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Article

The Shared Imagination of Mental Illness: Exploring How We Are Haunted by Representations of Mental Illness in the Media

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Abstract

The following article investigates the way in which popular media in Western culture reinforces a shared imagination linked to the treatment and care of people experiencing mental health conditions that are often associated with horror, violence, and crime. These representations haunt our vision of what it means to receive a mental health diagnosis, instilling fear and negative perceptions of mental illness in our psyche. The violent and disturbing imagery that is often used to portray mental illness, and made for entertainment purposes, reinforces a shared subconscious fear that haunts our imagination. These portrayals of mental illness fail to bridge the gap between human trauma, a medical diagnosis and a positive return to the community. This article uses examples of popular media from the twenty-first century to demonstrate how imagery linked to the age of asylums persists in today's representations of mental health experiences. These images are reinforced by mainstream news stories, which draw on the most sensational and frightening incidents of mental health episodes. In summary, this article will highlight the way that popular media is influenced by society and has the power to reshape our understandings of mental health experiences for the better. To do this, there is a need for positive change within the mental health system, and more balance within news stories about mental health conditions.

Keywords: mental health; hauntology; media; imagination

1. Introduction

Combining a career specialising in mental health care with research in humanities, this article sets out to discuss our current cultural understandings of mental illness by exploring the way that mental illness is presented within a range of media examples, including popular music, film, television and headline news stories. 'Mental illness covers a wide range of mental health conditions that are recognised by health professionals. These conditions can have a big impact on how you feel, think, and act. They can also affect your ability to manage everyday life. Examples include depression, anxiety disorders, bipolar disorder and schizophrenia' (Rethink 2026). This article also refers to media that include conditions such as Tourette's and Autism, which impact a mental health diagnosis and are part of a complex presentation of mental health experiences. The following discussion sets out to examine that, despite extensive campaigning for better understandings of mental illness and more compassion towards people struggling with mental health conditions, there remains an innate fear within society around people diagnosed with mental illness and the places that are used to treat them. 'The widely held perception that people with mental disorders are dangerous and unpredictable is upheld by stereotypes that are both generated and reinforced by the media, whether through biased portrayal of the psychiatric



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profession in cinema or the sensationalist reporting of violent news stories that touch on the mental health of those involved' (Benbow 2007, p. 31). This article focuses on presentations of mental health conditions from media sources that have been prevalent in the twenty-first century, in particular the last decade. The author is intrigued to explore the use of imagery and presentations of mental health episodes that in many cases relate back to the eighteenth and nineteenth centuries and why these images continue to appear in our current presentations of mental illness. It is argued that we are being haunted by the poor and often experimental treatment of the past in our cultural imagination and that as a society we continue to carry the trauma and harms of the past in our current understanding and perception of mental illness.

Music videos and television representations included in this article were selected due to their popularity and with attention to what is popular amongst teenage children and young adults. These examples have been contrasted with two film representations of mental health experiences that are autobiographical as a direct contrast between fiction and realistic representations of a mental health journey. The news report cited was chosen for its prevalence in reporting, and the impact that the story had on the public's expectations of care and services and, in turn, the images that live on in people's minds when they think about people living with mental health conditions.

Representations of mental illness are recurrent throughout history, dating as far back as the Greek Tragedies. 'The stigma surrounding mental illness is not simply a product of ignorance. It has evolved from thousands of years of folklore and prejudice and is now deeply rooted in society' (Benbow 2007, p. 35). The focus of this article, however, is on the present day, but it is of note to mention that historically the theme of madness provides a rich source of storytelling that draws on a range of unusual characters. The development of asylums and psychiatric care in the 1800s has added a range of disturbing events that have fuelled fear and misunderstanding of mental illness. This is something discussed in *Cinema's Sinister Psychiatrists* (Packer 2012), which details the depictions of mental health on screen and the way in which, in the last century, psychiatrists have taken on a sinister role in film depiction. Packer highlights that the asylum itself is a good backdrop for a set of characters to turn societal norms around, particularly using events such as the patients taking control of the institution. She also highlights that 'the institution may decide to allow unethical experiments, or offer the unbridled opportunities for diabolical drugging, seduction or even rape, as well as confinement via straitjackets, cells or even morgue like lock boxes' (Packer 2012, chap. 12). In a society that thrives on narratives that drive shared understandings of what it means to live in our world, our media holds a strong influence over our expectations of our lived experiences. The media that we consume informs the foundations of what we believe to be true in the world and influences our cultural attitudes.

The following discussion will explore in detail how mental health is presented to us in film, television and literature and discuss how we continue to be haunted by the history of the development and institutionalisation of mental health care. Haunting, violent and often disturbing imagery continues to feature within our representations of mental illness even within autobiographical work. These accounts, along with a focus on the most dramatic and sensationalist news stories, fuel our imagination regarding what it means to have a mental health diagnosis, perpetuating a cultural fear around mental illness.

The conclusion to this article will discuss how we can begin moving away from negative representations of mental illness, by addressing the societal issues that often trigger mental illness symptoms. If we can address the harms done to people through their life experiences and in turn look at how we treat people who do become mentally unwell, we stand a chance of changing the narrative to something more positive, and this in turn being reflected in our popular media. We must first, however, look at the roots of a range of popular media and

why stories, images and representations reflecting crime, violence and horror are prevalent today within representations of mental health experiences and treatment.

2. Discussion

A couple of years ago my young teenage children went through a phase of using *YouTube* to search up music videos. They came across Kasabian's *You're in Love with a Psycho*, released in 2017, and downloaded the video. (Interestingly, writing this I remembered the title as '*You're in love with a Psycho Killer*', which says something about the cognitive link to the word 'psycho' and the word 'killer'—and perhaps the melding in my mind of two catchy song lyrics combining this song with the lyrics of *Psycho Killer*, originally released by *Talking Heads* in 1977). The video for *You're in Love with a Psycho* immediately sparked memories of the cult classic film *One Flew Over the Cuckoo's Nest* (IMDb 1975) with an opening scene of a female nurse (who we assume is modelled on the infamous Nurse Ratched) in a corset and a green medical gauze veil, dancing provocatively. We then cut to a scene of a hospital gymnasium, full of what we assume to be male psychiatric patients in hospital gowns. The patients are staring up at what we discover later is a viewing window where the nurse watches over them accompanied by two male staff. The imbalance of power is immediately evident and striking. The patients are summoned for medication and line up at a hatch where pills are distributed by the nurse, now depicted in uniform with a clear divide between staff and patients. The gowns that the patients are wearing have the words 'West Ryder' printed on them, a reference to the "*West Ryder Pauper Lunatic Asylum*", an actual place that became High Royds Hospital in Yorkshire, and that *Kasabian* also used for a previous album name released in 2009. Later on in the video we see the patients dancing together in the gymnasium. We are shown glimpses of naked flesh; most patients have little or no clothing underneath their gowns. Those that are dressed have an odd mix of dishevelled clothing, and all are in what could be described as a degrading state of dress.

