An Inclination for Intimacy:
Depictions of Mental Health and Interpersonal Interaction in Popular Film

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One of the most potent influences on normative interpersonal behaviors is entertainment media (e.g., film). Evidence has long suggested that the portrayal of individuals managing mental health concerns is associated with erratic and violent behavior. Such health-framing tendencies could influence consumers' mental models, prototype scripts, and other behavioral expectations about social interaction involving someone with a mental health condition. To date, however, no prior study has provided an interaction analysis of discrete instances of social engagement in popular media as they pertain to interactions involving someone who is managing mental illness relative to those interactions that do not. Here, we undertake this task, observing disproportionate schematic associations of mental illness with relatively more intimacy—in terms of topic, setting, and relationship types, among other characteristics—within film with mental health portrayal emphases. Implications for these patterns are discussed.

Keywords: mental health, interaction analysis, film

Mental illness (MI) is one of the most pervasive modern health concerns. In America, more than 50% of adults will manage MI during the course of their lifetime (Centers for Disease Control and Prevention, 2018). In addition, one in four adults will develop some form of MI in a given year (Duckworth, 2013). Even those who are not directly affected by MI are likely to have indirectly experienced it through a loved one or

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a close acquaintance. In 2017, 72% of Americans classified MI as an extremely or very serious health concern (Pew Research Center, 2017). MI has been defined as deviations in thoughts, experiences, or emotions potent enough to cause functional impairment in one's work or social well-being (Perring, 2010). Media portrayals of MI, including those in many popular films and television programs, are significant sources through which people are exposed to examples of common conditions such as depression and anxiety, as well as more rare illnesses such as schizophrenia and antisocial personality disorder (Ritterfeld & Jin, 2006). These depictions tend to be stigmatizing and unsupportive of those managing MI (Hinshaw, 2007). Indeed, they are often rife with sensationalism and negative stereotypes, which can influence interpersonal inclinations oriented toward those known to be managing MI (Quintero Johnson & Riles, 2018).

Research has routinely demonstrated that exposure to specific models of social interaction can influence perceived norms and expectations related to one's own interpersonal interaction inclinations (e.g., Hefner, 2019). The most prominent themes of social interaction, notably those represented in entertainment media like film, tend to be internalized by consumers of these messages (Hefner & Wilson, 2013). With regard to mental health depictions, it is necessary to discern whether patterns of interpersonal interactions modeled in popular media differ as a function of whether characters with an emphasized MI are present. These modeled interactions could correspondingly be influencing expectations regarding cultural norms and perceived costs, as well as actual social engagement behaviors, in stigmatizing ways.

An analysis of MI representation as it relates to discrete instances of interpersonal interaction is a unique endeavor in mediated communication research. Prior research has examined specific attribute associations of characters with MI and their social implications (e.g., Pirkis, Warwick Blood, Francis, & McCallum, 2005) as well as how consuming these portrayals could result in various social perception outcomes (e.g., Riles, 2020). However, to our knowledge, no examination has ever been undertaken to perform an interaction analysis (Folger, Hewes, & Poole, 1984), analyzing the specific patterns of discrete relational communication instances in interpersonal encounters containing characters with MI. If various thematic choices and attributes are used to frame interpersonal interactions involving characters with MI, relative to those that do not, such routine patterns could influence norms and expectations, as well as perceived costs and benefits, of engaging in such social interactions. For those not managing MI, these depictions have the capacity to influence perceptions regarding the types of interaction situations, relationships, and outcomes that could be expected or viewed as (a)typical when socially encountering someone with MI. In addition, they could influence perceptions of best practices and criteria for success as audience members consider how to engage in such interactions. For those managing MI, these social interaction depictions could influence perceptions of interaction efficacy and likelihood of social rejection when engaging with others in the real world in different settings. Therefore, rather than examining what the media show individuals with MI doing, the purpose of this study is an examination of how individuals with MI are portrayed socializing in a discrete interaction with others.

Popular film is one content area in need of increased contemporary examination as it relates to the framing of MI (Sieff, 2003). Domestic box office sales suggest that consumption of this medium remains massive, with more than $11 billion in sales in 2019 (Box Office Mojo, 2020). Examinations of mass representations of MI, however, have tended to predominantly consist of analyses of news coverage (e.g., Wahl, 2003). Typically, research that has examined MI in film has usually focused on particular messages

known for stereotypically evocative representations, such as *One Flew Over the Cuckoo's Nest* and *Psycho* (e.g., Anderson, 2003). Researchers have too seldom explored the broader landscape of MI depictions in film (cf. Wahl, 1992), a content domain demonstrated to influence broader relational perceptions (Hefner & Wilson, 2013). Media researchers have much to gain by examinations of popular film's potentially stigmatizing interpersonal distortions.

