"What About Bob?"
An Analysis of Gendered Mental Illness in a Mainstream Film Comedy

A Thesis

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ABSTRACT

Mental illness has been a subject of fictional film since the early 20th century and continues to be a popular trope in mainstream movies. Portrayals of affected individuals in movies tend to be inaccurate and largely stigmatizing, negatively influencing public perception of mental illness. Recent research suggests that gender stereotypes and mental illness intersect, such that some mental illnesses are perceived as "masculine" and others as "feminine." This notion may further stigmatize such disorders in individuals, as well as falsely inflate observed gender disparities in certain mental illnesses. Since gendered mental illness is a newly identified concept, little research has been performed exploring the way stereotypical gendered mental illness is depicted in mainstream film. This paper analyzes the movie *What About Bob*? to show that comedic film perpetuates stigma surrounding feminine mental illness in men and identifies the need for further study of gendered mental illness in movies to ascertain the effect such depictions have on the observed gender disparities in prevalence of certain mental disorders, as well as offers a proposal for coursework for film and medical students.

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INTRODUCTION

Mainstream film comedies that feature characters with mental illness, such as *What About Bob?* (Ziskin & Oz, 1991), have the potential to stigmatize persons with mental illness and negatively affect their lived and clinical experiences. Though their major role in society is to entertain audiences through humor, caricatures of persons with mental illness may have other effects, including influencing the attitudes and perceptions of such individuals in viewers. The genre of comedy itself is characterized by ploys and themes meant to invoke laughter from audiences. However, the representation of individuals affected by mental illness may invite the audience to ridicule these characters, which may influence their attitudes toward persons with mental illness in society. Comedic films, though seemingly benign, may hold significant power in terms of societal perceptions of such topics of mental illness. Recently, Boysen *et al.*, (2014) have suggested an intersection between mental illness and gender, such that certain disorders are perceived as feminine, while others are masculine. Anxiety disorders are perceived as stereotypically feminine, and *What About Bob?* (Ziskin & Oz, 1991) centers around a man with such a disorder. Feminine disorders in men may be stigmatized, and the role of comedic film in perpetuating such stigma and its impact on those affected individuals and general society has not been well-studied. Thus, it is necessary to consider the intersection of gender and mental illness and how comedic film may reinforce the concept of gendered mental illness in order to understand the potential impact such films

have on personal and public stigma, as well as its effect on observed gender disparities in certain disorders.

Films from other genres have acted as catalyst for societal changes over the course of history, and the potential for comedies to affect society on a large scale should be considered. For example, the documentary *Blackfish* (Oteyza & Cowperthwaite, 2013), which depicts the sad reality of orcas bred and kept in captivity, inspired a movement that ultimately led to a change in how SeaWorld keeps and uses these creatures in their parks, as well as a 60% decrease in stock price of the movie's subject's, a Killer Whale named Tillikum, home park (Ferdman, 2014, Lange, 2016). *Jaws* (Zanuck, Brown, & Spielberg, 1975) spurred a decrease in beach tourism after its release, despite the reported rarity of shark attacks (Fisher, 2010). Film also highlights important issues affecting society that may have otherwise gone unnoticed. *The Day After Tomorrow* (Emmerich & Gordon, 2004) shows the potential implications of climate change, while *Erin Brockovich* (DeVito, Shamberg, Sher, & Soderbergh, 2000) tells the true story of a legal clerk who brought a case against a company for contaminating drinking water.

Illness and disease are common subjects in both nonfictional and fictional film. Documentaries often introduce the public to rare and/or poorly understood diseases and the effects said afflictions have on sufferers. *Life According to Sam* (Fine & Fine, 2013) shows a child living with progeria and his mother's mission to find him treatment. *Unrest* (Brea, Dryden, Gillespie, Nahmias, and Hoffman, 2017) follows the struggle of a woman suffering from Chronic Fatigue Syndrome. *Afflicted* (Logreco & Partland, 2018)

not only chronicles the lives of the individuals with illnesses, it also sheds light on the psychological and financial effects of caring for a sick loved one. Fictional films often use dramatic and comedic approaches to artistically represent the struggles individuals with illness suffer. Cancer is a popular topic, and is explored in film such as *Steel Magnolias* (Stark, Stone, White, & Ross, 1989), *The Fault in Our Stars* (Godfrey, Bowen, & Boone, 2014), and *A Walk to Remember* (Di Novi, Lowry, & Shankman, 2002), to name a few. HIV/AIDS is the medical subject in *Dallas Buyers Club* (Brenner, Winter, & Vallee, 2013) and is also implied as the cause of death of Jenny in *Forrest Gump* (Finerman, Tisch, Starkey, & Zemeckis, 1994). Paralyzed characters are often incorporated in films, including *Me Before You* (Rosenfelt, Owen, & Sharrock, 2016) and *The Diving Bell and the Butterfly* (Kennedy, Kilik, & Schnabel, 2007), which centers around the autobiographical experiences of a paralyzed individual.

Like physical illness, film has long used mental illness as inspiration for characters and themes. However, unlike physical illness, mental illness is often shown horror genre. Film often depicts mental illness as something to be feared, with many such movies either implying or explicitly blaming mental illness for the aggressive behavior displayed by antagonists and antiheroes (Goodwin, 2013). For example, *Psycho* (Hitchcock, 1960) suggests that Norman Bates' murderous acts are due to an affliction with dissociative identity disorder. *Halloween* (Hill & Carpenter, 1978) is the story of a man who escapes from a mental institution 15 years after murdering his sister and stalks and kills a group of teenagers on Halloween night.

Besides the many violent characters with mental illness in film, misrepresentations of other disorders are common. While mental illness affects all demographics, many movies tend to show the highly gifted geniuses, which has been criticized as linking mental illness to greatness (Kondo, 2008). Indeed, the average person with mental illness does not have such qualities that elevate them to a position of admiration. On the other hand, it is unfair to assume that mental illness will always hinder a person from doing amazing things. *A Beautiful Mind* (Grazer & Howard, 2001) is the story of John Nash, a Nobel Prize-winning mathematical genius, and his struggle with paranoid schizophrenia. *The Soloist* (Foster, Krasnoff, & Wright, 2009) depicts Nathaniel Ayers, a gifted musician, who also suffers from schizophrenia. *Good Will Hunting* (Bender & Van Sant, 1997) tells the story of a math genius, Will Hunting, and his unspecified mental illness that causes him to experience bouts of rage and violent outbursts. Although these movies show people with mental illness in a more positive light than horror films, they still are wholly misleading about mental illness in the general public.

An important detail to keep in mind when viewing these films is genre. The genre of a film will largely dictate the presentation of a subject, such as mental illness. Horror films are designed to instill a sense of uneasiness in the audience, presenting the subject as a threat. Thus, it might feature characters with mental illness as obviously aggressive individuals that are intent on terrorizing and/or harming other people, insinuating that persons with mental illnesses should be feared. In contrast, comedies are designed to provide a source of material for audiences to laugh at. The situations and characters are

typically presented in a lighthearted, sometimes ludicrous, manner in order to make light of, and perhaps mock, the subject. Thus, while horror films may paint persons with mental illness as a threat, comedies may present them as something to laugh at and may misrepresent and stigmatize mental illness in a different way. Indeed,

If film perpetuates inaccurate and largely negative stereotypes about mental illness in general, as discussed above, I suggest that it may also perpetuate the gendered stereotype of mental illness suggested by Boysen *et al.* (2014) as well. The use of cinematic framing techniques, combined with the general portrayal of a character with mental illness, may influence the audience to perceive a disorder as masculine or feminine. This may cause the audience to associate a particular disorder with either men or women, respectively.

Thus, the purpose of this thesis is to examine the impact of gender stereotyping *of* mental illness in comedic film, using *What About Bob?* (Ziskin & Oz, 1991), a movie featuring a man with a feminine disorder, revealing how these layered stereotypes contribute to a deeper problem of intolerance in our society that is perpetuated by the film industry. That is, the gendering of mental illnesses by comedy films may be at least partially responsible for the gender disparities observed in prevalence rates of mental disorders by increasing stigma of certain feminine disorders in men. Therefore, there is a need for more complex mental health education and care, as well as a critical look at the moral and social responsibilities of film makers to reduce mental health stigma and gender biases through the messages they send to audiences. Before delving into these considerations, I begin this thesis by laying the groundwork, discussing the prevalence of

gender stereotypes in mental illness and the gender schema theory. In the second chapter of this thesis, I analyze *What About Bob* (Ziskin & Oz, 1991) using film elements of mise-en-scène, that is, everything that composes a scene, including lighting, design, composition, and kinesis (see Appendix for descriptions of the film elements) to illustrate the complexities of mental illness and the lived experiences among sufferers of certain gendered mental illnesses. Much like mental illness diagnoses have been used to police gender roles,

Bob, the subject of the film, is an average man living in New York City who suffers from severe anxiety, a feminine mental illness. As viewers watch his behavior and the way Dr. Marvin and others respond to him, they may form ideas about how people with mental illness behave, as well as stigmatizing attitudes toward these individuals.

In this analysis, I explore how audiences receive such films and the stereotypes within, as well as consider the moral and social responsibilities of film directors and writers in recognizing, if not acting to reduce or eliminate, gendered mental illness stereotypes. Finally, in the third chapter, I identify the potential impact visual media has on persons suffering from mental illness and the need for further mental health humanities research and education to acquire a deeper understanding of gendered mental illness and its representation in film and other media forms.

CHAPTER 1

GENDER DISPARITIES IN MENTAL ILLNESS

The 2017 National Survey on Drug Use and Health conducted by the Substance Abuse and Mental Health Services Administration (2018) estimated that 46.6 million adults in the United States, representing 18.9% of the population, live with a mental illness. The prevalence of mental illness in women is estimated at 22.3%, while in men, it is 15.1%. Less than half of affected individuals, 42.6%, (19.8 million) received mental health services in 2017, with more affected women (47.6%) than men (34.8%) receiving help. An estimated 11.2 million (4.5% of adults) lived with a serious mental illness in 2017, experiencing significant functional impairment that affected one or more major life activities. The prevalence of serious mental illness in women was estimated at 5.7%, while in men, it was 3.3%. Of this figure, 66.7% (7.5 million) received mental health services in 2017, with more women (71.5%) than men (57.7%) receiving treatment (Substance Abuse and Mental Health Services Administration, 2018).

The above statistics show a disparity in the overall rates of mental illness between men and women; furthermore, some disorders are disproportionately diagnosed more frequently in certain genders, as well. For example, women are nearly twice as likely to be diagnosed with anxiety and/or depression than men, while men exhibit higher prevalence rates of antisocial personality disorder and substance abuse disorders (American Psychological Association, 2011; Eaton *et al.,* 2012; Substance Abuse and Mental Health Services Administration, 2018). Schizophrenia and bipolar disorder are

estimated to have a roughly equal prevalence in men and women (Abel *et al.*, 2010; Diflorio & Jones, 2010).

Hypotheses for the gender disparities in mental illness rates cite a range of potential factors, from biology to environment. Indeed, a review of meta-analyses performed by Gatt *et al.* (2013) found that several specific genetic variants have been implicated in the development of certain mental disorders, including schizophrenia, anxiety, depression, ADHD, and bipolar disorder, with potential sexual dimorphisms of said genes. That is, men and women may have the same gene but have variance in expression. Thus, the question is how and why individuals may have vastly different presentations of the same gene and thus, variance in the presence and severity of the symptoms of mental illness.

It is generally thought that both genes and environment contribute to the development of mental illness, however, there has been little evidence to adequately explain why women and men appear to be disproportionately affected by different disorders (Riecher-Rössler, 2017). Indeed, a review of meta-analyses performed by Gatt *et al.* (2013) found that several specific genetic variants have been implicated in the development of certain mental disorders, including schizophrenia, anxiety, depression, ADHD, and bipolar disorder. However, the expression a gene and subsequent development of mental illness appears to depend on more than the mere inheritance of said gene. This same review observed that some genes associated with certain mental disorders appear to have sexual dimorphism in expression; that is, men and women may express the same gene differently. The mechanisms underlying the differential

expression of said genes are not fully understood but are likely to be a result of complex processes potentially influenced by environmental processes.

Indeed, familial studies have revealed that the mere presence of implicated genes does not guarantee the development of mental illness. Several studies involving twins have noted that many mental illnesses generally tend to have a hereditary component that increase the likelihood of the individuals of developing said illness; however, these same studies suggested that genetics were only partially accountable, with environmental influences contributing to symptom development and severity. A study by Agrawal *et al.* (2004) suggested that genetics are significantly associated with the presence of depressive symptoms in twins, with monozygotic twins having the highest correlation, independent of sex. This same study found a similar correlation in dizygotic twins, though to a lesser extent, and with no significant difference between same-sex and opposite-sex twins. The authors suggested that a model attributing genetic and environmental factors to variability in depressive symptoms was a better fit than one attributing solely genetic or solely environmental factors.

Furthermore, a meta-analysis of the heritability of alcohol use disorder in twins and adoptive siblings by Verhulst *et al.* (2014) suggested that alcohol use disorder does appear to have a genetic correlation, but environmental factors may account for variances in symptoms. However, this same study did not suggest the presence of sex-specific genes, as both same-sex and opposite-sex twins had similar ratios of correlations. That is, the authors predict that the same genetic factors contribute to the development of alcohol use disorder in both males and females. Therefore, though the prevalence of

alcohol use disorder is greater in men, genetics are likely not the sole factor accounting for this disparity.

Consistent with the aforementioned studies, though a genetic component is suggested to be present in the development of certain mental illnesses, environmental influences are important, as well. One such meta-analysis by Van Houtem *et al.* (2013) suggested a heritable component to anxiety disorders and phobias. This same analysis also suggested that the specific *type* of phobia may also have a genetic basis, as well. However, no quantitative differences in genetics were observed between sexes, suggesting that the same genes were responsible for the development of said anxiety disorders and phobias in both men and women, despite the higher recorded prevalence in women.

The question then arises why gender disparities, such as the higher rates of anxiety and depression in women and the higher rates of substance abuse disorder and antisocial personality disorder in men, are documented. If the two sexes have the potential to inherit the same gene, what mechanisms lead to the varying expressions of it between individuals and the sexes as a whole? Despite the strong support for a genetic basis of mental illness, individual differences in expression of genes and symptomology of disorders are likely due to factors not included in the genome, i.e. environmental factors. From a biological standpoint, epigenetics and hormones have been identified as potential modulators of mental illness. Epigenetics refers to the modification of a gene through chemical processes, for example, via DNA-methylation, where a methyl group is attached to a gene. The modified gene's expression is then either activated or suppressed,

depending on the epigenetic change, i.e., the addition or removal of a chemical group. Recently, researchers have speculated that epigenetic changes may be necessary for the development of mental illness (Higgins, 2008). Indeed, a review article by Guintivano & Kaminsky (2014) suggests that epigenetics may be an important mediator between genes and environment, resulting in altered expression of said genes and the emergence of mental illness. Moreover, this same article suggests that the *timing* of such epigenetic changes during an individual's development (e.g. during fetal development, early childhood, etc.) may be important, as well, citing studies linking maternal nutrition, infection, and more on the development of mental illness in their offspring. Adverse events in an individual's life may therefore lead to epigenetic changes in genes that are linked to mental illnesses, contributing to the phenotypic variances that are observed in affected individuals.

Another consideration currently being explored is the effect of sex hormones on mental illness symptoms. Though research in this area is still in its infancy, some studies have emerged supporting the notion that fluctuations in gonadal hormones may contribute to the rise of mental illness in an individual. A meta-analysis by Walther *et al.* (2019) suggested that low testosterone may be associated with depression in men and that treatments addressing the lack of this hormone may be therapeutically beneficially in alleviating depressive symptoms. Likewise, estrogen has been implicated as a potential mediator for the emergence of schizophrenia. According to a review by Gogos *et al.* (2019), low estradiol, a potent estrogen, as well as low progesterone, has been observed in both men and women presenting with schizophrenia and first-time psychosis.

Furthermore, high levels of dehydroepiandrosterone sulphate (DHEA-s) and testosterone were also observed in individuals with schizophrenia, according to a meta-analysis by Misiak *et al.* (2018), and a negative correlation between serum testosterone and the severity of schizophrenia symptoms has been reported in several studies, such that lower levels of testosterone may be associated with more severe symptoms (Gogos *et al.*, 2019). Other studies have suggested a correlation between gonadal hormone fluctuations and the onset and severity of symptoms in bipolar disorder and PTSD, further supporting the hypothesis that sex hormones play a significant role in the development of mental illness and potentially account for some of the gender disparities recorded in psychiatric disorders (Gogos *et al.*, 2019).

Though the biological environment appears to be important in the development of mental illness, another dimension must be considered: the social environment. Adverse childhood experiences (ACEs) describe any trauma or stressful event that occurs during childhood, such as abuse and neglect, witnessing violence in the home or neighborhood, and parent/guardian divorce (Centers for Disease Control and Prevention, 2019). ACEs have been associated with the development of mental illness in children, including depression, anxiety, and substance abuse disorders (Zarse *et al.*, 2018). Moreover, a history of ACE(s) has been associated with increased odds of suicide attempt, with 3-4+ ACEs with a younger age at first attempt (Choi *et al.*, 2018). Research has suggested that boys and girls experience different types of ACEs. For example, a study by Duke *et al.* (2010) suggested that girls may be more likely to experience sexual abuse compared to their male counterparts. This same study suggested that ACEs were associated with a

greater risk of perpetrating violence in boys compared to girls. Though it is possible that the type of ACE experienced by an individual may influence the subsequent behavior, this potential correlation has not been well-studied yet. Therefore, other factors that may explain such gender disparities must be considered, including socialization of children with respect to gender. That is, are boys and girls taught to react in different ways according to societal gender expectations?

Indeed, from the time children are born, the adults are influential in teaching and demonstrating how to be, both consciously and unconsciously. An example is the assigning of toys based on gender. Through the use of colors (e.g. pink for girls, blue for boys), as well as written and verbal labels and marketing narratives, children learn what society deems to be gender-appropriate material (Dinella & Weisgram, 2018). One content analysis of LEGO® Group playsets found that LEGO® City, which is marketed toward boys, emphasized skilled professions, expertise, and heroism, while LEGO® Friends, which is marketed toward girls, encouraged being domestic, having hobbies, and aim for beauty (Reich *et al.*, 2017). Evidence has also suggested that parents interact with their sons and daughters differently, engaging in "rough and tumble" play consisting of poking, tickling, tumbling and language related to achievement with boys, while engaging in more singing/whistling and language related to sadness and about the body with girls (Mascaro *et al.*, 2017). Furthermore, a study by van der Pol *et al.* (2015) found that, when discussing depictions of emotions, parents tended to label angry children as "boy" and sad and happy children as "girl," suggesting an association of said emotions with a certain gender, the implications of which may be the unconscious passing on of

such implicit stereotypes to children. This early gendering of certain behaviors and emotions in individuals may provide the basis for later processing of stimuli in terms of gender. According to Sandra Bem's Gender Schema Theory, sex-typing, whereby society associates masculinity with men and femininity with females, may begin with an individual's readiness to process new information according to previously established ideas about sex and gender (Bem, 1981).