This video is particularly disturbing, as I spent some months in the early part of my career as an occupational therapist working with patients who could remember High Royds and Stanley Royd hospitals in West Yorkshire. Many were traumatised by their experiences. Even worse was that I once encountered a staff member who had held onto his key set from one of those hospitals (a huge metal hoop with large Victorian keys), which he liked to bring out as a relic to remember the days within the institution, in his words: "When things were more exciting, medication was not as good and things regularly kicked off".

As someone with a close family member who has experienced mental health hospital admissions, I wonder what this video does to my children's perception of their relative. In an article published by the BBC after the release of the video, attention is brought to the damaging nature of this portrayal after the charity "Time to Change" highlighted that, 'The use of the word 'psycho' in a song and accompanying music video featuring people pretending to be psychiatric inpatients is unhelpful, damaging and disappointing when society is moving on from this sad and tired stereotype' (BBC 2017).

The *I'm in Love with a Psycho* video draws on a disturbing and uncanny portrayal of mental illness to create unsettling scenes, with the use of doppelgangers mimicking each other's behaviour through a mirror, which all contribute to the othering of the patients depicted in the video. 'What the weird and the eerie have in common is a fascination with the strange. The strange—not the horrific. The allure that the weird and the eerie possess is not captured by the idea that we "enjoy what scares us". It has, rather, to do with a fascination for the outside, for that which lies beyond standard perception, cognition and experience' (Fisher 2016, p. 8). This strangeness is peppered with fear; there is reference to an alter ego of the main singer Tom Meighan, his alter ego being played by Stephen Graham, who is renowned for his roles as intense and at times terrifying and complex

characters (e.g., *This Is England*, where Graham plays Combo, a character with a history of mental health issues and childhood abuse; Combo is both violent and racist and a member of the National Front, eventually repenting his ways only to be brutally murdered). In *I'm In Love with a Psycho* both Stephen Graham and lead singer Tom Meighan have stitches across their foreheads, suggesting that a lobotomy has been performed upon them, an enforced violence of the asylum system. The impact of this representation is not fully known; however, it is clear that it is a backwards step for new, unjudgmental depictions of mental illness and treatment.

This is something discussed by Karla Perez Portilla and Lee Knifton in their article “From Ethical Challenges to a Matter of Rights” (Portilla and Knifton 2017); with direct reference to *Kasabian's* portrayal of mental illness, they write, ‘The frequent association of mental illness with violence and the use of demeaning representations and language, such as ‘nutter’, ‘maniac’ or ‘schizo’ are built on, create and reproduce mental health stigma. They can inform and justify the way in which people with mental health problems are, or ought to be, treated in their everyday lives which perpetuate self, public and structural discrimination’ (Portilla and Knifton 2017, p. 6).

2.1. The Haunting of Our Imagination

This haunting of our imagination of mental illness began in reality; the scenes depicted by *Kasabian* represent a shared cultural trauma. The history of the medicalization of mental illness in line with the development of psychiatric drugs is well documented by authors such as Andrew Scull who has written an account of the development of psychiatric care in his book “Desperate Remedies” (Scull 2022). Scull has used this work to delve into the darker side of psychiatry and the routine mistreatment, institutionalisation and misguided practice that has occurred over the last 200 years. He writes in his introduction that, ‘for two centuries and more, most informed opinion has embraced the notion that disturbances of reason, cognition and emotion—the sorts of things we used to gather under the umbrella of “madness”—properly belong in the domain of the medical profession’ (Scull 2022, Preface). Scull refers to the fact that the introduction of the medical model to mental health care and the development of psychiatric medication have unfortunately pushed a narrative that mental illness is about what’s wrong with someone biologically, rather than what has happened to them in their lives. A strong focus on the medicalization of mental health experiences in the past two hundred years has stripped humanity from the heart of mental health care. This has meant that the focus has become on medical treatment addressing the organic dysfunction, which can fail to address the wider societal harms affecting mental health, such as trauma and poverty. Much of the social support system continues to have a strong emphasis on support for physical health conditions, but it is much harder to gain support to recognise the impacts of a mental health condition and the daily challenges faced by people with a mental health diagnosis. Although there is a lot of work being done to address this balance and to provide care in the community, services remain with one foot in the past with limited funding for wider social support. It is no secret that the development of institutional care and asylums, where experimental and brutal treatment often occurred, has caused much damage and ostracization to people experiencing mental illness. This has led to a catalogue of historic harms and a shared cultural trauma. This history plays on people’s minds, sits within our psyche and distracts us from the positive benefits of psychiatric medications used in combination with a multidisciplinary approach to treatment to help with both the emotional trauma and the symptoms. It also misleads us into believing that someone needing clinical support for mental health symptoms has something wrong with the way that their brain functions, rather than looking at the whole picture of what led them to the point of a mental health breakdown. Put bluntly, blame

is placed on the person becoming ‘mad’, rather than compassion towards what may have triggered the mental health symptoms in the first instance.

A hauntological framework is a good starting point to investigate these harms to our understandings of mental health conditions because hauntology ‘essentially explores the way in which the present is haunted by the past and by the ghostly traces of lost futures, how the relics and residue of history enduringly persist through a time that is ‘out of joint’, as Derrida would have it’ (Yoonesian and Vasfi 2026, p. 1). In Derrida’s early writing he explored the way of being in the world and what it means to exist; ‘Hauntology, then supersedes, being and presence by prioritizing the metaphorical ghost: that which is neither present nor absent, neither dead nor alive’ (Yoonesian and Vasfi 2026, p. 1).

