).

Networks continued to attempt comedies that had mental illness as a key focus. In 1983, CBS aired the pilot of *Adams House*, a show that focused on a social worker working at a community center in Chicago. That same year the network also aired the pilot of *13 Thirteenth Avenue* about a psychiatrist who lived at the title address with a group of fantastical patients – a witch, a werewolf, a vampire, and a troll. The group worried that their new human neighbors would discover their secret. Neither of these shows became series.

In 1982, ABC launched a new sitcom called *It Takes Two*, which followed a family navigating the changes in their lives after the longtime stay-at-home mom embarked on a career as a lawyer. One of the non-family characters on the show was a psychiatrist friend of the doctor dad. At one point the shrink tells his friend that he is tired of his patients, advising them all to “grow up and don’t talk to me about your mother” (O’Connor, p. C30). This is obviously an overly simplistic and dismissive attitude toward people with mental health concerns.

The A-Team premiered in 1983 and ran on NBC until the middle of 1987. One of the four key members of the group of Vietnam veterans was Captain H.M. “Howling Mad” Murdock who had to be sprung from a VA hospital’s psychiatric ward for their missions. His insanity was made clear by his strange behavior – “barely holding his own in a philosophical discussion with a sock puppet, playing an imaginary harmonica, freeing a pet grasshopper with a teary admonition to seek out paradise and keep it safe for

orthopterae everywhere” (Young, 1984, p. SM12). He “acts differently every week. One episode will find him talking like James Mason, another like Darth Vader, another like Marlon Brando in ‘The Godfather’” (Margulies, 1985, p. C1). The actor who played Murdock, Dwight Schultz, said, “I developed [the character] as we went along. I made the decision to make him creepy, an oddball, a bit eccentric” (Kaufman, 1985, p.18). The actor also said, “It’s up in the air whether Murdock’s crazy or not... He says he’s just using the VA Hospital for room and board. He wants everyone to *think* he’s crazy.” Unlike previous actors who’d worked on shows featuring characters with mental illnesses, Schultz was clear that neither he nor his show had message: “It’s entertainment, fantasy, it’s like a Bugs Bunny cartoon. We try very hard to make people laugh” (Young). One review said that Murdock was “meant to be nutty in the comic sense, not the clinical one” (Carter, 1983, p. TW2). The National Coalition on Television Violence was very critical of the program and it was often derided for being silly and lowbrow but as far as I can tell it was not criticized for its portrayal of mental illness.

In 1989, NBC launched a new comedy from Mel Brooks called *Nutt House*. The house is actually a hotel, run by Edwina Nutt, played by Cloris Leachman. The characters were goofy and dopey, but none appear to have been mentally ill. The title of the show was one of many examples of mental illness being equated with stupidity and zaniness. The show only lasted a few months.

In 1985, the television critic for Baltimore’s *The Sun*, Bill Carter, asked, “Where do you find the most criminals, thugs, hoods, spies and psychos in America? The answer is not ‘New York.’ The answer is ‘on television.’” According to Carter, crime/action dramas made up twenty-nine percent of the network primetime schedule that year, with

comedy accounting for just sixteen percent. Unsurprisingly, many of these crime/action dramas featured mentally ill criminals. More surprisingly many of the lead characters also dealt with mental health issues.

The critically acclaimed drama *Hill Street Blues* was one of the cop shows of the 1980s to touch on issues of mental illness, sometimes positively, sometimes negatively. In 1981, two of the show's writers were awarded a Humanitas prize for an episode in which a police psychologist deals with a precinct suicide. A few years later, the character of Lt. Howard Hunter attempted suicide. Another episode saw a character go undercover to find a "psychopath who's killing prostitutes" (Wahl, 2003, p.183). At least two main characters, Captain Furillo and Detective LaRue, struggled with alcoholism. These issues were not limited to cop shows.

The medical drama *St. Elsewhere* ran on NBC from 1982 to 1988. As with most medical dramas, mental illness and mentally ill characters became plot points at various points in the series. Multiple episodes in the first season alone contain mentally ill patients. In the show's very first episode, "a hulking and demented patient has managed to disappear, and when he's searched for in the mental ward, a doctor says, 'He'd have to be crazy to come up here.'" (Shales, 1982, p. B1). Certainly doctors use gallows humor to cope with their jobs, but it's not a very sensitive comment for TV audiences. More troubling is a scene in another early episode. A doctor is tending to a woman who has attempted suicide for the third time. As he works he tells her, "I don't want you back here unless you're really dying. Understand? The problem's not your husband; it's your head" (Goldstein, 1982, p. i1.) Other first season storylines include a psychiatric patient named Tweety who thinks she's a parakeet, a suicidal alcoholic, a patient with Munchausen

syndrome, and a drug addict. Interestingly, writers for *St. Elsewhere* visited Cleveland Clinic to get a first-hand look at life in a hospital and the show was often praised for its verisimilitude and its seriousness.

ABC tried several dramas in the mid-80s that regularly featured mental illness and mental health care. In September 1984, they jumped into the detective show trend with a program called *Jessie*, about a police department's staff psychiatrist who helped the cops "deal with mentally unstable criminals, ranging from petty thieves to psychopathic killers, and assisted in counseling victims of crime" (Brooks & Marsh, 2003: 607). The title character was originally written to be a psychologist, but the show's star, Lindsey Wagner, flexed the clout she'd gained playing the Bionic Woman and asked that the character be made a psychiatrist. She reportedly wanted to do something more than "mindless entertainment" and pushed back against network efforts to beef up the action and violence (Gendel, 1984, p. W3). She also pushed to include elements of holistic medicine into program. Disagreements and discord among Wagner, the producers, and the network meant the show got off to a shaky start. Many critics panned the show and it was cancelled in November.

In 1987, ABC aired a drama set in a prison. *Mariah*, named after the show's Mariah State Penitentiary setting, was on their air for less than two months. One central character was a psychiatrist who was "generally seen running from one suicide attempt to the next" (Brooks & Marsh, p. 739). The show focused primarily on the staff, so it is unlikely that the characters of the suicidal inmates were very well developed. The show didn't last two full months.

