Cinema of the Monstrous
Disability and "Eye-Feel"

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A FAVORITE MEMORY FROM TEACHING HIGH SCHOOL happened when a student observed that what she had learned in my film class had strongly affected how she watched movies. Her quip wasn't entirely a compliment. Our studies had caused her to think more actively *during* the film, a habit she found irritating at times. I reflected that my student engaged in a strikingly high level of thinking during her viewing. Although her enjoyment may have diminished for a while, she was realizing meanings and reactions almost immediately, unlike most viewers, who register sensations with their bodies more quickly than with their intellects. While most general audiences are "unaware until further reflection of how film is making us regard its subject matter" (Scholefield, 2014, p. 45), my student was able to recognize "the innate and subtle affective nature of film" and the intensity of that "embodied cinematic experience" (Scholefield, 2014, p. 46) as it intersected with her critical gaze.

One focus of this paper is to highlight the effects that films have on our physical states of being; the experience that finds us first is visceral. My student, for instance, felt the "fantods" come on as a film elicited emotions that manifested as sensations. Just as delectable food promotes pleasant "mouth-feel," the hyper-realism of modern film may cause the viewing experience to seem real, resulting in an assuring "eye-feel" that capitalizes on technology to engage the audience sensorily. A major drawback of this hyper-realism is the imprinting of stereotypes that construct characters as monstrously "other." The engaging shots and scenes that a film maker allows us to see may exacerbate a misrepresentation of mental illness, for example.

Another focus of this paper explores the stigma created by filmic representations of mental illness and suggests how using an approach that stresses critical literacy education and disability studies might alleviate stigmatization viewers feel toward persons with psychological disabilities, as well as toward the disabilities themselves. Goffman (1963) reminds us of the harmful impact on persons whose lived experience includes mental disorders: "[W]e believe the person with the stigma is not quite human. On this assumption we exercise varieties of discrimination, through which we effectively, if often unthinkingly, reduce his life chances" (p. 5). The spectator, then, makes the monster. In this paper, I am not attempting to deconstruct films in the horror genre, such as *Psycho* and *Halloween*, even though, as Anderson (2003) writes, it is films like these that have assisted in propagating the image of the "dangerous mentally ill" (Anderson, 2003, p. 298). Countless films feature predatory men as pure monsters. Rather, I employ a lens of Foucauldian theory to investigate negative attitudes and skewed impressions caused by lurid or inaccurate

portrayals of hallucinatory episodes and other symptoms considered aberrant in three fairly mainstream films. I examine Terry Gilliam's (1991) *The Fisher King*, Ron Howard's (2001) *A Beautiful Mind*, and Darren Aronofsky's (2010) *Black Swan* to explore how audience members tend to follow symbolic representations in film of topics about which they know little—and which they fear (Anderson, 2003, p. 300)—resulting in inaccurate portrayals of mental disorders.

Educator and philosopher Michel Foucault's (1977, 1994, 2006) theories on power relations will assist in demystifying media artifacts whose effects on spectators include stigmatizing persons with mental disabilities. Foucault's genealogical approach to analyzing behaviors toward those viewed as deviant is useful in understanding how stigma is constructed. Foucault thought extensively about how perceptions of things create the things themselves. Graham (2011) writes that a Foucauldian approach to discourse analysis follows a pattern; the words that we use to characterize our comprehension of ideas and behaviors actually produce those ideas and behaviors. In the context of filmic representations of mental illness, stereotypes become not merely inaccurate but demonizing; that is, they construct fictional realities that invite monstrous possibilities.

In any media artifact, I am of the opinion that representing mental illness should spring from an ethical base. While this stance acknowledges the complexity of decisions around agency, voice, and access of filmic representation (notably: who decides what is "ethical" to begin with), I suggest film makers and viewers alike consider the following questions: *What effect will this portrayal have on the audience*? And, *is it exploiting the lived experiences of persons with psychological disabilities?* Erb (2006) posits that, in the second half of the twentieth century, "films began to emerge that showed less investment in portraying the wonders of therapy than in the spectacle of psychosis unleashed" (p. 51) and that "symptoms of madness are constantly appropriated for creative and critical endeavors" (p. 52). Further, Hollywood films both reflect and shape cultural attitudes toward persons with psychological disabilities (Livingston, 2004, p. 124), and Merskin (2012) argues that mental health issues are one of the most inaccurate representations in media (p. 45). As a result, a conundrum arises in developing pedagogy to study and teach within the disciplines of film and disability studies—instructors may be engrossed by compelling scenes or hallucinated creations but wonder later about how symptoms of serious mental disorders, which are manifested differently in each person experiencing them, can be depicted without reinforcing stereotypes and related stigmatizing attitudes.