In a Special Issue of “*ETHOS*”, a journal published by the “American Anthropology Association”, the use of hauntology as a framework to make sense of oneself and our experiences in this world is explored. The authors discuss that in psychological anthropology the human is not just located within the physical experience of being but also ‘dispersed and distributed across the social and symbolic networks of power and meaning’ (Rahimi and Good 2019, p. 409), and that hauntology allows us to better understand the human subjective experience. This theory gives thought to the way that our environments, interactions and the narratives that we hold in society can hugely influence our state of being in the world. The authors state that, ‘In this context, psychological theories focused more narrowly on traumatic memories, particularly those of individuals, and neglecting to recognise history as present in ways much more powerful than memory, psychological genealogy, or even traumatic impact seem increasingly inadequate’ (Rahimi and Good 2019, p. 409). To fully understand the human experience of mental illness, we must take into account the cultural and social influences that a person is part of, which, in the context of mental health conditions, are often haunted by our media representations of odd, uncanny and often violent experiences.

2.2. Representations of Mental Illness in Film, Literature and Television

‘The media have produced some of the most sensitive, educational and award-winning material on mental illness and the mentally ill. However, they have also been responsible for creating a vast store of negative imagery with some of the most malignant depictions of madness and horrifying illustrations of psychiatric treatment’ (Stuart 2006, p. 99). Across media representations of mental health, characters portrayed with mental illness are far more likely to be portrayed in a negative light as threatening or harmful to others and violent in nature, or as victims of other people.

In the book “*Mad World: The Politics of Mental Health*” (Frazer-Carroll 2023), mental health is discussed as a political issue, with our attention being drawn to the fact that many mental illness symptoms are triggered by the challenges that people face in the society in which they live. Frazer-Carroll looks back through the history of mental health care and offers an alternative point of view, one that encourages us to re-consider our perceptions around mental illness, the excessive pathologization of what is often a very human experience, and to release our imagination to think of a different way forward for all that we are haunted by in the world of mental health care and treatment. ‘There are countless examples of demonizing portrayals of Madness/Mental Illness in different fictional formats. Horror stories in the nineteenth and early twentieth centuries often surrounded in the architectural embodiment of Madness—the lunatic asylum. These settings were presented as terrifying spaces for terrifying people. Into the second half of the twentieth century, films that have since been deemed as modern classics, like Alfred Hitchcock’s *Psycho*, Jonathan Demme’s *Silence of the Lambs* and Mary Harron’s *American Psycho*, moved away from the

asylum and riffed on the idea of the psychologically dangerous killer unleashed upon white middle-class Americans' (Frazer-Carroll 2023, p. 137).

It is of note that many of our cult novels and reference points for mental health portrayals come directly from personal experiences of the writers and challenge the mental health system, as Frazer-Carroll highlights; these stories directly undercut the fictional horror of mental health portrayals, 'showing us what Madness, and the asylum itself, really looks like from the inside. In the 1960s, Ken Kesey's *One Flew Over the Cuckoo's Nest* and Sylvia Plath's semi-autobiographical novel *The Bell Jar* both brought anti-psychiatry critiques to the mainstream' (Frazer-Carroll 2023, p. 137). The entanglement of the past with continued accounts of challenging conditions and treatment for people accessing mental health services keeps us chained to misunderstandings of mental health experiences. Frazer-Carroll argues that films portrayed from the experience of the patient's point of view make them no longer a source of terror; however, it could be argued that as a cultural reference point they hold a new kind of terror, not a terror of being harmed by someone who is 'mad', but rather a terror of what could happen to us if we are deemed to be 'mad' and are admitted to psychiatric care. As a society, we are haunted by the violence done to the patients represented in books such as *One Flew Over the Cuckoo's Nest* (Kesey 1962), and *The Bell Jar* (Plath 2008). In *One Flew Over the Cuckoo's Nest*, we are confronted with images of forced confinement and violent procedures such as a lobotomy that leave the viewer in fear of ever experiencing psychiatric care. These fears are unfortunately reinforced in modern times by news reports such as an episode of *Panorama* released in 2022, which reported on secret footage of a mental health care setting in the UK that showed 'evidence of a toxic staff culture, patients being taunted and bullied, inappropriate use of restraint and falsification of important medical paperwork' (BBC 2022). In *The Bell Jar*, which is based on Sylvia Plath's own experiences of psychiatric care, we read about food being restricted and the use of electro-convulsive therapy against the patient's will following a suicide attempt. In a section of the book the protagonist Esther Greenwood asks a nurse for a mirror following her treatment and describes herself in the third person, detached from the disturbing image that she is presented with: 'You couldn't tell whether the person in the picture was a man or a woman because their hair was shaved off and sprouted in bristly chicken -feather tufts all over their head. One side of the person's face was purple, and bulged out in a shapeless way, shading to green along the edges, and then to a sallow yellow. The person's mouth was pale brown, with a rose-coloured sore at either corner' (Plath 2008, p. 168). It is unfortunate that this type of portrayal continues to be echoed in some of our current accounts of mental health care settings.

The portrayal of mental health environments does nothing to inspire confidence in the system we are meant to use for support, and these images have a lasting effect, burned in our memories and our cultural reference points of madness, giving a clear message that this is not something to engage with if you want to stay safe and in control of your life. Actual accounts of uncanny and disturbing happenings continue to haunt twenty-first-century media and when reinforced by actual accounts of poor treatment and unacceptable institutional care, they continue to fuel a persistently negative impression of what it is to have a mental health diagnosis.

In an introduction to a Special Issue of "*Somatechnics*" on 'Health Hauntology', Carsten Stage and Ann-Katrine Schmidt Nielsen explore the concept of hauntology in relation to health experiences. They argue that hauntology represents an interesting and 'under-developed framework for the study of illness and health. First the construct works in a deconstructive manner to problematize the binaries of ontological being and non-being, presence and absence' (Stage and Nielsen 2025, p. 154). They also discuss that hauntology 'entails a relation of response or listening to that which is haunting' (Stage and Nielsen 2025,

p. 155). It is aspects such as this that allow us to delve deeper than just the physical state of being to identify those things often dismissed as part of a mental health experience, including an innate cultural fear of mental health hospitals and a deep-seated fear of people who enter into critical states of mental illness. Not only are we haunted by the imagery conjured in our imaginations around mental health, but we also are frightened of the unknown, the eerie and the uncanny; most of all we are terrified of the loss of control.