In the summer of 1988, ABC aired a program called *Hothouse*, which was set in a psychiatric institution. According to *The New York Times* review, the pilot included “the standard assortment of soap-opera cases – an anorexic, a manic depressive, a man who keeps having auto accidents because he can’t stand his fat wife and a woman who has turned into a kleptomaniac because the children have grown up and her husband doesn’t seem to need her anymore” (O’Connor, 1988, p. C22). Despite this wide variety of patients, the majority of the drama focused on the family that ran the institution. A *Globe and Mail* review lamented that the show “suffers from the inevitable simplification that occurs when an emotional disorder which takes a lifetime to flower, has only a television hour...to be resolved” (Cuff, 1988). The show was cancelled by the fall.

Unsurprisingly, the sprawling evening soap operas *Dallas* and *Falcon Crest* both touched on mental illness. In the 1982-1983 season finale of *Falcon Crest*, a “mentally disturbed” woman shoots two other characters, leaving one of them dead. The woman is sent to prison and then to a mental institution (Brooks & Marsh, 2003, p. 383). At the end of the thirteenth season of *Dallas* J.R. Ewing ends up committed to a sanitarium.

In 1987, network television got its first show set during the Vietnam War. *Tour of Duty* aired from 1987-1990 and presented “a remarkably honest portrayal of a group of American soldiers fighting the most unpopular war in American history” (Brooks & Marsh, p.1223). The network and the producers turned to veterans for their advice and insight. The show was initially criticized for being revisionist, glossing over the more controversial aspects of the war. However, as it moved forward it did eventually incorporate issues like drug use among the soldiers, the sudden deaths of comrades, pacifism, and anti-war protests. In the second season, the show added a psychologist

character that helped the soldiers deal with the war around them. The program never had very good ratings, but was praised by veterans and was kept on for three seasons because, as one executive put it, “It deserves to be on the schedule... It says a lot about our network and the kind of shows we want to be associated with” (AP via *The Sun*, 1989, p. 1B).

Chapter 7: 1990s

According to the Department of Justice's National Institute of Corrections, by the late 1990s, deinstitutionalization had resulted in the population of public psychiatric hospitals dropping to 70,000, down from 559,000 in 1959. Put another way by E. Fuller Torrey, approximately "92 percent of the people who would have been living in public psychiatric hospitals in 1955 were not living there in 1994." One jail official told Torrey, "Deinstitutionalization doesn't work. We just switched places. Instead of being in hospitals the people are in jail. The whole system is topsy-turvy and the last person served is the mentally ill person" (via pbs.org).

On the positive side, the 1990s saw the enacting of several laws that would benefit people with mental illness. The Americans with Disabilities Act prohibited discrimination against job applicants and employees. The Mental Health Parity Act prohibited insurance companies from imposing limits on mental health care that were less favorable than limits they imposed on medical or surgical benefits. There was also a growing effort to reduce the stigma of mental illness through public education campaigns and efforts to call out people, companies, and media that employed derogatory mental illness stereotypes. In 1997, the Entertainment Industries Council launched the Prism Awards, a ceremony to recognize "productions that are not only powerfully entertaining, but authentically portray substance abuse and addiction, as well as mental health issues" (EIconline.org).

In the television industry, the 1990s were marked by a growth in narrowcasting – niche channels and programs focused on specific topics, audiences, and themes. There

were channels for history buffs, foodies, toddlers, teens, weather enthusiasts, news junkies, and more. By the end of the decade, there were nearly 300 cable channels available and American TVs were on for more than seven hours a day. In terms of industry structure, the 1990s saw a flurry of consolidation, mergers, and takeovers. ABC was taken over by Disney. Westinghouse acquired CBS, adopting the latter company's name. Just a few years later, Viacom acquired CBS. The Internet began to make its way into American homes during the 1990s, but it was in the following decade that it would make its biggest mark on the world of television.

In 1995, a piece from film critic Caryn James appeared in *The New York Times* under the headline "Dysfunction Wears Out Its Welcome." In the article, James complained that "in their quest to be realistic and relevant, family sitcoms have piled on the social issues from every day problems like day care to serious disorders like physical violence." In her long list of troubling problems, she included the recovering alcoholic father at the center of *The John Larroquette Show* and the alcoholism, drug abuse, and clinical depression that appeared on shows like *Roseanne* and *Grace Under Fire*. These mental health concerns were lumped in with abortion, infidelity, divorce, and impotence. Even more troublingly, James worried that people watching these shows would begin to wonder if all these "dysfunctions" are normal.

On a less problematic note, James described the family sitcoms of the 1990s as "dark mirror" images of the family sitcoms of the 1950s and 1960s, claiming that both types of show started with reality and exaggerated it to the point of absurdity. She also made some interesting observations about the role of class in the ways the problems are portrayed – "the working class is the setting for the most serious social problems in

comedies” while the economically secure characters “tacitly assume that dysfunction is here to stay, providing fodder for pithy one-liners.”

By the end of the decade, there were glimmers of “the millennial wave of revolutionary drama” (Sepinwall, 2012, p.7) that would define the 2000s, as shows like *Oz*, *Buffy the Vampire Slayer*, and *The Sopranos* started their series runs. Those shows and the prestige dramas that followed would build on the success of 90s series like *Twin Peaks*, *Homicide: Life on the Streets*, *ER*, *St. Elsewhere*, and *NYPD Blue*. One thing nearly all of these shows had in common: at one point or another, they told stories about people with mental illnesses.

Twin Peaks, a serial drama about FBI agent Dale Cooper investigating a murder in a strange town premiered on ABC in 1990. Over the course of its brief run, the show would touch on mental illness several times. When the show finally revealed who killed Laura Palmer, it turned out to be her father Leland under the control of a demon called BOB. Some viewers wondered if Leland was actually mentally ill. In a piece about the revelation, the *St. Louis Post-Dispatch* TV critic wrote, “Leland's other reactions - his insane dancing with Laura's picture, his instantaneous transformation from hopelessly despondent to wildly euphoric - strongly suggest mental imbalance” (Mink, p. 9D). In the second season of the show the audience was introduced to the character Windom Earle, Agent Cooper’s former partner. Earle has escaped from an asylum, where he was committed after stabbing Cooper and killing his wife after discovering they were having an affair. He is a stereotypical crazy murderer, killing somebody every time he captures one of Cooper’s pieces in a chess game. He also stalks several of the women in the town.