The Fisher King

Jeff Bridges fully fleshes out his character Jack Lucas in *The Fisher King*. Jack is a superficial, smug, rich radio "shock jock" of the 1980s/early 90s. Exchanging meaningless patter with his girlfriend, applying expensive facial mud as he sits in a sunken tub in his Manhattan apartment and practices lines from a "sitcom" script he's thinking of accepting, baiting and insulting callers to his show, Bridges paints rich colors onto the stock character of the dislikable rich man. When he spots a news story featuring one of his callers who shot several diners and himself at a trendy New York eatery, Jack suddenly feels responsible. The screen skips to "Three Years Later," and we see Jack drinking heavily and living with Anne (Mercedes Ruehl) in a small apartment above her video shop. In the next scene, Jack's despondence and lingering guilt cause him, in heavy inebriation, to strap cinder blocks to his feet in preparation for throwing himself into the river.

Why do we viewers believe that a narcissistic media star experiences such a precipitous fall? "One obvious and simple answer is through the presentation of moving images, usually with spoken dialogue," writes Yanal (2010), adding that a viewer pretends or makes believe—experiences a fictional truth, as it were—and such "makings-believe frequently result in emotion" (p. 181). Seeing celebrity Jack Lucas brought low because he feels complicit in the mass shooting arguably makes us feel closer to Jack. The emotional connection is a result of what Yanal calls hybrid truth, which is a "statement that combines both a truth about a filmic presenter and a fictional truth" (Yanal, 2010, p. 182). We suspend our disbelief when we go along with Jack Lucas as a selfish celebrity (forgetting that the actor Jeff Bridges is pretending he's Jack), and combinations of presenters—any device common to cinema, such as music/sound, camera work, montage, etc.—take us deeper into the viewing/believing experience. For example, when Jack pauses in his routines of ego boosting and grooming to catch the evening news story about the murders in which he is indirectly involved, the camera's slow close-up to Jack's face constructs the hybrid truth. The following scene, when Jack, in his new life, is forced by Anne to emerge from the messy office and his bottle of Jack Daniels in order to assist video customers, the devices or "presenters" of low violins and slightly-slowed, first-person camera perspective assist viewers in unpacking the hybrid truth of Jack's long-term anxiety disorder and possible alcohol addiction.

Robin Williams plays Parry, a man who has no permanent home and who has a severe psychological disability. His real name is Henry Sagan, and he was a professor at Hunter College in New York before his wife was murdered by the caller who had been taunted and dismissed by Jack Lucas. Parry and Jack meet when Parry rescues Jack from an attack by hooligans who apparently hate homeless people. Waking up from his drunken state in Parry's room—the basement of the apartment building where Parry and his wife had happily resided—Jack scans Parry's collection of detritus. The array includes articles and photos related to Arthurian legend and medieval religion: mounted knights, monks, and rough depictions of the Holy Grail. One of Parry's delusions is that Jack is the "one" who will redeem Parry by finding the Grail, which Parry believes is a cup owned by Langdon Carmichael, a wealthy Manhattanite who lives in a mansion with turrets and ramparts. Although no clinical language is used to label Parry or his condition, we learn that he'd spent time in an institution after losing his wife.

Foucault describes how any behavioral or psychological disturbance displayed during the seventeenth century was treated as a lack of reason; whether a person was spending his family's fortune or acting licentiously or showing signs of what today would draw a diagnosis of mental illness, the person was institutionalized. Confinement "and the whole police structure that surrounded it served to control a certain order in family structures, which was at once a social regulator and a norm of reason" (Foucault, 2006, p. 89), and in Parry's case, his banishment to the basement locates him in a place where a "monstrous" life cannot be regularly observed. Parry's marginalized status in society might be traced to the ways in which madness after 1600 was linked with crimes against reason and sins of the flesh (Foucault, 2006, p. 86). Carr (2006) writes that we viewers can see ourselves in the

> characters of both Jack and Parry, the Grail knight and the Fisher King: we can recognize ourselves in the passive role of the ailing soul broken on the wheel of experience, or in the more active role of heroic struggle. (p. 324)

Despite the characters' flaws, viewers are moved by their plights and care about the outcome of their journeys.

