Two empirical studies examined whether the portrayal of mental disorders on television and in films has an effect on people’s knowledge about and attitudes toward the mentally ill. Study 1 found that the more often people watched television, the poorer their knowledge was about schizophrenia and obsessive-compulsive disorder. This finding did not apply to major depression. Study 2 demonstrated that people who watched a documentary film acquired more knowledge about schizophrenia than people who watched a fictional film, despite identical information in both films. Moreover, people who watched a fictional film had more negative emotional reactions (rejecting and unpleasant feelings) toward schizophrenia patients. © 2013 Wiley Periodicals, Inc.
Gabbard & Gabbard, 1999; Harper, 2008; Orchowski, Spickard, McNamara, 2006; Philo, 1997; Wilson, Nairn, Coverdale, & Panapa, 2000). So media consumers in general and television viewers in particular are often faced with the presentation of mental illness. From the view of both media communication and psychology, the question occurs as to how much effect this media portrayal has on the viewers’ knowledge and attitudes about mental disorders and mentally ill people.

It is a frequent finding that exposure to television has a socializing effect on the audience, that is, television influences their perception of reality (Gerbner, 1998; Gerbner, Gross, Morgan, & Signorielli, 1986, 1994; Morgan & Shanahan, 2010; Shrum, 1995, 1996). This line of research has provided many examples of significant long-term effects of watching television, in particular with regard to the effect of violence on television: For example, people with heavy television viewing habits have higher levels of fear of becoming a crime victim and overestimate the occurrence of police officers and judges (e.g., Gerbner, Gross, Jackson-Beeck, Jeffries-Fox, & Signorelli, 1978). It is concluded that heavy viewers gain a considerable part of their knowledge about the world from watching television. In past decades many studies have documented that high levels of television consumption influence people’s attitudes, for example, toward physicians (Cho, Wilson, & Choi, 2011; Quick, 2009; Volgy & Schwarz, 1980), attorneys (Pfau, Mullen, Deidrich, & Garrow, 1995), minorities (Gerbner & Signorelli, 1979), sexual offense (Kahlor & Eastin, 2011), affluence (Fox & Philliber, 1978), and many other entities (see Gerbner, 1998; McGuire, 1986; for a current summary, see Morgan & Shanahan, 2010). There is, however, not much corresponding research on the effect of media portrayal of mental illness.

In addition, the research that has been done suffers from four sorts of shortcomings. First, previous research has focused on attitudes and beliefs only and has not examined the effect of viewers’ knowledge about mental disorders. Second, prior research is based almost exclusively on content analyses and survey studies. There is, however, hardly any evidence gathered from experimental studies. Third, most studies have treated mental illness as an undifferentiated, homogeneous construct. But to what extent previous findings apply to particular disorders remains largely unexplained. Fourth, most studies have been conducted with college students, and there is not much evidence from more diverse samples. Thus, the current article aims at making a contribution toward addressing these shortcomings.

The first study presented here is a survey study. We examined the relationship between the consumption of corresponding media content and the viewers’ attitudes toward three types of mental disorders, in an effort to replicate previous findings. Then we went further and examined the viewers’ knowledge about the same three types of mental disorders. A diverse sample of participants (with respect to age and education) was recruited for this study. The second study is an experiment which also collected evidence for participants’ knowledge about mental illness and examined their emotional reactions toward mentally ill people—not only in forms of correlations but as direct consequences of film content. A diverse sample of participants was recruited for this study as well.

In the following we will first provide a brief review of previous research on the portrayal of mental illness in the media and (if procurable) its effect on people’s attitudes. This discussion will result in two main hypotheses on the effect of television programs about mental disorders on viewers’ knowledge about and attitudes toward mental disorders and mentally ill people. Subsequently, we will present the two empirical studies for which we will concretize the hypotheses, explain the respective methods, and report the results. We will conclude with a general discussion of the implications of our findings.
PORTRAYAL OF MENTAL ILLNESS IN THE MEDIA