The show also included an agoraphobic character that would eventually die by suicide and a character that has a nervous breakdown and begins to have delusions that he is a Civil War general.

In a 1996 episode of *Homicide: Life on the Street*, Detective Lewis and Detective Kellerman arrest a man who has killed his father by dropping a TV on his head. When they arrest him, they realize he has also killed his mother. Later, they look in on a man, who is now locked in a room, wearing a straightjacket, and rocking back and forth. Kellerman describes the man as a “textbook paranoid schizophrenic” and complains that he won’t have to answer for killing his parents but will instead be sent to a “nice, cozy loony bin” and where he’ll get “the best drugs our tax money can buy.” Detective Lewis responds that the man is already paying for what he did – “he’s got nobody in the world who gives a damn about him. Nobody’s going to visit him. Nobody’s going to sing happy birthday to him. It’s like a slow death.” Kellerman replies, “what’re you weeping for John Wayne Gacy here for? He’s a sicko killer. Screw him.” Lewis responds, “I’ll tell you why: the last time I saw my brother Anthony, he was wearing a coat just like that.” Later Lewis tells Kellerman that his brother Anthony has been in a mental institution for twenty years because he was a danger to himself and others. He also confesses that once, when they were young, he didn’t intervene when his brother attempted suicide, hoping he would die. At the end of the episode, Lewis goes to visit his brother, but Anthony declines to see him.

The nuanced portrayal from 1996 did not mean *Homicide* wouldn’t eventually return to the trope of the mentally ill criminal. In 1997, the series aired an episode in which a mentally ill man pushes a random commuter onto the subway tracks. The

commuter is crushed between the train and the platform and eventually dies. It turns out that this is not the first time the mentally troubled man has pushed somebody onto the tracks.

Other crime dramas of the decade also included varied portrayals of mental illness. The long-running crime procedural *Law & Order* premiered in 1990. Episodes included defendants with “various forms of mental illness on a fairly frequent basis” though they were rarely “medically defined mental illnesses such as schizophrenia or bipolar disorder” but rather “mental problems that may not be accepted by mainstream psychiatry and psychology” (Gans-Boriskin & Wardle, 2005, p. 29, 30). Over the course of the show’s first thirteen seasons, eighteen episodes involved defendants who pled not guilty by reason of insanity.

NYPD Blue, from the producer of *Hill Street Blues*, starred Dennis Franz as the alcoholic Detective Andy Sipowicz. A multi-episode story arc in 1994 involved Sipowicz’s AA sponsor, Danny, and his mentally unstable son, Danny Jr., who has been in and out of institutions. The storyline opens with Danny Jr. beating his dad after going off his medication. Sipowicz and his colleagues go to find Danny Jr., who resists, flailing and biting. The officers take him to Bellevue. Sipowicz urges Danny not to visit his son, but he does anyway. The storyline ends with Danny Jr. stabbing his father to death. Later in the same season, the detectives scramble to find “an unbalanced grad student who went on a shooting spree after being forcibly evicted from his apartment” (iTunes episode description).

As most medical dramas before it, *Chicago Hope* included storylines related to mental illness. The wife of an early central character, Dr. Jeffrey Geiger, is living in a

mental institution, where she was committed after she killed their son during a delusional episode. When his wife falls in love with another patient, Dr. Geiger suggest his wife have a lobotomy, a procedure that by that point had long been declared ineffective and barbaric. In a later season, there was a story arc about a manic depressive psychologist. In 1998, NAMI put a full-page ad in *Variety* thanking *Chicago Hope* for the episode “Wag the Doc,” which included a storyline about a doctor sparring with an HMO representative over which drugs would be covered for a manic patient. The full-page ad said, “Every day, millions of Americans with severe mental illness struggle to receive potentially life-saving medication and many are denied because of managed care policies more concerned with reducing costs than saving lives. Thank you David Kelley Productions, the entire ‘Chicago Hope’ creative team, and CBS for your sensitive and serious portrayal of this major problem” (October 15, 1998, p. 22).

Teen dramas also had a mixed record on the topic of mental illness. In 1999, NAMI criticized *Beverly Hills 90210* for their “grossly irresponsible” depiction of treatment for schizophrenia. The episode description provided by Fox said, “Matt is devastated to learn that the medicine that keeps Lauren sane is killing her. Together, they must decide if she will stay on the deadly medicine or return to the terror of mental illness.” A NAMI official pointed out that there were many more options than “death from a particular medication” or returning to the “terrors of mental illness.” Another 1990s show from the *Beverly Hills 90210* franchise, *Melrose Place*, included a character who, in a single season, was admitted to a mental hospital after bombing an apartment complex, given shock treatments, released from the hospital, appeared a guest on Dr. Joyce Brothers’ radio show, returned to the hospital to work in the psychiatric ward,

developed multiple personalities, set fire to a couch, attacked somebody with a hammer, got another character admitted to an insane asylum, and fell into a coma (episode descriptions courtesy of reviewer on Amazon.com). Phew!

In 1999, another teen drama was praised for its portrayal of mental illness. *Dawson's Creek*, which ran on the WB from 1998-2003, followed the trials and tribulations of a group of American-Eagle-clad young people in Capeside, MA. Toward the end of the second season, the character of Andie begins to suffer from mood swings and anxiety. She also begins to hallucinate, believing that she can see and talk to her dead brother. Her boyfriend Pacey is reassuring and at the end of the season, Andie leaves Capeside to get treatment. NAMI's executive director said, "The show's treatment of mental illness has been right on target, presented in an intelligent and sensitive way" (NAMI Press Release, May 1999). The group also worked with the WB to include a link to their website on the show's webpage. The character continued to deal with her mental health issues throughout the rest of her time on the show.

Sitcoms of the 1990s that were aimed at teens are often remembered for the "very special episodes" that aimed to impart important lessons about serious topics. On several occasions, the topic was mental illness. One of the most famous examples is the 1990 episode of *Saved by the Bell* in which Jessie Spano becomes addicted to caffeine pills. She refuses to believe she has a problem until she has a breakdown while singing "I'm So Excited" by The Pointer Sisters. At the end of the episode, she tells her friends that she's realized she has a real problem and that her mom is going to take her to the doctor for counseling. Just a few days later, *Full House* aired one of their many very special episodes. In "Shape Up" the family's eldest daughter, DJ, begins to crash diet in

preparation for an upcoming pool party. She quickly develops a full-blown eating disorder that she overcomes just as quickly. Like Jessie's caffeine pill addiction, DJ's eating disorder is never brought up again.