A trickster—the mythological symbol for the rule-breaking rebel, and/or a loner fighting for the underdog—often starts out in a position of imprisonment or other restraint (Bassil-Morozow, 2012, p. 24). Foucauldian theory suggests that policies of enforcing segregation, of excluding persons not conforming to institutional norms for the performance of self, are common causes of alienation (Foucault, 2006, pp. 79-80). Parry's confinement in psychiatric wards—after his wife's death and after his date with Lydia—function as restraints in literal senses, but it is the murder of Parry's/Henry's wife before his own eyes, through its constant presence in his memory, that causes the lingering prohibition of happiness. It's curious that Parry is able to ward off or deflect the weapon that this traumatic event has become (as those words are the meaning of his new name); but this deflection occurs only when Jack's protective friendship is present. Every hallucinatory episode Parry has is triggered by reminders of Parry's real identity. Though his mind is continuously addled by grief, Parry nevertheless maintains his penchant for witty remarks and satire and actually serves, Don-Quixote-like, as rescuer of others, particularly of Jack. A trickster's resistance to disciplinary power reflects his nature as a pervasive trope that can be emancipatory for characters who are constructed as mentally ill. Henry's duality—as Parry the trickster—in fact deflects and diminishes the viewer's notion of him as a monster.

Considering Foucault's notion of our depictions creating our realities, how does one countenance the depiction of what appears to be Parry's schizophrenia? The actor does not have the condition or diagnosis, and the portrayal is crucial to the plot and overall effect on the viewer. One example from *The Fisher King* of a compelling but questionable element is The Red Knight, a marvelous creation: the embodiment of a Terry Gilliam cartoon, a monstrous red wraith whose mask combines Navajo Yeibechai with medieval armor, bloody feathered lances protruding, fiery emanations from the head and explosions behind, all sending Parry into screaming paroxysms and then into harder, silent angst and anguish. Seconds later, Parry is not only lucid but brilliant in his cultural references and deep compassion for others. Later, Parry enters a state of catatonia, emerging only when Jack places the stolen silver "Grail" into his hands. So in essence this action heals them both. It seems a central part of the plot needs to be included here. The story ends happily, both male leads stargazing naked in Central Park, the skyline lighted by many-colored skyscrapers and fireworks. It's implied that Parry is reunited with his love, though he will probably go on seeing the "Little People" and avoiding any psychiatric assistance or drug regimen.

A Beautiful Mind

A Beautiful Mind, a film featuring a central character with a psychological disability, received great acclaim, including four Academy Awards—among them Best Picture—and a nomination for Russell Crowe for his portrayal of mathematician John Nash. Director Ron Howard's film is the most "Hollywoodized" one discussed in this paper, the life of its subject tailored for commercial success. The Princeton professor did not actually experience visual hallucinations as depicted in the film, but auditory ones (Keltner, 2007, p. 110). The real Nash had homosexual affairs and divorced and later remarried his wife Alicia, played in the film by Jennifer Connelly. A term coined by French sociologist Rene Lourau, "schizophilia," applies here; it is "a modernist tradition of overvaluing madness" (Erb, 2006, p. 45). The premise of *A Beautiful Mind* is how a brilliant, socially-awkward graduate student can succeed at an Ivy League University, marry, have children, assist the government in interpreting intelligence, and win a Nobel Prize, all while negotiating very serious paranoid schizophrenia. Aside from the suffering borne by his wife

Alicia, the most compelling scenes to viewers involve Nash's hallucinations: his psychiatric disorder appears to be privileged over other subplots.

One facet of Nash's genius is the way he experiences numbers. Whether he is drawing equations on the panes of glass in Princeton's library or spotting patterns in Russian radio broadcasts, he internalizes numbers with a kind of synesthetic ease. Although synesthesia may be considered a disability, it is Nash's symptoms of schizophrenia that are used to lure viewers' attention and fascination. With his roommate Charles (Paul Bettany), Nash has stimulating conversations and even heated disagreements that escalate into a brawl. Later, we see Nash bond with Charles' niece. The salient conflicts in the representation of Nash's mental disorder involve Ed Harris' character, Parcher, a government-man always dressed in black. Observing from a distance as Nash analyzes the Russian signals, Parcher eventually enlists Nash's deep cooperation in identifying cryptic codes and messages in various media. Sequences in the film become Cold War spy-movie chase scenes, with Nash as a secret agent. His walls and mind filled with thousands of snapshots and headlines and byzantine connections and conspiracies, Nash reaches a breaking point and is seized and sedated in front of a crowd on campus before being sent to a psychiatric ward.