Mental Illness and Film

Research in prior decades has found that people with MI are depicted in media as violent loners who cannot function within the parameters of society (Klin & Lemish, 2008). Wahl (1992) identified three negative characteristics stereotypically used to frame MI: inadequacy, unlikability, and danger. Portrayals of not fitting into society, being unable to hold a job, and being unable to achieve goals may signal inadequacy. Unlikability is associated with being a social loner and being viewed by others as untrustworthy. Finally, depictions of aggression, violence, and crime fall under the danger category. In alignment with Goffman's (1963) seminal work defining the impact of stigma, this constellation of MI frames is indicative of a long-standing practice of stigmatizing those with MI. It is vital to examine the framing of MI in entertainment media because frames communicate the considerations that are pertinent to understanding a phenomenon or issue (Tewksbury & Riles, 2018). Framing effects are observed when individuals apply culturally supplied interpretive schemas to their understanding of various phenomena and issues (Tewksbury & Scheufele, 2019). The most proximate influence of a frame is found in the beliefs people access about a target. For example, if in film those with MI are disproportionately overrepresented as being involved in romantic relationships characterized by conflict, audiences could increasingly associate interpersonal relationships involving a partner with MI schematically with the idea of a combative lifestyle.

Frames inform people about how to comprehend a target by indicating which constructs and ideas are most applicable (Tewksbury & Riles, 2018), a phenomenon that is manifest, for example, in the aforementioned observation by Wahl (1992) that MI is frequently associated with the interpretive schema of danger. As such, in the context of this investigation, the framing of MI interactions is explored via the examination of the interpretive schema attributes systematically linked with such interactions as a way to explain how MI issues and situations are presented in film. Such linkages strengthen the applicability between attributes and concepts within individuals' cognitive associative networks such that when one concept (e.g., MI) comes to mind, other specific schematic attributes are more likely to also be salient (e.g., danger).

MI representation research has notably been associated with news media (e.g., Gwarjanski & Parrott, 2018; Wahl, 2003). For example, in one examination of print news, Coverdale, Nairn, and Claasen (2002) observed that negative stories dominated MI coverage with routine links of this health condition to peril and criminality. More recently, Gwarjanski and Parrott (2018) observed that news media often associate health conditions like schizophrenia with stigmatizing attributes such as violence and criminal behavior. These observations mirror what other scholars have similarly observed pertaining to a broader array of MI in the news, specifically, the widespread connection of those managing these conditions with danger and threat (see Wahl, 2003). Albeit rarer, news media have also been associated with destigmatizing portrayals of MI via the framing of these conditions as a character-building experience (Parrott et al., 2019). These examinations of news representations of MI are certainly of informational and theoretical utility; however, it would behoove media and

health scholars to increase their focus on the examination of portrayals associated with media that are routinely processed relatively less systematically.

Entertainment media personae routinely engage in acts of self-expression (Davis & Riles, 2020) and those expressions are routinely used by audiences for interpreting their own personal experiences (Riles & Adams, 2020). Media psychologists suggest that negative perceptual effects of mediated concept associations (e.g., framing) are most pronounced when consumers are engaging in relatively less systematic cognitive processing of the messages (e.g., Bradley, 2007). Here, we examine entertainment media as they have been observed to be, in general, processed less centrally and with less effort than other media content (e.g., print news; Petty & Cacioppo, 1984). Indeed, this type of content exposure has been observed in recent research to influence social perceptions and interpersonal inclinations oriented toward those with MI in a negative fashion (e.g., Riles, 2020). Moreover, researchers have long contended that depictions of MI in entertainment media are more potent contributors to public perception of MI than depictions found in the news (e.g., Pirkis et al., 2005). Often, information acquired from entertainment media is used for social judgments when consumers peripherally encode the content of the information and trust, forget, or neglect its source (Shrum, Wyer, & O'Guinn, 1998). Therefore, entertainment media—notably, film content—is of particular interest with regard to our aim of examining the nature of rampant contemporary stereotypes associated with social engagement involving those managing MI.

Mediated Interpersonal Interactions

Past research has routinely established that exposure to mediated depictions of characters with MI tend to be associated with stigmatizing social perceptions. MI is often depicted in a manner that is not representative of typical experiences, characteristically conflating symptoms between different MIs (Klin & Lemish, 2008). Arguing against the long-standing stereotype, Stuart (2003) concludes that "mental illnesses are neither necessary, nor sufficient causes of violence" (p. 123) more than socioeconomic and demographic predictors. The reality of the situation is that individuals with MI are more likely to be the victims of violence than the perpetrators, often out of a defense against the presumption of violence itself (Stuart, 2003). Frequent consumption of the rampant aforementioned stigmatizing MI associations has been observed to be a significant predictor of higher estimates of MI in the population and more negative beliefs about MI (Quintero Johnson & Riles, 2018). However, this research stops short of revealing how these character-level distortions potentially manifest in interaction-level distortions. In addition to examining characteristic portrayals of individuals with MI, as has been performed in past research, it is necessary to investigate whether the modeling of discrete interpersonal interaction episodes is similarly distorted in popular media emphasizing MI.