Stage and Nielsen describe this process of using hauntology as something explored by Derrida in relation to justice and being open to the unknown, something that we do not always have the language for but are aware of within our subconscious. Using hauntology as a broad lens to explore the experience of mental health issues allows us to explore wider influences affecting more than just the simple symptoms and treatment of a condition. The question becomes about how mental health issues are understood and framed within society. This is something addressed by Avery Gordon in her book *"Ghostly Matters: Haunting and the Sociological Imagination"* (Gordon 1997) in which various chapters discuss sociological analysis that combines not only the ontology of what is visible and concrete, but also the wider human experience of memory, imagination and projection of future imaginings. In the foreword to the book, Janice Radway writes, 'To make sense of what people do and why—as well as to understand what they might do differently—sociology cannot simply describe the vast and abstracted structures that both compel and inhibit social action' (Radway [1997] 2008). Instead Radway discusses that Gordon believes that 'sociology must seek to also detect how conditions in the past banished certain individuals, things, or ideas, how circumstances rendered them marginal, excluded or repressed' (Radway [1997] 2008, p. viii). There has been much development of mental health systems and treatment since the days of the asylum. To explore why portrayals of the past continue to appear on our screens and in our media, and why mental health continues to be portrayed in a negative light, we need to look at current representations of mental illness to understand what is happening. The following section explores media from the twenty-first century, beginning with the TV series *Shameless*.

2.3. Recent Popular Representations of Mental Illness in Modern Portrayals

In the dark comedy series *Shameless* (IMDb 2004–2013), which, in the UK version, depicts the story of the Gallagher family, living on the fictional Chatsworth Estate in Manchester, we see a set of characters of whom mental illness is a part of everyday life.

Shameless portrays a community written off by society, with low expectations of life. In the author's opinion, *Shameless* is reflective of a complex social system that has led to many people living in a culture of hopelessness with few prospects and a life linked to crime and violence. The tangled lives of the characters can at times seem fantastical, but anyone who has worked within the mental health care system will also know that nothing is surprising in a melting pot of poverty, drug use and high crime. As a series created for entertainment, the voyeuristic nature of *Shameless* seems to serve two purposes. The first to appeal to an audience who can relate specifically to the characters and setting and feel a sense of connection and being seen in the world. The second, to a cultural tourist, is the middle- or upper-class person looking in, haunted by what may happen to a person who does not have their privileges or loses them, which creates an uncomfortable, yet enjoyable, form of entertainment: gazing at another set of people who have been less fortunate than themselves. In both instances a marginalised, often invisible community is brought to centre stage.

In an article titled: "The Truth is out there! Not!: *Shameless* and the moral structures of contemporary social realism", Creeber discusses the portrayal of a new form of class in a section titled 'Kitchen sink-estate drama: antisocial realism'. The setting is described as being generated by the 1980s Thatcherism and 'the emergence of a new 'sub' working class,

generally associated with the 'passive poor' and long term welfare recipients' (Creeber 2009, p. 428). Creeber argues that *Shameless* 'immediately informs us that its narrative perspective is both unstable and unreliable, articulated through a narrator who is so much part of the community that he speaks, so he is clearly unable to be objective about it. This implicitly comic and subjective perspective is further foregrounded elsewhere by the drama's elaborate use of freeze frame, whip pans, surreal flashbacks, still images and fantasy sequences that draw an audience's attention to the artificial construction of the narrative on offer' (Creeber 2009, p. 432). Creeber believes that these stylistic flourishes undermine the authority of the realism; however, these portrayals make something harrowing palatable while still addressing the reality of the lives of a marginalised set of people. The truth of *Shameless* is that it is rooted in the writer Paul Abbott's own personal experiences of living with bipolar disorder, as well as his chaotic upbringing, something that he has been haunted by and has exorcised through his writing. *Shameless* stands out for the fact that it includes the back story of the characters, giving us an understanding of their trauma, as well as portraying attempts at recovery and treatment, whilst also keeping them embedded within their local community. This bridging between the experience of struggling with mental health symptoms, receiving treatment and being part of a community is unusual. Abbott manages to navigate the line between being 'mad' and 'not mad' by bringing humanity to the characters and building a relationship and compassion with the audience. This is something that is rarely achieved, and it is through the use of humour that Paul Abbot manages to successfully engage his audience in a relationship with the characters and an engagement in their story.

In an interview with Paul Abbott, Stuart Jeffries discloses that 'Writing has always been Abbott's escape. He started when he was a teenager as an antidote to the unbearableness of living in a Burnley sink estate in a family so dysfunctional, he tells me, that it passed under the radar of social services' (Jeffries 2021). *Shameless* is a veiled account of Abbott's own childhood; Abbott was the 'seventh of eight children. When he was nine, his mother left to live with another man. At 11, his father went too—the former was traumatic; the latter, he says, a salvation. His 16-year-old pregnant eldest sister assumed the maternal role' (Jeffries 2021). This story is mirrored in the plotline of the actual show. The article outlines the struggles that Abbott faced, with money being extremely tight and Abbott getting up at 4am to do a paper round, not only for the income but because it 'gave him space away from domestic bedlam to think' (Jeffries 2021). In another article published prior to Jeffries, Simon Hattenstone describes details of Abbott's past trauma writing that, 'at 11, he was raped by a stranger and jumped off a roof of a multi-storey car park. At 15, he attempted suicide again, overdosing on pills and slashing his wrists' (Hattenstone 2015). At the point of hospital admission Jeffries discloses that Abbott 'was sectioned, pumped with medication and locked up for 28 days', a perfect example of the way in which social and environmental stress feeds into the development of mental health symptoms and subsequently becomes divorced from the human experience. A very human trauma suddenly becomes an extreme of medical intervention where the issue becomes about treating Abbott with medication for harms done to him by the situation he had been born into. Stuart writes that Abbott's 'fellow patients were, he noted, adult returnees suffering from cyclical depression. Writing spared him that fate. The short stories he wrote were about what he didn't know. "It was lifestyle envy." He created fiction in what he lacked in reality, he was able to step into other lives through his work and escape his own demons' (Jeffries 2021).

It is through this portrayal that we have a lens to address a societal matter that is difficult to unpick and understand and a chance at seeing the more human aspects (even dramatised) of living with a set of complex societal challenges as well as a vulnerability to mental illness as a result of those living conditions. Both the UK and US versions of *Shameless* include

characters experiencing bipolar disorder, as well as other mental health conditions, although it does at times slip into a societal stereotype that the author believes is unnecessary and runs the potential of undermining the portrayal of mental illness. For example, in series three of the UK version of *Shameless*, we discover that Sheila Gallagher (new wife of lead character Frank Gallagher) has murdered her ex-husband and buried him under her patio. An uncomfortable scene shows Frank Gallagher (played by David Threlfall), processing this information and becoming fearful of Sheila and what she may be capable of as a ‘mad’ woman. This situation is resolved when it transpires that her husband was murdered due to his violence towards her; however, it also conveys the message that due to her mental health, Sheila is unstable, unpredictable and capable of extreme violence if pushed.