Viewers discover that Charles, Nash's graduate school roommate, and Charles' niece have been hallucinated figments. It is a rather engaging enigma for the audience to recall the scenes in which these characters have appeared without interacting with real human classmates or friends of Nash. The larger red herring? There is no Parcher; all of Nash's clandestine drop-offs, suspicions, and intrigues have been sensationalized twists—endeavors by the filmmakers to simulate what it feels like to experience schizophrenia. Rockwell (2002) describes the problematic nature of the portrayal of this disorder as "a blindly dumb attempt to turn schizophrenia into an adventure for the audience.… Schizophrenia becomes an occasion for a cinematic magic trick that leaves the viewer with no concept of the difficulty in getting well" (p. 37). Keltner (2007) adds that the film "may embellish and romanticize schizophrenia when it should not" (p. 111). Viewers—especially ones with little or no close acquaintance with persons with disabilities—may be left with inaccurate perceptions and conclusions about serious mental disorders and accompanying symptoms.

A Beautiful Mind is the only film discussed in this paper in which the main character is diagnosed and treated by a doctor. Thus, John Nash becomes a patient within what Foucault terms the disciplinary society. Foucauldian theory describes the objectification of persons: "Their visibility assures the hold of the power that is exercised over them. It is the fact of being constantly seen, of being able always to be seen, that maintains the disciplined individual in his subjection" (Foucault, 1977, p. 187). From the venue of lived experience, then, visibility is manifested in various forms. At Princeton, Professor Nash receives a great degree of both support and surveillance. When Dr. Rosen, played by Christopher Plummer, prescribes medication that causes the hallucinatory episodes to subside, Parcher disappears, but Nash feels numbed and unable to pursue his work. Nash's personal life has already suffered because of his condition, but another part of the extensive treatment is insulin shock therapy, a series of sessions portrayed quite graphically on screen.

Foucault's attention to the policies and procedures of medicine and governmentality—or the close observation and management of populations—is invaluable in the interrogation of the medical model of disability—of the medicalization of language and protocols relevant to impairments. Looking at the history of medicine, Foucault (1994) calls the emerging institution

the "lay carbon copy" of the Church, tasked not only with relieving pain but also with guarding public welfare (Foucault, 1994, p. 32).

> Medicine must no longer be confined to a body of techniques for curing ills and of the knowledge of *healthy man*, that is, a study of *non-sick man* and a definition of the *model man*. In the ordering of human existence it assumes a normative posture, which authorizes it not only to distribute advice as to healthy life, but also to dictate the standards for physical and moral relation of the individual and of the society in which he lives. (Foucault, 1994, p. 34)

For a time, Nash follows this "dictation," taking Rosen's regimen of drugs and practicing "normification"—a process that Goffman (1963) identifies as a stigmatized person trying to pass as ordinary (p. 31). Unable to respond to his wife or baby as he would like, Nash secretly stops his medications, a behavior that seems to have become a trope among writers creating characters with mental disorders.

When Nash's visions return, he experiences them acutely. One episode follows Alicia hanging laundry outside and hearing short-wave radio voices from an old garage on the property. Peering inside, Alicia discovers the walls are covered with articles and litanies of numbers and strings staking out webs across maps. Struck with the notion that her husband's paranoia has returned, Alicia dashes inside to rescue their infant son from a bath where Nash has left him alone. Seconds later, Alicia and the baby are inadvertently attacked when Nash believes he is stopping Parcher from shooting them.

The beginning of the happy ending of this film stations Nash in conscious rejection of his hallucinations. He acknowledges they are still with him, but refuses to interact with them any longer. Nash's self-discipline appears to be rewarded. As his family life stabilizes, he's allowed to work in Princeton's library and eventually to teach classes again, and he receives the Nobel Prize in Economics. Criticism of this plot arc suggests the film simplifies and decontextualizes schizophrenia, promoting the idea that it can be cured through self-discipline and a spouse's love (Rockwell, 2002, p. 37). Nassal (2002) finds it too easy that Nash "regains his equilibrium by stopping his medication…my concern is that those who see the film and who have not experienced someone they love with mental illness will also come to this conclusion" (p. 24).