Indeed, gender prescribing, in which society dictates what behaviors are appropriate for men and women based on biological sex appears to occur from an early age and continues into adulthood from a multitude of external forces. The way men and women are socialized according to their respective sexes and treated throughout childhood and into adulthood, as well as the expectations society has of the way they should behave may be especially impactful in the manifestation of mental illness symptoms. Men and women are expected to act in certain stereotypical ways, according to sex, and deviation from these behavioral prescriptions may be met with social and professional repercussions (Bem, 1974; Prentice & Carranza, 2002). Society favors men who are assertive and self-reliant, who have leadership qualities and strong personalities, and rejects men who are emotional, moody, and weak (feminine qualities). In contrast, society desires women who are warm, kind, sensitive, and cooperative, and reject women who are rebellious, cynical, and arrogant (masculine qualities) (Prentice & Carranza, 2002). Such collective traits that are connected to one's sex by social constructs will be referred to as gender for the purposes of this paper.

Though women and men who deviate from their prescribed gender stereotypes face negative consequences in society and the workplace, men may, in fact, be punished more harshly for their nonadherence to their own gender stereotype. Men who express traits deemed to be feminine (e.g. emotional, agreeable, vulnerable, humble, etc.) are often perceived as less competent, less hirable, and of lower status, resulting in fewer opportunities for promotion and less income, compared to their more masculine counterparts (Mayer, 2018). These men are often viewed as homosexual, which carries its own stigma and was once considered a mental disorder, and subsequently, are more prone to harassment and violence from other men (Burton, 2015; Huebner *et al.,* 2004; McCreary, 1994).

Such stereotypical thinking intersects with mental health. As Boysen *et al.*, (2014) observed, society applies gender to mental illness, as well. Disorders characterized by externalizing symptoms, in which the individual displays disturbances in conduct, are perceived as masculine illnesses. These include antisocial personality disorder and substance abuse disorders, as well as paraphilias. In contrast, disorders characterized by excessive concern about one's appearance and emotional lability are perceived as feminine, including histrionic personality disorder and eating disorders. Conversely, mental illness has historically been applied relative to gender, as well. A classic example is the historical diagnosis of hysteria as a female disorder, associated with the uterus and triggered when a woman did not procreate with a man (Tasca *et al.*, 2012). Women were generally thought to be weak and vulnerable to mental illnesses, and though Jean Martin Charcot (1825-1893), the French father of neurology, collected data

showing that hysteria was more common in men, the overarching belief that hysteria solely affected women persisted until the 20th century, when contemporary psychiatrists began suggesting that any person, man or woman, could be affected with such a disorder (Tasca *et al.*, 2012). Even so, the term "male hysteria" was used, and afflicted men were suggested to be feminine and sexually inadequate by Sigmund Freud (Kavka, 1998). Thus, the intertwining of gender and mental illness is not a new concept, but rather, has been a theme throughout history. Certain illnesses have been associated with femininity for centuries, most notably hysteria, and men who were diagnosed with such disorders were thought to be effeminate (Kavka, 1998).

The adherence to rigid gender stereotypes has been suggested to affect the willingness of men to accept and seek-help for both physical and mental health issues. Research has shown that men are generally less likely to seek professional help for mental disturbances, especially when they endorse traditional masculine stereotypes (Juvrud & Rennels, 2017; Pattyn *et al.*, 2015; Seidler *et al*., 2016). Masculine norms dictate that men be self-reliant, therefore expressing a need for help is often interpreted as a violation of their gender role. This reluctance to consult professional health services may be further mediated by the type of illness the man is suffering from. Michniewicz *et al.* (2016) found that men considered gender-atypical illness as a threat to their masculinity and feared a loss of gender status when faced with a stereotypically feminine illness. Consistent with this finding, a focus group conducted by Rochlen *et al.* 2010 found that men viewed depression, a disorder more commonly diagnosed in women primarily characterized by emotional disturbances, as incongruent with their masculine

social roles; participants associated the disorder with weakness and vulnerability, the opposite of the prescribed masculine traits of strength and stoicism. Western society has taught men that girls cry and boys don't, a basic principle that influences a man's ability to express such "feminine" emotions and acknowledge his suffering and need for help (Rochlen *et al.,* 2010; Seidler *et al.,* 2016). Similar observations have been made regarding men's attitudes toward other stereotypically feminine mental illnesses. Eating disorders are generally thought to be a woman's illness; indeed, the excessive concern an individual has for the appearance of his/her body that is the foundation of these disorders is associated with stereotypical femininity (Boysen *et al.,* 2014). As such, men have indicated that being diagnosed with an eating disorder would be shameful, as eating disorders are a female problem and admitting their struggle would be an affront to their masculinity (MacLean *et al.,* 2015; Soban, 2006).

Another consideration for the discrepancies in mental illness rates between men and women may be due to differences in presentation of the disorder. The *Diagnostic and Statistical Manual of Mental Disorders-5* (DSM-5) (American Psychiatric Association, 2017) outlines each mental disorder and the criteria that must be met to be diagnosed with a certain illness. If a person does not meet the criteria for a disorder, he or she is not diagnosed with it. Research has shown that men and women may present with the same disorder in different ways. For example, the DSM-5 criteria for depression requires at least 5 of the following symptoms to be present during a 2-week timeframe, with at least 1 of the symptoms being decreased interest/pleasure or depressed mood: depressed mood; diminished interest/pleasure in most activities; significant weight

change or appetite change; increased or decreased sleep; psychomotor agitation or retardation; fatigue or decreased energy; feeling worthless; decreased concentration or indecisiveness; and/or recurrent thoughts of death or suicidal ideation. These symptoms must cause significant distress or impairment and cannot be attributed to a substance or a medical condition (Uher *et al.,* 2013). While the DSM-5 largely focuses on internalizing symptoms for diagnosis, research suggests that the current criteria may not be sufficient to capture depression in males. Magovecivic & Addis (2008) developed the Masculine Depression Scale (MDS), which included externalizing symptoms such as aggression, anger, alcohol/drug use, and sexual activity, to explore the presence of such symptoms in men after a stressful life event. They found that men who endorsed greater adherence to masculine gender norms reported more externalizing symptoms. Moreover, a study using the aforementioned MDS found that, although both genders experience internalizing symptoms in depression, men significantly endorsed a greater number of externalizing symptoms, though the overall score on the MDS was similar between men and women (Genuchi & Mitsunaga, 2015). These results suggest that, though men and women may experience depression similarly, men are more apt to express the disorder outwardly in a different manner. The increased use drugs and alcohol during depressive episodes may also be misinterpreted, with the underlying depression unrecognized and psychiatric treatment deferred. (Oute *et al.*, 2018).

Yet another factor that may contribute to the gender disparities in mental illness prevalence rates is bias in healthcare professionals. Research has shown that women are more likely to be diagnosed with a mental illness than men, even when they present with

the same symptoms (Garb, 1997; Lewis *et al.,* 2006). Furthermore, studies suggest that physicians are more likely to have a physiological explanation for a man's reported symptoms, while attributing a woman's symptoms to a psychological etiology (Hamberg, 2008). A study by Bertakis *et al.* (2001) found that primary care physicians were more likely to diagnose women with high scores on the Beck Depression Inventory (BDI) with depression (stereotypically feminine disorder) than men with high scores. This same study found a greater number of false positive diagnoses in women than in men with low BDI scores. Mental health professional gender bias has been observed in the diagnosis of stereotypically masculine disorders, as well. Fuss, Briken, & Verena (2018) found that psychologists and psychiatrists generally pathologized atypical sexual behavior more in men than women. Affected men were more stigmatized than affected women in this study as well, with mental health professionals perceiving men as more dangerous and expressing a greater desire for social distance.

Under-recognition of a disorder in a person by the affected individual or those around him/her, including family, friends, and healthcare professions, may be a contributing factor to gender disparities in prevalence rates, as well. Campaigns promoting education and awareness of disorders may mislead the public to assume that said disorder is highly unlikely to affect one gender. As a result, if the person is the opposite gender, s/he may not suspect or recognize symptoms of that disorder in her/himself. Indeed, eating disorders are perceived as stereotypically feminine. Attempts to educate the public and raise awareness of the disorder often include the high prevalence rates in females (MacLean *et al.,* 2015). As media reinforces the idea of

eating disorders as a strictly female disorder, such disorders may not be acknowledged in men (Räisänen & Hunt, 2014).

In fact, the role of media as a societal factor contributing to the observed gender disparities in other mental illnesses cannot be ignored. Film is an especially culturally relevant form of media that serves a variety of purposes. Through a combination of visual and auditory elements, it creates stories that audiences can interpret in a multitude of ways. If educational campaigns can influence society's awareness and perception of certain topics, as described above, film, through its dramatization of its subjects, may play a significant role in the way society's gender stereotyping of mental illnesses. The messages that audiences receive from comedic films about stereotypical masculine and stereotypical feminine mental illnesses in men may affect the level of stigma associated with each.

Male characters with mental illness are often shown as being violent, their psychopathy being inspiring murderous sprees in horror movies used to invoke fear and disgust or at the very least, a general unsettling feeling, in the audience. The cult classic, *Psycho* (Hitchcock, 1960), for example, features a homicidal male whose violent nature is driven by his own mental illness, namely dissociative identity disorder. Having this character's alternate personality be a dangerous entity perpetuates the stereotype of masculine mental illness being defined by violence and aggression. Similarly, *Sybil* (Capice, Dunne, Babbin, & Petrie, 1976), depicts a female character with dissociative identity disorder. However, her alternate personalities are not shown to be violent; rather her emotional turmoil is directed inwardly, and her personal anguish is amplified in her

own suffering. This stark contrast in characters of different genders with the same disorder arguably propagates the stereotype of masculinity and femininity in behaviors attributed to mental illness, and the depiction of mental illness reaffirms and reifies gender norms.

When a male character is shown to have a stereotypically feminine disorde, he is often shown as a more feminine character in general. *The Skeleton Twins* (Duplass *et al.*, 2014), a dramatic comedy, centers on the experience of a brother and sister who struggle with major depression. Milo, the male twin and who attempts suicide early in the film, is homosexual, which is often associated with femininity and generally stigmatizing. The implicit association between major depression and femininity mediated through Milo's homosexuality may therefore reinforce the notion of the gendering of such a disorder. Similarly, *Welcome to Marwen* (Rapke, Starkey, & Zemeckis, 2018), a film about a man, Mark Hogancamp, suffering post-traumatic stress disorder (PTSD) following an assault, presents the protagonist as feminine. Although he is heterosexual, he has a fetish for women's shoes and is shown wearing them. Similarly, in the horror film *Silence of the Lambs*, Buffalo Bill, a psychopathic serial killer, also dresses in women's clothing, which arguably links femininity and deviance from gender norms with psychopathy, despite cross-dressing not being a diagnosable mental illness. Furthermore, in *Welcome to Marwen* (Rapke, Starkey, & Zemeckis, 2018) the people who protect and care for Mark are women, a role reversal that paints him as vulnerable and that alludes to his own lack of masculinity, as men are expected to be self-sufficient and independent. Though PTSD is typically associated with men, likely due to the prevalence among returning military

men, it is diagnosed more frequently in women and is characterized by fear and anxiety, symptoms associated with femininity (Vernor, 2019). Indeed, according to the National Center for PTSD, women are more than twice as likely to develop PTSD, and the type of trauma they experience may be a factor (National Center for PTSD, n.d.). Women are more likely to suffer sexual trauma, such as sexual assault, which has been implicated as a major conditional risk factor for the development of PTSD. In contrast, men are more likely to experience physical traumas, such as assault and combat injuries (National Center for PTSD, n.d). PTSD has historically been linked to men who have been in battle, though it has been referred to by different names (Crocq & Crocq, 2000). Thus, its association with men in present day is likely from a long tradition of recognition in male soldiers. Likewise, Mark Hogancamp developed PTSD after being attacked in a bar, further reinforcing the narrative of men developing the disorder after a physical assault.

As the audience forms their opinions on mental illness in others, those suffering from such disorders may develop certain perceptions about their own struggle, resulting in self-stigmatization. The presentation of mental illnesses in film may reinforce gender norms and thus, stigma, of disorders that are associated with masculinity and femininity. Men, especially, may be more prone to self-stigmatization when faced with a stereotypically feminine mental illness, as their masculinity is often a vital part of their identity and their sense of self-worth, as well as their social status, may be threatened. If certain disorders are presented as feminine, it is possible that men will be less likely to recognize or admit being affected by such illnesses and potentially less likely to seek

help. Furthermore, they may be more likely to self-treat, which could contribute to the gender disparity of substance abuse disorders in men (Oute *et al.*, 2018).

This paper analyzes *What About Bob?* (Ziskin, & Oz, 1991), because it is a comedy film that depicts a man with a stereotypically feminine mental illness that is definitively diagnosed by the psychiatrist in the film. Though mental illness in movies has been examined in a general manner across all genres, and especially in horror movies, little work has been done to analyze the representation of mental illness in comedies. The potential for this genre of film to stigmatize mental illness and propagate inaccurate representations has not yet been explored in depth. Furthermore, since comedies tend to caricaturize characters and situations, the potential for them to exaggerate the intersection of mental illness and gender stereotypes is great. *What About Bob?* (Ziskin, & Oz, 1991), is a cult classic and was well-received by both critics and consumers, grossing nearly $64 million at the box office (*What About Bob?* (1991)- Financial Information, 1991). It continues to air on television networks regularly, frequently offering opportunities for those who have not previously seen it to indulge. With its widespread availability and PG rating, it offers entertainment for adults and children, as well as ample opportunity for propagating stigma surrounding mental illness, particularly a feminine mental illness in a man. However, despite it being such a provocative film regarding mental illness in general, as well as gendered mental illness, in American society and popular media, few scholars have offered any sustained analyses of it. I contend that this movie is a powerful tool for teaching medical students and film students about the intersection of gender and mental illness; therefore, in the next chapter, I dissect the film and identify the feminine

and masculine traits of the two major characters, Bob Wiley and Dr. Marvin, and analyze the implications of framing such gender stereotypes in a comedic film about mental illness.

CHAPTER 2

AN ILLUSTRATION OF GENDERED MENTAL ILLNESS IN COMEDIC FILM

What About Bob? (Ziskin, & Oz, 1991) is a comedy starring Richard Dreyfuss as Dr. Marvin, an accomplished psychiatrist, and Bill Murray as Bob Wiley, his new patient plagued by anxiety. Dr. Marvin has just published a book and is planning on going on vacation to Lake Winnipesaukee with his family for a month. After a brief phone call with a colleague, Dr. Marvin agrees to accept a new patient referred, who is revealed to be Bob. However, at their initial appointment, which occurs the same day, Bob forms an attachment to Dr. Marvin. He travels to Lake Winnipesaukee and finds Dr. Marvin and his family, much to Dr. Marvin's dismay. Though the family welcomes Bob, Dr. Marvin becomes increasingly angry at his antics until he becomes so disturbed that he attempts to kill him with explosives. However, Bob breaks free and returns to Dr. Marvin's home, where he finds the psychiatrist outside with his family. When the house is engulfed in flames as a result of the explosives Bob left inside, Dr. Marvin goes into a catatonic state and is placed in an institution. Later, as he witnesses Bob and his sister, Lily, getting married, he recovers, yelling out in rage at the sight before him. The movie ends with a

black screen and white text stating that Bob went back to school to become a psychologist and that he wrote a best-selling book called "Death Therapy," for which Dr. Marvin is suing for rights.

In this film, Bob is diagnosed by Dr. Marvin as having "multi-phobic personality characterized by acute separation anxiety and extreme need for family connections" (14:55-15:03). Phobias and anxiety are perceived as stereotypically feminine mental illnesses, and according to data, disproportionately affect females. Furthermore, research by Michniewicz *et* al., (2016) showed that men tended to perceive feminine disorders as a greater threat to their gender status and expressed greater distress at being diagnosed with such gender-atypical disorders than gender-typical disorders. Knowing that media is influential in our beliefs and perceptions, I analyze gender-associated traits in Bob and Dr. Marvin as identified by the Bem Sex Role Inventory (Bem, 1974) to show Bob, the patient, is presented as feminine and Dr. Marvin, the psychiatrist, is presented as masculine. The significance of these depictions is the stigmatizing of feminine mental illness in men, as Bob is portrayed as lacking power compared to Dr. Marvin and depends on his psychiatrist in such a way that he appears to lack self-sufficiency. With men's masculinity often being an important part of their identity, the film's representation of an anxiety disorder in Bob may reinforce the association of femininity with anxiety disorders, impacting the way society sees mental illness, affected individuals perceive themselves, and the willingness of affected men to seek help for such disorders. Furthermore, I apply mise-en-scène analysis to show that film elements reinforce the gendering of mental illness and the persons suffering from such disorders. Mise-en-scène

encompasses all visual elements within a frame in film. Directors intentionally present scenes in certain ways to convey meaning to the audience, using everything from the lighting to the camera angle in order to communicate messages. Every aspect is carefully considered and designed, leaving virtually no detail insignificant. The combination and interaction of everything within scene gives said scene's overall meaning. There are four main components of mise-en-scène analysis: lighting, design, composition, and movement (Barsam & Monoham, 2019).

Introducing Bob Wiley

The first several minutes of the film serves to introduce the audience to Bob Wiley, who we come to know as the patient. Through the careful design of the opening set, we get a glance of who Bob is before we observe him in action. The movie begins with a close-up of a goldfish swimming across a black screen as opening credits play. The background changes to show the goldfish in a simple fishbowl, with only a few stalks of plastic foliage for decoration. We hear a male voice repeating a mantra: "I feel good. I feel great. I feel wonderful." The camera then flashes to reveal a man in his thirties, who we come to know as Bob Wiley, dressed in a white undershirt and shorts, sitting up in bed and furiously rubbing his temples as he repeats the affirmation, "I feel good. I feel great. I feel wonderful." Morning light pours in from a window to the right of Bob. A humidifier emits steam nearby. We see several bottles of pills on a stand in front of the bed. The nightstand is cluttered with items. In the closet, we see a row of clothing hung up, each article covered in clear plastic. The apartment is painted a neutral tan, and a large poster detailing the steps of CPR hangs on the wall beside the bed. The

frame then switches to a close-up of Bob furiously brushing his teeth, especially his tongue. Again, the frame switches, now showing Bob emerging from the bathroom, wearing a white and beige striped dress shirt, tie, and dress pants. A fire extinguisher, a first aid kit, and a small hand vacuum hang on the wall to his right. Against said wall that separates the bathroom from the rest of his apartment, a big black book stands atop a desk, its title visible in gold lettering "Medical Dictionary: Family Health." Bob then walks around the corner to where his goldfish is swimming in its bowl by the window. "Good morning, Gill," he says, as the fish swims against the side toward his face. He tells the fish he must go to work, then sits at the cluttered desk. He stamps a timecard and starts rummaging through the material on his desk.

The scene switches to a close-up of a white-faced analog clock propped on a stack of books, a statue of a German Shepherd beside it. The background comes into focus, and we see Bob from the waist down, now wearing a tan jacket as he walks past, arms at his sides and his fingers rubbing together furiously. The next few seconds show Bob's face, visibly anxious and shiny with sweat. The camera flashes a door, which we understand to be the front door of his apartment. We then see Bob dip with his first step and walk determinedly to the door, where he stops abruptly, turns around, and says "wish me luck, Gill." He opens the door and exits.