O’Sullivan (2021) discusses the portrayal of the condition of bipolar in her chapter “Bipolar and Shameless: Showtime’s portrayal of living and working with bipolar disorder”. Writing about the US version in which Frank Gallagher’s son Ian develops bipolar disorder, O’Sullivan writes that ‘One of the overarching strengths of *Shameless* is the way in which characters who experience structural marginalization are not reduced to any singular aspect of their identity’ (O’Sullivan 2021, p. 179). This is true of both series but also highlights the same prejudices and fears (hauntings) of the cultural perception of the characters depicted, returning to Heather Stuart’s article mentioned earlier: ‘Television portrayals do little to convince the viewing public that people with a mental illness can recover or become productive members of society (Stuart 2006, p. 100). Even in a series such as *Shameless*, we can plough the depths of the trauma that has accounted for the characters developing challenges with their mental health, but the series still gives a portrayal of a marginalised group not accepted into mainstream society, often involved in dubious or criminal behaviours and with few future prospects for their own ambition or recovery to healthy and financially stable lifestyles.

As a health professional, the author feels that *Shameless* is still important in navigating the telling of the real story of a class of people left behind by society. *Shameless* opens a door to discussion on the impacts of trauma, poverty and poor education that can often result in poor life prospects and contribute towards developing mental health symptoms and diagnoses. When compared to other more recent series such as *Riot Women* (BBC 2025) produced by the BBC in 2025, it is interesting to note that despite complex lives involving drug use, crime, trauma and abuse and suicide, mental health is barely mentioned and the storyline is framed as menopausal women running riot after being dealt a difficult set of circumstances, contributing again to a cultural understanding of being ‘mad’ as being other, whereas *Shameless* successfully navigated being both part of a community and experiencing mental health issues with more honesty. *Riot Women* failed to bridge difficult life circumstances with support that is available for the onset of mental health challenges, yet again setting mental health aside as something else altogether.

In another example of media based on a true story, the film *Typist Artist Pirate King* (IMDb 2022) covers the life of Audrey Amiss (played by Monica Dolan), an artist who attended the Royal Academy for Art in the 1950s but unfortunately had to leave due to a mental health breakdown and subsequently spent the rest of her life in and out of mental health care. The film, written and directed by Carol Morely, is a re-imagined tale using the device of an unexpected road trip, taken by Audrey and her psychiatric nurse (played by Kelly MacDonald) to delve into Amiss’ life and character.

Described in an article written for *The Guardian* as a ‘generous portrait of artist Audrey Amiss’ (Bradshaw 2023), *Typist Artist Pirate King* works hard to build on the underlying character of Amiss, showing glimpses of a softer side of the person underneath the illness symptoms.

Typist Artist Pirate King does, however, also portray the more challenging aspects of someone dealing with symptoms of mental illness. Amiss has a fluctuating hostility towards her psychiatric nurse, a deep paranoia of harm being done to her and voice hearing, which results in a portrayal of Amiss banging on the ceiling of her neighbours' flat and causing harm through antisocial behaviour. All this happens alongside a continued persistence to record and document her experiences through art that seems to become more and more chaotic, but at times we glimpse snapshots of beautiful sketches and snatched imagery that sets the scene of her world. 'Audrey hallucinates and misinterprets almost everything that is presented to her senses but never neglects to assemble it all in her bulging scrapbook' (Bradshaw 2023).

To create this portrayal Morely had access to the "Wellcome Trust's" collection of Amiss' documents and artwork. Pieced together through scraps of material and inspired by her life, this fictional re-telling is both tragic and beautiful. At times Audrey is unpredictable and verging on frightening in her physical determination. Morley has tapped into the uncanny experiences that are often part of living with mental illness, both for those experiencing them, and those caring for them. The film creates an unsettling account of Audrey Amiss' experience of treatment for mental illness, at one point even returning Audrey to an abandoned institution where she is haunted by nightmares of her time spent in psychiatric hospitals.

Although an intriguing and sensitive film, there is a continued 'othering' of Audrey Amiss within the film, she is separate in her experiences and her condition. The side glances of the other characters, the constant soothing from the people that she encounters and the portrayal of an unrelenting and permanently affected person continue to set mental illness aside as something 'other' than us and something that is both fascinating and verging on frightening in her unpredictable behaviour. To return to Stage and Nielsen, 'the hauntological framework helps underline the constitutive role of inheritance, genes, past violence, and environmental factors to present states of illness and health as well as the haunting potentials of yet unknown and/or already lost futures epitomised in, e.g., the futurity of personalised precision medicine, promised cures, and post-human bodies' (Stage and Nielsen 2025, p. 155). In *Typist Artist Pirate King* we can see all the potential that Audrey Amiss had and appreciate the devastating impact of a mental health diagnosis on Amiss' ability to engage with society, and the impact of the spectre of the mental health system on her identity.

In examining the experiences reflected back in *Shameless* and *Typist Artist Pirate King*, we can begin to understand why haunting, eerie and disturbing imagery prevails in our media representations of mental illness. People are still facing challenging journeys once diagnosed with a mental health condition; the extremes of this are being reflected back in the arts and humanities.

We turn now to look at innovation in the representation of mental health within the cult hit *Stranger Things* (IMDb 2016–2025). In an article by Hailey Glennon, *Stranger Things* is discussed with reference to genre theory and breaking boundaries: 'The series embodies the genre of horror at its roots with the mangled monsters and otherworldly villains, while also using these elements to reveal the truths of society and adolescence' (Glennon 2023, p. 29).

In the opening scenes of series one we are introduced to the character Eleven in a hospital gown in a sterile clinical room with other patients, all with shaved heads and a visual reference to institutional care. This is an eerie reminder of *The Bell Jar*, as previously noted when the character *Esther Greenwood's* head was shaved as part of her institutional care. Mark Fisher points out: 'There is certainly something that the weird, the eerie and the unheimlich share. They are all affects, but they are also modes; modes of film and

fiction, modes of perception, ultimately, you might even say, modes of being. Even so they are not quite genres' (Fisher 2016, p. 9), but they are repeated signalers and identifiers linking horror to madness. In the case of *Stranger Things* it is within minutes of this opening scene that terror unfolds within supernatural happenings that lead to violence, death and patients bleeding through their eyes. Although the children in hospital gowns are not 'mad' in a traditional sense, they have special abilities that they can use with their brains and are clearly 'other' than that of a usual person.

