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„The Portrayal of 'Female Madness' in *Black Swan* and *Shirley*"

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1. Introduction

Movies are a well-known and popular media outlet that love to portray mentally ill characters in theatrical and entertaining ways. So-called ‘mad’ characters are featured in nearly every cinematic genre and are mostly cast as villains or antagonists (Wahl 2). Over time, a strong, detailed way of expressing the character’s ‘madness’ was created to illustrate and clearly separate it from “normal” behavior to make it noticeable and culturally understood (Rohr 233). Nowadays, every member of society has a visual concept in mind when talking about ‘mad’ people in movies or in real life. Movies continue to disseminate this image by using stereotypical depictions of mental illnesses, which falsify and exaggerate their pathology (Rohr 234).

Especially ‘mad’ women are often portrayed in unfavorable ways that equate their illness with social deviance and unfeminine behavior (Wahl 67). By depicting women this way, movies rely on stereotypical notions of ‘female madness’ that devalue female behavior and sexualize their mental illness. The nature of these negative portrayals is largely determined by patriarchal structures, which decide what acceptable female behavior is and what it is not. Any resistance to socially accepted norms and roles is depicted as a symptom or even the cause of the woman’s “madness’. Movies make these male-dominated structures visible in the portrayal of ‘mad’ women’s sexuality and the social power relations between them and the other characters (Ridgeway 201). Despite the continuous popularity of depicting ‘mad’ women in movies, the underlying patriarchal structures in their cinematic portrayals are rarely discussed. Since movies continue to influence their audiences’ social attitudes, it is timely to address the power of these structures that further the ‘mad’ woman stereotype.

Consequently, this thesis aims to uncover the influence of patriarchal structures, such as the male gaze and social order, that foster the stereotypical portrayal of ‘female madness’ in movies. The chosen movies are *Black Swan* (2010) and *Shirley* (2020), since they are contemporary cinematic examples that feature modern depictions of ‘female madness’. In detail, this thesis aims to answer the following questions: What aspects of the stereotypical ‘mad woman’ are adapted to depict mental illness in *Black Swan* (2010) and *Shirley* (2020)? To what extent is ‘female madness’ sexualized in

movies to appeal to the male gaze? In what way does social order impact the stereotype of the ‘mad woman’?

Before answering each question in detail, the second chapter offers a brief historical context for the concept of ‘madness’ and how it became mainly associated with women and regarded as a ‘female malady’. Additionally, this chapter elaborates on the difficulty of defining ‘madness’ and how the concept evolved into a gendered stereotype that is still applied to women today.

The third chapter discusses the use of negative stereotypes used in the depictions of mentally ill people. This is followed by a detailed examination of the three most common portrayals of ‘mad’ women in movies and the prejudiced beliefs they adapted from their historical context. Afterwards, each of the two contemporary movies are analyzed thoroughly to determine the stereotypical features that have been used in the depiction of their female protagonists.

The fourth chapter inspects the sexual objectification of mentally ill women and how their illnesses are portrayed to provide a pleasurable experience for male spectators. Following the theoretical context, both *Black Swan* (2010) and *Shirley* (2020) are examined, and their use of the male gaze is discussed and compared.

The last chapter provides a detailed analysis of the influence of social order on the stereotypical depiction of ‘female madness’. First, the concept of social order and hierarchy are briefly introduced, followed by a more detailed discussion of the social status of women with a mental illness. Last, the protagonists’ social environment and status are analyzed and the impact it has on their descent into ‘madness’.

Before concluding this introduction, the terminology used in this thesis needs to be explained. Although the focus of this project is ‘madness’, the term and other related non-medical terms will be only used with single quotation marks to emphasize their stigmatizing and socially constructed background. Additionally, the use of such quotation marks will highlight their difference from actual mental illnesses that are specified and acknowledged by mental health professionals and the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Definitions of different mental disorders are provided using the DSM-5 since it is the primary book for diagnosing and treating mental health issues and is regarded as one of psychiatry's core references (2013). The word mental illness will be used synonymously with mental disorder,

mental struggle, and mental health issues to avoid repetition. In spite of the fact that this terminology is also highly debated due to its stigmatizing potential, it is used consciously in this thesis. This vocabulary is intentionally selected to underline the severity of mental illnesses and their discrepancy with the social construct of 'madness'.