Frasier, a sitcom aimed at adults that more regularly touched on the topic of mental health care, premiered in 1993. The show was focused on Dr. Frasier Crane, who had recently relocated from Boston (where he was last seen on *Cheers*) to Seattle in order to helm a psychiatry-focused radio call-in show. The program was primarily concerned with Frasier's family and his love life, but given his profession, one he shared with his brother Niles, mental health was a frequent topic. Like *The Bob Newhart Show* before it, the patients and callers were often the source of jokes. It seems to me, though, that the Drs. Crane were not always as kind to their patients as Newhart's Hartley was to his. That said, much of their advice was sound and when serious issues presented themselves during the call-in show, Frasier usually asked callers to stay on the line so he could give them the contact information for regular therapist. In an interesting first season episode, Frasier himself grapples with the negative and stigmatizing stereotypes about mental illness often found in the media. He is offered the chance to be the highly paid television spokesman for a nut company. He balks, however, when the script includes the line "I'm Dr. Frasier Crane, noted psychiatrist, and I know a nut when I see one." He ultimately decides not to appear in the commercial and Dr. Joyce Brothers takes his place.

In early January 1999, the first episode of the Sopranos aired on HBO. Since the majority of the program aired in the 2000s and since the show has been hailed as "the Big Bang of the cable drama explosion that led TV's latest golden age" (Sepinwall & Zoller Seitz, p. 31), I will discuss it in more detail in the following chapter.

Chapter 9: 2000s

Like the 1990s, the 2000s saw both problems and progress in the treatment of and advocacy for people with mental illnesses. According to data from the Bureau of Justice Statistics, the mentally ill population of U.S. correctional facilities stood at 1.3 million in 2006. The suicide rate in America began to rise in 2000 after more than a decade of decline. Rates increased most dramatically among rural communities and veterans. Advocacy groups continued their work to raise awareness and reduce stigma. In 2008, President Bush signed the Mental Health and Addiction Equity Act, a piece of legislation that closed some of the loopholes in the Mental Health Parity Act of the previous decade.

A representative from NAMI cited 2000 as the year that representations of mental illness on television began to improve, but made it clear that there was still a lot of room for improvement. “Just when we think there’s been a breakthrough, something bizarre or awful gets put on the air” (Brink, 2012). In 2005, the Substance Abuse and Mental Health Services Administration (SAMHSA) began the Voice Awards program. The awards honor “consumer/peer/family leaders and television and film professionals who educate the public about behavioral health. The award website notes that film and television can “demonstrate that people with mental health conditions and/or addictions can and do recover, lead meaningful lives, and contribute to their communities.” The awards have been given out nearly every year since.

TV underwent a lot of changes in the first decade of the new millennium. Reality TV burst onto the scene, drawing big audiences to shows like *Survivor*, *Big Brother*, *The Apprentice*, and *American Idol*. On what some would argue was the other end of the

television spectrum, prestige narrative shows like *The Sopranos*, *The Shield*, *The Wire*, *Mad Men*, and *Friday Night Lights* were drawing critical praise. The mergers and consolidations of the 1990s continued, with the merger of AOL and Time Warner, the creation of NBC Universal, and News Corporation's purchase of DirecTV. By 2003, seventeen of the top 20 basic cable channels and the four top premium channels were owned or co-owned by four companies – Disney, Viacom, GE, and Time Warner (Edgerton, p. 351). The number of channels also continued to rise, reaching 531 by 2006.

2000-2009 was the decade that the Internet truly began to disrupt the television industry. As connection speeds got better, it became easier and easier to upload and watch video online. YouTube launched in 2006. The following year, Netflix started its streaming service and Hulu began offering shows from Fox and NBC. By 2009, Netflix subscribers were watching an estimated 5 million movies and TV shows a week through the service. Cable companies began to worry about cord-cutters. The launch of the iPhone in 2007 also began to slowly shift the way people consumed video.

In a look back at TV during the first decade of the new millennium, *New York Times* television critic Alessandra Stanley wrote (2009), “mental illness became a new frontier in television entertainment.” This was not a new opinion for her – in 2005 she wrote a piece declaring: “Mental illness is the new sex... psychological disorders are the next big thing.” As the preceding chapters make clear, mental illness was not, in fact, a new topic for television. It has been present on television for the entire history of the medium. However, the 2000s, with the explosion in prestige cable drama and the proliferation of streaming services, did see an increasing number of shows that were centered on characters struggling and coping with mental illnesses. In her piece, Stanley

notes that many of those characters were men - “From ‘The Sopranos’ to ‘House,’ men marked the last 10 years of television less as hellions or healers than as analysts — fragile bullies who recognized they were damaged and sought help.”

One of the first shows of the 2000s to focus specifically on mental health care was the ABC drama *Wonderland*. The show was set in the psychiatric unit of a New York Hospital called Rivervue⁴ and was primarily concerned with forensic psychiatry – “the treatment of mental patients who have committed crimes” (Weinraub, March 2000). Creator Peter Berg said one of his goals for the show was to make it “realistic and honest” and he spent months at real-life Bellevue Hospital doing research. He also had the support of two physicians from Bellevue who provided advice and insight. Given the criminal focus of the show, many of the patients are violent. In the premiere a man hearing voices opens fire in Times Square (James, 2000). Interestingly, Berg said that network executives “raised more concerns about a brief but steamy sex scene between the doctor and a girlfriend in the opening episode than to the violent behavior of the patients” (Weinraub, March 2000).

One of the doctors consulting with Berg noted that on TV, “The depictions [of mental illness] are often way out there -- like cartoons. Very rarely is individual pathology made accessible” (Weinraub, 2000). This was evidenced by the performances Berg got in auditions – many were obviously influenced by Dustin Hoffman’s performance in *Rain Man*. The most successful auditions were from actors who had personal experience with mental illness (Weinraub, March 2000).