This visual representation echoes clinical environments that people who have experienced mental illness have been placed in and reinforces the underlying narrative and othering of people who become mentally unwell and are hospitalised. It again links negative connotations and fear of mental illness back to individuals going through this experience, reinforcing ideas of violence and crime being linked to a mental health diagnosis; however, it is not long before we discover unexpected twists to this plot that shift the paradigm of thought and break down cultural stereotypes.

'*Stranger Things*, while marketed in the teen genre, contains traditional horror conventions while also breaking from accepted horror traditions and expectations. With this intention of keeping the traditional conventions of body and gore, *Stranger Things* wields concepts of social issues such as mental health and the influences of nostalgia in ways that enable spectators across many generations to connect with the narrative' (Glennon 2023, p. 29).

One of the key differences in representation is that the supernatural is used as an embodiment of mental illness. Instead of the individual characters being viewed as mad, dangerous and *other* within society, the viewer is able to view those characters through the lens of innocence and open-mindedness of a group of children who are using the narrative structure of *Dungeons and Dragons Adventures* to understand their experiences. Instead of being othered by the children, Eleven is viewed as a superhero—someone battling something that is not fully understood, and which holds some sort of demonic force. Any violence from Eleven is committed with the ultimate aim of saving lives and the protection of the protagonist characters. The viewer is invited to be part of the inner world of the children and to bond with them following their journey coming of age.

The Duffer Brothers also bridge the gap between a clinical understanding of mental illness and societal issues that have affected the characters. For example, 'Billy Hargrove (Dacre Montgomery) has been a character struggling with the abuse from his father and the abandonment of his mother. By having Billy face the beast in this medium shot, it helps symbolize him standing up not only to the physical monster, but his internal demons as well' (Glennon 2023, pp. 30–31).

Later on in season 4 we see Billy Hargrove's sister Max (played by Sadie Sink) dealing with her own haunting of the experience of losing her brother and feeling that she could have done more. Not only does Max see that Billy was traumatised from their childhood, but we also see her inner world and mental deterioration as a representation of the dark force Vecna literally breaking her spirit. Instead of being represented as potentially violent and ostracised by society, we see Max enter into a state of what could be argued is a representation of psychosis; she is lost in her own head and hunted by a monster unable to communicate what is happening to the outside world. Instead of Max being the darkness, the darkness is an outside force, something separate to her and taking over her mind. 'The iconic scene of Max running back to her friends and away from Vecna [...] not only provides a tense action sequence of the character running from the monster, but a more metaphorical hint of overcoming depression or mental health issues in times of utter darkness' (Glennon 2023, p. 32).

The Duffer brothers draw on something crucial in our understanding of mental illness, the embodiment of the human spirit and our need for connection, community and identity. This is represented in Max's journey by her group of friends who never lose hope of saving her and use all the things critical to Max's character to bring her back to them. 'Their frantic attempts to save her by playing her favorite song and calling out to her confirm that emotional bonds provide strength, even in the darkest of times. This cut emphasises that Max, although physically isolated, was never alone in spirit' (Bendouba and Bendouba 2024, p. 67).

Stranger Things has broken convention in combining a number of different themes—horror, fantasy, coming-of-age stories and commentary on social issues—to create a plot that portrays mental illness as something outside of a person and not their true identity. It works hard to build relationships between characters and the audience, to develop compassion and understanding. So, although some stereotypes are used as signifiers of a mental health experience such as the setting of institutional care that links heavily to an asylum, the Duffer Brothers give back a layer of humanity and connection as part of the human experience of mental illness and portray that people can come back from the darkest of places with enough support, time and community. 'From the struggle of teens with their sexualities, troubled families, and showing the unique experiences with mental health issues, *Stranger Things* have been able to find space for everything' (Glennon 2023, p. 34).

Any criticism of *Stranger Things* would be that there is at times a disconnection between the trauma of the individual characters and the demonic representation of mental illness. As a society we could do more to highlight issues of trauma, sexual abuse, physical abuse and issues such as poverty as a root cause of mental illness; however, *Stranger Things* is paving the way in turning the tables on the public opinion of people struggling with inner demons and experiences, and it will be interesting to see what evolves as a result. We turn now to autobiographical accounts of mental health experiences to examine if autobiographical accounts hold the same representations of mental illness as that which is fictionalised. To do this we will look at the film *I Swear* and the music of Ren Gill.

2.4. Media That Draws on Autobiographical Representations of a Mental Health Journey

The film *I Swear* is a portrayal of the true story of John Davidson, who developed Tourette's syndrome in his adolescence. Davidson is now a long-time advocate for people diagnosed with Tourette's syndrome, something that, when he developed it, was little understood or known about. The film delves into Davidson's childhood and the challenges that he experienced. The story skirts around the edges of difficult family relationships. Although not addressing the family dynamics directly, the film leads the viewer into questioning how much of the intensity and pressure that Davidson experienced in his family home led to him developing Tourette's syndrome as a teenager and subsequent mental health issues. The brutal experiences that Davidson endures as a teenager and into his adult life highlight the stark reality of being misunderstood in society. '*I Swear* doesn't soften that reality. We see John bullied and ostracised. We see parents and teachers unsure how to respond. We see the strain of living in a body that might betray you at any moment. The cruelty is never sensationalised. It is presented matter-of-factly, which makes it all the more effective' (Malysiak 2026). It is clear, however, that the impact of othering in relation to the condition of Tourette's as well as a lack of compassion and understanding that was shown to Davidson, alongside the prolonged stress of the situation, contributed to the breakdown of his mental health. It was through one person that Davidson was able to recover after his friend's Mum took the time to understand him and show him compassion. It is heartening that this person was a registered mental health nurse and took time and care to understand Davidson as a person. 'At the same time, however, the film resists sentimentality. There's humour throughout, Not humour that trivialises or demeans

the condition, but humour that comes from John himself. He's intelligent, perceptive and often very funny. The film acknowledges the emotional and physical pain of his condition without feeling mawkish or manipulative' (Malysiak 2026).