The camera then switches to a view at the end of a narrow hallway. Bob enters the hallway from a door on the right of the screen. The walls are a dirty off-white, and the hall is barely wider than Bob. He turns sideways, tightens up, and walks toward the camera in the dim light from a single fluorescent bulb in ceiling. A close-up of his face

shows his misery. The next frame is a close-up of his hand, covered with a tissue, reaching for the aged brass knob of a dark, sloppily painted door. The frame changes to show a view of the doorway from the outside, as visibly uncomfortable Bob steps out from a dirty, old building. The background music ceases, replaced by a cacophony of noises: dogs barking, people arguing, sirens blaring, horns honking, engines running. Bob descends the flight of steps, staring ahead into the presumably busy world before him. A couple of young men past him, carrying a boom box that is blaring music. As soon as he steps onto the sidewalk, a large truck rushes past him, obscuring Bob from our view. A second later, when the truck has past, we see Bob crouched on the ground, a cloud of dust surrounding him. As he crawls away, his cheeks are puffed out as he holds his breath.

From these two short, comical scenes, we gain tremendous insight into the character, Bob Wiley. His morning mantra, the humidifier, the CPR poster, the first aid kit, the medical book, and the bottles of pills suggest that he has a great deal of anxiety, especially surrounding his health and has a sustained relationship with mental healthcare providers. His waking mantra, "I feel good, I feel great, I feel wonderful," further reinforces his relationship with mental healthcare workers, as this repetitive phrase suggests he is involved in cognitive behavioral therapy, a psychological method of using one's thoughts to influence how one feels (Martin, 2019). He works from home, presumably because his anxiety prohibits him from obtaining a job outside of his apartment. Though he maintains good hygiene, as evidenced by his teeth-brushing and neat dress, his untamed hair reminds us that he is suffering from a mental affliction.

Beyond Bob's behavior and appearance, the setting and props of these scenes reveals much more into this character. His small living space and the brick building that fills the window suggests he lives, and works a low-paying job, in the city. However, if we further analyze his environment, we can infer that his living space is also a metaphor for Bob's psychological state. The lack of open space in his apartment suggests claustrophobia and the limitations his anxiety has on his ability to interact with the greater world, while the clutter reflects his own tangled thoughts. The images of medical-related items in nearly every frame, including the CPR poster, the medical book, the first aid kit, and the bottles of pills, represent the constant thoughts he has about his own health. Furthermore, the narrow hallway that Bob must traverse to make it outside represents the psychological challenge he faces when he must leave the safety of his home and step into the world. The walls nearly touch his shoulders on either side, and he stiffens, turning sideways as he walks. The narrowness of the hall is, perhaps, a nod to the expression "walls closing in" as Bob is visibly uncomfortable as he walks forward. The close-up of Bob's hand protected by a tissue as he turns the doorknob shows us his fear of touching public surfaces, likely due to his health-related fears.

When Bob steps outside, the quietness of the hall is suddenly replaced by an overwhelming medley of loud noises. Not only does this abrupt change signal that Bob lives in a busy city, but it gives us a hint into his own anxious state. As we have come to understand that Bob has anxieties about leaving his apartment, the sounds associated with stressful conditions (e.g. sirens, arguing, horns) represent his view of the outside world as a negative, overstimulating place. When a truck drives by, kicking up a cloud of dust

around him, he falls to his hands and knees, ducking his head. He then crawls away, while holding his breath. His actions, which mimic that of a person during an explosion, suggest his likening of the benign dust cloud to a life-threatening event.

The combination of lighting, music, camera angles, and Bob's actions in the beginning sequence give an overall feel of comedy while portraying Bob as a very odd individual. Though Bob works from home, he dons dress clothes rather than casual wear. His unkempt hair sticks up, a contrast to his otherwise neat appearance, suggesting that only his head is affected, a sort of lunacy perhaps. He talks to his fish and must mentally push himself to leave his apartment. Furthermore, he uses tissues as a barrier between his hand and public surfaces and reacts dramatically to a cloud of dust that surrounds him. Although Bob clearly suffers distress from his anxiety, his situation is presented in a comedic way. His mannerisms are funny, and the viewer is led to laugh at the ridiculous nature of Bob, rather than to empathize with the way his mental illness negatively affects his life. Furthermore, he assumes a set of feminine characteristics that impact the way audiences see Bob and impacts their understanding of mental illness. Bob is warm, gentle, affectionate, yielding, sympathetic, understanding, loves children, is childlike, and loyal.

A warm, gentle, and affectionate man

Bob is an affable man, and his warmth and gentleness can be observed in his interactions with other people and his goldfish. He nurtures his goldfish, Gill, and we observe him speaking to it as though it were a human family member a few times during the first scene of the movie. Bob's warmth is especially extended to Dr. Marvin and his

family, to whom he is drawn to from the beginning. From the moment he encounters each member of the family, Bob greets them warmly, remembering their names and, in Fay's (Dr. Marvin's wife) case, complimenting her. His friendliness is received well by Anna (Dr. Marvin's daughter), Siggy (his son), and especially Fay, who takes his flattery to heart.

As an affectionate character, Bob expresses his fondness for others both verbally and through his actions. He forms an attachment to Dr. Marvin and his family early in the film, and they are the major the recipients of his sentiments. His first significant observable display of affection occurs on the steps in front of the general store, when he first encounters Dr. Marvin in Lake Winnipesaukee. After Dr. Marvin agrees to talk to him via phone, he spreads his arms and steps toward the doctor to embrace him, a gesture that is inappropriate for Bob to enact, but is intended to make us laugh at the absurdity rather than repulse us. We are led to side with Dr. Marvin, who rejects Bob's offer, as he actively tries to remain professional and set appropriate boundaries between his patient and himself. Already, the "othering" of Bob, the individual with mental illness, is occurring. His overly friendly approach to Dr. Marvin suggests his immediate attachment to the psychiatrist, which is not well-received. Bob has heretofore been represented as an odd individual, an outcast of sorts, and Dr. Marvin's insistence that the two not embrace subtly suggests the social distancing attitude that persons without mental illness tend to harbor toward those affected. Indeed, hugging a patient is typically considered unprofessional, but there is also an underlying message that persons with mental illness, like Bob, are not "normal" and interacting with them so closely is off-putting.

Though Dr. Marvin rebuffs his advances this time, Bob is not deterred. He appears at the Marvin residence later that day, and he and Dr. Marvin have a discussion outside the house. Dr. Marvin, wishing to be rid of Bob's presence for the remainder of his vacation, writes his patient a prescription for a "vacation from his problems." Bob, overcome with gratitude, expresses his appreciation for the doctor by verbally praising the psychiatrist and, catching the doctor off-guard, embracing him. Though one could argue that Bob is being defiant and willfully disobeying Dr. Marvin, it seems that he is so overcome with joy and appreciation that he cannot help but express it. Like women's hysteria throughout history, he is unable to control his emotions as they wash over him. His inability to remain stoic in this situation makes him seem feminine, rather than masculine, as masculinity dictates that men remain in control of displays of affection. Moreover, his overall warmth and gentleness is stereotypically feminine; he is not aggressive or dominant, as is typically associated with masculinity. Instead, we are shown an offbeat man who is very expressive of his emotions.

Though horror movies typically portray individuals with mental illness as dangerous and threatening, this comedic film shows Bob in the opposite manner. Bob is not threatening, and he is not dangerous; he merely wishes to be part of a family. Dr. Marvin rejects his affectionate advances out of a desire to maintain professional distance from Bob out of annoyance and want of social distancing, rather than fear. Thus, this film is helpful in showing that persons with mental illness are typically not violent, dangerous individuals. However, it tends to make light of the seriousness of a patient stalking his doctor to his private residence and mingling with his family. This behavior is

inappropriate for a patient and his psychiatrist, and such incidences of a patient unexpectedly showing up at his doctor's house should be taken seriously. One of the potential implications of showing a patient stalking his physician as a comical matter is the downplaying of such a situation as something to not be concerned about. Although it is true that individuals with mental illness are usually not dangerous, any case of a patient following his doctor should be addressed as a serious matter. Furthermore, the humorous approach of showing Bob's intentional crossing of professional boundaries by hugging Dr. Marvin after the doctor resisted him initially is problematic, as well, as it makes fun of the situation.

Bob's overall warmth and affectionate nature is intended to make us accept him as a benign individual. He is shown as harmless, and even Fay laughs at Dr. Marvin's assertion that Bob could be dangerous ("Oh come on, Leo. He's a sweet guy. He's perfectly harmless") (58:06-58:19). However, this depiction also suggests that Bob's actions are not to be taken seriously and addressed appropriately. The implications of this for society in general is the potential for affected individuals who do act in a similarly inappropriately manner to be perceived as utterly harmless and should not be taken as seriously as someone without mental illness. This is demeaning to affected individuals, as it may lead the public to assume that they are incapable of understanding the gravity of such inappropriate actions. Rather than hold persons with mental illness who have full capacity accountable when they do engage in boundary crossing, we may be more likely to excuse their behavior and write it off as harmless. Bob being shown as warm, gentle,

and affectionate makes us more apt to laugh at his actions, rather than be concerned with them.

A yielding, sympathetic and understanding patient

The best example of Bob's yielding nature in the film occurs during the family dinner scene. Dr. Marvin, frustrated with Bob, asserts that he address him as "Dr. Marvin," rather than "Leo," as Bob has been up to this point. Though Bob points out that he had given him permission to use his first name, Dr. Marvin responds that that was in his office and that in his home, he wants Bob to call him "Dr. Marvin." Bob accepts his demand, casting his eyes down and nodding, an image of submission and an acknowledgment of the power differential. Even when under threat, Bob does not try to defend himself. As a yielding nature is perceived as a stereotypically feminine trait, Bob's own submission helps to reinforce his character as feminine, and consequently, may cause the viewer to associate such femininity with his mental illness.

Bob has a sympathetic nature to him, which extends to both people, including Dr. Marvin's family members, and his pet goldfish, Gill. An especially significant scene that illustrates Bob's understanding personality is during a car ride with Dr. Marvin's daughter, Anna. As Anna describes the struggles she has, Bob acknowledges and identifies with them as well, offering support that Anna is not alone in her experiences.

Anna

I have problems the same as anyone else, same as you

Bob

You're afraid your bladder will explode? Which other ones are the same? Like what? Like what?

Anna

Well, like analyzing everything to death, to see if what I'm feeling is normal.

Bob

Yes, yes I have that, yeah

Anna

Do you freeze up and turn into wood when you're around a good-looking guy, and you don't even know if he likes you or not?

Bob

Well, not a guy, but yes, I freeze. You know what, I treat people as if they were telephones. If I meet someone who I think doesn't like me, I say to myself, 'Bob, this one is just temporarily out of order. Don't break the connection, just hang up and try again.'

The cinematography in this scene helps show the developing camaraderie between the two, as well. The up-close images of their faces as they engage in conversation helps the

exchange feel more intimate, as if it were two friends sharing their concerns, rather than two strangers. His sympathy for Anna's emotional experiences shows that he is willing to admit his own struggles, even the ones that may be embarrassing. However, Bob's responses are meant to be funny, to invite the audience to laugh at him and his odd fears. We are not led to empathize with his anxieties, but rather, ridicule them. This may be discouraging to men who struggle with anxiety disorders, as their fear of humiliation and social rejection may prohibit them from admitting their problems and seeking help. Furthermore, this scene may perpetuate stigmatization of anxiety disorders in men by society, as we laugh at the ridiculousness of his fears without truly understanding the debilitating nature such disorders can be. We may be led to downplay the distress men may be feeling, rather than empathize with and support them.

Moreover, Bob is empathetic to Dr. Marvin's emotions, as well. A notable example occurs after Dr. Marvin's has an outburst and apologizes for his behavior. "I am truly sorry. Call it a case of show business nerves," he says. "We can all certainly understand that," Bob replies, understanding of what Dr. Marvin may be feeling and how his behavior may be affected by his emotions. Rather than hold the doctor accountable for his tantrum, he readily accepts his apology with total forgiveness. This is a recurrent theme throughout the film. Bob appears to identify with the feelings of others and frames their behavior accordingly. This allows him to easily connect with the other characters, which, though it makes him likeable to the others, also makes him stereotypically feminine.

A Childlike Individual

Within seconds of meeting Dr. Marvin for the first time, Bob is drawn to a picture of the doctor's family. Standing in front of the photographs, he makes a few guesses as to their names before Dr. Marvin corrects him and leads him to his seat. Dr. Marvin notices Bob's interest in his family, even going so far as to comment on it when recording his diagnosis of Bob after their session (e.g. extreme need of family connections).

Our first glimpse of Bob's childlike disposition comes during his first meeting with Dr. Marvin. After Dr. Marvin hands Bob his book, "Baby Steps," explaining the concept behind the therapy, Bob, in awe of the idea, begins taking literal baby steps around, and eventually, out of, the office, a display reminiscent of a child. Furthermore, in this same scene, the camera often angles down on Bob as he looks up from his seat, as though we are looking down on a scared child.

The implication of Bob's childlike personality is that he is not seen as equal, socially or intellectually, to Dr. Marvin or other adults in the film. We view him as naïve and incapable of caring for himself, relying on Dr. Marvin and Fay to meet his needs. His antics are humorous to us, rather than disturbing, as would be the case if he did not remind us of a young child. Thus, as being childlike is seen as a feminine trait, the exaggeration of this characteristic in Bob further reinforces his femininity and lack of power compared to the masculine Dr. Marvin.

A Loyal Patient

Bob is fiercely loyal to Dr. Marvin, even when Dr. Marvin's behavior toward him is, frankly, cruel. He often defends Dr. Marvin to anyone who may speak negatively about him, including his wife and kids. In fact, he often redirects the Marvin family's

adverse thoughts about the doctor and justifies his behavior as wanting the best for his family and being misunderstood by those who are not as brilliant as himself. Bob's loyalty to Dr. Marvin is reflective of his other feminine traits, including his dependence, yielding, and gentleness. He idolizes the psychiatrist and relies on him heavily for guidance through his mental illness, which is in stark contrast to the masculine stereotype of self-reliance, self-sufficiency, leadership, and assertiveness. Bob quietly accepts the doctor's ill treatment, rather than fighting back as a more masculine man would be expected to do.

The significance of Bob's unwavering loyalty to Dr. Marvin is the overall femininity it implies about him. A more masculine individual would be expected to defend himself against such maltreatment. Showing Bob as a rather meek individual may perpetuate stigma in men with anxiety disorders by the film's association between this mental illness, femininity, and weakness. Men who ascribe to the notion that they should be forceful and dominant may not be willing to admit that they share a mental illness in common with a character like Bob due to anticipated stigma from society. Unaffected individuals may also perceive these men as weak and vulnerable, furthering perpetuating stigma surrounding a diagnosis of such a mental disorder.

What about Bob's neutral traits?

Bob does show several traits that the Bem Sex Role Inventory (Bem, 1974) deem to be neutral, i.e., not classified as masculine or feminine. Among these traits, he is happy, friendly, likeable, sincere, and truthful, reflected in his positive interactions with Dr. Marvin's family and others. However, such neutral characteristics do not make Bob

any less feminine. In fact, such traits may augment his femininity further. His childlike personality is reinforced by his happy disposition, friendliness, truthfulness, and sincerity. His sympathetic nature, gentleness, warmth, and affectionate persona help make him likeable to Fay, Anna, and Siggy. If Bob were shown as more masculine, these traits would likely support his masculinity, rather than detract from it. The neutrality of such characteristics and their effect on the person appear to depend on the overall gender stereotype of said individual. Arguably, showing Bob as having only neutral traits may depict him as less feminine. However, it may also make his character less complex and less interesting to the audience. Perhaps, then, a blend of gender traits, both masculine and feminine are necessary to make a fictional film character like Bob engaging to the viewer while decreasing the level of stigma associated with his mental illness.

Introducing Dr. Leo Marvin

The scene begins with a shot of a woman stepping into a room. She is dressed neatly in a teal suit jacket and skirt, a string of pearls around her neck, a scarf of muted blue, yellow, and red draped over her shoulders. The walls are gray, the door a rich wood. A tall hourglass if visible on a stand next to the door. Multiple framed certificates and degrees are visible on the portion of wall above the stand in the frame. The camera is presumably behind a desk, from the viewpoint of the person sitting there. She pleasantly says, “Doctor, it’s your wife on the phone” with a smile, before exiting while the camera pans to the right, showing a blue couch, a small green plant on a wooden table in the corner, geometric art prints hanging on the wall, and finally, an older gentleman, Dr. Marvin, sitting in a cushy leather chair, a smile on his face as he holds a phone to his ear.

He is wearing a dark suit and red tie, and his short grey hair is neatly combed, his white beard perfectly groomed. He is proudly telling his wife that his publisher thinks *Good Morning America* will be interviewing him next week. He smirks throughout the short exchange between his wife and him, until the phone buzzes, and his secretary tells him that another doctor is on the phone. Before disconnecting with his wife, he says "Boy, they sure do come out of the woodwork…when you're famous," and laughs.

At this time, we are given a view of Dr. Marvin's neat, tidy desk. The sturdy wood is a rich, reddish hue, and a smaller hourglass, a globe, and gold box decorate the top. There are no papers on the desk, and a pen sits in its holder. The doctor on the line is another psychiatrist who begins the conversation by complimenting Dr. Marvin on his new book. The camera moves to show Dr. Marvin sitting behind his desk, the entire wall behind him a window looking out at the tall buildings behind him. By the view, it is apparent that his office is several stories up. To his right is a sizeable bust of Sigmund Freud. Dr. Marvin leans back in his chair, resting his crossed feet on his desk as he listens to his colleague. The doctor then informs Dr. Marvin that he is leaving his practice and has a patient he would like to refer. Dr. Marvin asks if the patient is psychotic, to which his colleague assures him that he isn't. "His name is Bob Wiley," he says. "He pays early. He comes on time. He just needs someone brilliant." Dr. Marvin grins as the doctor continues to compliment him. He then agrees to take Bob as a new patient. After hanging up with his colleague, he tells his secretary to schedule an appointment with Bob for after he returns from vacation, to which his secretary informs

him that Bob has already called twice and will be his next session. He picks up a thick, yellow hardback book, the one he has written, and says "that's persistence."

This introduction to Dr. Leo Marvin serves to establish the dichotomy between Bob Wiley and himself. Dr. Marvin is masculine and successful, deserving of our respect and admiration. From the moment we watch his well-dressed secretary step into his office to tell him of a phone call, we understand that Dr. Marvin is an important person. The wall of degrees beside the door indicate that he is an educated man. The large window behind his desk overlooking the city denotes his social and professional status, as such offices are reserved for those high on the corporate ladder. The decorations on his desk appear expensive, suggesting his personal wealth. Although never explicitly stated, we can deduce that Dr. Marvin is either a psychiatrist or a psychologist from his question to his colleague about his patient ("Is he psychotic?"), as well as the large bust of Sigmund Freud atop a podium in his office.

When examining the speech and mannerisms of Dr. Marvin, we understand that he is quite self-aware of his status and is, perhaps, a narcissist. At the very least, he has a sizeable ego, which is apparent in his conversations with his wife and colleague. When talking to his wife, he mentions how unusual it is for Good Morning America to interview people on vacation, an air of importance in his tone of voice. The way he laughs after his line, "Boy, they sure do come out of the woodwork…when you're famous," relays his arrogance. Furthermore, while speaking to his colleague, his body language further suggests his sense of self-importance and power, thriving on compliments given by others. He seems to believe that he is better than others. When he

first begins talking to his colleague, he leans back in his chair, propping his feet up on his desk, a posture indicating his perceived power. His colleague appears to be aware of Dr. Marvin's narcissism, and exploits it to hand off a difficult patient to him. "He just needs someone brilliant, Leo," he says, as Dr. Marvin considers the request. "I know you don't like flattery, but if there's anyone I know who could win the Nobel Prize, it's you." Dr. Marvin laughs but does not disagree, and it is apparent that he enjoys the adulation. After hanging up with his colleague, he picks up the book he has written and looks over the cover, clearly proud of his achievement.