To our knowledge, only one other study has examined discrete mediated interpersonal interaction events as they pertain to marginalized identities (i.e., Riles, Varava, Pilny, & Tewksbury, 2018). These researchers similarly suggest the need to consider how media inform the associations and mental models consumers develop about specific interpersonal interaction encounters involving a given social group. When people are unable to consciously engage in interaction with members of various social groups and identities, vicarious intergroup contact can serve as a proxy that can reduce prejudicial attitudes (Joyce & Harwood, 2014). In the current context, although it is useful to know that media representations of characters with MI tend to frame those characters schematically as an erratic threat (e.g., Wahl, 1992), it is additionally valuable to

examine the manner in which interactions and relationships involving characters with MI are framed relative to other relational displays.

Most content analytic work that has come closest to examining interpersonal interactions in the media has accomplished this in a way that only loosely examines the interaction. For example, Weigel, Kim, and Frost (1995) examined simultaneous television appearance time as their indicator of interpersonal contact. However, such an approach is associated with the limitations of not being able to differentiate between separate interactions containing the same people, as well as erroneously treating two people who are not communicating but who are sharing screen time as being in an interpersonal interaction. In the previously mentioned content analysis by Riles and colleagues (2018), discrete interpersonal interaction units were isolated for the purpose of distinguishing between them so as to assess prime-time television interaction portrayals as a function of race/ethnicity. Their method adapted interaction analysis techniques of group communication scholars (i.e., Folger et al., 1984). Using this method, the researchers were able to show that some 97% of interactions on prime-time television involved a White character and that racial/ethnic minorities virtually never interacted with one another outside the presence of a White character. They were also able to identify that the seriousness of the relationship shifted based on the racial/ethnic composition present in the interaction.

Examining discrete interactions as isolated units yields two primary benefits. First, analysis of interactions may aid in garnering a deeper understanding of the specific relationship-framing choices routinely invoked for those of divergent health identities. This is critical as it demonstrates who is being normalized as interacting with whom and in what contexts, all as a function of health status. Such framing choices hold implications for the perceived, and anticipated, types of activities and interpersonal closeness that could be expected between two or more interactants when someone with a known MI is involved (Hefner, 2019). Second, interaction-based analysis can assess the qualities of an interaction, such as topic and valence. Research examining interpersonal interactions has routinely examined the topic, setting, and nature of the interaction (Riles et al., 2018; Weigel et al., 1995); however, no such research has been conducted within the domain of mental health interaction representations.

According to previous findings related to propensity for aggression (Klin & Lemish, 2008), one might expect characters with MI to be involved in less affiliative interactions (i.e., romantic or friendship) than characters without MI as these may be less likely to weather erratic and violent behavior. On the other hand, associations of MI with childlike qualities (Wahl, 2002) may necessitate more affiliative relationships as close others may be shown taking care of a loved one with MI. Therefore, the topic and nature (i.e., type of relationship) of the interaction could conceivably vary based on the presence of a character with MI. To assess and compare the qualities of interactions with characters with MI versus those without MI, we posed a first set of research questions:

RQ1–3: *Does the (1) setting of interaction, (2) topics of conversation, and (3) relational nature (i.e., romantic, family, friend, acquaintance) of the interaction disproportionately differ when someone with MI is present as compared with when someone with MI is not present?*

When characters with MI are depicted in romantic relationships, the quality of those relationships may be altered. At the intersection of socially constructed stigma and evolutionary psychology, it has been argued

that those with MI may have a harder time finding romantic partners (Boysen, 2017) because of a number of factors, including unchecked drives to avoid others' ailments, quarantine disadvantageous relational partners, and protect dominant groups (Kurzban & Leary, 2001). Content analytic research examining the interplay between MI and romantic relationships is scarce; however, limited work has generally observed somewhat stigmatizing framing patterns. For example, Schultz, Moore, and Spitzberg (2014) discuss the historically popular framing technique of presenting MI-associated romance as constituted by obsessive, stalking behaviors. Commitment and happiness, when present at all, tend to be one-sided, only experienced by the individual indicated to be dealing with MI. These researchers suggest that this relational framing pattern was particularly rampant prior to the mid-1990s, but has not entirely disappeared.

Calder-Sprackman, Sutherland, and Doja (2014) also observed relational challenges associated with prominent representations of those with MI (e.g., Tourette's syndrome), including pushing their partners away and eventually terminating the relationship. Although these studies are limited in the range of conditions discussed as well as time frame, they indicate, as it related to those with MI, specific stigmatizing framing choices of interpersonal behavior associated with romantic involvement. Notably, relational themes surrounding commitment, happiness/satisfaction, quarreling, and relationship termination have been emphasized in this research. As such, if media depictions of romantic relationships involving a character with MI systematically vary interpretive schema implementation as a function of mental health status, this could have implications for the romantic prospects of those managing MI in the real world. To examine such qualities of romantic interactions involving characters with MI, we posed an additional set of research questions:

RQ4a–d: In romantic interactions, do the following qualities and occurrences disproportionately differ when a character with MI is present as compared with when someone with MI is not present: (a) commitment cues, (b) happiness cues, (c) quarreling, (d) discussions of relationship termination?