Film and media representations of mental illness are often superficial, stigmatizing, stereotypical, or downright wrong (Harper, 2008; Miller, 2007; Wilson et al., 2000). On television, the presentation of mentally ill people overemphasizes negative aspects (Signorelli, 1989): Mentally ill characters are shown displaying violent and bizarre behavior. Mentally disordered characters are portrayed as much more violent than they are in reality: In Diefenbach’s (1997) analysis, 2.2% of characters on primetime television were portrayed as mentally disordered, 34% of which were shown committing murder, rape, or violent attacks. In reality, only 3% of the mentally disordered people in the U.S. population show conspicuously violent behavior. Diefenbach and West (2007) found that mentally ill characters on television were nearly 10 times more likely to be portrayed as brutal criminals than characters without mental disorders. Gans-Boriskin and Wardle (2005) analyzed a popular primetime drama and discovered that mental illness was used frequently to explain why a character has committed a crime. In an analysis of children’s television programs Wahl, Hanrahan, Karl, Lasher, and Swaye (2007) found that mentally ill characters were very often shown as evil doers and that most of those characters were portrayed as aggressive and brutal. Wilson et al. (2000) also examined children’s programs (mostly cartoons). Forty-six percent of the analyzed episodes contained references to mental illness. Half of the characters identified as mentally ill acted irrationally, the other half behaved evilly and aggressively. Mental disorders were continuously associated with negative characteristics.

With regard to people’s attitudes toward mental disorders, the following studies provided relevant results (for a review, see Oostdyk, 2008). Wahl and Lefkowits (1989) showed that participants who watched a movie with a violent, mentally ill character perceived mental disorders more negatively than participants who watched a movie in which the violent character was not mentally ill. Ganello and Pauley (2000) discovered that the more time people spent watching television, the more they perceived the mentally ill as inferior to the mentally healthy. Angermeyer, Dietrich, Pott, and Matschinger (2005) found that people had a stronger desire for social distance from schizophrenia patients the more they watched television. Ganello, Pauley, and Carmichael (1999) showed that people who gathered most of their information about mental disorders from the media were less tolerant toward persons with mental illness than participants with direct experience with mentally ill people. Similarly, Diefenbach and West (2007) noticed that the more hours people watched television, the more pronounced their opinion was that mental health programs in local neighborhoods would be dangerous to the community. Finally, Minnebo and Van Acker (2004) found that people who had the ability to clearly distinguish between fiction and reality had more positive feelings toward persons with mental disorders.

Taking together these findings, a clear pattern emerges: Mentally ill people are disproportionately often portrayed as exceptionally violent and aggressive. Because viewers form their attitudes and beliefs on the basis of what they see on television, they tend to develop negative attitudes toward mental disorders and mentally ill people. In addition to these considerations, we assume that people will acquire not only certain attitudes but also basic knowledge about mental disorders from mass media. Because mental disorders are portrayed in the media largely in a wrong and stigmatizing manner, we state the following main hypotheses that will be examined in Study 1 and Study 2:

Journal of Community Psychology DOI: 10.1002/jcop
Main hypothesis 1: The superficial portrayal of mental disorders and mentally ill people in the media results in poor knowledge about mental disorders.

Main hypothesis 2: The negative portrayal of mental disorders and mentally ill people in the media results in negative attitudes and negative emotional reactions toward people with mental illness.

STUDY 1

This study considers people’s knowledge about and attitudes toward three types of mental disorders: obsessive-compulsive disorder (OCD), major depressive disorder (MDD), and schizophrenia (for findings on public attitudes toward these particular mental disorders see Angermeyer et al., 2005; Schomerus et al., 2012; Stengler-Wenzke, Trosbach, Dietrich, & Angermeyer, 2004). According to the 10th edition of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) by the World Health Organization (1992), OCD is characterized by “recurrent obsessional thoughts or compulsive acts. Obsessional thoughts are ideas, images, or impulses that enter the patient’s mind again and again in a stereotyped form. [. . .] Compulsive acts or rituals are stereotyped behaviours that are repeated again and again” (ICD-10, F42). MDD patients suffer, among other things, “from lowering of mood, reduction of energy, and decrease in activity. Capacity for enjoyment, interest, and concentration is reduced” (ICD-10, F32). These symptoms may occur in a depressive episode (F32) or in repeated episodes of depression (F33). Schizophrenia is characterized by “distortions of thinking and perception, and affects that are inappropriate or blunted. [. . .] Psychopathological phenomena include thought echo; thought insertion or withdrawal; thought broadcasting; [. . .] hallucinatory voices commenting or discussing the patient in the third person” (ICD-10, F20).