This type of work helps to destigmatise mental health conditions and to look at how a different approach to support and help can offer hope. However, it is also of note that despite working hard to banish misunderstanding of Tourette's syndrome and to convey the traumatic and stigmatising experience of enduring Tourette's and mental health experiences, it is ironic that in the Baftas celebration of the film, a clip of John Davidson making a racist slur as a result of a Tourette's tic was broadcast by the BBC, leading to many negative comments by people who had no understanding of what the film was about, or the work that John Davidson has done. The BBC has subsequently apologised for this broadcast, which is documented in their own news article *Sorry for Airing Racial Slur Shouted by Guest with Tourette's at Baftas* (McIntosh 2026). However, the damage done by this broadcast has angered many struggling with Tourette's who have also struggled with their own mental health as a result of the condition. As discussed by Stuart: 'The consequences of negative media images for people who have a mental illness are profound. They impair self-esteem, help-seeking behaviours, medication adherence and overall recovery' (Stuart 2006, p. 99). It is evident that the film is a dark portrayal of the experience because the truth is that Davidson has had a challenging life as a result of his condition and continues to endure being othered and mistreated by society.

Another individual that has experienced stigma and misinterpretation is the musician and artist Ren Gill. Documented as wanting to start a new conversation about mental health, Gill is recorded as saying that 'His music journey has been driven by the loss of a best friend who took his own life aged just 19' (Herd 2023). Gill has made it his mission to create spaces where mental health can be talked about more openly and makes no secret of his own difficult journey through mental health services and misdiagnosis.

In the song *Hi Ren*, Gill 'sings using two distinct voices that form a fractured dialogue running through the song—one voice is the ambitious and hopeful artist Ren, the other is his illness, spreading negativity and echoing the medical gaslighting he experienced for years' (Createhealth.com 2025). It is of note that the accompanying 'video's setting is a bleak, terrifying mental health asylum, Ren wears johns, a garment no longer used in mental health institutions. The long, loose, and open gown allowed medical staff easy access to a patient's body' (Neporent 2026). Through this portrayal Gill hoped to depict the horror of his mental health experiences; however, it is another signifier that reinforces a shared unspoken fear of mental health services, noting that Gill felt victim to a system and mistreated in the intervention that he received. Gill also uses the song to portray the uncanny experience of mental health symptoms: 'The first part of *Hi Ren* is a demonic portrayal of his illness. At first, the artist depicts his mental illness as an evil, devilish part of himself that he had to fight against' (Neporent 2026).

Gill became the focus of strong debate, 'when CNN included clips of the *Hi Ren* video in a recent package about the dangers of Tik Tok to imply that it promotes suicidal ideation, fans erupted in protest. They started a petition about the news organization to remove the reference' (Neporent 2026). A quick glimpse of *Hi Ren*, without the context of the song, shows mental health as a frightening and fearful place to be; we are yet again haunted and confronted by the imagery of an asylum and the violence associated with a mental health diagnosis. At the start of the video Gill is wheeled into the scene by a man dressed in a bloodied white coat and wearing a pig mask—something reminiscent of a horror scene. With lyrics like 'Some say troubled, some say sadistic' Gill challenges people's assumptions and the way that mental health is represented, but the fact that he is interpreting his experience as this is troubling. Gill is portraying a modern mental health

journey as equivalent to the horror of a patient admitted to an asylum a century ago. What we are missing from Gill's story are the links outside of the narrative of horror. Although his success as a musician indicates that he has made it out from a dark place, there is still an element of othering and being isolated within his journey. The experience of mental illness is portrayed as an isolating and frightening place with little support or hope. It is only testament to Gill's strong spirit that he has survived. This highlights again that mental health services and treatment are failing people in their experiences.

Gill's music and imagery are evidence that we still have a long way to go in our treatment and care of people struggling with mental illness, and although Gill has chosen the extreme of the stereotyped imagery, it would be incredible if work such as this had the positive impact of making strides in changing the way that people experience care and treatment. At the end of *Hi Ren*, Gill breaks the fourth wall to confront his audience, and it becomes clear why this negative interpretation of mental health conditions and treatment continues and why the spectre of the asylum continues to linger over us. Gill was harmed by the system that was meant to help him; he was misdiagnosed and mistreated, fuelling a negative portrayal of the horror of his experiences.

On discussing Gill's *Hi Ren* song, psychiatrist Joe Strand, MD, Chief Medical Officer of Riverside Community Care in Dedham, MA, was interviewed for *Psychiatrist.com*; she commented on the video, stating that 'people are stunned, and they're crying, and they are empathic, and emotional and connecting,' going on to state that 'that's what we really want. We want people to feel compassion and care for others who struggle, instead of just dismissing them as broken' (Neporent 2026). The type of work being created by artists like Gill adds a layer of hope in re-storying of mental health conditions. Gill's music highlights a need for better prevention and treatment of mental health conditions. It also calls for an intervention that puts humanity at the heart of the experience and works not with what's wrong with a person but with what has happened to them in their lives, alongside receiving clinical treatment. A continued campaign of more work that does this will hopefully begin to fade the ghosts of the past and move towards a better culture around mental health with better community support and understanding. Finally, we turn to the reporting of incidents of crime and violence within the national news as a source of information impacting the public understanding of mental illness.

2.5. Representations of Mental Health in the News

The news itself can play a huge role in de-stigmatising mental health but is also haunted by the truth that despite great strides in our understandings and treatment of mental health conditions, people are still having difficult and traumatic experiences within mental health care settings, that carry through from daily reporting to our representations of mental illness on screen, in fiction and in broadcasting. Newspapers also tend to report only the most sensational and violent stories linked to people living with a serious mental illness, giving an unbalanced representation of what it means to live with such a condition. 'Regardless of the genre studied, the media have been found to provide overwhelmingly dramatic and distorted images of mental illness that place emphasis on dangerousness, criminality and unpredictability. The media also model reactions to the mentally ill, including fear, rejection, derision and ridicule' (Stuart 2006, p. 103). It is not until there is a shift in the stories being reported that our narratives will shift and the haunting will diminish. Our current media reinforces a haunted negative imagining around our perception of mental illness and how this impacts on the way that people interpret a mental health diagnosis.

'News media, particularly newspapers, are among the most frequently identified sources of mental health information. This gives them great scope to dispel inaccurate

and stigmatising stereotypes perpetuated in the entertainment media or to reinforce and amplify them (Stuart 2006, p. 101).