Family interactions are revealing of stereotypes about which family members are most likely to receive care and which are most likely to provide it. Especially in cases in which MI is depicted as wholly devastating to a person's autonomy, it might be expected that characters will be reliant on, and thus primarily interact with, their families. Again, relatively little research has specifically examined media representations of MI as they relate to familial interactions, although a study by Calder-Sprackman and colleagues (2014) represents an exception in which, similar to romantic relationships, MI was framed via the lens of a massive family challenge. There is seldom a suggestion that families can have traditional experiences if a member has MI.

What remains unexamined is who in families tends to be relatively more associated with mental health concerns and how such patterns could influence family interactions. For example, the framing of MI disclosure to a parent routinely framed as burdensome may influence a viewer to avoid seeking help. It is important, then, to determine what types of familial relationships and interactions are most prominent in popular film, as exposure to such interactions may have a hand in the frame setting of audiences' expectations of what types of family responses can be expected. Therefore, we asked the following research questions:

RQ5:   Which family members are most often present when someone in the family has MI?

RQ6:   Which family member is most often portrayed as having MI?

RQ7:   *When a family member has an MI as compared with when someone with MI is not present, is discussion of the family unit disproportionately framed disapprovingly, supportively, or avoiding discussing the family unit altogether?*

Method

This project was developed with the goal of quantitatively assessing prominent characterizations of interpersonal interaction when people with MI are present relative to when they are not. It serves to illuminate the framing choices that individuals with specific media diets should be expected to encounter, potentially influencing interpretive schemas about MI.

Sample

Our sample consisted of the most popular (i.e., top-grossing) films over a recent 30-year period, associated with an emphasis on a main or supporting character managing MI. We began our sampling by producing a list of mental disorder types that were noted to be the most prevalent. Real-world prevalence data were used as an inclusion criterion and indicated anxiety (e.g., generalized anxiety, obsessive–compulsive, and posttraumatic stress), mood (e.g., bipolar and major depressive), personality (e.g., antisocial personality and paranoid personality), and impulse-control/behavioral (e.g., restrictive/binge eating and intermittent explosive) disorders to be the most prevalent (Demyttenaere et al., 2004; Kessler, Chiu, Demler, & Walters, 2005; Kessler et al., 2012; Sansone & Sansone, 2011). Although not as prevalent in the real world, schizophrenia and dissociative identity disorder are routinely observed to receive distorted representation—in terms of amount and characterization—in entertainment media (Ritterfeld & Jin, 2006). Finally, we also included undefined indications of MI including use of such words as *crazy*, *nuts*, or *insane*. Our final list included 14 specific conditions and can be found in Table 1. Once this list was constructed, we began a search for films with characters associated with these conditions.

Table 1. Mental Health Condition Breakdown Within All Interpersonal Interactions.

Condition	%
Major depressive disorder	24
Antisocial personality disorder	18
Posttraumatic stress disorder	16
Obsessive–compulsive disorder	12
Vague	12
Dissociative identity disorder	9
Bipolar disorder	6
Schizophrenia	6
Eating disorder—binge	5
Generalized anxiety disorder	2
Panic disorder	0
Eating disorder—restrictive	0
Intermittent explosive disorder	0
Paranoid personality disorder	0

After an extensive search, the most comprehensive compendium of film associations with MI was found to be an online wiki list (Wikipedia, 2017) of several dozen disorders and their relation to several hundred films. This list provided the greatest breadth of content, explicitly detailing their association with specific MIs and was compiled by way of consulting several academic texts (e.g., Gabbard & Gabbard, 1999; Robinson, 2003; Wahl, 1997; Wedding, Boyd, & Niemiec, 2005) among additional online sources. This source allowed us to generate an initial content population that represents a public, evidence-supported, collaborative perspective on MI that, given its global popularity (Lewoniewski, Węcel, & Abramowicz, 2017), could be anticipated to be used by consumers if they sought representations of particular MIs in film. Nevertheless, films on this list were further scrutinized before inclusion in the final coded sample.

We took all films associated with our list of disorders and consulted the Internet Movie Database (2017) and each film's Wikipedia page for mentions of those disorders within the individual film summaries and synopses to reaffirm that these disorders were emphasized. For those films that remained on our list, we constructed five-year intervals within our 30-year period (i.e., from "1986–1990" to "2011–2015") and selected those 10 films that had the highest box office sales (Box Office Mojo, 2017) during each period. In this way, we sought to analyze those films that emphasized MI and also had the greatest reach and potential for influence. This procedure provided us with 60 of the most popular films for analysis over this time period. DVDs of these films were purchased and analyzed by three independent coders.