It is likely that television viewers have been faced with all of these mental disorders in various television programs, and thus had the opportunity to gain some knowledge about and attitudes toward these disorders. The television effect on attitudes toward MDD, however, is more up for debate: While the lifetime prevalence of OCD and schizophrenia is rather low (i.e., comparably few individuals are affected at some point in their life; Fireman, Koran, Leventhal, & Jacobson, 2001; Van Os & Kapur, 2009), MDD is a frequent disorder with a lifetime prevalence of 8%-12% (i.e., occurring in a significant proportion of the population; Kessler et al., 2005). So, we presuppose that many people are familiar with this disorder because they have had real-life experiences with it.

Accordingly, it is very likely that media effect is weaker for MDD than for OCD and schizophrenia (see Granello et al., 1999) because MDD is more common. Thus, we assume that television consumption has an effect on people’s knowledge about OCD and schizophrenia, but a weaker effect on people’s knowledge about MDD. The same is true of viewers’ attitudes toward people affected by one of these mental disorders: Because mentally ill people are portrayed as violent (see above) and television viewers are supposed to have undifferentiated knowledge about OCD and schizophrenia, but a more appropriate understanding of MDD, we assume that the audience’s assessment of OCD and schizophrenia patients’ violence is affected by watching television, whereas the audience’s assessment of MDD patients’ violence is less affected. Therefore, we state the following hypotheses:

Hypothesis 1a: The more time people spend watching television, the poorer their knowledge is about OCD.
Hypothesis 1b: The more time people spend watching television, the poorer their knowledge is about schizophrenia.

Hypothesis 1c: People’s knowledge about MDD is less affected by television consumption than their knowledge about OCD and schizophrenia.

Hypothesis 2a: The more time people spend watching television, the more they assess OCD patients as being violent.

Hypothesis 2b: The more time people spend watching television, the more they assess schizophrenia patients as being violent.

Hypothesis 2c: People’s assessment of MDD patients’ violence is less affected by television consumption than their assessment of OCD and schizophrenia patients’ violence.

Method

This study was conducted as a questionnaire survey. The participants of this study (44 women, 33 men, $M_{age} = 36.9$ years, age range: 18–55 years) were recruited at various public places. Participants were asked to fill in a questionnaire on the spot. They were compensated with a chocolate bar for their participation. Filling in this questionnaire took about 10–15 minutes. Of the participants, 35 indicated they had passed a university entrance exam, 41 had a lower school-leaving certificate, and one participant did not have a school-leaving certificate.

The questionnaire was composed as follows: First, the participants were asked biographical questions. Second, they had to indicate how many minutes per day they watched television (television consumption). Then there were three scales that dealt with OCD, MDD, and schizophrenia, respectively. Each of these scales comprised two subscales, that is, a knowledge subscale and a violence-assessment subscale.

The three knowledge subscales comprised 16 identical items each, addressing diagnosis criteria of various mental disorders. These included OCD, MDD, and schizophrenia criteria, as well as (as distractor items) criteria for other disorders such as dissociative identity disorder. One sample item was “People with OCD [or MDD or schizophrenia] suffer from lowering of mood and reduction of energy.” This was a correct item in the MDD knowledge subscale, but a wrong item in the OCD and schizophrenia knowledge subscales. Another sample item was “People with OCD [or MDD or schizophrenia] have two or more distinct personalities that recurrently take control of behavior.” This was a wrong item in all knowledge subscales, as it describes patients suffering from dissociative identity disorder. For each item participants had to choose between three options: “correct,” “wrong,” and “I don’t know.” The “I don’t know” option was used to reduce the probability of guessing. Participants were allocated one point for each item that they identified correctly as correct or wrong. This procedure resulted in a maximum of 16 points, with a high score indicating a high level of knowledge about the respective disorder.

The three violence-assessment subscales comprised three identical items each. A sample item was “People with OCD [or MDD or schizophrenia] are more violent compared to mentally healthy people.” Here participants had to indicate “yes” or “no.” These items were used for calculating a violence-assessment score (with a maximum of three points); a high score indicated that a participant attributed a high level of violence to the respective disorder.
Results and Discussion

Regarding their television consumption participants indicated they spent on average mean \((M) = 121.58\) minutes (standard deviation \([SD] = 91.19\)) per day watching television.