Black Swan

Before the opening shots of *Black Swan*, the production credits just over and the screen black, we hear an oboe and strings. Quickly, we are located on a stage, the smoky beam of a follow-spot illumining a dancer's feet on the slick surface, lifting into a toe-stand as the camera pans away to show Nina's (Natalie Portman's) fluid motions. Her male partner floats about her before his costume magically transforms into a menacing black bird. Scholefield (2014) writes, "[w]e are undoubtably a part of Nina's dream, as the camera's touch invites us into it" (p. 46). This sequence serves as the first of many artifices, moments that are sometimes poetic and beautiful, menacing and puzzling—or hallucinated. We know nothing of Nina's history, but quick characterization shows her telling her dream to her mother Erica (Barbara Hershey), a painter and former ballet dancer who gave up her career to have Nina. Observing the crowd of Nina's competitors for the lead in *Swan Lake*, as well as the physical and mental trauma sustained through dancing in a world-

class company, we sense that Nina's psychological state is fragile. Often, the camera follows Nina closely, accentuating her physicality. Most of the camera work is hand-held, sometimes jumpy, as we get closer to Nina twirling or waving gracefully, muscles and fascia working under the skin. The mirrored walls of the rehearsal room multiply the busy and stressful atmosphere; Nina seems hyper-aware and hyper-sensitive to goings-on, especially to her competition, including Lily (Mila Kunis), a new member flown in from the West Coast.

The filmmaker has made it an arduous task to separate certain analyzable elements. Imagery of the body, for instance, includes athleticism and grace, but there are also the images of injury, places on Nina's body such as toes, fingernails, and back. Additionally, there is the idea of the double, with Nina continually believing she is seeing herself in varied locations. Perhaps the most challenging task is processing body/mind images. While Nina seems in agony after splitting the nail of a big toe, we see the nail intact in another shot. Viewers question whether the marks on her shoulder are a rash, scratches from anxiety, or purely hallucinations. Scholefield (2014) believes that the director's camera work causes the viewer to feel palpably for Nina when she peels away a large strip of skin from a hangnail. The director is causing us spectators "to feel more than sympathy for Nina, and his intention is to home in on something so familiar that we instantly understand the feeling, before we consciously understand her ailment" (p. 47). Whether the bodily damage is real or a symptom of psychosis, we tend to identify with Nina's pain using more sensory perception than what is processed by sight and sound.

Duality in *Black Swan* clearly suggests that Nina's identity is unstable. Gazing at herself in the blackened window of a subway car as the train is underground, she glances through the doors and spies a double. Dressed in black—while Nina wears a white winter coat and feathery white scarf—the figure is turned away but seems to mimic Nina's actions; the train stops, and the figure departs. The hallucination repeats as Nina walks a corridor and the woman passing her, dressed in black, seems to be herself. Later, Nina is alone in the Lincoln Center rehearsal room when most of the lights go off and a figure stands silhouetted in the doorway. We think it will bear Nina's face, but Lily steps into the light. A doppelganger relationship is established as Lily, who has the same long, dark hair as Nina but more self-assurance, becomes Nina's competitor and later her understudy, when Nina is given the lead by director Thomas (Vincent Cassel). At one point, Nina rebels against her controlling mother and goes dancing with Lily. Nina takes a drink she knows has been spiked by Lily and later returns to the apartment. It appears that Lily has come home with Nina; she has disappeared into Nina's room as Nina is scolded by her mother for staying out late the evening before opening night. Locking her bedroom door against her mother's intrusion, Nina has sex with Lily; for an instant Nina glances up to meet her own face. In the morning Nina awakens alone in her bedroom, which is filled with the pink furnishings of girlhood and several mirrors. We soon learn that Lily had not been in Nina's apartment.

The pace of these scenes keeps viewers interested but off-balance. Fisher and Jacobs (2011) claim that the film depicts, "claustrophobically and without any comforting 'objective' distance, the madness of the lead character Nina Sayer. Much of the film's power derives from its lack of proper perspective: we are always inside Nina's paranoid schizophrenia" (p. 58). Complicating the role of the double, Lily's character is depicted as duplicate—dark-haired accomplished dancer— while also as opposite, self-confident and extroverted, with large black wings tattooed on her back. Indeed, Lily seems ready for the role of both good/white swan and seductive/black swan: a sore subject with Nina because Thomas scolds her for not achieving the uninhibited abandon needed to portray the Black Swan.

A Beautiful Mind features entire characters that are figments produced by the protagonist, but *Black Swan* contains the greatest number of hallucinatory episodes of the films discussed here. Nonetheless, *Black Swan* is devoid of the clinical language and approaches of psychiatric diagnoses, and it stands alone as the text in which supporting characters do not seem to be aware of the main character's mental disorder or its associated anguish. Nina Sayer hides her hallucinations. Her mother shows concern, clipping Nina's nails so she won't scratch herself more, but she also instills guilt, feigning to throw out a birthday cake whose calories Nina shuns. Erica is aggressive, failing to wake her daughter on the ballet's opening day, and striving to control Nina in other ways. However, Erica has not sensed her daughter's imminent psychotic crisis. When Nina arrives at the hall and reclaims the lead before Lily can start the show, Nina has finally mustered the resolve to reach the dark pinnacle required by the Black Swan role.