Coding Procedure

The unit of analysis for this project was the discrete interpersonal interaction unit. An interaction unit began when two or more individuals in proximity to one another engaged in interactional communication (i.e., talking, deliberate touching, or clear nonverbal communication). It ended when participants discontinued all interactional communication or when the scene ended (i.e., location or time period change). Within groups, new interactions began when a participant visually or verbally left or joined a group discussion. Interactions were unitized following the procedure put forth by group communication scholars Folger and colleagues (1984). Entire films were segmented into three-second intervals. Whenever an interaction began, coders were trained to indicate the specific interval in which it commenced. Three independent coders were trained and given practice films drawn from the larger film population to apply the codebook. These data are not represented in the final sample.

Five films from the main sample, totaling 635 interpersonal interactions, were randomly chosen to overlap between coders for the purposes of conducting intercoder reliability (a quantity of unique units satisfactory for performing reliability analysis; e.g., Mastro & Behm-Morawitz, 2005). First, coders established interaction units with any disagreements discussed and resolved to systematize a formal set of units for assessing reliability on all other variables of interest. Primary variables were then coded for reliability, with disagreements once more discussed and resolved for the purpose of aligning views and producing a final code sheet for the film. All nonreliability films were coded independently. Krippendorff's alpha—a conservative measure of intercoder agreement—for our unitizing procedure was acceptable (α = .72). In all, our final corpus of 60 films yielded 9,556 discrete interpersonal interactions for coding. All variables included in analyses met Krippendorff's (2004) suggested alpha minimum of $\geq.67$ (with one minor exception; i.e., family talk valence) and are discussed below.

Variables

Setting of Communication

The primary setting (α = .82) of the interaction was determined by analyzing the physical environment of the communication event. The domestic setting pertained to places that individuals live or habitations for which an individual could be expected to pay property taxes (e.g., homes, apartments, automobiles, hotel and hospital rooms). Business settings pertained to places where individuals could be expected to do business or be around people doing business, but that could not also be considered a habitable location (e.g., hospital and hotel common areas). Public settings included primarily outdoor areas where people could meet during time outside of domestic and business situations (e.g., public parks and public transportation).

Topic of Communication

Topic of communication (α = .67) pertained to the content of the interaction. A list of 24 topics was constructed via discussion among the researchers and placed into a tiered system for variable construction. Tiers were constructed to make the selection of the primary topic more feasible in those situations of rapid topic switching. Certain topics were more critical to our analytical aims, although when those higher tier topics were not present, we still wanted the capability of providing a classification. Generally speaking, the lower tier topics represented relatively more phatic expressions (Žegarac & Clark, 1999) such as exclamations and social pleasantries (e.g., small talk). The highest tier of topics consisted of broader discussion focused on romantic, family, or friendship relationships, as well as work-/business-related and crime-related communication. The next tier consisted of more specific topics, including gossip/rumors, personality, health, finances, science, public affairs, religion, conflict engagement, sex engagement, attempts at comforting, career, discussing the idea of romance/love, and philosophy. The third tier was future goals, past talk, and a task-oriented focus on some immediate and minor objective. Our final tier consisted of celebratory exclamations, trivial "small talk," and an "other" category. If the primary topic for an interaction was considered to apply to multiple topics from different categories, the higher-order topic was coded. Topics within tiers were deemed sufficiently distinct so as not to warrant such selection guidelines. See Table 2 for topic descriptions.

Table 2. List of Interaction Topics.

Topic	Definition
Romantic relationship	Focus on the relationship between the people in the interaction or nonverbal romantic touching excluding sex
Family	Focus on the issues related to the family
Friendship	Focus on issues related to friends/close acquaintances
Work/business related	Focus on work-related issues; employee to employee or manager to employee
Crime related	Focus on the crime-related nature of the interaction
Storytelling	The telling of potentially fictional stories, including gossip and rumors
Personality	Focus on characters' traits, quirks, attributes, shortcomings, etc.
Health	Focus on health-related issues (including death and mental health)
Finance/money	Focus on paying bills, income, etc.
Science	Focus on scientific inquiry or topics relating to STEM
Public affairs	Focus on public affairs or current political events
Religion	Focus on issues of religion or engaging in religious actions (e.g., taking communion, prayer)
Conflict	Physical fighting, arguing, name-calling, mudslinging, sexual assault (unless fighting is about something specific)
Sex	Engaging in a sex act
Comfort	An interaction in which someone comforts another physically or verbally
Career	Long-term occupational talk that includes some sort of temporal aspect
Romance	Focus on romance, love, or sexuality that is unrelated to romance between the interactants
Philosophy	A "deep" discussion about art, politics, philosophy, economics, ideals, human nature, etc.
Future goals	Focus on future goals, including plan-making for the immediate future
Past talk	Explaining one's past, life experiences, and memories
Task oriented	Focus on accomplishing a short-term task, often via the giving of directions or instructions
Celebration	Interactions in which physical or verbal celebration is happening (e.g., pouring champagne, dancing/partying, shouting "yay!")
Small talk	Nonsubstantive, trivial talk; nonverbal acknowledgment; and small or unanswered questions
Other	Interactions that do not fit into other categories