⁴ The show was originally called *Bellevue* after the real-life Bellevue Hospital Center, but was changed to *Wonderland* due to legal concerns (Weinraub, 2000).

The show received positive reviews from critics but was canceled after only two episodes had aired. The network blamed low viewership but there had also been concern from advertisers and activist groups about the content of the show. NAMI complained that the program reinforced stereotypes about people with mental illnesses (Weinraub, April 2000). Asked about the chances of success for serious shows on network TV, CBS executive Leslie Moonves rejected the premise, saying there were plenty of serious shows on television. He said that the issue was instead that “a show that's dark and bizarre may have trouble.” An NBC executive who was asked the same question emphasized that networks had to appeal to wide audiences (Weinraub, April 2000). Multiple people said that one issue with the program was that “viewers could not identify with its troubled patients and doctors” (Weinraub, April 2000).

Another show that focused on mental health care, HBO's *In Treatment*, aired from 2008-2010. In a dramatic change from the usual television format, episodes aired five days a week, with each episode centered on a patient's weekly therapy session with the show's main character, psychiatrist Paul Weston. The patients on the show came to Paul to tackle issues like depression, relationships, and PTSD. The first season also sees Paul restarting therapy himself after a long break. Over the course of the show's three seasons, he and his therapists tackled his personal and professional issues. One of the episodes focused on his own therapy was recognized by SAMHSA in 2009.

Showtime's *United States of Tara*, which ran from 2009-2011, was focused on a character with dissociative identity disorder (DID). A psychiatrist who consulted on the show said he was pleased with the show's depiction of the disorder overall but added that “he still winces at some of the depictions of Tara” noting that “the character's more

flamboyant alters are typical of only 1 in 20 DID cases” (Maron, 2009). A writer for *The Guardian* reported that Tara’s identities “were judged as implausibly showy by real-life DID patients, though they praised the show’s compassion” (Rosen, 2017).

Between 2000 and 2010 there were also a number of programs that weren’t focused on mental health but did feature a central character struggling with some type of mental illness. The most well known show of this type might be *The Sopranos*, which was briefly mentioned in the previous chapter. *The Sopranos* opened its run in 1999 with mobster Tony Soprano having a panic attack and being referred to a psychiatrist, who put him on Prozac. His relationship with Dr. Jennifer Melfi lasted through the program’s run as they worked through his issues with his mother, his family, and his job. Tony was not the only character to struggle with mental health issues. His nephew Christopher dealt with addiction. His sister Janice attends group therapy. Dr. Melfi refers Tony’s wife Carmela to a psychiatrist. His son A.J. attempted suicide in the sixth season, an episode that was recognized by SAMHSA in 2008.

Many mental health professionals watched *The Sopranos*. One psychologist said Tony’s sessions are “a refreshingly credible version of what happens in therapy.” Another mental health professional told *The New York Times*, “It’s the best representation of the work we do that has ever been in film or on television.” Yet another praised the way Dr. Melfi was shown dealing with Tony’s erotic transference. (Stead, 2001, p. A7)

Another drama with a central character struggling with a mental illness was USA Network’s *Monk*, a crime procedural about a former detective who develops obsessive-compulsive disorder after the murder of his wife. As one article put it, his “mental illness is not a back story. It’s the story.” The show’s executive producer agreed that *Monk*’s

mental health issues were integral – “The idea was that a brilliant detective has severe OCD and phobias. That was the pitch. Despite himself, he is able to solve a case every week” (Brink, 2012). His character also attends therapy regularly to talk through his issues. The show was given a SAMHSA Voice award for the Season 2 episode “Mr. Monk and the Three Pies,” in which the audience meets Monk’s brother Ambrose, who suffers from severe agoraphobia. The show received two more Voice Awards over the course of its run. However, the show was also criticized for making light of Monk’s OCD, presenting it as a funny quirk rather than as a serious disorder. Interestingly, the actor who played Monk said he was intrigued by the idea of playing a character who was “really annoying, who was really irritating and got on your nerves” (Hinson, 2002).

In 2005, NBC aired a romantic sitcom titled *Committed* that was about “an obsessive-compulsive math genius and his nutty girlfriend” (Stanley, 2009). The show was built on the idea “neurotics in love” – “a romantic comedy about two people with some real personality issues, two people who might not be appealing to anyone else because of their bizarre behavioral traits, but who would be made for each other” (Carter, 2005). Alessandra Stanley (2005) of *The New York Times* said the show “may be the first network sitcom explicitly to frame psychological disorders as a central comic conceit” a claim I disagree with given the fact that programs like *The Bob Newhart Show* and *Frasier* were doing just that many years earlier. Viewer response wasn’t enthusiastic and only thirteen episodes were aired.

The following year, ABC aired a family sitcom called *Crumbs*. The show told the story of a Hollywood writer returning home to care for his mother, played by Jane Curtin, who has just been released from a mental institution. *Variety*’s review of the show was

scathing, saying the show suffered “from its own kind of bipolar condition... Mostly played way over the top, ‘Crumbs’ periodically swings back to some semblance of humanity and sobriety, but it’s a jarring transition.” The critic goes on to note that Curtin “goes from big wild-eyed mood swings to exhibiting pain over the fact that people are laughing and gossiping about her.” It seems she was channeling the centuries-old ideas of what a maniac looks like. Unsurprisingly, NAMI was very critical of the program.

Another ABC program, the evening soap opera *Desperate Housewives*, was publicly criticized for its portrayal of a character that had been recently released from “a center for the criminally insane.” In 2008, “some mental-health advocates mobilized a campaign against ABC via e-mails, calls, and letters” to protest an episode in which the character, named Dave Williams, killed his psychiatrist and started a fire at a nightclub. The organizers felt that the episode “reinforced ubiquitous stereotypes linking mental illness and violence” (Maron, 2009). It appears the protests did not change things at the show. In later episodes, Williams attempts to kill his wife and frames somebody else for murder.