Dr. Marvin's character can be described by several masculine traits as defined by Bem's Sex Role Inventory. He is analytical, acts as a leader, has leadership abilities, dominant, assertive, forceful and aggressive, while he only displays one feminine trait: he is flatterable. These traits are illustrated through his behavior, his relationships, and film elements that subtly reinforce his masculinity. This depiction of Dr. Marvin is significant, as it indicates that a man who is allegedly mentally healthy, who has the education and tools to help others with mental illness, is the ideal picture of masculinity. The next several sections will identify specific masculine traits Dr. Marvin possesses and how the film presents such a character, as well as discuss the implications of gender stereotyping of a mental health professional.

Dr. Marvin is analytical

Dr. Marvin's career is built around the practice of analysis. From the cover of his book, we learn that he has a medical degree and a Ph.D., both of which require extensive education in the practice of analytics. As a psychiatrist, he evaluates people and

situations to determine diagnoses and solutions, and from the very first meeting with Bob, he displays his proficiency in the practice when he makes a quick diagnosis of Bob's condition. The decorations in his office also convey the importance of analytics in his life. The very prominent bust of Sigmund Freud, the father of psychoanalysis, stands proudly beside his desk, and Dr. Marvin leans on it while seeing Bob for the first time. This indicates his reliance on his analytical skills in his profession.

As analytical skills are perceived as a masculine trait, and Dr. Marvin's career is founded on his analysis of individuals, the message being sent to the viewer is that Dr. Marvin is assuredly masculine. His ability to rapidly assess and diagnose Bob within their first meeting is a testament to his level of skill and his maximizing of such a masculine trait. To the general viewer, as well as those affected by mental illness, this presentation of Dr. Marvin invokes a level of respect and confidence in his intelligence and his authority. We trust in his expertise unquestioning, and his quick judgment of Bob is accepted without protest. A potential negative impact this may have on society's idea of psychiatrist is the reinforcement of the great power differential between patient and doctor. While it should be recognized that psychiatrists have years of training and are highly qualified in treating mental illnesses, this depiction of Dr. Marvin patients may feel nervous and hesitant to share certain complaints with them out of fear of quick judgment and embarrassment. Furthermore, it may perpetuate the notion that a psychiatrist will be able to identify a patient's problems more rapidly than what is realistic. Oftentimes several sessions are necessary to fully understand an individual's problems. However, this presentation of Dr. Marvin shows him able to diagnose Bob

thoroughly within a single, short session, which may propagate the inaccurate idea that this is the norm.

Dr. Marvin acts as a leader and has leadership abilities

Dr. Marvin establishes his leadership in both his professional and his family life. He has established himself as a competent psychiatrist, leading both patients and colleagues in therapeutic practice. For patients, he guides them through therapies to alleviate their psychological ailments, and his book, *Baby Steps*, is a resource for both layperson and colleague. His designing of a novel therapeutic process paves the way for those in need of direction in dealing with psychological distress.

The significance of Dr. Marvin's leadership abilities is the implication that he is capable and competent. This is in direct contrast to Bob, who relies on Dr. Marvin for guidance. By showing Dr. Marvin in a leadership role, his masculinity is reinforced and in stark contrast to Bob's femininity, further exaggerating the two's respective gender roles.

Dr. Marvin is dominant

Dr. Marvin's dominance is apparent throughout the film, as reflected in his character's behavior, as well as the cinematography surrounding him. As an accomplished psychiatrist who has just released a book, he works in a large, pristine office with a wall-sized window overlooking the city. He is on his way to becoming very well-known, as *Good Morning America* wants to interview him, introducing him to

viewers across the country, which implies his position of authority and importance. Indeed, when we first meet him, he assumes a power stance behind his desk as he speaks to a colleague on the phone. With shoulders back, hands in his suit pockets, and feet planted firmly on the ground, he exudes confidence and esteem. His secretary, who sits at a desk in a small waiting area, is available to answer his calls and organize his schedule.

Moreover, the camera angle helps reinforce his authority. Oftentimes throughout the film, the camera is pointed at Dr. Marvin from a lower point, looking up at him, giving the illusion that he is tall and figuratively "above" us. Midway through his first appointment with Bob, he rises from his chair as Bob remains seated. The camera is then positioned between the two so that it looks up at Dr. Marvin and down at Bob. This viewpoint of Dr. Marvin, as he leans against a bust of Freud, helps assert his social dominance over Bob while suggesting a subtle satirizing of his own perceived importance. His physically "looking down" at Bob reflects his internal belief that he is socially above Bob. This suggests that the two men are not equal, and that Dr. Marvin holds a great amount of power in the relationship, based not only on the psychiatrist's position as doctor, but also as the more masculine individual. Bob comes to Dr. Marvin seeking help for a mental illness seen as a stereotypical feminine disorder, and Dr. Marvin's contrasting dominant masculinity may propagate stigma regarding men with such disorders. Men who place importance on their own masculinity for their identity and social status may perceive Bob's femininity compared to Dr. Marvin's masculinity as a potential consequence of admitting their own struggles. The loss of masculinity compared to another man, and the perceived power that accompanies it, may make men

struggling from similar feminine mental disorders reluctant to seek help in order to preserve their social status and power as a man.

Dr. Marvin is assertive, forceful, and aggressive.

Dr. Marvin's assertiveness is typically directed toward Bob, though other instances occur with his family. As Bob tries to cross physician-patient boundaries, Dr. Marvin demands that Bob refrain from violating the professional relationship. Two phone calls from Bob while Dr. Marvin is on vacation end with Dr. Marvin ordering Bob to stop trying to contact him and hanging up before Bob can say any more. When Bob shows up to Lake Winnipesaukee after a long bus ride, Dr. Marvin first demands him return to New York immediately. After resistance from his needy patient, he agrees to talk to him via phone later that day, though he refuses Bob's request to speak in person.

Similarly, Dr. Marvin is assertive with his family, when it comes to Bob's presence at their home. After calling an impromptu meeting the second time Bob shows up unannounced at their house, Dr. Marvin demands that Bob not be let into the house again, refusing to entertain any opposition from his family. When, shortly after, he spots Anna and Bob sailing on the lake, he rushes down to the boat launch to speak promptly with Anna. He condemns her for spending time with Bob, rebutting every retort she has in favor of himself.

Dr. Marvin's behavior toward Bob in setting professional boundaries is appropriate, and we identify with his frustration and efforts to keep his personal life separate from his work life. Bob's emotional phone calls to Dr. Marvin depict the patient

as a desperately dependent individual who cannot care for himself. His locating Dr. Marvin at Lake Winnipesaukee is largely inappropriate, and we tend to side with the psychiatrist's resistance of his patient violating boundaries. Bob is shown as a great annoyance, which could be stigmatizing to other men with mental illness. The general public, especially those who do not have close relationships with persons with mental illness, may form "othering" perceptions of affected individuals, seeing them foremost as a pest. Persons with mental illness may also feel a certain shame and embarrassment as they watch the film and believe that society may view them similarly.

Dr. Marvin is flatterable

The only feminine trait observable in Dr. Marvin is that he is flatterable. We are shown this side of Dr. Marvin from his first scene, when his colleague, eager to rid himself of Bob, compliments Dr. Marvin to make him more apt to accept his patient. Dr. Marvin appears to enjoy the admiration, a smirk present on his face as his colleague states that "if anyone could win a Nobel Prize, it's you." However, his response to this flattery appears to be less of a feminine display, and more of an egotistical man appreciating recognition of his work.

What about Dr. Marvin's neutral traits?

Dr. Marvin displays neutral traits, as well, including conceitedness and jealousy. As with Bob, his neutral characteristics augment his masculine traits, rather than detract from them. Dr. Marvin's conceitedness interacts with his aggressiveness, leadership, and assertiveness. He sees himself as superior, and thus, justified in his dominant behavior. Similarly, his jealousy stems from his family's warm feelings toward Bob. Dr. Marvin

feels threatened and that Bob is taking his family's attention away from him. His aggression and assertiveness toward Bob partly come from a desire to defend and protect his family and partly from a need to be the object of adoration. When he feels the attention shifting away from himself, he becomes enraged and acts to reclaim his position by barking orders at his family to deny Bob. Similar to Bob, if Dr. Marvin were depicted purely in terms of neutral traits, he may be less complex and entertaining.

The Physician-Patient Encounter

In the first scene of the film, Bob shakes Dr. Marvin's hand using a tissue. The camera angle switches to a low view to show Dr. Marvin looking down at the tissue. We can interpret this moment as Dr. Marvin perceiving Bob and his neuroses as inferior, strange, and abnormal. It is the first hint of the power differential between the two characters that will help define their relationship throughout the film. Bob then becomes distracted when he sees photos of Dr. Marvin's family, and though Bob guesses some unlikely, funny names, such as Bambi, Dr. Marvin remains stone-faced, emotionless.

As the scene progresses, Bob continues to be portrayed as an odd yet humorous individual while Dr. Marvin retains a very business-like manner. When they are seated at the desk, Bob reveals his fear of disease and touching public surfaces to the doctor. He describes feeling "weird" when he leaves his apartment, emphasizing the word, and lists off a long list of symptoms. Though Bob is clearly distressed at his situation, it is funny to us. We laugh at his description, which includes "cold sweats. Hot sweats. Fever blisters…dead hands…fingernail sensitivity. Pelvic discomfort." The delivery of his lines and the implied ridiculousness of some of his complaints are meant to be comedic,

and indeed, they are. His checklist of symptoms reveals that he is familiar with medical terminology and signs of disease, suggesting to the audience that he may be a bit of a hypochondriac, rather than experiencing physical manifestations of his mental illness. When Bob talks about his fear of his heart stopping or his bladder exploding, he looks down, as though he is ashamed. However, the mere suggestion of such an unlikely event is funny, and we laugh at him. We laugh at his coping mechanism of acting out his fears, such as Tourette's Syndrome and a cardiac arrest, and our perception of him as humorous is reinforced by the flash to the secretary raising her eyes and then returning to her work. Meanwhile, Dr. Marvin remains emotionless, almost appearing bored, as he sits back in his chair, listening to and watching Bob. He is unmoved by his dramatic patient, as evidenced by him changing the subject and asking very bluntly, "Are you married?" while Bob lies on the floor pretending to be dead. The unchanging expression and attitude of Dr. Marvin reinforces the idea that he is in control, while suggesting that he does not empathize with Bob's fears. When Bob explains he is divorced because his ex-wife loves Neil Diamond, the frame switches to a close-up of Dr. Marvin's face, a look of bemusement now apparent as he momentarily glances directly at the camera. This subtle action includes the audience in on the joke, inviting us to judge Bob with the doctor and creating a subconscious "us vs. him" mentality. Dr. Marvin's suggestion that Bob's wife left him due to his anxious condition, despite a lack of evidence to support such a notion, further reinforces the idea that people with mental illness are undesirable. He implies that Bob's wife left him due to his mental illness, and Bob, who had not considered this before, is hurt. However, Bob is not offended; rather, he expresses his belief Dr. Marvin

can help him, which strokes the doctor's ego. Dr. Marvin's response is to rise from his chair and lean on the bust of Freud, while lecturing to Bob. As the camera switches from looking down at Bob to looking up at Dr. Marvin, the power differential between the two is symbolized. The camera looks up at Dr. Marvin to symbolize his dominance and respectability. The camera looks down at Bob to represent his character as weak and submissive, looking to Dr. Marvin for guidance.

The doctor-patient relationship is the foundation of Bob's and Dr. Marvin's interactions. The transaction of patient soliciting treatment from a doctor defines the relationship and help establish the power differential between the characters, as well. Traditionally, the patient depends on the doctor for advice and care for his conditions, and the doctor prescribes what he believes is the best treatment for said patient. The medical knowledge and access gap between the pair shifts the power toward the doctor, and the patient must decide whether or not to accept the options presented. The patient cannot gain access to treatments without the doctor's recommendation and referral, and thus, he has less power than his treating physician. When viewed through a historical gendered context, this dynamic tends to femininize Bob, as women have not held significant power compared to men. In this relationship, Dr. Marvin has the power, and thus, an inherent masculinity, while Bob lacks power, which suggests femininity.

The doctor-patient relationship is further illustrated in a few key scenes in the film. Besides the initial meeting, as detailed above, Bob seeks out Dr. Marvin at Lake Winnipesaukee and the two are reconciled. Dr. Marvin leads Bob around the side of the store for a private conversation away from his family.

Dr. Marvin

I do not see patients on vacation. Ever. How many ways can I make that clear? Now what I want you to do is get on this bus and go back to New York.

Bob

I can't, I'm paralyzed, I'm all locked up!

Dr. Marvin

You got yourself here.

Bob

Barely!

This exchange is, in itself, a mini-therapy session. Though Dr. Marvin tries to delineate the professional expectations of their relationship, i.e. Bob not contacting him outside of his working hours, Bob persists. He expresses his anxiety to Dr. Marvin, and Dr. Marvin points out that Bob was able to face his fear to get to Lake Winnipesaukee. During this exchange, the two are on equal ground, their heights approximately equal. However, Dr. Marvin tries to end the conversation, saying "getting back will be

therapeutic," as he turns from Bob and begins to climb the steps. The action of turning his back to Bob and walking away as Bob trails behind signifies that he is in control and that he has the final say. The back-and-forth between them continues on the steps, with Dr. Marvin at the top and Bob at the bottom. Though the Bob is actually taller than Dr. Marvin, their positions on the steps allows Dr. Marvin to look down on Bob both literally and figuratively. The camera angle supports their power differential as it switches between frames of Dr. Marvin and Bob. When Dr. Marvin speaks to Bob, the camera is looking up to him; when Bob is speaking to Dr. Marvin, it is looking down at him. As before, this suggests that Dr. Marvin is the authoritative individual and that we respect him, while Bob is someone we look down on and disregard. Bob tries to hug Dr. Marvin before he leaves, but Dr. Marvin steps back, resisting Bob's advance. This further reinforces the doctor-patient relationship and the professional boundaries prescribed.

However, as Bob and Dr. Marvin continue to interact throughout the film, the dynamics of their relationship change, so that an emerging parent-child relationship becomes apparent and then, eventually, defines their interactions. Dr. Marvin assumes the role of the parent, maintaining his authoritative position, while Bob integrates himself into the family as though he were Dr. Marvin's child.

An Emerging Parent-Child Relationship

When Bob finds Dr. Marvin at Lake Winnipesaukee in front of the general store, a parent-child dynamic between the pair are introduced on top of the doctor-patient relationship. As the two talk, Bob quickly gets emotionally worked up, throwing a sort of temper tantrum, his facing screwing up, until Dr. Marvin concedes to his wish to talk.

His outburst of, “Gimme, gimme, gimme! I need! I need!” is reminiscent of an immature child whining for a parent, on whom he depends, to grant him his desire. As Bob’s voice rises and he ignores Dr. Marvin’s attempt to reason with him, much like a child, Dr. Marvin agrees to speak with Bob later, a sort of appeasing so as to settle Bob and not draw any more attention to them. This exchange is very similar to that of a child misbehaving in public, the embarrassed parent giving in to avoid others’ stares and involvement. Bob smiles satisfied that he has gotten his way. Also like a child, Bob tries to further bargain with Dr. Marvin by asking him if he could move their meeting time up by half an hour. However, a frustrated Dr. Marvin’s warning, “Bob!” deters Bob from pushing the issue. The characters’ positions on the steps assists in showing Dr Marvin as the parent by his being on a higher level and allowing him to appear taller and look down on the childlike Bob. Meanwhile, Bob must look up to peer into Dr. Marvin’s face. The camera angle further helps convey the power differential that accompanies a parent-child relationship, as it looks down at Bob and looks up at Dr. Marvin.

The parent-child relationship between Bob and Dr. Marvin continues to progress throughout the film, with Bob overstepping professional doctor-patient boundaries in increasingly invasive ways. Indeed, Bob begins to view Dr. Marvin as a father as he bonds with the Marvin children and establishes a sibling-like camaraderie with them. Though the scene outside the store foreshadows the formation of this dynamic, it is not until Bob shows up unannounced and uninvited at Dr. Marvin’s house that he starts to integrate himself into the family.

When Dr. Marvin sits down to call Bob as he promised, he looks up to see Bob standing in the window, smiling broadly and waving, excited to be reunited with the doctor. Dr. Marvin hurries outside to confront Bob on the front porch, and as, he lectures him on the inappropriateness of his behavior, his daughter, Anna, emerges from the door. Bob recognizes her from the photo in Dr. Marvin's office and calls to her, introducing himself. Fay appears behind Anna and introduces herself, to which Bob showers her with compliments.

"You are even prettier than your picture," he says. "And younger."

Fay laughs as she steps out onto the porch behind Dr. Marvin. Dr. Marvin, whose face is focused in the center of the screen, Anna and Fay out of focus behind him, has a strained smile on his face. Dr. Marvin excuses himself and Bob for a talk and steps out of the frame, but before Bob can follow, Fay rushes forward, offering to take Gil, who is still suspended in a jar hanging from Bob's neck. Bob politely agrees.

The significance of this sequence lies in the dialogue, actions, and positions of the characters. Bob, though on the porch, does not set foot inside the house. This represents the subtle, gradual method Bob uses to inch closer to Dr. Marvin and the familial connections Dr. Marvin claims he desires. While talking on the porch, Dr. Marvin between Bob and Fay and Anna, acting as a guard, a protector of his family. Bob, however, flatters Fay by complimenting her beauty and youthful appearance, which leads to Fay feeling comfortable and safe enough to step out onto the porch with him and Dr. Marvin. When Dr. Marvin steps out of the frame, there is no longer a barrier between Bob and his family, and it is at this moment that Fay offers to take Gil, who represents

Bob, inside. This action is symbolic, as by accepting Gil and welcoming him into her house, she is also accepting and welcoming Bob.

When Dr. Marvin writes Bob a prescription to take a vacation from his problems, Bob's claim that he has been given a "great gift…the gift of life," can be interpreted as an allusion to the father-figure role Dr. Marvin is becoming to Bob. Bob's recognition of Dr. Marvin's prescription to him as "the gift of life" represents the role a father has in the creation of his child. By granting Bob a vacation from his problems, he has given him a newfound sense of freedom, a type of rebirth, while implicating himself as the giver of this new life: a father. Bob further goes on to successfully embrace Dr. Marvin, much to Dr. Marvin's obvious dismay. The violation of the professional boundary Dr. Marvin has previously set, the intimate action of a hug, signals a shift in the dynamic between the two from strictly doctor-patient to a more familial parent-child.

The scene ends with Bob walking away down the gravel road, and the next begins with Dr. Marvin joining his wife and daughter who are seated in the kitchen of their house. Fay stands and greets Dr. Marvin as he walks in. She remarks about Bob's pleasant demeanor, to which Dr. Marvin agrees that he is "when he's controlled." This bit of dialogue suggests that Fay is accepting of Bob, while Dr. Marvin insinuates that he requires treatment to be likeable.

As Fay takes her seat, Bob suddenly appears in the door in the background. He presses himself against the screen, peering in at the Marvins.

"I got so excited, I forgot to bring you with me," he says. Dr. Marvin looks confused and concerned. A sense of relief and amusement washes over him when Bob continues, "Gil."