Nature of Relationship

To classify the types of relationships that were exhibited by characters during interactions, we assessed the nature of relationships that were depicted. The relationship types that were examined included those employed in previous research by media scholars examining relational phenomena (i.e., Baym, Zhang, Kunkel, Ledbetter, & Lin, 2007). Specifically, we assessed whether the nature of interactions was romantic, familial, a platonic friendship, or a casual acquaintanceship. Romantic relationships (α = .92) were indicated

by intimate contact, stated and persistent dating, and other more formal partnership classifications (i.e., exclusive relationship, marriage). Furthermore, if an interaction was coded as romantic, we also assessed potential indicators of relationship quality (e.g., indications of serious commitment [α = .92], indications of outward happiness [α = .84], lack of quarreling [α = .89], and lack of relationship termination discussion [α = .92]). Family relationships (α = .89) were suggested by some mention of a familial bond (i.e., spousal, sibling, aunt/nephew, grandparent/grandchild, etc.). When family relationships were present, coders also assessed whether a mother (α = .94), father (α = .95), daughter (α = .91), or son (α = .94) was present and if a family member was one of the individuals managing an MI—(mothers [α = .84], fathers [α = .96], daughters [α = .96], sons [α = .96]). If the family was talking about the family unit in any way, we also coded the valence of such discussion (α = .65). Given that the alpha for this variable falls just under Krippendorff's (2004) suggested minimum, this variable should be interpreted with caution. Acquaintances (α = .68) were observed via indicators that the people interacting did not know each other or that they hardly ever came in contact with one another. Friendship was observed (α = .85) via some indication that the people interacting are or have engaged in some form of recreational or leisure activity with no indication of aggression-based hostility.

Some relationship natures naturally overlapped. Therefore, if the particular relationship nature was present, it was coded as such even if other relationships were also present. One exception was that if a relationship was deemed to be romantic in nature, it was not also classified as friendship. We came to this decision as we believed that many romantic relationships would also be considered friendly, or based on friendship, whereas the same idea may have not been true for the other nature combinations. Via related logic, we also decided that if people were strangers to one another, they could not also be in a friendship or romantic relationship.

Results

All variables were measured categorically (i.e., presence/absence). As such, chi-square analyses were conducted to examine comparison patterns of depictions of interpersonal interactions containing a character with MI with those who do not to determine disparities in framing choices. Of all 9,556 interpersonal interactions examined in this analysis of popular film over three decades, 46% contained a character with an emphasized MI. The proportional depiction of each MI is presented in Table 1. With regard to Research Question 1 (see Table 3), when interactions contained a character with MI, they were disproportionately overrepresented in a domestic setting and underrepresented in both business and public settings. For Research Question 2 (see Table 3), concerning disproportional engagement in particular conversational topics, findings revealed that discussions of romantic relationships, family, conflict/name-calling, career, and future goals were disproportionately overrepresented when they contained a character with MI. Discussions about work and those considered small talk were both underrepresented when they contained a character with MI. All other topics received proportionate representation. With regard to Research Question 3 (see Table 3), when interactions contained a character with MI, they were disproportionately associated with a romantic relationship, family relationship, and friendship. Acquaintance/stranger relationships received proportional representation.

Table 3. Social Characteristic Comparisons Based on Inclusion of a Character With Mental Illness in Interactions.

Interaction	χ^2	AR	% MHI
Topic	325.18**		
Romance		6.1	5
Family		3.5	4
Work		−13.5	12
Conflict		5.0	10
Future goals		3.2	3
Small talk		−5.6	12
Setting	99.92**		
Domestic		9.8	48
Business		−7.4	29
Public		−3.1	23
Nature			
Romance	92.44**	9.6	15
Friendship	0.05		
Family	110.39**	10.5	20
Acquaintance/stranger	1.66		

Note. Only interaction topics with adjusted residuals <-2 or >2 are listed. AR = adjusted residual (provided where analysis is significant). %MHI = proportion of interactions identified as being associated with the relevant characteristic out of all interactions containing a character with a mental health condition.
*$p < .05$. **$p < .01$.