In 2007, FX launched the show *Dirt* about an editor and photographer working at a celebrity tabloid. The photographer, Don, has schizophrenia. In the pilot episode, he begins to hallucinate, but seeks out help from his therapist, who provides medication. That first episode was recognized by SAMHSA and the first season continued to address Don’s mental health struggles. The show’s creator explicitly said the show was “about the cultural apocalypse told through the eyes of someone who’s hallucinating” (Wyatt, 2008). However, when the show’s ratings began to flag, FX’s president requested changes. One of those was to put Don on medication permanently and deemphasize his

symptoms. The executive said, “The series was about a schizophrenic who had repeated bouts of full-blown schizophrenic hallucinations... if you want to look at that phenomenon as a dramaturgical concept, it gets repetitive... I don’t think it’s very interesting. The audience is watching the same thing over and over. One schizophrenic episode, as brilliantly played as it might be, is really the same as another, dramatically” (Wyatt, 2008).

Medical dramas continued to feature mentally ill characters. One of the most memorable examples came early in the decade on an episode of *ER*, which by that point had already been running on NBC for six years. In an installment titled “Be Still My Heart” that aired during February sweeps, a mentally unstable patient attacks two doctors. One of the physicians, the one who suspected the man might be schizophrenic, is stabbed to death. The other, Noah Wyle’s Dr. Carter, is critically wounded. Carter would recover but would also develop an addiction to the painkillers he begins taking after the attack. For several years in the 2000s, Sally Field played the bipolar mother of a regular character, a portrayal that was praised for its empathy and accuracy (Maron, 2009).

The medical drama *House* aired from 2004-2013 on Fox. The show centered on Dr. Gregory House, a cantankerous diagnostician with an addiction to painkillers. His addiction is a key element of his character, one that often puts him at odds with his boss, his colleagues, and the team he supervises. In 2008, SAMHSA recognized the show for an episode about a depressed patient who attempted suicide. The following year, the show raised money for NAMI through t-shirt sales. Beneath an ad in *Variety* recognizing the show for reaching its 100th episode, there is a note, “While you celebrate *House*, *House* celebrates NAMI (National Alliance on Mental Illness). Help *House* support

NAMI by buying a t-shirt. Proceeds will be donated” (January 16, 2009, p. 9). Later in 2009, when actor Kal Penn decided to go work at the White House, his character was written off the show in an episode where his colleagues discover he has committed suicide. The episode was accompanied by a PSA in which Fox directed viewers to NAMI’s website.

The critically acclaimed television adaptation of *Friday Night Lights* ran on NBC and DirecTV from 2005-2011. As a show about the daily lives of a community, it’s no surprise that mental illness surfaced during the course of its run. Toward the end of the first season, football star Smash Williams begins getting to know a fellow student named Waverly who recently returned from a mission trip to Africa. She starts having severe mood swings and eventually reveals to Smash that she is bipolar. She didn’t travel to Africa but rather was away getting treatment for her illness. She also tells Smash that she has stopped taking her medication because she doesn’t like the way it makes her feel. By her last appearance on the show, Waverly seems to have stabilized. SAMHSA gave the show a Voice Award for the story arc.

In an earlier chapter, I described the negative portrayals of mental illness that were seen on *Beverly Hills, 90210*. In 2008, The CW launched a new series in franchise: teen drama *90210*. That program included a generally accurate and sympathetic portrayal of bipolar disorder. According to an article on PsychCentral.com, the character Erin Silver displayed classic symptoms of the disorder before being diagnosed. After receiving her diagnosis, she begins taking medication and works to maintain a regular schedule, both aspects of real-life treatment for the disorder. Two people commented on the article saying that they had bipolar disorder and found the portrayal to be a good depiction. Later

in the show's run, another character tampers with Erin's medication, an act that is rightly condemned by their peers. The actress who played Erin was nominated for a PRISM award for her portrayal.

In 2000, *Law and Order: Special Victims Unit* aired an episode in its second season that specifically addressed the issue of stigma. In the episode, a nonviolent man with schizophrenia is accused of rape and murder. Later, a detective learns some of the information that was outlined in Chapter 2: assumptions about mental illness are often wrong and the majority of mentally ill people are not violent. In the end, the original suspect helps the officers locate the real criminal.

The early 2000s saw a number of shows that focused specifically on mental health care or featured main characters with mental illnesses. Many of these portrayals were sensitive and reasonably accurate, perhaps reflecting real shift in the way shows and characters were being conceived. However, negative depictions were still present, especially ones that connected mental illness with violence.

Chapter 10: 2010s and Conclusion

In the preface to his powerful book about the American mental health care system and his family's own experiences with schizophrenia, Ron Powers (2017) writes of the "prevailing invisibility" of people with mental illnesses (p. xvii). It's true that in the real world, many people have kept and still keep their mental health struggles a secret, for fear that disclosure would impact their relationships, their job prospects, and their public image (Wahl, 2003, p. 100). On television, though, the mentally ill have not been invisible. As evidenced by the preceding history, they have been present on narrative television in America from the beginning. While some of the portrayals have been sensitive and accurate, the majority have been negative, reinforcing stereotypes that mentally ill people are violent and strange. In the presence of these stigmatizing representations, it's no wonder that many people chose to keep their mental health histories private.

However, there have been shifts in recent years. Activists, celebrities, and regular folks around the country have begun to speak out about their personal experiences with mental illness. Reducing stigma has become a concrete goal for mental health organizations. It's common enough now that it can even be turned in to a BuzzFeed listicle – "21 Celebrities Who Fought Against Mental Health Stigma by Speaking Out." A podcast launched in 2016, "The Hilarious World of Depression," features interviews with comedians about how they've dealt with mental illness. In the words of the show's host, "The purpose of this program is to talk about depression and get you talking to other

people about depression and mental illness because that's going to help. It will be good for the health of the general public.”

Federal policies also changed in the last seven years. The Affordable Care Act, which passed in 2010 and is still the law of the land as of this writing, made mental health care and substance abuse treatment one of ten essential benefits that must be included in new plans. Whenever discussions of repealing or replacing the bill arise, the potential loss of this provision is almost always part of the conversation. In 2016, the 21st Century Cures Act became law. The legislation received bipartisan support and its passage was cheered by groups like NAMI and the American Psychological Association, though it was also criticized for its benefits to drug companies. Among its provisions were increased funds to fight the growing opioid epidemic, the creation of an assistant secretary for mental health and substance abuse, increased enforcement of insurance mental health parity laws, and the creation of a new suicide prevention program.