The film has built a series of constricted settings, mostly places in which Nina sleeps, practices, and performs. Save for the wild atmosphere of the club where Lily causes Nina to "let go," the settings consist mostly of the Sayers' apartment and Lincoln Center. Nina has told Thomas she has no boyfriend, and she appears to have a sparse social life. The limited settings, combined with the mindset that Nina has constructed for herself—to do whatever is necessary to win and excel in the starring role—result in a vivid experience for viewers. The narrative moves swiftly, causing us to guess motivations and assign meanings that we may not consciously ponder until after the viewing time. Hence the "eye-feel" of the film is at once claustrophobic and comfortable, dense and digestible, surprising and familiar. Because of the close camera work throughout the film, the characterization that imbues Nina, and the ordeals she faces, we feel for Nina in several ways. When Nina prepares between acts for the tragic closing of the ballet, we watch as she hallucinates killing her counterpart, Lily, pushing her into the dressing room mirror and impaling her with broken glass. Bignall (2013) writes that the "nemesis twin she had stabbed was her own self, thus eliminating the innocent Nina and freeing the dark Nina to be a successful Black Swan" (p. 125). Here, the film hits high registers of emotion, the blurring of reality and fantasy highlighting Nina's extreme condition of disordered thinking (O'Brien, 2014, p. 106). As Nina notices that Lily is alive, and Nina herself has the belly wound; as Nina interprets the closing of the Russian ballet; as the filmmaker dramatizes the White Swan's climactic and, it seems, hallucination-free suicide—we watch a classic literary ending Hollywood-style. The viewer probably thinks Nina dies after she falls onto the mattress and whispers, "Perfect," the cast gathered around like a funerary retinue. The tableau calls to mind Hawthorne's "The Birth-Mark," whose theme suggests human perfection comes only with death.

The Hollywood-ization of Mental Illness

One cannot set aside the *raison d'etre* of popular movies, which is usually to make money, but with representations of mental disorders come issues that have real effects on the viewing audience. Issues of mental wellness are largely neglected in the media, but when representations of psychological disorders appear, they are often inaccurate; thus, misrepresentations are unfortunate because many spectators have little experience or reliable information about mental health conditions except for what they see and hear in media (Merskin, 2012, p. 45, 51). Stump (2002) asserts how inaccurate portrayals of people with psychological disabilities create fear from film consumers' lack of understanding, as well as stigmas that might prevent real persons from seeking the treatment they need (p. 189).

Hollywood films both reflect and shape cultural attitudes toward persons with psychological disorders (Livingston, 2004, p. 124). Wahl (2006) asserts that:

> Americans themselves identify mass media as the source from which they get most of their knowledge of mental illness. That they do so is certainly no surprise, for not only are these media ubiquitous in our lives, but mental illness is a very common theme in their presentations. (p. 3)

The effects of viewing negative and stigmatizing portrayals of persons with mental disorders could be devastating if a person with psychological disability internalizes these portrayals. Media representations frequently draw negative feedback for their unrealistic portrayals of psychiatric disorders and the myths they reproduce; in short, these portrayals become monstrous stereotypes. False representations have pervaded our consciousness and have doubtless added stigma to an already misunderstood range of disorders (Kondo, 2008, p. 250). Can films, in fact, realistically portray the lived daily experience of a person with a disorder? It is useful to look at Wahl's claim that "mentally ill characters are depicted unfavorably in the mass media. In particular, they tend to be depicted as inadequate, unlikable, and dangerous" (Wahl, 1992, p. 345). Characters labeled mentally ill may be judged unfairly by viewers; Foucault (1994) asserts that:

> The idea of *dangerousness* meant that the individual must be considered…not at the level of his actions; not at the level of the actual violations of an actual law, but *at the level of the behavioral potentialities they represented*. (p. 57)

It is an unfortunate perception that our senses of sight and hearing, orchestrated through the film's direction—according to much traditional film theory—tend to construct misconceptions about real persons with disabilities (PWDs) and about the disorders they may have. Sobchak (2004) writes that sense-oriented descriptions or reviews of films are generally viewed as poetic excess, focused more on language than on the "carnal" or bodily ways in which we understand cinema (pp. 58-59). We should be more conscious that the influence of visceral experience more permanently cements stigma in viewers' minds. The realistic "eye-feel" of these films—so often a viewer's only source of information about mental illness—invites the belief of their consumers.