       The next sets of analyses were conducted among only those interpersonal interactions coded as romantic or familial in nature. Pertaining to Research Question 4, when romantic interactions contained a character with MI, they were overrepresented as being committed in nature. The appearance of happiness, quarreling, and discussion of relationship termination all adhered to chance expectations. With regard to Research Question 5, when familial interactions contained any character with an MI, daughters were most often present (53% of family interactions with MI), followed by sons (45%), mothers (38%), and fathers (33%). However, in interactions containing MI, mothers were the only family member distortedly (under)represented compared with interactions with a character without an emphasized MI, $\chi^2(1, N = 1,467)$ = 4.94, $p < .05$. All other family members appeared in interactions with MI at a rate adhering to chance expectations. For Research Question 6, when an interaction contained a family member with MI, that member was most often the daughter (24% of family interactions with MI), followed by the son (21%), the father (13%), and the mother (12%). With regard to Research Question 7 (see Table 4), when any family member had MI, discussion about the family tended to have negative talk disproportionately overrepresented and positive talk disproportionately underrepresented. When mothers had MI, instances of not discussing the family were overrepresented, with positive family talk particularly underrepresented. When daughters had MI, positive family talk was underrepresented. When sons had MI, negative family talk was overrepresented. When fathers had MI, all family talk received proportionate representation.

Table 4. Relational Characteristic Comparisons Within Romantic and Family Interactions.

Interaction	χ^2	AR
Romantic indicators		
Committed	7.59**	2.8
Happiness	0.94	
Quarreling	0.37	
Termination	0.10	
Any family member with mental illness	18.98**	
No talk		1.9
Positive talk		−4.0
Negative talk		2.2
Mother with mental illness	13.30**	
No talk		3.6
Positive talk		−3.2
Negative talk		−1.4
Father with mental illness	0.11	
No talk		
Positive talk		
Negative talk		
Daughter with mental illness	9.29*	
No talk		1.6
Positive talk		−2.9
Negative talk		1.2
Son with mental illness	7.28*	
No talk		−1.3
Positive talk		−0.5
Negative talk		2.7

Note. AR = adjusted residual (provided where analysis is significant).
*p < .05. **p < .01.

Discussion

In this study, we sought to contribute to current health and media literature by articulating the modern landscape of popular mental health representations. This task was undertaken, notably, in relation to the schematic attributions used to frame interpersonal interaction in the previous three decades of film. We analyzed the settings and topics of interactions, in addition to their very natures, and observed a widespread pattern of disproportionately framing interpersonal interactions involving those with MI with the schematic attributes of intimacy and commitment. Interactions featuring a character with MI were disproportionately associated with romantic, familial, and friend relationships, relative to those interactions without a character with MI, and within those relationships, there was evidence of pronounced commitment. Below are concrete illustrations and implications of these themes.

The first set of research questions (RQs 1–3) examined the broader relational situation of interactions in the sample films. Results provide evidence that interactions including a character with MI tend to be disproportionately set in intimate, domestic settings, while avoiding work-related environments (RQ1), and involve topics generally more central to closer relationships (e.g., romance, family, future goals) and less discussion related to work and small talk (RQ2). Such a pattern is indicative of a relative symbolic annihilation (Gerbner & Gross, 1976) of MI in these relatively less intimate but professional situations. Many of the characters in the sample were unable to work because of their MI. For example, in *Melancholia*, an adult female suffers from depression so severe that she is unable to engage in basic self-care, let alone step foot in a workplace. This relative invisibility is conceivably contributing to a dearth of mental models for this type of behavior for consumers, reducing workplace self-efficacy for those managing MI and increasing workplace stigma from peers. The trend that people with MI are less often shown communicating about work perpetuates the idea that a work-oriented lifestyle is not schematically applicable to popular framing of the management of MI. Of course, a real-world individual's concerted focus on work could conceivably serve as both an antecedent and consequence of various psychological distresses, but such associations appear underemphasized. These themes could have real-world implications as scholars have noted that the mental health of those in managerial positions is often overlooked (e.g., St.-Hilair, Gilbert, & Brun, 2019) as productivity is regularly valued more than emotional stability. This symbolic annihilation may reinforce the idea that acknowledging MI in the workplace is an inherently injurious practice. This, in turn, would discourage people from being open about MI (Elkington et al., 2013), which can then bolster the stigma accorded to those who have undergone health status disclosure.

Analyses of the relationship nature (RQ3) similarly found that, compared with social interaction without characters with MI, those featuring MI disproportionately involve more communicating with romantic partners, friends, and family members—inherently deeper relationships than those between strangers and acquaintances, which were disproportionately underrepresented. It would appear that despite prior research revealing associations of MI with volatility and danger in popular film, this is not associated with complete social alienation. Rather, it may be because of other stereotypical attributes associated with MI (e.g., childlike behavior) that close personal relationships are necessary as a storytelling device. It is implied that only through these relationships can characters emphasized as having MI live successful lives. For example, in *Room*, an adult female character is shown coping with posttraumatic stress disorder after being kidnapped, impregnated, and held captive by a man for years on end. It is through her reintegration into the family unit that the storytellers frame her experiences and struggles, avoiding giving this character casual connections. Other movies (e.g., *Silver Linings Playbook*, *Melancholia*, and *Inside Out*) similarly reinforce the idea of the person with MI as a dependent member of the family unit. The disproportionate characterization toward closer relationships may inhibit the degree to which someone with MI is perceived to be able to manage more casual relationships.