Recent examples of this in the UK include horrific front-page headlines, such as the incidents in which members of the public have been harmed and killed by people living with long-term mental health conditions. ‘The news of a killing by someone with a mental disorder is multiplied by the number of times it is reported over television, radio and cyberspace, giving the mistaken impression that violence among the mentally ill is a frequent and recurring event’ (Stuart 2006, p. 102). In 2019 Jonty Bravery, an autistic man living with round-the-clock care, threw a six-year-old boy off the Tate Modern gallery in London. Headlines read that Jonty Bravery had disclosed a year before the event that he intended to kill someone (Okpattah 2020), and further headlines report him also attacking nurses whilst in hospital at Broadmoor Prison, one reading, ‘Jonty Bravery, 24, kicked one [nurse] in the thigh and ‘clawed’ at the face of a second leaving her dripping with blood from her cheek’ (BBC News 2025). Articles such as this are currently not balanced by good news stories depicting the lives of those who pose no threat to the public and are managing mental health diagnoses and symptoms in a positive way, or services that are working with humanity and changing the system for the better. When articles such as this are the main focus of the news headlines, without any balance, they ensure that fear is instilled, and even when we know better, there is a subtle chipping away at our psyche, giving a clear message that people experiencing mental illness and the services that treat them should be feared and kept away from, with a haunting sense of dread and terror pervading our inner subconscious. After a review of written material on this matter, Stuart concludes that ‘Studies show that heavy exposure to media images of mental illness not only cultivates misinformation about crime and misconceptions about those who commit crimes but also engenders intolerance toward people with mental illnesses and negatively influences the way in which the public evaluates mental health issues’ (Stuart 2006, p. 102). The way in which mental health stories are reported needs to be reviewed. Negative news stories should be balanced with positive stories and outcomes for people who have come through a mental health journey. This would reinforce more positive ways of dealing with mental health issues and highlight services that are changing the narrative for the better, which in turn would inspire a different sort of imagination around what it means to receive a mental health diagnosis.

3. Conclusions

This article has used examples of media prevalent in the twenty-first century to investigate the prevalence of the portrayal of mental illness as directly associated with high levels of crime and violence and often depicted in the genre of horror. The author has found that, ‘Despite much media interest in mental illness, its potential to educate the public about mental illness and promote destigmatization is largely wasted, and the media’s representation of mental illness is overwhelmingly negative’ (Benbow 2007, p. 34). By exploring examples of the representation of mental illness in literature, television, film and headline news, the author has set out to identify why we are haunted by negative representations as a society and why imagery linking back to mental health asylums, which were prevalent two centuries ago, still prevails. ‘Stigma remains highly prevalent in mental illness, affecting patients, physicians, and carers. Although a change in attitudes toward some mental disorders, such as depression and anxiety, has recently been observed, individuals with mental disorders are still widely regarded as dangerous and unpredictable. Stereotyping and humour directed at the mentally ill are merely manifestations of a more serious undercurrent of fear. The result is discrimination’ (Benbow 2007, p. 35).

As outlined, even fictionalised versions of mental health experiences, such as the TV series *Shameless* and the film *Typist, Artist, Pirate, King*, carry undertones of othering

within society and a feeling of hopelessness towards those afflicted with a mental health diagnosis. Nairn (2007) emphasises that negative representations continue to dominate the media due to the 'media infatuation with the sensational and the lack of mental health literacy among media workers' (Nairn 2007, p. 138). The author would add that it is more than this and is concerned with the negative experiences that unfortunately continue to persist in some mental health settings and experiences. As Nairn also discusses 'our talk and communication create the meanings that define reality, underpinning and guiding actions, policies and discriminatory practices' (Nairn 2007, p. 139). Artists such as Ren Gill are shouting loudly about negative experiences of mental health services and treatment and conveying this trauma with the hard-hitting imagery of an asylum environment to make the point clear. This, combined with a continued cultural obsession with horror and representations of mental health in cult classics such as *One Flew Over the Cuckoo's Nest*, means that the ill treatment of people with a mental health diagnosis continues to be flagged in both fiction and autobiographical-based accounts of mental illness as a frightening and negative experience, which is further compounded by the sensationalist headline news stories that cover accounts of things that have gone horribly wrong. As a society these images stay within our minds, and it is 'likely the most accessible elements of a bank of images of madness or mental illness are the identified characteristic of media depictions; violence, harm, bizarre and unpredictable acts, and forms of social incompetence' (Nairn 2007, p. 139). So, when Kasabian wrote the song *You're in love with a psycho*, this would have likely been their first point of reference. This also indicates that the continued representation of mental illness as a type of horror reflects that people are unfortunately continuing to have those types of horrifying experiences. The stories need to grow from reality. An exorcism of old practices and beliefs is required for the opportunity to apply prevention and more innovative approaches in mental health care, with an emphasis on newer approaches to mental health care and positive recovery stories also being represented in the media. 'Film and the concept of genre is constantly evolving, and it is crucial that as this evolution continues to occur, conventions and aesthetic values are twisted and social topics become priority' (Glennon 2023, p. 34).

The media is a dark mirror of some truths but does not reflect the whole truth and the complex world of mental health. It is reflecting society and our understandings of mental illness through a highly magnified lens that draws on the sensational and shocking stories that stem from societal harms and things done to people living with a mental illness diagnosis. Perhaps this is important as it leaves us to question why. It would seem that until we change the way that we deal with mental health as a culture and recognise that most people going through a mental health challenge are doing so because of the situations that they are placed in, the media representations will continue to reinforce these stories of misunderstanding, harm and trauma.

In the words of Portilla and Knifton; 'We believe that mental health stigma should be more clearly recognized as a pervasive ground of discrimination, and the public should have the possibility of bringing complaints against material that may be built on and further fuel mental health stigma. Complaining is not necessarily or even remotely about seeking censorship or punishment but about politicizing culture, it is about bringing counter-arguments and more experiences to mainstream media' (Portilla and Knifton 2017, p. 7). However, there is some consideration that it would be unrealistic to represent mental health experiences in only a positive way. There continues to be a need to look at both positive and negative accounts in order to learn from those experiences to move forward. To end the continued haunting of our imaginations of mental illness, it would seem that the stories informing those representations are the first thing that need to change. To end discrimination, fear and prejudice, it is indicated that working on prevention, early intervention and better

community support for those who face challenges known to trigger mental health conditions would begin to shape the stories that inform our media. We need to learn from the stories that underpin our media representations to change the narrative in reality that continues to haunt us. ‘Highlighting successful outcomes within mental health stories is vital to begin changing attitudes toward mental illness’ (Benbow 2007, p. 35). Series such as *Stranger Things* are helping to look beyond the experience of mental illness and to value the individual and their identity, but we need to move from mental illness as a ‘monster’ to mental illness as a reaction to what is happening to us in society. It would be of value to complete further research into cultures where mental health illness is less prevalent to explore representations of a mental health journey in other media around the world.

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