I am arguing here that viewers' internalization of harmful images extends into all of our senses, especially into feeling. So, the ocularcentric tendency of consuming film and theorizing about it should be enlarged into a type of embodied visuality, including tactile knowledges:

> Haptic cinema, by appearing to us as an object with which we interact rather than an illusion into which we enter, calls upon this sort of embodied and mimetic intelligence. In the dynamic movement between optical and haptic ways of seeing, it is possible to compare different ways of knowing and interacting with another. (Marks, 2000, p, 190)

Images clearly reference memories; when filmmakers keep this haptic appeal in mind, they give viewers texts that are perceptible to the skin, almost a kind of Braille for our senses to recognize through touching by sight (Scholefield, 2014, p. 47). The mention of "skin" informs meanings both literal and not. According to Merleau-Ponty (as quoted in Barker, 2009), "if skin is not merely a biological or material entity but also a mode of perception and expression that forms at the surface of a body, then film can indeed be said to have a skin" (p. 26).

The pivotal scenes that conclude *Black Swan* engage the viewer with suspenseful trickery when Nina appears graphically to murder Lily, but a close watching shows it's Nina/Natalie Portman on the floor among the mirror shards, reaching up to strangle the neck of herself, as the neck of the Nina on top morphs for an instant into the stiff cartilage of a bird's neck; dominant Nina grabs a thick sliver of glass and thrusts it into the belly below. Suddenly the body is Lily/Mila Kunis again, dying, then dragged into the bathroom. In the next sequence, the ballet has resumed, the camera moving as fluidly as the dancers about the stage as Nina's arms sprout follicles and then feathers that bloom from her skin until they form full black wings that Nina unfurls triumphantly. The volley of these images becomes muscular, aided by what Yanal (2010) terms *hybrid truths* that in fact are the film's body language; Barker (2009) comments that film's "revealing and concealing functions are enacted with every touch of my skin upon the film's skin…the film becomes accessible and transparent to me" (pp. 29, 110). The close camera-work creates a tension that our eyes feel, the fast and intimate shots making meaning we are yet to think about because we are so involved.

Moviegoers actively sustain multi-sensory impressions. Voss (2011) posits that the reception of art is not passive but a "creatively projecting—and therefore, illusion-forming, act" (p. 142):

> it is only the spectator's body, in its mental and sensorial-affective resonance with the events onscreen, which (as I described earlier) "loans" a three-dimensional body to the screen and thus flips the second dimension of the film event into the third dimension of the sensing body. (Voss, 2011, p. 145)

This concept of the surrogate, or "loan-body" reinforces the role of the audience as a subject of the film discourse; the audience member's active engagement in the cinematic experience lets film appear "genuine" (Voss, 2011, pp. 143-144), and I argue that sharp impressions upon the spectator—especially uninformed and/or negative impressions of mental disorders—result in deeply rooted stigmatization whose target becomes real persons with psychological disorders. "Target" is a suitable descriptor, as the effects of stigma are too often blunted by language.

Effects on viewers result from the overall power of the movie experience; for two hours, the film dominates the environment of the viewer, who interacts with the film "psychophysically" (Voss, 2011, pp. 143-144). Whether or not the information (in this case about the depiction of a mental disorder) bears a true or inaccurate resemblance to reality would probably not occur to the spectator to ponder. How likely, after all, are viewers to interrogate the level of verisimilitude expressed in the portrayal? Viewers' knowledge and experiences with mental disabilities would vary, of course, but the crux is that unrealistic representations of mental illnesses in movies may exacerbate in spectators' minds the cultural curse of stigma (Swaminath & Bhide, 2009, p. 246). Stigma may remain unconscious, but it is arguably impossible for the viewing experience to be completely passive.

Conclusion

Rendering characters who are different, abnormal, or dangerous has proven to be a lucrative practice. It's done in television news and entertainment, but film is the prevalent medium that presents dangerous individuals to the public (Federman, Holmes, & Jacob, 2009, p. 36).