We compared participants’ respective knowledge about the three mental disorders and found that their knowledge about the disorders differed significantly from each other, \(F(2, 152) = 35.17, p < .001\). Contrast tests showed that participants’ knowledge about MDD \((M = 11.23, SD = 3.93)\) was significantly higher than their knowledge about OCD \((M = 9.10, SD = 3.88), p < .001\); and participants’ knowledge about OCD was significantly higher than their knowledge about schizophrenia \((M = 7.66, SD = 3.78), p < .001\).

We also compared participants’ respective assessments of violence among the three mental disorders and found that their violence assessments differed significantly from each other, \(F(2, 152) = 37.72, p < .001\). Contrast tests showed that participants’ violence-assessment of schizophrenia \((M = 1.90, SD = 1.20)\) was significantly higher than their violence-assessment of OCD \((M = 0.91, SD = 1.10), p < .001\); and participants’ violence-assessment of OCD was significantly higher than their violence-assessment of MDD \((M = 0.58, SD = 0.98), p < .001\).

To test the hypotheses for this study, we conducted correlation analyses to obtain Pearson product-moment correlation coefficients. Hypothesis 1a assumed that the more time people spend watching television, the poorer their knowledge is about OCD. The analysis supported this hypothesis. There was a significant correlation between television consumption and knowledge about OCD, \(r(76) = −.33, p = .004\), indicating that the more time people spend watching television, the less they know about OCD.

Hypothesis 1b assumed that the more time people spend watching television, the poorer their knowledge is about schizophrenia. The analysis supported this hypothesis. There was a significant correlation between television consumption and knowledge about schizophrenia, \(r(76) = −.32, p = .005\), indicating that the more time people spend watching television, the less they know about schizophrenia.

Hypothesis 1c assumed that people’s knowledge about MDD is less affected by television consumption than their knowledge about OCD and schizophrenia. The analysis did not show a significant correlation between television consumption and knowledge about MDD, \(r(76) = −.03, p = .824\). To allow the comparisons addressed in the hypothesis, we converted the correlation coefficients using Fisher’s \(r\) to \(Z\) transformation. The analysis supported this hypothesis. We found that the relationship between television consumption and knowledge about MDD was significantly lower than the relationship between television consumption and knowledge about OCD, \(Z = −1.89, p = .029\), and lower than the relationship between television consumption and knowledge about schizophrenia, \(Z = −1.82, p = .034\).

Hypothesis 2a and b assumed that the more time people spend watching television, the more they assess OCD and schizophrenia patients as being violent. The correlation analyses did not support these hypotheses. Neither violence-assessment of OCD, \(r(76) = .02, p = .888\), nor violence-assessment of schizophrenia, \(r(76) = −.05, p = .689\), were correlated with television consumption. The same applied to violence-assessment of MDD, which was not correlated with television consumption either, \(r(76) = −.10, p = .391\). Accordingly, hypothesis 2c was rejected as well. What we did find, however, were relationships between the knowledge subscales and the violence-assessment subscales of each mental disorder. There was a significant negative correlation between violence-assessment of OCD and knowledge about OCD, \(r(77) = −.47, p < .001\), indicating that the less people know about OCD, the more they believe OCD patients would be violent. There was also a significant negative correlation between violence-assessment of MDD and knowledge about MDD, \(r(77) = −.30, p = .007\).
indicating that the less people know about MDD, the more they believe MDD patients would be violent.

Finally, and surprisingly, there was a significant positive correlation between violence-assessment of schizophrenia and knowledge about schizophrenia, $r(77) = .31, p = .005$, indicating that the more people know about schizophrenia, the more they believe schizophrenia patients would be violent. The latter result might be explained by the fact that “Episodes of violent excitement may be a striking feature” of catatonic schizophrenia (ICD-10, F20.2; for the relationship of schizophrenia and violence see also Angermeyer, 2000).