"Oh, the fish!" Dr. Marvin laughs and turns. The frame briefly fills with an image of Gil swimming in his jar, and then shows a close-up of Dr. Marvin from the chest up, the kitchen out of focus behind him. In the background, Bob opens the door and lets himself in. This is another step toward integrating himself into Dr. Marvin's family. As Bob is leaving, both Fay and Anna chuckle as they tell him goodbye, signaling that they find him amusing, unlike Dr. Marvin, who is hurrying him away. When they reach front door, Dr. Marvin's son, Siggy, appears from around the corner. Bob recognizes him, and Dr. Marvin introduces the two. Bob and Siggy have a brief exchange about Gil, and now Bob has had a positive interaction with every member of Dr. Marvin's family. He steps out the door, and then turns to peer through the screen, calling, "have a great vacation family!" The frame then fills with the image of the Marvins lined up behind the screen door. They all yell their goodbyes to Bob before dispersing their separate ways. Fay can be heard saying, "I think I do look younger than that picture," signifying that she is still feeling flattered by Bob's compliment. This is important, because it implies that Fay identifies positive feelings with Bob, which will influence how she receives him throughout the film.

In the next few scenes, Bob ingratiates himself with Dr. Marvin's children. He goes sailing with Anna and is present with Siggy when he dives for the first time. The kids open up to him about their feelings, which they say they are unable to do with their

father. After Dr. Marvin acts aggressively toward Bob by pushing him into the lake, Siggy and Anna suggest they invite him for dinner, to which Fay readily agrees. Though Dr. Marvin is staunchly against the idea, the next scene shows the family gathered around the dinner table, Bob seated next to Siggy.

The dinner scene is significant for its depiction of Bob assuming the role of Dr. Marvin's "child." The sequence begins with a close-up of Dr. Marvin's face, annoyance coloring his expression. We can hear Bob in the background, vocally expressing his enjoying of the meal with repeated "Mmmm…mmmm…..mmmm," as he chews loudly. His poor table manners and the towel tucked into his shirt like a bib reflect his childlike nature. The camera pans out to show the Marvins seated around the table, Bob sitting next to Siggy. Fay sits at the opposite end of the table from Dr. Marvin, and Anna sits across from Siggy. This arrangement suggests the traditional family dynamic of the children sitting between the parents, and Bob's position next to Siggy supports his transition into the role of child. A close-up of Fay's face shows her amused, and perhaps flattered, expression, and a close-up of Anna's face shows amusement. The camera flashes to Siggy, who is giggling. The whole family is enjoying Bob's display, except for Dr. Marvin, who remains stone-faced and silent, glaring at Bob. When Fay and Anna both offer Bob another helping of food, Dr. Marvin looks at them disapprovingly. As Bob continues to moan, Dr. Marvin gets fed up and snaps, "Would you quit that, please?"

Bob jumps, and becomes silent, as the rest of the family looks uncomfortable. Dr. Marvin has just acted out toward Bob as a frustrated father would act toward a

misbehaving child. This is his first step into a parental role in his relationship with Bob, and Bob, quietly obeying, steps into the role of child.

Furthermore, throughout the meal, Bob proves to be a picky eater, requesting Anna to remove a tomato from his plate, inquiring into a salt substitute, and asking Fay whether butter or margarine was on the table. Taken together with his noisy eating and bib, the picture of a child is painted in Bob, one that will continue to develop over the next few scenes.

Due to a thunderstorm raging, Fay invites Bob to stay the night. Bob takes the spare bed in Siggy's room, and the two lay in their respective beds, talking to each other. Siggy is recounting his fear of dying, while Bob listens intently. He asks, "What else is there to be afraid of?"

"Well, not diving anymore," says Bob, to which Siggy grins. "but uh, Tourette's Syndrome."

"What's Tourette's Syndrome?" asks Siggy. A close-up of Bob's face as he lays in bed shows a mischievous smile spread across his face.

As Dr. Marvin practices his speech for *Good Morning America* in the mirror in his own bedroom, Bob and Siggy can suddenly be heard making a raucous commotion from their room. We then see Siggy and Bob jumping on their beds as they erupt in a cacophony of foul language. When Dr. Marvin and Fay enter Siggy's room to check on the boys, Bob ducks down and sits on Siggy's bed, holding a pillow front of his face like a child who has been caught misbehaving.

"I'm sorry, dad. Leo. Dr. Marvin," says Bob.

This scene's significance lies in the full reveal of the parent-child relationship that has formed between Bob and Dr. Marvin. Bob is acting childish, jumping on beds and yelling late at night with Siggy. Dr. Marvin comes in to scold them, Fay in tow, as a father scolds his misbehaving child. Bob's slip-up, calling Dr. Marvin "dad" represents a Freudian slip, in which a person accidentally says what he is thinking instead of what he is meaning to say. Bob is thus viewing Dr. Marvin as his father, rather than his doctor. The parent-child relationship that is forming parallels the physician-patient relationship. In this dynamic, the parent in the relationship holds the power, and the child depends on the parent for care. Likewise, in the physician-patient relationship, the physician holds more power. Furthermore, in the traditional view of the distribution of power in men and women, men have historically held more power. Thus, the dynamic between Bob and Dr. Marvin, as examined through a physician-patient, and now, a parent-child, relationship, is highly suggestive that Bob is inferior to Dr. Marvin, and, when applied through a gender stereotype lens, is more feminine. The connection can then be made that Bob, who has been defined by his mental illness throughout the film, is more feminine and thus, lacks power when compared to Dr. Marvin. This can be stigmatizing to men with similar disorders, who may fear losing their power and their masculine identity.

"I don't want to hear another peep out of here!" says Dr. Marvin angrily. "People are trying to sleep around here!"

"Honey, it's just kids being kids," Fay interjects. In this moment, she breaks through in her role as a maternal figure to Bob, even referring to him as a kid and excusing his disruptive, inappropriate behavior. This gesture further solidifies Bob as the

childlike figure, and Dr. Marvin as her co-parent. As he continues to sternly lecture Bob and Siggy, the camera is positioned from a height roughly at chest-level, allowing him to appear tall as his head reaches the top of the frame and thereby suggesting his authority. Meanwhile Bob hides behind the pillow and looks up guiltily at Dr. Marvin, the camera positioned at face-level. Siggy is positioned next to Bob, so that the two appear similar in height. This frame suggests the equality of the two as children, both under the parental authority of Dr. Marvin. After Dr. Marvin exits, Fay beckons Bob to his bed, lifting the blanket for him to crawl under. Before she leaves, she touches his face gently, a maternal gesture further reinforcing her motherly role toward him.

Role Reversals: Patient Becomes Healer

The first suggestion of Bob assuming the role of doctor occurs when Dr. Marvin begins choking at dinner. The family panics, gathering around him, as his face turns red and he coughs violently. Bob, however, remains calm.

"Don't panic, I know what to do," he says, as he rises from the table to help. He attempts the Heimlich maneuver on Dr. Marvin, thrusting him into the air, as Fay, Anna, and Siggy continue to yell. When this doesn't work, Bob throws Dr. Marvin onto the sofa and begins jumping on his back, driving his knee into Dr. Marvin until he spits out what he had been choking on.

"Bob, you saved him!" Siggy exclaims, as he, Anna, and Fay gather round Bob, leaving Dr. Marvin to cough and collect himself. Bob has indeed just saved Dr. Marvin's life, as a doctor would save a patient's life. This scene echoes the sentiment that Bob expressed when Dr. Marvin prescribed Bob a "vacation" from his problems, that Dr

Marvin had given him the "gift of life." However, in this moment, Bob is the hero receiving praise for his intervention. A brief close-up of Dr. Marvin, abandoned on the couch while his family is celebrating, shows him gazing up toward Bob with an expression suggesting his realization of the shift in power and role reversal that has just occurred. From this point on, he steadily descends into a type of madness, becoming the psychiatric patient, while Bob, meanwhile, ascends into the role of doctor.

While Bob, Fay, Anna, and Siggy clean up in the kitchen together, Dr. Marvin watches from the couch in the living room. A shadow is cast over his face as he glances over to his singing family. We then see him get up, the camera watching him from behind, as he walks toward the kitchen. The frame then fills with a close-up of his face. Part of it is cast in shadow, while the other part is illuminated by a dim golden light. This lighting suggests a sinister change beginning in Dr. Marvin, foreshadowing his eventual descent into a violent madness. In a subtly strained tone, he suggests that everyone call it a night. However, his family and Bob do not hear him over the noise in the kitchen. Dr. Marvin must then yell over the commotion to be heard. When Fay objects, saying that Bob can't walk home in the current storm, Dr. Marvin, a tight smile on his face, says he will drive him before turning away and walking into the living room. However, when Anna points out that the car is at the marina, Dr. Marvin turns around, half of his face obscured by darkness. He responds that when the rain lets up, Bob can walk home then. He goes to the window, looking out. Siggy asks what Bob will do if the rain doesn't let up, and Dr. Marvin responds by snapping angrily, "Then he can borrow my slicker!"

The kitchen becomes silent, as Fay, Anna, Siggy, and Bob stop to stare at Dr. Marvin, clearly shocked at his outburst. The frame fills with a close-up of Dr. Marvin's face beside the window. Lightning flashes and thunder roars, as Dr. Marvin smiles and blinks his eyes several times, another allusion to his impending madness. This sequence of Dr. Marvin's outburst combined with the lighting of his figure and the storm roaring in the background suggest that he is about to become like the psychotic characters depicted in horror movies. The impending mental breakdown, or "snapping" is hinted at, in which Dr. Marvin will act out violently, through the shadows cast upon his visage and the lightning flashing behind him as he maintains a strained expression.

That night, before Bob falls asleep in Siggy's room, he is shown removing a tissue, which has become symbolic of his mental illness, from the shirt he is wearing and throws it away. This seemingly small gesture holds significant meaning, as it denotes his stepping further away from his role as patient. It indicates his transformation, foreshadowing his casting away of his fears. We also learn later that he was wearing Dr. Marvin's pajamas at this time as well, suggesting his transition into a role similar to Dr. Marvin's (i.e., a doctor.) Though it is not revealed whether the tissue was Bob's or had been Dr. Marvin's, the removal of the tissue from Dr. Marvin's shirt can also be interpreted as a hint to his own transformation into patient. The tissue, which represents mental illness has come from Dr. Marvin's pocket, and therefore, we may surmise that Dr. Marvin currently has a mental illness, though hidden, or will become mentally ill.

The transformation continues during Dr. Marvin's interview with *Good Morning America*. Bob is invited to participate by the staff, much to Dr. Marvin's dismay, and the

two sit side-by-side in front of the fireplace. Dr. Marvin is seated in a stately, wing-back chair, dressed neatly in suit and tie, while Bob perches on a simple wooden chair, likely from the kitchen. Though heretofore, Dr. Marvin has been portrayed as a confident, perhaps arrogant, professional, he now sits visibly nervous, as the interview proceeds. Marie, the reporter, begins with a simple question about how his method and book, *Baby Steps,* works on a patient like Bob. At this point, Dr. Marvin's nerves get the best of him, and he rambles, almost robotically, a clearly scripted response that does not answer the question that has been posed. Furthermore, though the reporter's name is Marie, he addresses his response to "Joan," who is the host at the studio tuning in to the interview. Once he finishes his short speech, his expression changes to disappointment as he looks down, catching his breath. The frame fills with a shot of Marie, her face confused, who then directs a question toward Bob. Bob confidently responds, praising *Baby Steps* and Dr. Marvin. Marie, encouraged by Bob's candidness, continues to direct her interview toward him, rather than Dr. Marvin. Bob tells Marie that he has only been a patient of Dr. Marvin's for "three or four days," to which Dr. Marvin suddenly interjects to assert that "the book is not really meant to work that quickly," and, while explaining, accidentally refers to Bob as "boob," another Freudian slip. Bob brushes it off, while Dr. Marvin, hurriedly tries to explain that he did not mean to or want to call Bob that term. He becomes frustrated, speaking quickly and animatedly, his teeth nearly chattering and his hands shaking. He tightens up and begins to fidget in his seat as Bob resumes the interview. His expression gradually turns to one suggestive of anger, a rage perhaps building inside. Bob brings Dr. Marvin's family into the picture to introduce them, and

they all stand in front of the TV camera with Dr. Marvin. However, as Fay, Anna, and Siggy exit, and Dr. Marvin shuffles around, Bob steals Dr. Marvin's seat in the wing-back chair, forcing Dr. Marvin to take Bob's wooden chair and literally showing a trade in position. He finishes the interview, with Dr. Marvin beside him looking, in turn, confused, defeated, and annoyed.

Following the interview, Bob is shown speaking and saying goodbye to the crew with Dr. Marvin's family in front of the house, while Dr. Marvin glares from behind the screened door in the background. He refuses to come outside for a picture, and Bob takes his place as he poses with his family and Marie, the first suggestion of Bob replacing him as father. During the scene, close-ups of Dr. Marvin show a strained, tense smile on his face as he responds to questions to everyone outside, and it is apparent that he is raging with anger internally. His fake laughing and his stiff posture and artificial responses paint the image of a man on the brink of snapping, a foreshadowing of his further descent into "madness."

When Bob, Fay, Anna, and Siggy return inside, they are met with a visibly enraged Dr. Marvin, who yells at Bob to leave as he walks toward him, Bob stepping backward out the door.

"Get out! You've ruined my life! You've ruined my career! You've ruined my book! You've turned a perfectly peaceful house into an insane asylum! Get out!" He slams the door in Bob's face.

The significance of this sequence is the eruption of pent-up emotion within Dr. Marvin as he accuses Bob of ruining everything, though Bob has not done anything of the

sort. His accusation that Bob has turned his "peaceful house into an insane asylum" is ironic and suggests that Dr. Marvin is developing a mental illness. Fay, Anna, and Siggy have all developed fond feelings for Bob and find joy in their friendship. The only person that appears to be acting insane is Dr. Marvin, and his assertion suggests that he believes anyone that acts favorably toward Bob must not be in the right frame of mind.

He continues his outburst, first nearly sobbing that the interview was a disaster, and then quickly becoming enraged when Siggy asks why he kicked Bob out. His face red, he roars that Bob didn't leave, that he is never gone. He opens the door to reveal Bob standing there to prove his point. "You see!" he shouts. The once-composed Dr. Marvin, whose career is based on counseling others through emotional turmoil, has become like his patients. He can no longer express himself in a healthy, coherent way, and instead, pours out his feelings of wrath and frustration before his family and Bob. The next scene showing his family and Bob sitting on the porch together, Dr. Marvin presumed to be in the house, represents the growing social distance between them, not unlike that observed with Bob and other passengers on the bus.

Dr. Marvin continues to show his transition into the patient with mental illness when he drops Bob off at the nearby psychiatric ward, into the care of fellow psychiatrist, Dr Tomsky. He laughs as he signs forms and at the suggestion that staff corroboration will be needed to hold Bob. As he drives home, he continues to talk and laugh maniacally at his own plan to rid himself of Bob. When he arrives home, he dances in front of his house as he hums. However, his joyous celebration is quickly cut short when a call from the doctor at the psychiatric ward calls Dr. Marvin on the phone and bids him

back to the hospital. A brief scene of Bob entertaining the hospital staff with jokes plays, followed by Dr. Marvin arriving at the hospital and finding the psychiatrist who had admitted Bob. His frustrated outburst continues as the doctor tells him that Bob cannot be held at the hospital, as he is not ill enough. The conversation between Dr. Tomsky, and Dr. Marvin parallels the earlier conversation between Bob and Dr. Marvin, but this time, Dr. Marvin is the patient, rather than the doctor.

"Maybe you should take a vacation," says Dr. Tomsky, as she watches Dr. Marvin express his rage. Dr. Marvin angrily responds that he is on vacation. Dr. Tomsky then suggests that Dr. Marvin check himself into the unit for a few days. This exchange is packed with meaning, as the Dr. Tomsky dismisses Bob as a patient, while encouraging Dr. Marvin to seek treatment. Dr. Marvin, who so far has been highly regarded as a brilliant psychiatrist, has now succumbed to such great emotional distress that his colleague recommends he assume the role of patient in a psychiatric unit. Meanwhile, Bob, who was introduced to us as the patient plagued with anxiety and unable to cope in society, is being released by the same psychiatric unit as he does not meet criteria for admission.

Another significant step toward the reversal of Bob and Dr. Marvin's roles occurs the same evening, when Dr. Marvin arrives home to find that his family has assembled his closest friends and relatives, including his beloved sister, for a surprise birthday party. Dr. Marvin is thrilled, until Bob suddenly appears beside his sister, Lily, and wraps his arm around her shoulders. A close-up of Dr. Marvin's face shows a rage and wildness wash over him, and suddenly, the frame fills with the image of him diving through the air

as he screams, “Don’t touch my sister!” He tackles Bob, and we see the two rolling on the ground as the crowd screams and tries to separate them.

The scene changes to show Fay and a physician discussing Dr. Marvin. The physician is older, with gray hair, a neat gray beard, and glasses. He is dressed in a suit and has a stethoscope. His professional demeanor and stately appearance give the impression of competency and authority. The physician explains that Dr. Marvin has been under a lot of stress, which he believes is likely the cause of his suddenly violent behavior. He tells Fay that the sedative should be kicking in soon, and the two leave the room as the camera pans over to show Dr. Marvin lying in bed, his angry face against the pillow and his eyes open and darting. The frame then switches to show Fay and the physician in the hall with Bob and Lily.

Physician

I’m leaving a prescription for Prozac.

Bob

Excuse me, Phil, but with these particular symptoms, is Prozac really the right choice?

Lily

You think Prozac is a mistake?

Bob

With this kind of manic episode, I would think Librium might be a more effective management tool.

Physician

You could be right. I'll rewrite the prescription

This brief exchange is comical for the ironic role Bob has assumed. He is now discussing appropriate treatments with a well-trained physician, who takes his input and changes his recommendation based on Bob's recommendation. Bob has become like an equal to the physician, as though he were a professional colleague, while Dr. Marvin lays in bed, now a patient. In fact, he can be considered Bob's patient, as Bob has just discussed his care with the physician and had his suggestion accepted.

Besides his taking on the role of doctor in the relationship, he further volunteers to assume the role as father as well. Lily, concerned for her brother's well-being and trying to understand what could have precipitated his breakdown, asks Bob what he thinks happened.

"I don't know, he's been tense today. But don't worry, no matter how long it takes, I'm going to stay on and help out the family. I'll just be the daddy," says Bob. His suggestion implies that he will be taking over the authoritarian role of the family, providing for and protecting Fay and the kids, as Dr. Marvin is no longer able to fulfill such duties in his current state. Lily looks up at him admiringly, as though Bob's

leadership is a heroic gesture. However, Fay and the kids ask Bob to leave, as they understand that Bob is triggering Dr. Marvin's aggressive behavior.

The next few minutes of the film show Dr. Marvin sneaking out of the house, still dressed in his pajamas, and breaking into a store. He has transitioned into a madman, who is acting irrationally and dangerously, with the intention of hurting Bob.

Meanwhile, his family has noticed his absence and are searching for him. Siggy makes a remark that is significant in that it describes the current situation with Dr. Marvin and foreshadows the upcoming climax:

"I think that's a mass murderer's stunt. No one sees you coming and then snap!"

This statement suggests that Dr. Marvin has "snapped," and that he is now the man with mental illness. In the beginning of the film, Dr. Marvin had established himself as a stable, well-respected psychiatrist, trained to help people manage their mental illnesses. However, the psychiatrist has now become the psychiatric patient, much to his family's surprise. He is acting out in ways that none of the other characters would have predicted, on the verge of committing a homicide to be rid of the man that is aggravating him. In short, he has snapped and is on track to becoming the murderer that Siggy has suggested.