As discussed in the introduction, the last few years have also seen a flurry of articles from television and pop culture writers praising television programs for their portrayals of mental illness. According to *Vulture*, 2015 was the year “mental illness finally got some respect on TV.” *Salon* declared that 2016 was “TV’s best year ever for mental illness” because that was the year “TV finally [got] mental illness right – by laughing about it.” *Slate* agreed that in 2016, “television deftly tackled mental illness.” Indeed, many shows of this decade do address mental illness with sensitivity, kindness, and even humor. Some of the programs were already mentioned in the introduction, but I will elaborate on a few examples.

Based on the show's title, many might assume that the CW musical comedy *Crazy Ex-Girlfriend* perpetuates rather than challenges stereotypes about mental illness. In actuality, the title is tongue-in-cheek and the show spends a lot of time, some of it spent in song, addressing the mental health issues of lead character Rebecca Bunch. The song "Sexy French Depression" is both a winking joke about depression stereotypes and an acknowledgement of what depression often really looks like – an inability to get out of bed, overuse of alcohol, and a never-ending stream of negative thoughts and self-criticism. In another song, Rebecca slips into a reverie in which she is serenaded by her crush in the style of a 1990s boy band. Her crush sings, "Baby you can kiss all your unexplained symptoms goodbye/You're never gonna miss all those nightmares in which you tend to die/We'll get you through those developmental stages/That you've been stuck in for ages/'Cause we're not just a boy band made up of four Joshes/We're also a team of nationally recognized/Mental health professionals/Trained in cognitive behavioral therapy/With specialties in/Personality and sleep disorders/And love." It was certainly the first joke I'd ever heard about cognitive behavioral therapy. Rachel is on medication and sees a therapist (though one of the running jokes is her inability to confront her issues in therapy). She has friends and a job. We're reminded on many occasions that she attended Harvard and Yale. She is successful in many of the ways previous mentally ill characters were not. While Rebecca's mental health issues are openly acknowledged, the show does not imply that those issues are the cause of all her romantic and professional problems. The creator of the show, Rachel Bloom, has been open about her own mental health history and has said that when writing the show, she draws from her own experiences and

the experiences of the show's writers. The show also includes a character that realizes he is an alcoholic and seeks out treatment and support

Another show that has received critical praise for its depictions of mental illness is FXX's *You're the Worst*. Two of the program's main characters deal with mental illness. From the beginning, the audience is aware that the character of Edgar has PTSD after his time in the military. In the second season, we learn that Gretchen has clinical depression. Her best friend knows the history but she's scared to tell her boyfriend. When she eventually does, her boyfriend mistakenly believes he can cure her. In the third season, an episode focused on Edgar is titled "Twenty-two," a reference to the number of veteran suicides in American each day.

BoJack Horseman, which premiered in 2014, is an animated Netflix series about an actor in Hollywood trying to plot a comeback. BoJack's fame is primarily built on his participation in a sugary sentimental 1990s sitcom not dissimilar from the ones described in chapter 8. He hasn't had a hit since. The world of the show is populated by both humans and characters that have animal heads and (usually) human bodies. BoJack, as the title indicates, is a horse-man. It's not your typical show premise. Along with being a sendup of Hollywood and celebrity, the show has also been praised for being "one of the most nuanced, honest depictions of depression on TV" (Kliegman, 2015)." The show isn't explicit about BoJack's mental health and he's never diagnosed, but viewers and critics have pointed to his self-destructive drinking, self-hatred, and tendency to push people away as clear signs of his depression.

Maria Bamford's *Lady Dynamite* on Netflix is about a comedian dealing with bipolar II and obsessive-compulsive disorders. The show is inspired by Bamford's own

experiences with those mental illnesses. *Orange Is the New Black*, also on Netflix, has included characters with addiction, psychosis, suicidal ideation, and family members with mental illness. Yet another Netflix show, *Unbreakable Kimmy Schmidt*, delved into post-traumatic stress in its second season.

These shows are rightly praised for their accurate and generally sympathetic portrayals of mental illness. It's worth noting, though, that they're not seen by many people, especially when compared to the number of viewers that network shows used to have. *Crazy Ex-Girlfriend* is the lowest-rated show on network television. In its second season it drew less than 600,000 viewers per episode. And yet, in 2017, the network renewed the show for a third season. There are multiple possible reasons behind their decision, including the fact that more people can watch the show through Netflix. However, when asked about the renewal by *Vox* critic Todd VanDerWerff, the network president specifically cited the show's quality and its handling of topics like mental illness – "It's a critically acclaimed, well-executed, innovative, different show that explores the town of West Covina and all of its inclusiveness, depression, sexuality. It takes these very dark topics and puts them in a brighter light. To me, it's something that should be on the air" (*Vox*, Jan. 10, 2017). As VanDerWerff pointed out in the same article, in today's television environment there is value to a critically beloved show: it's boosts a network's reputation and often results in critics doing some of the PR work for the program.

You're the Worst brings in similar ratings, but because the show is on FXX, those ratings are record-breaking for the network. The show also has a second life on Hulu.com, though the company doesn't release viewer data so it's unknown how many

people watch there. Netflix also does not release viewer numbers, so our only indication of the popularity of shows on that network is that they have been renewed. At the New Yorker Festival panel in October 2016, several of the creators cited the proliferation in viewing options and networks as one of the reasons that mental illness is being seen on more shows. Networks and platforms are willing to take more risks in order to stand out. The story of *Crazy Ex-Girlfriend* seems to provide evidence in favor of that theory.

Other shows have been met with mixed praise. Some critics have cited a storyline on *Empire* as an example of a good portrayal of mental illness. One of the characters, music producer Lucious' son Andre, is bipolar. Throughout the first season, the audience sees the impact of the mental illness, including several manic outbursts. The show has been recognized twice by SAMHSA for its portrayal of this character. And yet, some critics argue that it is stigmatizing and unhelpful. For example, one bipolar viewer felt that Andre's symptoms were exaggerated, that he was too up-and-down too quickly. Similar criticisms have been leveled at *Homeland* and *Mr. Robot*. Carrie Mathison's bipolar disorder is accurately portrayed in some ways on *Homeland*, but it is ultimately a plot device used mostly to drive the story forward. Elliot on *Mr. Robot* has never been officially diagnosed but appears to have dissociative identity disorder. The show was praised for showing the illness from Elliot's perspective but was also criticized for making mental illness a plot device. The Lifetime show *UnReal* and the short-lived ABC series *Black Box* received similarly mixed reviews for their portrayals of mental illness. Of course, having public debates about whether portrayals are accurate enough is its own kind of progress.