Those relationships between people’s knowledge about a mental disorder and their violence assessment provide an important hint about potentially underlying processes that may lead to the recurrent finding that television viewers have negative attitudes toward mentally ill people. It seems that people acquire wrong knowledge about mental disorders on television (at least about those with which they do not have any direct experience), and it is this wrong understanding, in turn, that may lead to a negative attitude toward patients suffering from these disorders. We set up a second study to further examine this relationship between people’s knowledge about a mental disorder on the one hand and their reactions toward affected people on the other.

STUDY 2

This study considers people’s knowledge about schizophrenia and emotional reactions toward schizophrenia patients. It was set up as an experimental study with two conditions (between-subjects design). This experiment compared a television format that explicitly aims at transferring knowledge (i.e., a documentary film) to a format that predominantly aims at entertaining people (i.e., a fictional film) and assessed how much knowledge participants gained. To better understand the processes going on during film perception, we also recorded the viewers’ emotional reactions that occurred while they watched the film.

Whether people acquire knowledge from a film depends largely on their “amount of invested mental effort” (AIME; Salomon, 1981, 1983). This mental effort, in turn, depends on people’s perception of and their attitude toward this medium (i.e., do they believe it is a medium for transferring knowledge or for entertainment). In this spirit, we suppose that viewers expect documentary films to communicate information about a certain subject matter in an authentic and accurate manner. Accordingly, we assume that people may more likely acquire correct knowledge from a documentary film than from a fictional film—even if the actual information contained in the films is the same. Fictional films, however, are supposed to be superior in involving the viewers, and thus evoking certain emotional reactions in the viewers, because fictional films do not limit themselves to the unpretentious presentation of actual situations and facts. Thus, the attention and the expectations of viewers differ with each kind of film. On the basis of these considerations, we state the following hypotheses:

Hypothesis 3: People who watch a documentary film about schizophrenia acquire more knowledge about schizophrenia than people who watch a fictional film about schizophrenia.

Hypothesis 4: People who watch a fictional film about schizophrenia have more negative emotional reactions toward patients with schizophrenia than people who watch a documentary film about schizophrenia.
METHOD

Thirty-nine participants (23 women, 16 men, $M_{\text{age}} = 23.9$ years, age range: 18–45 years) were recruited for this study. Fifteen participants were employed, 21 went to university or school, one was unemployed, and two specified “other.” Twenty-three participants indicated they had passed a university entrance exam, 12 had a lower leaving certificate, three participants did not have a school-leaving certificate, and one specified “other.” Participants were randomly assigned to one of the two experimental conditions: 20 were assigned to the documentary-film condition (doc) and 19 to the fictional-film condition (fic). All participants declared that they had not seen the film they were assigned to before.

The experimental manipulation (doc vs. fic) was embedded into a questionnaire that was composed as follows: First, the participants were asked biographical questions. Second, there was a knowledge test about schizophrenia (pretest). Then, participants watched the video (in both conditions we cut together selected scenes resulting in montages of 11 minutes each). After that, they had to indicate their emotional reactions while watching the movie. Finally, there was another knowledge test about schizophrenia (posttest). Going through the entire experiment took about 20 minutes.

The knowledge tests about schizophrenia (pretest and posttest were identical) comprised 12 items. These included six schizophrenia criteria (of which three were presented in the films, see below) and as distractor items six criteria from other mental disorders. A sample item for a correct criterion (according to ICD-10, F20) was “Patients suffering from schizophrenia hear hallucinatory voices commenting or discussing the patient in the third person.” A sample item for a wrong criterion was “Patients with schizophrenia suffer from mental retardation.” For each item participants had to choose between three options: “correct,” “wrong,” and “I don’t know.” The “I don’t know” option was used to reduce the probability of guessing. Participants were allocated one point for each item that they identified correctly as correct or wrong. This procedure resulted in a maximum of 12 points, with a high score indicating a high level of knowledge about schizophrenia. The difference between the pretest and the posttest was calculated as an indicator of the dependent variable knowledge gain.