Indeed, he comes across Bob walking down the dark road and forces him into the woods at gunpoint. He proceeds to tie him up and attach the explosives to him, laughing maniacally as he sets the timer and runs away. However, Bob mistakes Dr. Marvin's murder attempt as another therapeutic approach and successfully unties himself. As Dr. Marvin reunites with his family, Bob comes walking across the yard, holding a cake lit

with candles and singing “For He’s a Jolly Good Fellow,” to celebrate Dr. Marvin’s curing him. Dr. Marvin frantically asks Bob where the explosives are, to which he replies that they are in the house. At that moment, the house explodes in a fiery blaze. The bust of Sigmund Freud flies through the air and lands, smoking, at the feet of Fay, Anna, and Siggy, representing Dr. Marvin’s own personal destruction of his role as doctor. A close-up of Dr. Marvin’s face, illuminated by the fire, shows him blinking in disbelief, his mouth agape.

The next scene begins in a room, the screen filled with an opaque window as daylight illuminates the frame from behind. A chain link fence crosses in front of it, a security measure. The wall adjacent is painted in two tones of gray. The camera slowly pans down to a close-up of the beginnings of a weaved basket hanging loosely from a hand. A plaid flannel blanket is draped in the person’s lap. The camera then flashes to show that the hand and lap belong to Dr. Marvin, who is sitting in the corner dressed in pajamas, his head down and slightly cocked to one side as he stares blankly. We can see the edge of a hospital bed in the lower right corner of the screen and thus infer that he is in an inpatient unit. The gray colors, his position in the corner, and the distance of the camera away from him making him appear small paint a pitiful picture of the once-powerful man. In the background, we hear whispering, and suddenly, the frame fills with Dr. Marvin’s family speaking to Dr. Tomsky, the same psychiatrist he tried to have admit Bob. They walk over to him, kneel at his feet, and attempt to talk to him. The frame fills with a close-up of Dr. Marvin’s face, his hair untamed, continuing to stare blankly and

unable to respond to his family. The transformation into patient is complete as Dr. Marvin sits in a catatonic state in a psychiatric facility.

Fay

Come back to us! The worst is over!

Siggy

Yeah, Dad. How much worse can it get?

The scene suddenly changes to Bob and Lily at the wedding altar. Dr. Marvin is shown slumping in a wheelchair in the aisle, Fay holding his hand. He is wearing blue pajamas and a blue robe, still staring blankly with his head cocked and the flannel blanket in his lap. He twitches. The minister inquires the crowd if there is anyone who opposes the marriage. Dr. Marvin looks up. He starts gurgling. The minister pronounces Bob and Lily as husband and wife. Dr. Marvin suddenly emerges from his stupor, rising from his chair and shouting, "Nooooo!"

"Dad's back!" exclaims Siggy. His family and Bob gather round him to celebrate, and the difference between Bob and him is stark. Bob is now the one wearing a suit and tie, looking neat, while Dr. Marvin is the disheveled one.

As the crowd claps and the Marvins continue to celebrate, a worded epilogue flashes across the screen:

Bob went back to school and become a psychologist. He then wrote a huge bestseller: "DEATH THERAPY." Leo is suing him for the rights.

Indeed, Bob has become the successful psychologist, even publishing a book, much like Dr. Marvin has. The patient has become the doctor. Though we don't know what ultimately becomes of Dr. Marvin and his career, his break from his catatonia at the end gives us hope that he at least recovers from his own mental illness eventually.

The relationship between Bob and Dr. Marvin colors the way we perceive their gender roles. Bob is plagued by a stereotypically feminine mental illness, and thus, is represented as having less power than Dr. Marvin. Dr. Marvin, the more stereotypically masculine character, assumes a position of authority early in the film, consistent with his prescribed role. Bob, in contrast, is more submissive, reinforcing his stereotypically feminine character traits that are associated with his mental illness. Besides the stereotypically masculine and feminine traits as identified by the Bem Sex Role Inventory possessed by Dr. Marvin and Bob, respectively, the dynamic in their multi-faceted relationship further supports Bob's lack of power (Bem, 1974). Their physician-patient relationship gives Dr. Marvin the power advantage. Likewise, the eventual development of a parent-child dynamic, which puts Dr. Marvin in the position of parent and Bob as child, reinforces the idea that Dr. Marvin holds the power in their relationship. The two characters are also shown as very different in term of stereotypical gender traits, and the male-female dynamic that exists between the two contributes

Bob's character traits, as well as his lack of power compared to Dr. Marvin, may thus lead the audience to associate his anxiety disorder with femininity, stigmatizing gender-atypical mental illness in men. Even at the end, when the roles are reversed, Bob's assumption of power is ridiculous and is meant for comedic effect. We aren't led to respect him the way we are Dr. Marvin; rather, we laugh at the irony of someone like Bob becoming a successful authoritative figure. He does not become more masculine or respectable in our eyes. We are not shown his transformation into successful psychologist, only a short blurb before the credits roll outlining his eventual career. Instead, we are left with the image of a man with an anxiety disorder who is presented to us as a feminine individual that lacks power.

CHAPTER 3

THE IMPACT OF GENDERED MENTAL ILLNESS IN FILM ON AUDIENCES AND EDUCATORS

As discussed in Chapter 1, media, especially film, has the power to influence our perceptions on a given topic, and mental illness is no exception. The combination of the various film elements sends a message to the audience about the subject at hand, shaping our beliefs about said subject in potentially positive or negative ways. Although the concept of gendered mental illness is relatively new, film may have been reinforcing such gender stereotypes for years. The analysis of *What About Bob?* (Ziskin & Oz, 1991) in Chapter 2 reveals that Bob, who is affected with a feminine mental illness, assumes many other feminine character traits as described by the Bem Sex Role Inventory (Bem, 1974).

As the film is a comedy and Bob is the object of hilarity, one might form an association between anxiety disorders and femininity, as well as stigmatize men who suffer from such disorders. However, beyond the effects that the portrayal of gendered mental illness has on the general public's perception of affected individuals, such depictions may have major implications on persons who are suffering from said disorders. In this chapter, I zoom out from *What About Bob?* (Ziskin & Oz, 1991) to discuss how films about mental illness are typically received by critics and general audiences. I then discuss how mainstream films, like *What About Bob?* (Ziskin & Oz, 1991) may affect persons with gendered mental illness, as well as the moral responsibility of filmmakers and medical professionals to be educated on the topic and work to reduce stigma. Lastly, I propose a course to be integrated in both film and medical education curricula to analyze gendered mental illness in film, including a list of suggested movies and guiding discussion questions.

Film Reception

What About Bob? (Ziskin & Oz, 1991) has been generally well-received by critics, some of which use demeaning words to discuss Bob and all of which identify the egomania showed in Dr. Marvin. *The Hollywood Reporter's* Duane Byrge (2018) wrote the following about the film:

> Bob's such a headcase and an around-the-clock challenge that his shrink pawns him of on a hated colleague (Richard Dreyfuss) a publicity-mongering poop who is about to take off on a month's lakeside

> vacation. The good doctor, in addition to his enlarged ego, has some problems of his own, which make yet for "another vacation that's not a vacation for his family": a frazzled wife (Julie Hagerty), a pressured boy (Charlie Korsmo) and a neglected teenage girl (Kathryn Erbe).

Rita Kempley (1991) of *The Washington Post* had a different perspective of the film. Though she refers to Bob as “neurotic” several times in her review, she appears to have more empathy and tolerance for him. In fact, she criticizes Dr. Marvin for his self-important attitude:

> The doctor is an emotionally barren man whose obsession with his work has distanced him from his loved ones. As the author of a new self-help book called "Baby Steps," he is even more self-absorbed than usual….The doctor treats his family as if they were patients, but the childlike Bob can approach the kids as neurotic equals…the screenplay borrows the pixilated myth from "Harvey" that crazy is nicer than cured. Even though he is agoraphobic, claustrophobic, hypochondriac, Bob is better off than his psychiatrist because he is capable of expressing his needs…Murray has our empathy, our sympathy and the advantage of just plain looking funny, like a puddle of lumpy oatmeal. Above all else, "What About Bob?" addresses the way many a patient feels when his psychiatrist has the nerve to

> go away without giving a thought to his problems. Perhaps it is just one desperate cosmic cry for help. Then again, maybe it's a threat.

Though Kempley acknowledges that Bob may be at an emotional advantage compared to Dr. Marvin due to his ability to express his emotions, she still pokes fun at him, referring to his appearance as "just plain looking funny, like a puddle of lumpy oatmeal." Furthermore, she seems to make light of the turmoil a patient may experience when he feels abandoned, and even hints at the violent potential of persons with mental illness.

The *New York Times* movie critic Janet Maslin identifies the way the film's comedy genre reframes the plot of patient stalking doctor into a topic to laugh at, rather than fear. Her use of language in describing Bob suggests that she views him as a threat that would unsettle the viewer if presented in a different context. She also recognizes that Bob is annoying to the audience and that we tend to empathize with Dr. Marvin's frustration.

> A happy family in a remote setting, stalked by a deranged man with an unreasonable fixation on the father: this plot would have the makings of a thriller (think of "Cape Fear") if it were not in this case played for laughs…Very quickly, the story's emphasis on Bob's lovability becomes as annoying to the audience as it is to Dr. Marvin, who is driven absolutely wild.

From these brief examples, it appears viewers tend to look down on Bob and perceive him in terms that could be derogatory to persons with mental illness.

Descriptions such as “headcase,” “neurotic,” “deranged,” and “a lumpy puddle of oatmeal,” suggests the stigma that mental illness carries. These reviews suggest that the film does little to alleviate such stigma; rather, it tends to reinforce it. Though the above critics also call attention to Dr. Marvin’s narcissistic behavior, they don’t use insulting language like they do when talking about Bob, especially not about his appearance. Thus, though critics were generally entertained by the film, they tended to speak about Bob and his mental illness in more stigmatizing terms, rather than empathize with his plight.

Drawing from the above reviews, critics and the general public, alike, seem to be interested in and entertained by stories about mental illness, and the potential to use this popular platform to educate and address stigma surrounding such disorders should not be ignored. As it is, these films, which are consumed by millions of people, are influencing society in such a way that, while being entertained, audiences are subconsciously forming perceptions based on inaccurate representations of mental illnesses. Thus, the power of using more realistic depictions to improve society’s knowledge and attitudes about persons with mental illness, which could potentially improve affected individuals’ experiences with the general public, should be recognized. However, to effectively use such a platform for these purposes, more research and education is needed to accurately portray persons with mental illness, which I discuss later in this chapter. In the next section, I discuss the effects film has on persons with mental illness and their families.

Film’s Impact on Persons with Mental Illness

Media generally depicts mental illness negatively, and such representations have been associated with distressing feelings and self-stigmatization in affected individuals and their families (Stuart, 2006). The potential for persons with mental illness to internalize the depictions of others like them on screen, as well as the attitudes of supporting characters toward them, is likely, given the impact media has on shaping individual perceptions. The "othering" of characters with mental illness may reinforce the idea that such persons do not belong in general society, and repeated exposure to this message may influence an affected person's sense of self and self-esteem. Families of persons with mental illness may also feel the impact of watching negative portrayals of these disorders. They may experience frustration at the inaccuracies and stigma perpetuated by films that mislead the general public about what their loved ones are capable of. Media often represents persons with mental illness as unable to function the same as those without mental disorders, requiring extra care and consideration. However, this sweeping generalization undermines the vast number of individuals living with mental illness that, with treatment, function as well as those without. Mental illness does not necessarily prohibit a person from obtaining and keeping a successful career or becoming adept at a hobby, but films like *What About Bob?* (Ziskin & Oz, 1991) perpetuate this belief by showing such characters as incapable of leading normal lives as a result of their mental disorder, causing society to doubt the potential and abilities of affected individuals. In the film, Bob is unable to work outside of his house due to his extreme anxiety and agoraphobia. Even after he is "cured" and goes on to become a psychologist and write a best-selling therapy book, the audience is led to laugh and

ridicule the very idea of his success. The entire film focused on his neuroses, and the mention of his new career as an afterthought downplays his accomplishment. The viewer is left with the image of Bob amid his mental illness, reinforcing the idea that persons with mental disorders cannot obtain the same level of success as persons without.

Though film often depicts mental illness in general inaccurately, the extent that it gender stereotypes mental illness is largely unstudied. However, one can postulate the potential impact of such representations on persons living with mental illness. One possible repercussion may be the unrecognition of a certain mental illness in a person. For example, a search of films about eating disorders did not return any popular movies with male main characters. The lack of representation of men with such a disorder in mainstream film may lead to under recognition of this mental illness in this gender. Rather, the association of eating disorders with female characters may lead men to believe that such disorders affect women exclusively and unable to identify similar symptoms in themselves. These men may then neglect to seek help and experience further suffering from such an untreated disorder. The representation of mental illness may also be inaccurate, further contributing to under recognition of disorders by affected individuals. Bob is shown as having a anxiety disorder, though that is not always the reality. Milder forms of anxiety disorders exist, though viewers who receive their knowledge about such mental illnesses through mainstream fictional film may not recognize them in themselves. Their lack of such exaggerated symptoms may mislead them to believe they do not have a diagnosable condition that may be treated, and instead, they may suffer in silence, not realizing they can be helped.

Furthermore, the reinforcement of stereotypically feminine mental illnesses through other feminine character traits may lead to self-stigmatization and shame in men suffering from such disorders. De Visser & McDonnell (2012) found that men reported the desire to engage in stereotypically masculine behavior while avoiding stereotypically feminine behavior in order to establish a masculine identity. Such masculine behaviors included exercising for physique, binge drinking, and heterosexuality, while feminine behaviors included excessive concern for one's appearance and dieting for slimness, consulting professionals for physical and mental health, and homosexuality. When film depicts characters with mental illness that reinforce gender stereotypes, namely, men presented as feminine, affected men may form the belief that suffering from such an illness is a threat to their masculine identity and thus feel further shame and stigma. Indeed, a meta-analysis by Seidler *et al.* (2016) observed that men were reluctant to discuss depressive symptoms with professionals and when they did, engaged in limited disclosure, in order to maintain their sense of masculinity. Pursuing therapy was generally believed to be an effeminate solution, and men endorsed seeking help only when their own internal resources were depleted and symptoms severe. This same analysis found that men were apt to develop harmful coping skills rather than seek therapy, including substance abuse, risk-taking behavior, social withdrawal, anger-fueled conflict, and increased work hours; suicide was also identified as a courageous masculine act of control to overcome feelings of entrapment. It would not be a stretch, then, to surmise that by portraying certain mental illnesses, such as anxiety and depression, as feminine in film is ultimately harmful to the men who consume such media. As men

associate such disorders with femininity, they may be less likely to admit their own struggles and seek help when necessary, instead engaging in maladaptive behaviors as a means of preserving their masculine identity. A further implication of such practices is the observed gender disparities in certain mental illnesses. If men are less likely to seek help for stereotypically feminine mental disorders, opting to cope with more masculine strategies, the recorded rates of mental illnesses by gender are likely skewed. This could be a factor accounting for the higher rates of substance abuse in men and higher rates of depression in women, for example. In the case of Bob, the exaggerated depiction of his anxiety disorder combined with his overall feminine character leads the audience to laugh at his odd behavior and stigmatize such a disorder in men. As men watch how Bob acts in the film and how Dr. Marvin, a masculine character, rejects him, as well as observe the general audience's reaction to his behavior, they may feel shame at admitting that they suffer from similar symptoms. They may reject their own suffering and choose to relieve their suffering through other means, such as substance use, rather than face the social repercussions of acknowledging their feminine mental disorder.

As the potential impacts of films about gendered mental illness on society, as well as individuals affected by such disorders, are considered, it is imperative that we strive to understand the repercussions of such media more fully. Only when such a topic is researched, and professionals educated within every field affected by the subject, can changes be made to represent mental illness more accurately and reduce stigma. In the next section, I will discuss the importance of addressing representation of gendered

mental illness from film studies to medical humanities, and how education about the issue can be implemented for maximum effect.

Research, Education, and the Social Responsibility of Filmmakers and Medical Professionals

Gendered mental illness in film: The importance of research

Further mental health humanities research is vital to fully understand the impact of portraying stereotypically gendered mental illness in mainstream film. I suggest future studies be conducted to analyze the representation of gendered mental illness in film and other media on a large scale to ascertain the prevalence of such stereotypes as well as the qualitative aspects of the topic. Film scholars should study the representation of gendered mental illness on a widespread scale, examining film elements to determine how producers and directors approach the depictions of these disorders on the various levels that compose a scene. By identifying how the manipulation of a certain element can affect the message sent to the audience, we can determine how film may be perpetuating stigma on multiple levels.

Research from a mental health professional perspective is also of utmost importance in understanding gendered mental illness representation in film. These persons are invaluable in determining the accuracy of depictions of mental disorders, and their insight would be helpful in ascertaining whether filmmakers are portraying individuals with gender-typical and gender-atypical mental illness justly. Mental health professionals can help identify trends in such representations and challenge how filmmakers design affected characters. This could result in filmmakers choosing to

present a less stigmatizing depiction of mental illness, which may help reduce the negative perceptions audiences have on persons with mental disorders, as well as assist in making affected persons feel more understood by, and belonging to, general society. Of course, film is meant to entertain, to be a form of self-expression, and censorship is not the goal. Filmmakers possess creative licenses to present an idea however they choose. However, it may be beneficial to filmmakers to understand how mental illness manifests and to be mindful of how their characters are represented, potentially encouraging them to form new narratives surrounding mental illness, rather than repeating old tropes.

Furthermore, research is needed to determine how the depictions of gendered mental illness influence the perception of affected individuals in terms of self-stigma and help-seeking behaviors. There is a paucity of studies examining how fictional film presentation of gendered mental illness affects persons with such disorders in these areas. Focus groups and mixed-method studies should be performed to examine how persons with mental illness perceive the representation of characters with similar disorders in cinema and how it affects their self-esteem and willingness to admit their conditions and seek help, especially with gender-atypical disorders. Moreover, discussion on how these individuals would like such characters to be shown would be beneficial for filmmakers in writing realistic and interesting characters that accurately show the complex lives and personalities of persons with mental illness. This would be especially helpful in validating the experiences of individuals with mental disorders, while correcting misconceptions held by general society about said afflictions.

Education and the moral obligation of filmmakers and physicians to be informed

Besides research, education is necessary to address stigma caused by gender stereotyping of mental illnesses on affected persons and general society. Film producers and directors, as well as medical professionals, should be especially informed on the topic. Persons in these professions have a moral obligation, as well as a social responsibility, to be aware of how media can manipulate perceptions of gendered mental illnesses and the repercussions such depictions can have on society. Education about the topic should occur at every level of the film and medical/mental health industries, beginning with integration in degree programs and continuing throughout the professional career.

Producers and directors have a significant amount of power in terms of influencing the public, and that power should be used responsibly when the potential to impact society is great. Promoting the common good of society has been identified as an area of concern for corporations, and the film industry should not be excluded (Garriga & Melé, 2004). Misrepresenting mental illness through gender stereotypes such that increased stigma and potential harm occurs for an affected individual as a result runs contrary to the ethical responsibility a production company should assume. Media, especially the film industry, should recognize the impact of how mental illness is gendered in their content on society and make more informed decisions on the way they choose to represent such disorders. Arguably, the material can be as entertaining, if not more so, if mental illness is presented more accurately and in such a way that certain disorders are not stigmatized in a gender.