Having established that romantic and familial relationships are overrepresented in interactions depicting a character with MI, the second set of research questions (RQs 4–7) assesses the qualities of such relationships. Pertaining to romantic relationships, Research Question 4 found that expressions of high commitment were especially prevalent with the presence of a character with MI. Although this could certainly be a positive occurrence, it could also suggest a trope wherein couples are expected to love each other more intensely as a function of one of them encountering mental disorder. In *A Beautiful Mind* and *As Good as It*

Gets, female characters are depicted in the role of the hero for daring to stand by unconventional men who both endure MI and are misunderstood by the rest of the world. The act of loving a character with an MI is sometimes positioned as something to be conspicuously admired, potentially suggesting that those with MI are somehow less deserving of companionship and support.

In relation to the disproportionate association of MI interactions with familial relationships, Research Question 7 provides evidence that MI is a stressor to family members, with disproportionately less positive and more negative family talk occurring when a character with MI was present. Characters with MI are often times portrayed as burdensome family members bringing the unit together. For example, in *Black Swan*, Natalie Portman's Nina is a constant source of stress and worry for her overprotective mother. There is also evidence that this stress has underlying gendered implications, as our findings suggest that women are central to the creation and resolution of MI-related family stress. Unsurprisingly, Research Questions 5 and 6 suggest that the family role of daughter is linked most strongly with MI, both as someone present when talking to a family member with an MI and as the family member who actually has the MI. Although, at first, this may seem related to the stereotypes that women are either "crazy" (e.g., Meyer, Fallah, & Wood, 2011) or compassionate caregivers (e.g., Seiter, 1986), it was interestingly also the case that mothers were underrepresented in interactions involving MI and were the least likely to be portrayed as having MI themselves. In the case of the latter finding, it is consistent with previous research that mothers are not depicted as having MI themselves, as it can be difficult to discern when MI becomes distinct from stressors associated with, and societally justified for, the role of motherhood (Nicholson, Sweeney, & Geller, 1998). Therefore, if female-associated MI is to be emphasized, the representative propensity is taken up by daughters, thus maximizing paternalism. Sons are the family member that received the second most association with MI, suggesting that MI in families is largely framed as a concern about the children. At least 8.4 million people in the United States care for an adult with a mental or emotional health condition (National Alliance for Caregiving, 2016); yet, there is a relative erasure of these stories.

Limitations and Future Directions

The present study is not without limitations. This content analysis was limited in its ability to discern which characters could be said to have clinically diagnosed MI and which are merely described as such by the institutionally provided film summaries and synopses. Due to our lack of clinical training, we felt it imprudent to diagnose MI ourselves, and, as a result, likely missed a number of instances of MI that were subtler or not emphasized during our initial content selection process. The average person is not clinically trained and would also not be expected to catch every instance of MI, so we feel that our procedure still generalizes to broader film experiences. Instead, the sample included here was collected through consistent adherence to the rule that only top-grossing films explicitly mentioning a character linked to an MI in the film synopses would be included. Whatever inaccuracies are depicted in these films pertaining to actual MI symptoms, we believe that this method of sample collection was valuable in the examination of films wherein the promotional and summary materials would facilitate expectations that MI will be depicted.

Second, and as can be expected of all content analyses, we are unable to make claims related to effects on viewers, in this case, frame-setting effects (Tewksbury & Riles, 2018). Rather, this study may serve as a foundation for future effects research to examine the audience beliefs and attitudes produced

from exposure to interpersonal interactions involving MI being disproportionately associated with the interpretive schema of close relational intimacy. In addition to film, future research should explore how these interpersonal interactions are structured on television, online streaming services (e.g., YouTube, Vimeo), and social media. It would be beneficial for researchers to explore how these popular modes of mediated communication may be influencing interpretive schemas about MI. In general, more work is also necessary to explore how social inclinations regarding stigmatized identities can be enhanced via inclusive media exposure (e.g., Riles, Funk, & Davis, 2019).

Finally, future research should qualitatively examine the themes of film interactions containing characters with MI. Via examining the interpersonal tropes associated with mental health, media and health communication researchers will be well positioned to articulate strategies for overcoming some of the more problematic content trends oriented toward the multitudes who will experience a mental health concern in their lifetimes. Tropes in health framing exist, in part, because "a frame makes reference to something resident in the surrounding culture. . . . This culture-specific perspective suggests that the shared nature and cultural familiarity of most frames also means that their impact can go unnoticed" (Tewksbury & Scheufele, 2019, p. 57). With roughly half of all adults encountering some variety of MI in their lives, it is incumbent on media and health communication researchers to continue identifying the ongoing nature of popular, yet potentially stigmatizing, health tropes and frames that may go unnoticed for those managing MI to feel increased comfort about seeking professional assistance and socially sharing their experiences.

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