In both experimental conditions (doc vs. fic) participants watched a montage of 11 minutes that was cut together from existing films. For both conditions we used films that portrayed schizophrenia in a realistic and accurate manner. To allow an adequate comparison between doc and fic, we cut the films in a way that resulted in montages that presented the same diagnostic criteria in both conditions: delusions; hallucinatory voices commenting or discussing the patient; and increased risk of suicide. For each of these criteria film scenes were selected that portrayed the respective criterion in a clear-cut manner. In the documentary film the diagnostic criteria were explicated by interviews with patients affected and by statements of psychiatrists. In the fictional film the criteria were illustrated by the portrayal of a patient’s life. In the fic condition we paid attention to keep the properties of a fictional motion picture by cutting in scenes that were relevant for transitions and allowed the viewers to follow the story. For purposes of comparability the doc condition contained such fill-in scenes without informative value as well.

In order for us to be able to capture participants’ emotional reactions during the film, they had to indicate what feelings the schizophrenic character had triggered. For this purpose participants had to rate on a questionnaire these emotional reactions (see Angermeyer, Buyantugs, Kenzine, & Matschinger, 2004; Wolkenstein & Meyer, 2008): fear, unease, insecurity, pity, concern, sympathy, desire to help, dismay, disgust, irritation,
embarrassment, ridicule, desire to withdraw, lack of understanding, scorn, and anger. All items were rated on a 4-point scale with endpoints labeled 1 (not at all) to 4 (very much).

Results and Discussion

To reduce and structure the data resulting from participants’ emotional reactions and to obtain meaningful factors, we conducted a principal component analysis of the 16 emotional-reaction items with varimax rotation. This procedure revealed three factors which we labeled rejecting feelings, unpleasant feelings, and solicitousness with regard to content. The factor rejecting feelings encompasses the emotional reactions ridicule, scorn, irritation, anger, lack of understanding, disgust, and embarrassment.\(^1\) The factor unpleasant feelings comprises fear, unease, insecurity, and desire to withdraw. The factor solicitousness included pity, concern, sympathy, desire to help, and dismay. The subscales rejecting feelings and unpleasant feelings showed acceptable internal consistencies. Cronbach’s alpha was \(\alpha = .79\) for rejecting feelings and \(\alpha = .75\) for unpleasant feelings. The subscale solicitousness, however, did not show satisfactory internal consistency. Cronbach’s alpha for this factor was \(\alpha = .56\). So, this subscale was excluded from further analysis (see George & Mallery, 2003).

To test the hypotheses for this study, we conducted independent-sample \(t\) tests comparing the doc and the fic conditions for the dependent variables knowledge gain, rejecting feelings, and unpleasant feelings.

Before the experimental manipulation was conducted, participants in the two conditions did not differ regarding their knowledge about schizophrenia: \(M_{\text{doc}} = 7.30 (SD = 1.95)\) versus \(M_{\text{fic}} = 6.47 (SD = 1.35)\), \(t(37) = 1.53, p = .134\). In both conditions, participants gained knowledge about schizophrenia from watching the film. In the doc condition people’s knowledge was significantly higher in the posttest \((M_{\text{post}} = 8.70, SD = 1.69)\) than in the pretest \((M_{\text{pre}} = 7.30, SD = 1.95)\), \(t(19) = 3.16, p = .005\). The same applied to the fic condition where participants’ knowledge tended to be higher in the posttest \((M_{\text{post}} = 7.11, SD = 1.41)\) than in the pretest \((M_{\text{pre}} = 6.47, SD = 1.35)\), \(t(18) = 1.79, p = .090\).

Hypothesis 3 assumed that people who watch a documentary film acquire more knowledge about schizophrenia than people who watch a fictional film. This hypothesis was supported by the data. In the doc condition knowledge gain was significantly higher than in the fic condition: \(M_{\text{doc}} = 1.40 (SD = 1.98)\) versus \(M_{\text{fic}} = 0.63 (SD = 1.54)\), \(t(37) = 3.19, p = .003\). This finding points out that people learned more from the information about schizophrenia presented in a documentary film than from the same information presented in a film that was made for entertainment.