Thus, filmmakers should be made aware early on in their education the potential ramifications of inaccurately representing mental illness, especially the gendering of certain disorders. Perhaps film studies curricula need to include coursework that teaches students about the intersection of gender stereotypes and mental illness and the significant impact film has on public perception of both topics. Courses could be designed so that students can grasp a thorough understanding of the societal consequences of their film design decisions, while fostering an ability to critically analyze such media to identify stigma-promoting material. I suggest these courses integrate panels of persons with mental illness who can provide personal narratives of their experiences of living with such disorders, and how film representations of said illnesses has impacted their sense of self and the stigma they have faced from society. Psychology courses could be implemented in film programs, as well, with mental health professionals discussing actual manifestations and treatments of mental illnesses so that students can gain a better understanding of what is often a foreign concept. Gaining knowledge on such a stigmatized topic could be beneficial for the filmmaker's own perspective and potentially affect the way he presents a person with gendered mental illness. Filmmakers might then be more intentional in their manipulation of film elements and character behavior, perhaps choosing to portray persons with mental illness in such a way that stigma decreases, and audiences are accurately educated. As medical professionals are obligated to undergo continuing medical education throughout their careers, I suggest filmmakers engage in further training throughout theirs. Yearly conferences featuring presentations relevant to gender and mental illness on screen has

the potential to challenge filmmakers to create works that promote acceptance, rather than "otherness," of individuals with mental illness and inspire those affected individuals, especially those feeling greater shame at having a gender-atypical disorder, to seek appropriate treatment.

Medical professionals also have an ethical obligation to recognize the way mental illness is stereotyped in terms of gender and adjust their practice to identify and treat these disorders. Bob Wiley had a stereotypically feminine mental illness and his personality was defined by stereotypically feminine character traits. These character traits contributed to his being the subject of ridicule by the viewer and frustration by Dr. Marvin, which may stigmatize feminine mental illness in men. The overall femininization of a male character with a mental illness associated with femininity may affect how men present with and seek help for similar disorders. To preserve their masculine identity, men may deny their symptoms or attempt to deal with them through other means, such as substance abuse, which may result in underlying issues going unrecognized and unsolved. I suggest practitioners be aware of how such mental illnesses are stigmatized according to gender to discuss the potential presence of feminine mental disorders in men in a way that addresses the patient's need for mental health care while maintaining his sense of masculinity. Furthermore, the basic bioethical principles of beneficence and nonmaleficence dictate that medical professionals act in such a way to benefit the patient and avoid harm, respectively. The physician must be able to recognize the role of masculinity as a barrier to men's admission of certain mental illnesses and develop strategies to encourage open communication about such topics with the patient. To meet

these obligations, education is necessary and should be implemented at every level of training, as well as periodically throughout the professional's career. To adequately train physicians in this manner, medical humanities courses are needed. In the next section, I will discuss the significance of medical humanities in medical education and how it may be used to develop better physicians.

The Humanities in Medical Education

The importance of humanities-based coursework in medical school curricula has become increasingly recognized for the development of empathic and competent physicians over the last century (Jones, Wear & Friedman, 2014). Indeed, underlying the practice of medicine is the understanding that it is an art; a patient's health is shaped by a plethora of factors outside of biomedicine, and a physician must carefully consider these factors, along with evidence-based practice, when caring for a person. The same illness may present differently in different patients, and it is up to the astute physician to think outside the confines of strict textbook medicine to correctly identify and treat said illness appropriately. Research has demonstrated that having medical students engage in humanities-based activities enhances their observational and analytical skills, promoting a broader view of patients' conditions (Khullar, 2016; Macnaughton, 2000; Naghshineh *et al.*, 2008). As gendered mental illness is emerging as a topic of concern, it is vital that physicians recognize the issue and become skilled in analyzing media to decipher what messages are being sent to the general public about it.

Furthermore, film can intersect with medical education to help students understand the human condition and mental illness more thoroughly. Using video clips to complement lecture material would provide a more comprehensive instruction to students, allowing for visualization of otherwise abstract concepts. Moreover, accurate film representations may potentially help students better recognize a disorder when they encounter it in the clinical setting as visual media allows for a different approach to understanding and encoding information. Integrating film courses that examine the representation of illness in such media would provide a means for students to enhance their analyzing skills while developing empathy for suffering patients, as well. Gaining a better understanding of the challenges patients face in an environment where open discussion can occur amongst peers would help provide a holistic view of the illness and an appreciation for the necessity of teamwork among healthcare professionals.

Using film to explore illness in medical schools could also expose students to another facet of patient experience: stigma. To fully comprehend the human condition when one is faced with disease, especially mental illness, the social implications of diagnoses should be examined. As medicine is increasingly recognizing socioeconomic considerations and applying such principles to individualize patient care, it is important for students to become trained in acknowledging the role that stigma can play on a person's overall well-being and adherence to treatment.

Medical humanities-based courses should not be limited just to medical schools, however. As physicians are expected to remain up to date on biomedical information, so should they keep informed on popular media concerning illness. In much the same way

that I suggest filmmakers stay in-the-know with visual media representations of mental illness, I propose a similar model for physicians. Annual conferences with workshops in medical humanities, as well as offering continuing medical education credits for completing medical humanities-based activities should be available to physicians.

So, What About Bob?

Bob is prone to societal judgment as a male character with stereotypically feminine personality traits, as well as a mental illness, both of which carry stigma. *What About Bob?* (Ziskin & Oz, 1991) is a popular film that remains beloved thirty years later and is still played on television. However, as society continues to evolve, and thus, attitudes regarding mental illness and gender, the caricature of mental disorders in this film, and others, should be studied. Society is becoming more aware and accepting of loosened gender roles, and, though stigma persists, men who show femininity are being supported more than they were in the past. Likewise, more awareness is being brought to mental illness, and society is becoming more open in their discussions about mental health (American Psychological Association, 2019). Was Bob, with his shameless discussion of his mental disorder, ahead of his time? Do characters with mental illness that openly share their struggles, like Bob, help de-stigmatize and "normalize" the act?

Indeed, Bob, with his overall feminine personality, combined with his feminine mental illness, may have faced a greater amount of stigma during the time the film was created compared to present times. Film frequently reflects society, and it's important to analyze movies, both past and present, to understand how perceptions of mental illness and gender-atypicality change over time. Moreover, analyzing movies about mental

illness using film studies as well as gender studies will help scholars and society alike identify and challenge negative tropes to inspire widespread change in the representation of gendered mental illness in film. By continuing to question and criticize movies that tend to "other" individuals with mental illness, such as *What About Bob?* (Ziskin & Oz, 1991), viewers can acknowledge the stigmatizing content and confront their own biases, collectively changing societal perceptions of persons with mental disorders and, as a result, film representation of these individuals.

Gendered Mental Illness in Film: A Course Proposal

To address the overall lack of medical humanities coursework that explores the intersection of gender and mental illness in media, specifically, in both film and medical curricula, I propose a discussion-based course in which students view popular movies and critically analyze content for dominant themes and messages. The practice of interpreting such media will assist them in becoming more aware of the issue of gender stereotyped mental illness and how stigma may be perpetuated through the manipulation of various film elements. Through careful consideration and conversation with peers and instructors, students may become more adept at identifying stereotypes while brainstorming ways to decrease stigma and challenge the inaccurate portrayals of persons with mental illness. Film students will have a better awareness of the effects their work can have on society regarding this topic and potentially be inspired to create more realistic films that entertain the audience while remaining accurate. Medical professionals will develop a better understanding of how film can influence the perceptions of affected individuals and general society regarding gendered mental illness

and use this knowledge to engage in relevant conversations with their patients to promote their well-being. In Appendix B, I list several films centered around characters with mental illness and offer guiding discussion questions to inspire conversation following each film showing.

CONCLUSION

Media plays a major role in perpetuating stigma and reinforcing stereotypes regarding mental illness and gender, and its power in portraying the intersection of the two, positively or negatively, cannot be ignored. While we view film passively, the elements within the scenes combine to send messages that we internalize subconsciously, affecting our beliefs and perspectives on the topic being shown. With the gender disparities observed in certain mental illnesses, we must consider all potential contributions to fully understand why some disorders appear to disproportionately affect one gender more than the other. One such factor may be the stigmatizing messages sent by film about an individual having a gender-atypical disorder, especially a man having a feminine mental illness.

What About Bob? (Ziskin & Oz, 1991) is one such film that depicts a stereotypically feminine mental disorder, anxiety disorder, in a male character in such a way that the character is overall femininized. Bob, the afflicted character, is not masculine; he possesses mostly feminine character traits, as defined by the Bem Sex Role Inventory and is the subject of audience ridicule throughout the film (Bem, 1974). Rather than identify and empathize with him, we laugh at his antics, which arguably stigmatizes

anxiety in men, such that they view having this disorder as demasculinizing. The potential for male viewers to internalize such content and form the belief that a feminine disorder, such as anxiety, is threatening to their masculine identity cannot be overlooked. Subsequently, both the film industry and the medical and mental health professions should be aware of the impact such media has on attitudes regarding gendered mental illness. The gaps in research studying how film portrays gendered mental illness and the perceptions of audiences following the viewing of such content must be filled within the entertainment industry, and filmmakers must be educated about the implications of their work regarding gendered mental illness on society through regular continuing education courses and conferences, beginning in undergraduate degree programs. Likewise, mental health research should explore how these films affect the self-stigma of an affected individual, particularly men with stereotypically feminine mental illnesses, to determine the impact of such depictions on their recognition of and willingness to seek help for such disorders. Regular educational opportunities should be afforded to these professionals, beginning in medical schools and continuing throughout their careers, to foster awareness of current depictions, as well as the analytical skills necessary to dissect popular media and its depiction of gendered mental illness. The film and medical industries should then collaborate to present a more accurate and less stigmatizing picture of gendered mental illness to educate the public better and promote acceptance of affected individuals.

REFERENCES

Abel, K. M., Drake, R., & Goldstein, J. M. (2010). Sex differences in schizophrenia. *International Review of Psychiatry*, *22*(5), 417–428. doi: 10.3109/09540261.2010.515205.

Agrawal, A., Jacobson, K. C., Gardner, C. O., Prescott, C. A., & Kendler, K. S. (2004). A population based twin study of sex differences in depressive symptoms. *Twin Research*, *7*(2), 176–181. doi: 10.1375/136905204323016159.

American Psychiatric Association. (2017). *Diagnostic and statistical manual of mental disorders: Dsm-5*. Arlington, VA.

American Psychological Association. (2011, August 19). Sex differences in mental illness: Men more likely to develop substance abuse, antisocial problems; women more likely to develop anxiety, depression. *ScienceDaily*. Retrieved from www.sciencedaily.com/releases/2011/08/110818101733.htm>.

American Psychological Association. (2019, May 1). Survey: Americans becoming more open about mental health. *American Psychological Association.* Retrieved from https://www.apa.org/news/press/releases/2019/05/mental-health-survey.

Barsam, R. M., & Monahan, D. (2019). *Looking at movies: an introduction to film* (6th ed.). New York: W.W. Norton & Company.

Bem, S. L. (1981). Gender schema theory: A cognitive account of sex typing. *Psychological Review, 88*(4), 354–364.

Bem, S.L. (1974). The measurement of psychological androgeny. *Journal of Consulting and Clinical Psychology, 42*(2), 155-162.

Bender, L. (Producer) & Van Sant, G. (Director). (1997). *Good will hunting* [Motion Picture]. USA: Miramax.

Bertakis, K., Helms, L., Callahan, E., Azari, R., Leigh, P., & Robbins, J. (2001). Patient gender differences in the diagnosis of depression in primary care. *Journal of Women's Health & Gender-Based Medicine, 10*(7), 689-98.

Boysen, G., Ebersole, A., Casner, R., & Coston, N. (2014). Gendered mental disorders: Masculine and feminine stereotypes about mental disorders and their relation to stigma. *The Journal of Social Psychology, 154*(6), 546-565. doi:10.1080/00224545.2014.953028.

Brea, J. (Producer & Director), Dryden, L., Gillespie, P.E., Nahmias, A., & Hoffman, D. (Producers). (2017) *Unrest* [Documentary]. USA: Shella Films.

Brenner, R., Winter, R. (Producers), & Vallée, J.M. (Director). (2013). *Dallas buyers club* [Motion Picture]. USA: Focus Features.

Burton, N. (2015, September 18). *When homosexuality stopped being a mental disorder.* Psychology Today. https://www.psychologytoday.com/us/blog/hide-and-seek/201509/when-homosexuality-stopped-being-mental-disorder.

Byrge, D. (2018, May 17). 'What About Bob?': THR's 1991 review. *The Hollywood Reporter*. Retrieved from https://www.hollywoodreporter.com/review/what-bob-review-1991-movie-1110695.

Capice, P., Dunne, P. Babbin, J. (Producers), & Petrie, D. (Director.) (1976). *Sybil* [Motion Picture]. USA; Warner Bros. Television Distribution.

Choi, N. G., Dinitto, D. M., Marti, C. N., & Segal, S. P. (2017). Adverse childhood experiences and suicide attempts among those with mental and substance use disorders. *Child Abuse & Neglect, 69*, 252–262. doi: 10.1016/j.chiabu.2017.04.024.

Crocq, M. A., & Crocq, L. (2000). From shell shock and war neurosis to posttraumatic stress disorder: a history of psychotraumatology. *Dialogues in clinical neuroscience*, *2*(1), 47–55.

De Visser, R. O. D., & Mcdonnell, E. J. (2013). "Man points": Masculine capital and young men's health. *Health Psychology*, *32*(1), 5–14. doi: 10.1037/a0029045.

Devito, D., Shamberg, M., Sher, S. (Producers), & Soderbergh, S. (Director). (2000). *Erin Brockovich* [Motion Picture]. USA: Universal Pictures.

Di Novi, D., Lowry, H. (Producers), & Shankman, A. (Director). (2002). *A walk to remember* [Motion Picture]. USA: Warner Bros. Pictures.

Diflorio, A., & Jones, I. (2010). Is sex important? Gender differences in bipolar disorder. *International Review of Psychiatry, 22*(5), 437–452. doi: 10.3109/09540261.2010.514601.

Dinella, L. M., & Weisgram, E. S. (2018). Gender-typing of children's toys: Causes, consequences, and correlates. *Sex Roles*, *79*(5-6), 253–259. doi: 10.1007/s11199-018-0943-3.

Duke, N. N., Pettingell, S. L., Mcmorris, B. J., & Borowsky, I. W. (2010). Adolescent violence perpetration: associations with multiple types of adverse childhood xxperiences. *Pediatrics*, *125*(4). doi: 10.1542/peds.2009-0597.

Eaton, N. R., Keyes, K. M., Krueger, R. F., Balsis, S., Skodol, A. E., Markon, K. E.… Hasin, D. S. (2012). An invariant dimensional liability model of gender differences in mental disorder prevalence: Evidence from a national sample. *Journal of Abnormal Psychology*, *121*(1), 282–288. doi: 10.1037/a0024780.

Emmerich, R. (Producer & Director) & Gordon, M. (Producer). (2004). *The day after tomorrow* [Motion Picture]. USA: 20th Century Fox.

Ferdman, R. A. (2014, December 12). Chart: What the documentary 'Blackfish' has done to SeaWorld. *The Washington Post*. Retrieved from https://www.washingtonpost.com/news/wonk/wp/2014/12/12/chart-what-the-documentary-blackfish-has-done-to-seaworld/.

Fine, S. & Fine, A.N. (Producers & Directors). (2013). *Life according to Sam* [Documentary]. USA: HBO.

Finerman, W., Tisch, S., Starkey, S. (Producers). & Zemeckis, R. (Director). (1994). Forrest Gump [Motion Picture]. USA: Paramount Pictures.

Fisher, L. (2010, June 18). 'Jaws' launched summer blockbuster 35 years ago. *Abc News*. Retrieved from https://abcnews.go.com/Entertainment/jaws-launched-summer-blockbuster-35-years-ago/story?id=10855868.

Furst, S., Johnson, M., Pacheco, C., Goldman, S., Tropper, M. (Producers), & Cassavetes, N. (Director). (2009). *My sister's keeper* [Motion Picture]. USA: Warner Bros. Pictures.

Fuss, J., Briken, P., & Klein, V. (2018). Gender bias in clinicians' pathologization of atypical sexuality: A randomized controlled trial with mental health professionals. *Scientific Reports, 8*(1). doi:10.1038/s41598-018-22108-z.

Garb, H. N. (1997). Race bias, social class bias, and gender bias in clinical judgment. *Clinical Psychology: Science and Practice*, *4*(2), 99–120. doi: 10.1111/j.1468-2850.1997.tb00104.x.

Garriga, E., Melé, D. (2004). Corporate social responsibility theories: mapping the territory. *Journal of Business Ethics* 53**,** 51–71. doi: 10.1007/978-94-007-4126-3_4 .

Gatt, J. M., Burton, K. L. O., Williams, L. M., & Schofield, P. R. (2015). Specific and common genes implicated across major mental disorders: a review of meta-analysis studies. *Journal of Psychiatric Research, 60,* 1–13. doi:10.1016/j.jpsychires.2014.09.014

Genuchi, M. C., & Mitsunaga, L. K. (2015). Sex differences in masculine depression: Externalizing symptoms as a primary feature of depression in men. *The Journal of Men's Studies*, *23*(3), 243–251. doi: 10.1177/1060826514561986.

Gigliotta, D., Cohen, B., Gordon, J. (Producers), & Russell, D.O. (Director). (2012). *Silver linings playbook* [Motion Picture]. USA; The Weinstein Company.

Godfrey, W., Bowen, M. (Producers), & Boone, J. (Director). (2014). *The fault in our stars* [Motion Picture]. USA: 20th Century Fox.

Gogos, A., Ney, L. J., Seymour, N., Rheenen, T. E. V., & Felmingham, K. L. (2019). Sex differences in schizophrenia, bipolar disorder, and post-traumatic stress disorder: Are gonadal hormones the link? *British Journal of Pharmacology*, *176*(21), 4119–4135. doi: 10.1111/bph.14584.

Goodwin, J. (2013). The horror of stigma: Psychosis and mental health care environments in twenty-first-century horror film (Part II). *Perspectives in Psychiatric Care*, *50*(4), 224–234. doi: 10.1111/ppc.12044.

Grazer, B. (Producer) & Howard, R. (Producer & Director). (2001). *A beautiful mind* [Motion Picture]. USA: Universal Pictures.

Guintivano, J., & Kaminsky, Z. A. (2016). Role of epigenetic factors in the development of mental illness throughout life. *Neuroscience Research, 102*, 56–66. https://doi.org/10.1016/j.neures.2014.08.003.

Hamberg, K. (2008). Gender bias in medicine. *Women's Health, 4*(3), 237-43. doi:10.2217/17455057.4.3.237.

Higgins, E. S. (2008). The new genetics of mental illness. *Scientific American Mind*, *19*(3), 42–47.

Hill, D. (Producer) & Carpenter, J. (Director). (1978). *Halloween* [Motion Picture]. USA: Compass International Pictures.

Hitchcock, A. (Producer & Director). (1960). *Psycho* [Motion Picture]. USA: Paramount Pictures.

Huebner, D. M., Rebchook, G. M., & Kegeles, S. M. (2004). Experiebces of harassment, discrimination, and physical violence among young gay and Bisexual men. *American Journal of Public Health*, *94*(7), 1200–1203. doi: 10.2105/ajph.94.7.1200.

Juvrud, J., & Rennels, J. L. (2016). "I don't need help": Gender differences in how gender stereotypes predict help-Seeking. *Sex Roles*, *76*(1-2), 27–39. doi: 10.1007/s11199-016-0653-7.