The problem of negative and inaccurate portrayals has not disappeared. In 2015, NAMI lambasted ABC's *Modern Family* for a Halloween episode in which Claire Dunphy decorates the family home as a "haunted insane asylum." Multiple characters on the teen soap *Pretty Little Liars* have been sent to Radley Sanitarium, nearly all of them villains. The super hero drama *Legion* has been criticized for making the lead character's schizophrenia his defining trait. One critic bemoaned the fact that, "other characters discuss mental illness as if David only has worth if he's completely sane" (Bastién, 2017). The CBS crime drama *Criminal Minds* has featured so many criminals with mental illnesses that a fan wiki has an entire page devoted to mentally ill criminals, including subcategories for psychotics, schizophrenics, DID victims, PTSD victims, and Stockholm syndrome victims. One of the most recent and most decried examples is the new Netflix miniseries *13 Reasons Why*. Based on a book of the same name, the show is about a girl who has killed herself and the thirteen audio tapes she leaves behind detailing the reasons why she decided to do it. The show has been criticized for romanticizing suicide and implying that seeking help will lead to further judgment and rejection. It also includes a graphic scene showing the girl's death, which advocates worry could lead to suicide contagion.

It is additionally worth noting that positive portrayals of mental illness have not been equally distributed. By and large, the accurate and thoughtful portrayals of mental illness have been limited to white, upper-middle-class female characters. This is also true of the portrayals with mixed records of success. The exclusion of men is likely a result of stereotypes about masculinity. It's more acceptable for men to have combat-related PTSD because it's connected to the manly pursuit of fighting war. Talking about your feelings

because you're sad or anxious or confused is less accepted in American culture. People of color are also generally left out of the positive portrayals. This is likely related to the general dearth of leading parts written for/given to people of color. This trend also unfortunately plays into what one clinical psychologist described as "the culture of mental health stigma in communities of color" (Gaba, 2014). Minority communities also face hurdles when it comes to accessing mental health care. The fact that these communities don't see themselves in positive portrayals of mental illness could contribute to people not seeking out support or treatment.

On the whole, though, I think it is safe to say that television has made some good progress when it comes to portrayals of mental illness. Critics, advocates, and viewers are taking notice and cheering these more accurate representations. Hopefully this praise, combined with continued criticism of negative depictions, will result in further progress in years to come.

Having conducted my study, I've come to several conclusions about the portrayals of mental illness on American narrative television. First, mental illness has been a topic on narrative television from the beginning. In fact, I found multiple instances of critics from various decades commenting on the amount of mental illness content they were seeing on TV. Some even complained that there was just too much of it. Second, I found no evidence to contradict the conclusion drawn by previous scholars that many shows throughout the decades have employed stereotypes about mental illness that are inaccurate, demeaning, and stigmatizing. In every decade, I found examples of mental illness being equated with violence, incompetence, and social isolation. Researchers and

activists are right to draw attention to these negative representations because without that spotlight, networks, writers, and producers might not see a reason to do anything differently. However, I've also found that previous research has not paid enough attention to positive, thoughtful, and sympathetic portrayals of mental illness on television. In fact, despite what today's television critics would have you think, sensitive and accurate depictions of mental illness have appeared on narrative television programs since the first days of the medium. It is undoubtedly true that in terms of numbers, these positive presentations have been and continue to be outweighed by the negative portrayals. Nevertheless, I think it's important to recognize that the situation has not been exclusively dire and that the portrayals being hailed today are actually part of a long history of positive representation. Anecdotally, some of those portrayals helped people summon the courage to seek out help themselves. It does a disservice to the writers and producers of previous decades who did aim for accuracy and sympathy to ignore the existence of their work.

As I mentioned in my introduction, this project is ultimately a representative rather than comprehensive look at the history of mental illness on TV. There are examples I found but did not include out of concerns for space or because I didn't feel I had enough information. I am also keenly aware of the many more examples I wasn't able to find. In an environment where negative portrayals are so commonplace, they are often not written about in the news media. Positive depictions may also have fallen below the critical radar because they were drowned out by other content.

I think an interesting project for future scholars would be an oral history of how some of the positive portrayals came about. Were they inspired by personal experience?

Did they encounter trouble getting their vision on air? How did the actors feel about playing these parts? Could they bring any personal experience to bear? If they worked in the industry over long periods of time, did they see changes in the ways these topics were discussed?

I also think there haven't been enough media effects studies of positive portrayals of mental illness. Is the value of a shift to more positive portrayals simply that there are fewer negative ones reinforcing stereotypes and stigma? Or do positive depictions also increase empathy? Do they make people with mental illnesses feel less alone? Do they encourage people to seek help? Do they prompt people to challenge negative representations?

This is a subject area ripe for further research. It's also a subject that's hard to let go once you're aware of it. While working on this project, I found it hard to relax while watching TV because I'd regularly be confronted by the subject of mental illness. These examples ranged from somebody joking that another character was acting like a "mental patients" to an episode where a character goes to therapy for the first time to a plot involving a deranged murderer. These appeared in shows from each of the last four decades. Sometimes the examples popped up often enough that I started taking notes. Other times I just switched to competition-based reality TV so I could really zone out. This experience is why I don't think the negative depictions will ever go away entirely. They've been a part of human culture for too long. They spring to mind too easily.

The progress that's been made, though, is heartening. Given what we know about the way negative portrayals of mental illness can increase stigma, it is encouraging that networks and producers are being called out and held accountable for the hurtful

inaccuracies they put on the air. Of course, these actions aren't limited to narrative television. Filmmakers and newscasters are also being urged to be more thoughtful about how they talk about and present these illnesses. It is my hope that these efforts, combined with recent campaigns to encourage people to speak out about their own experiences with mental illness, will help people feel less alone and less anxious about seeking help when they feel they might need it.

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