Stigma generated by portrayals of fictional characters with mental disorders differs greatly from emotions such as dislike or jealousy; Nina in *Black Swan* is subjected to these feelings, but because she guards the symptoms of her disorder so closely, she cannot be said to experience stigma. However, John Nash exhibits awkwardness and glassy stares that set him apart from other graduate students (until his brilliance wins him respect), not to mention levels of paranoia that bring about isolation, involuntary hospitalization, and even violence. Russell Crowe's Nash maintains high functionality despite his resistance to medicalized discourses, yet the film still constructs his behaviors as likably quirky, as when he asks a student if the representative of the Nobel committee is real. In *The Fisher King*, Parry acts in ways that have become non-normative stereotypes: he dresses shabbily, fishes things from trashcans, chases or flees wildly from his hallucinated nemesis; he's fallen out of his professorial niche to become a flamboyant and damaged saint. Even the psychiatric facility where he is housed seems stark and empty of compassion, a place where viewers would probably not like to be a patient or visitor—not an appealing "eye-feel." Watching these representations of people who are mentally disordered could produce in viewers a pleasant reminder of their own normalcy. But analyzing these characters also reveals the insidious process of othering, which excludes people by highlighting differences between those inside the group and those viewed as different (Phillips, 2012, p. 69). Characterization that may spread stereotypes and deepen prejudices is at the least problematic, casting characters as monstrous.

Elsewhere in this paper, I have referenced the idea that movies promote situations that seem real and unavoidable. Nichols (1981) compares the camera to a magician who appears to read our minds, so that our own act of reading the film goes unnoticed.

> Photographic realism, then, works to naturalize comprehension; it hides the work of perceiving meaning behind the mask of a "naturally, obviously" meaningful image.… It is also ideological in its implication that the surfaces of things are already meaningful, that this meaning is an objective given rather than a social construct. (pp. 35-36)

Critical thinking and critical media literacy should be considered as effective approaches to diminish stigmatizing attitudes of mental health issues in contemporary society. In a sense relevant to this topic, film should be used to dispel the stigma associated with mental disorders (Swaminath & Bhide, 2009, p. 246). Kellner and Share (2007) highlight that media education in pre-K-12 levels in the U.S. has never been fully developed, despite the ever-present nature of media culture (p. 4). The thinking skills instilled by close study can be applied to numerous media, such as news, advertising, and music. Nichols (1981) writes that we must become fluent at reading signs and realizing their makers—even signs that are intended to mislead us. When consumers of film are exposed to signs that are "produced specifically to mislead, to throw us off the trail, knowing how to find our way amongst the most numerous and commonplace of signs becomes a matter of survival" (p. 291). Stump (2002) notes the importance of the careful reading of texts. He writes, "It is important that we, as the motion picture audience, become literate filmgoers, able to recognize even the subtlest projection of discrimination or prejudice in the films we watch and to react accordingly" (p. 192). In school settings, teaching practices that ask students to unpack media with various approaches can be effective in helping students attain greater knowledge about diversity issues (Tisdell, 2008, p. 64). Pedagogical techniques would have students using close readings of filmic texts for the purpose of breaking down negative stereotypes and group discussions to increase critical thinking and questioning skills; students would be empowered as

critical readers of images and would expand their comprehension of crucial social issues (Chellew, 2000, p. 27).

As they become co-learners with their students, educators should remember Hall's (1997) dictum that there is no natural relationship between a sign and its meaning: meaning depends upon the correlation between a sign and a concept, and this relationship is governed by a code (Hall, 1997, p. 27). Teachers of critical media literacy can utilize this social constructionist perspective to remind us that students viewing movies create meaning through their past experiences in relation to images on the screen; teachers can also employ the medium of film to instruct about issues of equity (Tisdell, 2008, p. 54). Encouraging active viewing habits tends to keep meanings from becoming naturalized and viewers from becoming stuck in old habits (Kellner & Share, 2007, p. 65). Teachers might also expose their students to non-fiction films as a means to fight preconceptions about persons with psychiatric disabilities. Brown, Evans, Espenschade, and O'Connor (2010) suggest that filmed contact with real PWDs results in more willingness to interact with persons with mental illness. Decreasing both social distance and negative stereotypes, these "filmed contact interventions" would serve as valuable tools in changing the real-world effects connected with stigma (pp. 497-498). Documentaries might be the most effective types of film to use in negating stigma.

The embodied experience of film-viewing recalls the Foucauldian notion that the body is constituted not just by the mind. Viewers *experience* films; their interpretations are their own, but critical perspectives can be useful in expanding naïve readings into deeper understandings of unequal power structures that exist outside of their cultural orbits. Foucault's focus on power and the knowledge it entails—his highlighting of power relations and how manifestations of power are connected to the body—are what serve to inform my comprehension of critical media literacy. According to Cook (2013), the subject (in this case the viewer/consumer) is embedded both in the material world and in the social world. Further, Foucault writes that the influence of social elements over individuals shows itself not only in relations of exchange but also in relations of power (p. 967). Using film to assist viewers in gathering awareness of the commonness of power relations can be emancipatory both to viewers and to persons labeled with—or disabled by—the conditions featured in films.

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