Kavka, M. (1998). Ill but manly: male hysteria in late nineteenth-century medical discourse. *Nineteenth-Century Prose,* 25(1), 166-139.

Kempley, R. (1991, May 17). "What About Bob?" (PG). *The Washington Post.* Retrieved from https://www.washingtonpost.com/wp-srv/style/longterm/movies/videos/whataboutbobpgkempley_a0a104.htm.

Kennedy, K., Kilik, J. (Producers), & Schnabel, J. (Director). (2007). *The diving bell and the butterfly* [Motion Picture]. France: Pathé Distribution.

Khullar, D. (2016, December 22). What doctors can learn from looking at art. *The New York Times*. Retrieved from https://www.nytimes.com/2016/12/22/well/live/what-doctors-can-learn-from-looking-at-art.html.

Kondo, N. (2008). Mental illness in film. *Psychiatric Rehabilitation Journal*, *31*(3), 250–252. doi: 10.2975/31.3.2008.250.252.

Lange, K. E. (2016, May 1). Big changes at SeaWorld. Retrieved from https://www.humanesociety.org/news/big-changes-seaworld.

Langhoff, S., Lee, J., Goldman, J.I., Pechenik, J. (Producers), & Johnson, C. (Director). (2014). *The skeleton twins* [Motion Picture]. USA; Roadside Attractions.

Lewis, R., Lamdan, R. M., Wald, D., & Curtis, M. (2006). Gender bias in the diagnosis of a geriatric standardized patient: A potential confounding variable. *Academic Psychiatry*, *30*(5), 392–396. doi: 10.1176/appi.ap.30.5.392.

Logreco, P. & Partland, D. (Producers). (2018). *Afflicted* [Documentary]. USA: Netflix.

Maclean, A., Sweeting, H., Walker, L., Patterson, C., Räisänen, U., & Hunt, K. (2015). "It's not healthy and its decidedly not masculine": a media analysis of UK

newspaper representations of eating disorders in males. *BMJ Open*, *5*(5). doi: 10.1136/bmjopen-2014-007468.

Macnaughton, J. (2000). The humanities in medical education: context, outcomes and structures. *Medical Humanities*, *26*(1), 23–30. doi: 10.1136/mh.26.1.23.

Magovcevic, M., & Addis, M. E. (2008). The Masculine depression scale: Development and psychometric evaluation. *Psychology of Men & Masculinity*, *9*(3), 117–132. doi: 10.1037/1524-9220.9.3.117.

Martin, B. (2019). In-depth: Cognitive behavioral therapy. *Psych Central*. Retrieved on July 23, 2020, from https://psychcentral.com/lib/in-depth-cognitive-behavioral-therapy/

Mascaro, J. S., Rentscher, K. E., Hackett, P. D., Mehl, M. R., & Rilling, J. K. (2017). Child gender influences paternal behavior, language, and brain function. *Behavioral Neuroscience*, *131*(3), 262–273. https://doi.org/10.1037/bne0000199.

Mayer, D. M. (2018, October). How men get penalized for straying from masculine norms. *Harvard Business Review*. Retrieved from https://hbr.org/2018/10/how-men-get-penalized-for-straying-from-masculine-norms.

Maslin, J. (1991, May 17). Review/Film; Getting through August when the shrink's away. *The New York Times.* Retrieved from https://www.nytimes.com https://www.nytimes.com/1991/05/17/movies/review-film-getting-through-august-when-the-shrink-s-away.html.

McCreary, D. R. (1994). The male role and avoiding femininity. *Sex Roles*, *31*(9-10), 517–531. doi: 10.1007/bf01544277.

Medavoy, M., Fischer, B.J., (Producers), & Scorsese, M. (Director). (2010). *Shutter Island* [Motion Picture]. USA; Paramount Pictures.

Medavoy, M., Messer, A.W., Oliver, B., Franklin, S. (Producers)., & Aronofsky, D. (Director). (2010). *Black swan* [Motion Picture]. USA; Fox Searchlight Pictures.

Michniewicz, K. S., Bosson, J. K., Lenes, J. G., & Chen, J. I. (2015). Gender-atypical mental illness as male gender threat. *American Journal of Mens Health, 10*(4), 306-317. doi:10.1177/1557988314567224.

Misiak, B., Frydecka, D., Loska, O., Moustafa, A. A., Samochowiec, J., Kasznia, J., & Stańczykiewicz B. (2018). Testosterone, dhea and dhea-s in patients with schizophrenia: a systematic review and meta-analysis. *Psychoneuroendocrinology, 89*, 92–102. doi:10.1016/j.psyneuen.2018.01.007.

Naghshineh, S., Hafler, J. P., Miller, A. R., Blanco, M. A., Lipsitz, S. R., Dubroff, R. P., … Katz, J. T. (2008). formal art observation training improves medical students' visual diagnostic skills. *Journal of General Internal Medicine*, *23*(7), 991–997. doi: 10.1007/s11606-008-0667-0.

National Center for PTSD. (n.d.). How common is PTSD in women? *U.S. Department of Veterans Affairs.* Retrieved from https://www.ptsd.va.gov/understand/common/common_women.asp.

Oteyza, M.V. (Producer) & Cowperthwaite, G. (Producer & Director). (2013). *Blackfish* [Documentary]. USA: Magnolia Pictures.

Oute, J., Tondora, J., & Glasdam, S. (2018). 'Men just drink more than women. Women have friends to talk to'-Gendered understandings of depression among healthcare professionals and their implications. *Nursing Inquiry*, *25*(3). doi: 10.1111/nin.12241.

Pattyn, E., Verhaeghe, M., & Bracke, P. (2015). The gender gap in mental health service use. *Social Psychiatry and Psychiatric Epidemiology*, *50*(7), 1089–1095. doi: 10.1007/s00127-015-1038-x.

Prentice, D. A., & Carranza, E. (2002). What women and men should be, shouldn't be, are allowed to be, and don't have to be: The contents of prescriptive gender stereotypes. *Psychology of Women Quarterly, 26*(4), 269-281. doi:10.1111/1471-6402.t01-1-00066.

Pressman, E.R., Hanley, C., Solomon, C.H. (Producers), & Harron, M. (Director). (2000). *American psycho* [Motion Picture]. USA: Lion Gate Films.

Räisänen, U., & Hunt, K. (2014). The role of gendered constructions of eating disorders in delayed help-seeking in men: a qualitative interview study. *BMJ Open*, *4*(4). doi: 10.1136/bmjopen-2013-004342.

Rapke, J., Starkey, S. (Producers), Zemeckis, R. (Producer & Director). (2018). *Welcome to Marwen* [Motion Picture]. USA: Universal Pictures.

Reich, S.M., Black, R.W. & Foliaki, T. Constructing difference: Lego® set narratives promote stereotypic gender roles and play. *Sex Roles* **79,** 285–298 (2018). https://doi.org/10.1007/s11199-017-0868-2.

Riecher-Rössler, A. (2017). Sex and gender differences in mental disorders. *The Lancet Psychiatry*, *4*(1), 8–9. doi: 10.1016/s2215-0366(16)30348-0.

Rochlen, A. B., Paterniti, D. A., Epstein, R. M., Duberstein, P., Willeford, L., & Kravitz, R. L. (2009). Barriers in diagnosing and treating men With depression: A

focus group report. *American Journal of Mens Health, 4*(2), 167–175. doi: 10.1177/1557988309335823.

Rosenfelt, K., Owen, A. (Producers), & Sharrock, T. (Director). (2016). *Me before you* [Motion Picture]. USA: Warner Bros. Pictures.

Seidler, Z. E., Dawes, A. J., Rice, S. M., Oliffe, J. L., & Dhillon, H. M. (2016). The role of masculinity in men's help-seeking for depression: A systematic review. *Clinical Psychology Review, 49*, 106–118. doi: 10.1016/j.cpr.2016.09.002.

Sinnerbrink, R. (2016). *Cinematic ethics: exploring ethical experience through film*. London: Routledge.

Soban, C. (2006). What about the boys?: Addressing issues of masculinity within male anorexia nervosa in a feminist therapeutic environment. *International Journal of Mens Health, 5*(3), 251-267. doi:10.3149/jmh.0503.251

Stark, R., Stone, A., White, V. (Producers), & Ross, H. (Director). (1989). *Steel magnolias* [Motion Picture]. USA: TriStar Pictures.

Substance Abuse and Mental Health Services Administration. (2018). Key substance use and mental health indicators in the United States: Results from the 2017 National Survey on Drug Use and Health (HHS Publication No. SMA 18-5068, NSDUH Series H-53). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www. samhsa.gov/data/.

Tasca, C., Rapetti, M., Carta, M. G., & Fadda, B. (2012). Women and hysteria In the history of mental health. *Clinical Practice & Epidemiology in Mental Health, 8*(1), 110-119. doi:10.2174/1745017901208010110.

Uher, R., Payne, J. L., Pavlova, B., & Perlis, R. H. (2013). Major depressive disorder in dsm-5: Implications for clinical practice and research of changes from dsm-iv. *Depression and Anxiety, 31*(6), 459–471. doi: 10.1002/da.22217.

Ult, K., Saxon, E., Bozman, R., (Producers) & Demme, J. (Director). (1991). *Silence of the lambs* [Motion Picture]. USA: Orion Pictures.

van der Pol, L. D., Groeneveld, M. G., van Berkel, S. R., Endendijk, J. J., Hallers-Haalboom, E. T., Bakermans-Kranenburg, M. J., & Mesman, J. (2015). Fathers' and mothers' emotion talk with their girls and boys from toddlerhood to preschool age. *Emotion, 15*(6), 854–864.

Van Houtem, C. M. H. H., Laine, M. L., Boomsma, D. I., Ligthart, L., van Wijk, A. J., & De Jongh, A. (2013). A review and meta-analysis of the heritability of

specific phobia subtypes and corresponding fears. *Journal of Anxiety Disorders*, *27*(4), 379–388. doi: 10.1016/j.janxdis.2013.04.007.

Verhulst, B., Neale, M. C., & Kendler, K. S. (2014). The heritability of alcohol use disorders: a meta-analysis of twin and adoption studies. *Psychological Medicine*, *45*(5), 1061–1072. doi: 10.1017/s0033291714002165.

Vernor, D. (2019, October 8). PTSD is more common in women than men. *National Alliance of Mental Illness.* Retrieved from https://www.nami.org/Blogs/NAMI-Blog/October-2019/PTSD-is-More-Likely-in-Women-Than-Men.

Walther, A., Breidenstein, J., & Miller, R. (2019). Association of testosterone treatment with alleviation of depressive symptoms in men. *JAMA Psychiatry, 76*(1), 31. doi:10.1001/jamapsychiatry.2018.2734.

Wick, D., Konrad, C. (Producers), & Mangold, J. (Director). (1999). *Girl Interrupted* [Motion Picture]. USA; Columbia Pictures.

Wolodarsky, W., Kohn, B., Gubelmann, B., Bisbee, S., Niederhoffer, G., Stark, A. (Producers), & Forbes, M. (Director). (2014). *Infinitely polar bear* [Motion Picture]. USA; Sony Pictures Classics.

Zanuck, R.D., Brown, D. (Producers), & Spielberg, S. (Director). (1975). *Jaws* [Motion Picture]. USA: Universal Pictures.

Zarse, E. M., Neff, M. R., Yoder, R., Hulvershorn, L., Chambers, J. E., Chambers, R. A., & Schumacher, U. (2019). The adverse childhood experiences questionnaire: two decades of research on childhood trauma as a primary cause of adult mental illness, addiction, and medical diseases. *Cogent Medicine*, *6*(1). https://doi.org/10.1080/2331205X.2019.1581447.

Ziskin, L. (Producer) & Oz, F. (Director). (1991). *What about Bob?* [Motion Picture]. USA: Touchstone Pictures.

APPENDIX A: ELEMENTS OF MISE-EN-SCÈNE

Lighting

Lighting plays a powerful role in film. It can be manipulated to highlight certain aspects within a scene and casting others in darkness, thereby affecting how the audience sees and interprets the setting and characters. It's used to help set the mood and tone, while conveying character. Our sense of cinematic space is created by illumination and shadow, delineating textures and shapes. Through careful manipulation of lighting, filmmakers create expressive effects (Barsam & Monoham, 2019). There are three major aspects of lighting important in mise-en-scène: quality, ratios, and direction. Quality encompasses a spectrum of light ranging from hard to soft. Hard light refers to the direct illumination of the subject, creating high contrast and sharply defining the borders between light and shadow. Details are well-defined, and facial textures, such as wrinkles, are more visible, resulting in an oft-unflattering image. Hard light is typically associated with more sober or terrifying situations. In contrast, soft light is diffused as the beams are scattered before they reach the subject. This results in low-contrast images with less-defined boundaries between illumination and shadow, as well as softer details. Soft light is more flattering for characters, as facial textures are not as obvious. This type of light is typically associated with comedies or romantic movies (Barsam & Monoham, 2019).

Lighting ratios determine the level of illumination compared with the depth of shadow in an image. There are several ways to exploit ratios to achieve a desired effect, but the most common technique is the three-point system. This method uses three sources of light from different directions to illuminate a subject. The key light is the main source, and it creates deep shadows. The fill light is positioned on the opposite side of the camera than the key light and functions to modify the depth of the shadows created by the key light. The backlight creates highlights along the hair and edges of the subject, allowing the subject to stand out. Low-key lighting occurs when little to no fill light is used, creating a high ratio between illumination and shadow. A high-contrast image is produced and is often used to create the gloomy setting typically observed in horror, mystery, crime, and film noir. High-key lighting occurs when there is little contrast between illumination and shadow. The closer the intensity of the fill light is to the key light, the greater high-key lighting effect, until, eventually, no shadows are observed. High-key lighting is often used in dramas, musicals, comedies, and adventure films. (Barsam & Monoham, 2019).

The direction that light is thrown onto a subject can also be manipulated for effect. The angle of the light contributes to the contrast and shadows, conveying mood and information about the subject being lit. Backlighting is the result of the light source being behind the subject, who is in front of the camera. This allows the subject to be silhouetted, hiding facial details in shadow, and presenting a character as either intimidating or impressive. Halloween lighting results from light shining beneath a subject, casting shadows opposite of what we would see in normal lighting. This creates

distortion of facial features, causing a sense of unnaturalness about a character or situation. Top lighting is the opposite of Halloween lighting, with the light source above the character. Depending on the angle, the effect ranges from glamorous to threatening. Frontal lighting occurs when the light is directed toward the subject from the level of the camera. This angle results in a lack of shadows on the character's face, flattening its features, and may be used to indicate the shallow nature of the subject (Barsam & Monoham, 2019).

Design

Design encompasses everything from setting to costume/makeup to décor. Every location, prop, and outfit is intentionally chosen for the purpose of conveying a specific message, and it is the interaction of each of these elements that allow a story to be told. So important is design in film that entire teams are designated to constructing each component (Barsam & Monoham, 2019). This section will briefly discuss the roles of a few of the major elements in design

Setting is where and when the story takes place. The location may be a real or a fictional place during a past, present, or future time, and many settings may be observed within a single film. Besides the physical implications, setting also confers the mood of the film. Many inferences about the film's subject can be made based on this element alone, including a character's socioeconomic status, culture, personality, and circumstances Barsam & Monoham, 2019.

Décor and properties (props and set dressing) decorate the scene. Décor encompasses the color and texture of interior design, including furniture and window dressings. Anything held by an actor is referred to as a prop. The set dressing is everything that is used to create a certain look and feel of a scene, including carpet, paint, objects, furniture, and decorations Barsam & Monoham, 2019.

Costume and makeup are another important way to convey messages to the audience. Filmmakers are concerned with presenting characters in aesthetically pleasing ways that reflect the time and culture of the story. Costume and makeup are also used to convey meaning about the character and the progression of said character over the course of the film Barsam & Monoham, 2019.

Composition

Composition is the way that visual elements are organized within a scene. It is the distribution and balance of everything the viewer sees, including props, actors, lighting, and movement, within a frame to convey messages. Composition serves an aesthetic purpose, as well as provides viewers with an understanding of what is most significant within a scene. Perhaps most importantly, it allows the audience to interpret the state of a character's mind, as well as the physical, emotional, and psychological relationships between characters Barsam & Monoham, 2019.

A common framework in composition is the rule of thirds, which divides the frame into a grid comprised of three horizontal sections and three vertical sections. This grid aids filmmakers in balancing visual elements within a shot. Typically, when a

subject is placed in one section, another corresponding subject will be placed in the opposite section for counterbalance. When the rule of thirds is broken, compositional stress occurs, which may cause the subject to appear disturbed or convey uneasiness. Suspense can be created when negative space is used. Negative space is an imbalance within the frame that viewers expect to be filled. The relative location of subjects on screen can be manipulated to convey meaning through deep space composition. Placing subjects in the foreground, middle ground, and background assists in providing information about relationships and the present situation. Further information is conveyed through the subjects' relative sizes and whether the subject is in focus within the frame Barsam & Monoham, 2019.

Kinesis

Kinesis refers to the movement that occurs within a scene. Characters and objects may move about (called figure movement), or the camera itself can move; both forms of kinesis are manipulated to form messages for viewer interpretation. Figure movement is essential in film, as it tells the story. Camera movement is also important and can be manipulated in several ways to affect how the audience sees a frame. The camera may serve as a narrator, guiding the viewer through the scene as it unfolds, or it may follow a character's movement instead.

Though mise-en-scène is often applied to specific frames of film, the above elements can be analyzed throughout the movie to ascertain the overall meaning. In Chapter 2, I will apply this method of analysis to *What About Bob?* to interpret the

messages being conveyed about mental illness deemed masculine and feminine in men (Barsam & Monoham, 2019).

APPENDIX B: GENDERED MENTAL ILLNESS IN FILM: FILM SUGGESTIONS AND DISCUSSION QUESTIONS

Film Examples

- What About Bob (1991)
- Welcome to Marwen (2018)
- Psycho (1961)
- Donnie Darko (2001)
- A Beautiful Mind (2001)
- Infinitely Polar Bear (2014)
- Shutter Island (2010)
- Good Will Hunting (1997)
- Matchstick Men (2003)
- Silver Linings Playbook (2012)
- The Skeleton Twins (2014)
- Girl, Interrupted (1999)
- Black Swan (2010)
- The Virgin Suicides (1999)
- American Psycho (2000)

Guided Discussion Questions

1. Does the character have a masculine or feminine mental illness, and how does the film portray this positively/negatively?

2. What props did you notice that allude to the mental illness of the character? Do they suggest masculinity or femininity?

3. What camera angles were used, and what effect did they have on the way you viewed the character?

4. How did the genre of the film affect how the character with mental illness was represented?

5. How does the language used in the film, especially in the way other characters describe the one with mental illness, reinforce or reduce stigma?

6. What inaccuracies did you notice regarding mental illness, and what message do you think this sends to a general audience?

7. What messages did the clothing/makeup/appearance send about the characters?

8. Do you think the film contributes to the stigmatization of mental illness? Do you think the stigma would be affected if the gender of the character was different? Do you think it would be affected if the gender of the mental illness was different?

9. What do you think the message(s) of this film is?

10. Do you think this film could be used to correctly educate the general public about the mental illness of topic? What changes, if any, do you think should be made?

11. Film is used as a form of entertainment, and exaggeration of certain elements is used to immerse the viewer, even if such exaggerations lead to inaccurate representations. Do you think a film about mental illness would be less entertaining if the exaggerations were not present and, instead, the film tried to stay as accurate and realistic as possible?