Hypothesis 4 assumed that people who watch a fictional film about schizophrenia have more negative emotional reactions toward patients with schizophrenia than people who watch a documentary film about schizophrenia. This hypothesis was supported by the data as well. In the fic condition rejecting feelings were significantly higher than in the doc condition: \(M_{\text{fic}} = 1.45 (SD = 0.53)\) versus \(M_{\text{doc}} = 1.15 (SD = 0.24)\), \(t(37) = 2.24, p = .035\). The same applies to unpleasant feelings: \(M_{\text{fic}} = 2.56 (SD = 0.47)\) versus \(M_{\text{doc}} = 1.93 (SD = 0.59)\), \(t(37) = 3.71, p = .001\). These findings indicate that a fictional film was indeed superior in inducing emotional reactions in the viewers, whereas people developed less

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\(^1\)The item embarrassment was excluded from this subscale for further analysis for two reasons: With regard to content, embarrassment did not really go with rejecting feelings; and the reliability score was improved by this procedure (from \(\alpha = .75\) to \(\alpha = .79\)).
intensive feelings while watching a documentary film that limited itself to the modest presentation of facts.

GENERAL DISCUSSION

Mental disorders are popular topics in movies and on television, so television viewers frequently have to deal with information about mental illness. This information, however, is often wrong and stereotypical (Harper, 2008; Wahl et al., 2007). The presentation of mentally ill people on television overstates negative attributes; in particular, mentally ill characters are predominantly portrayed as violent and dangerous (Signorelli, 1989). Previous research has found that television viewers thus tend to develop negative attitudes toward mental disorders and mentally ill people. Expanding on these previous findings, the research presented here examined, in addition, whether people also acquire knowledge about mental disorders from watching movies and television, and to what extent the superficial portrayal of mental illness has an effect on how viewers understand mental disorders.

In two empirical studies we found that people’s knowledge about mental disorders was affected by the amount of television consumption and by the type of film that is consumed, respectively. In the first study, we found that people who spend more time watching television have less knowledge about OCD and about schizophrenia. People’s knowledge about MDD, however, was independent from television consumption. In general, people had a higher level of knowledge about MDD than for the other disorders. This finding leads to the assumption that many people have quite an accurate and adequate understanding of MDD (maybe due to more personal experiences with this disorder) and are thus less influenced by television and movies in this respect.

In contrast to our expectations and previous findings, we did not find relationships between television consumption and negative attitudes toward mentally ill people in terms of violence assessment—this held true for all three disorders. What we did find, however, was a relationship between people’s knowledge about these mental disorders and the violence assessment of the respective disorder. This relationship was negative for OCD and MDD, but positive for schizophrenia. The less people knew about OCD or MDD, the more they believed that affected persons were violent. But the more participants knew about schizophrenia, the more they believed that people with this disorder were violent.

In the second study we found that people who watched a movie—in which schizophrenia symptoms were displayed in a realistic and accurate manner—were able to acquire knowledge from this movie. This applied to both a documentary and a fictional movie, but it was particularly true of the documentary. This is notable insofar as the diagnostic criteria that participants were asked about in the knowledge test were equally portrayed in both types of films. It seemed that the film format documentary had put people in a kind of “learning mode” to a higher degree than the fictional film. Probably, the presentation of a fictional film did put people rather in a kind of “entertainment mode,” even though the presentation of the preknowledge test must have made clear to them that this was a study in which facts about schizophrenia symptoms played an important role. This line of argument is consistent with Salomon’s reasoning that people’s learning success depends basically on their willingness to invest mental effort.

Another explanation is that participants might have selectively mistrusted the content of the fictional film, whereas they simply believed and adopted what was presented in the documentary film. It is a shortcoming of this study that the existing data do not enable
Film Exposure and Mental Disorders

us to make unambiguous statements in this respect. Therefore, future studies should try to systematically capture people’s beliefs about whether or not a certain type of film is appropriate for knowledge acquisition. At the same time further studies should measure people’s amount of invested mental effort.

We found in the second study that people’s increased learning in the documentary condition was accompanied by less intensive emotional reactions. This finding is in some way contradictory to earlier findings, for example, by Cahill and McGaugh (1995) who demonstrated recall advantages due to emotional arousal. Cahill and McGaugh’s results, however, refer to long-term memory effects, whereas the participants in our study performed a knowledge test right after watching the film. Against the background of these considerations it would be interesting for future studies to take a look at potential long-term effects of viewers who watch different film formats about mental disorders. Such studies could deepen our understanding of potential relationships between media-related knowledge acquisition and emotional reactions, and how they mutually affect each other.

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Journal of Community Psychology DOI: 10.1002/jcop