2. The Concept of 'Female Madness'

For a more thorough understanding of the topic of this thesis, the following chapter provides a brief theoretical background on the concept of 'female madness'. Throughout history, the term 'madness' was mainly used to refer to "oddly" behaving men before it was commonly used to describe socially non-conforming women (Kromm 507). This chapter provides a brief historical exploration on how 'madness' became a female malady and why this concept relies heavily on social norms and values. Additionally, this section demonstrates how this notion developed into a gender-based stereotype that is typically linked to women.

2.1 'Female madness' in the Middle Ages

The concept of 'madness' was already mentioned in stories of Greek mythology and in the Bible, but it became most relevant for women around the Middle Ages and the Renaissance (Torn et al. 49). During that time, 'madness' was categorized in a similar manner to how it is described nowadays (49), meaning, any behavior that deviated from the accepted social norm was identified as 'madness' (50). Those who diagnosed the "diseases of the mind" were not psychologists but theologians, medical authorities, and even family members (Katajala-Peltomaa and Niiranen 6). It is not known how many people suffered from an actual mental illness, but the label 'mad' stayed the same for all of them (Torn et al. 50). At the beginning of this time period, people mainly referred to men when talking about 'madness' (Foucault 3). Even though 'mad people' comprised females as well, their public image was mostly represented by men (3). Foucault argues that around this time, "man's dispute with madness was a dramatic debate" (3). He clarifies that this debate was between man and the secret powers that people believed in, such as spirits and the wrath of God (3). People believed that the "illness" was not a physiological disease but a punishment from God for their sins (3).

At the outset of this period, the ‘mad’ were treated in a much different way than at the close of this period. At the beginning of the Middle Ages, ‘mad people’ were not excluded from society but cared for by citizens (9). These citizens gave those suffering with the ‘disease’ housing, clothing, and food, all paid for by the city budget (Foucault 9). Despite the communities’ tolerance of them, ‘mad people’ were still excluded and even sent away (9). Officials wanted to rid the cities in Europe of the ‘insane’ by putting them in the care of sailors (9). They were often brought to different European cities by merchant ships called “ships of fools” (9). By sending the ‘mad’ off to another place, people felt safer and at ease in their homes (9). The sailors, however, did not care for the well-being of the ‘mad’ and released them at the next safe harbor (9). The ‘mad’ were left to wander around town until somebody took pity on them and provided them with shelter and food (9). Foucault notes that the displacement of “odd” people by ships could be read as a way of quarantining them in people’s minds (9). Although the physical confinement of these people took place much later, communities erased memories of the ‘mad’ early on (Torn et al. 50). The people that arrived in the cities were cared for by members of the community, such as clerics, medics, or astrologers (Torn et al. 50). They cared for their physical well-being and treated their ‘illness’ with herbal medicine (50). By receiving housing and nourishment, ‘mad’ people were kept alive but as outcasts of society. They were allowed to live in the cities but were banned from all church grounds and could not enter official buildings (Foucault 10).

During the later Middle Ages, society returned to supernatural beliefs and great religious fears of Satan and eternal damnation (Torn et al. 50). According to Foucault, most people believed that the sickness that ‘mad’ people suffered from was brought to them through their many voyages at sea (12). Since sailors and travelers usually stayed for a long period on ships, they lacked a solid home and a strong faith in God (Foucault 12). During this time, ‘madness’ became increasingly associated with the work of the devil and evil spirits (12). As the power of the Catholic Church grew stronger, ‘madmen’ were deemed to be ill because of their neglect of Christian virtues (13). In contrast to the beginning of the period, medical authorities no longer had the authority to diagnose someone with a mental ailment (Katajala-Peltomaa and Niiranen 9). By gaining more power and social status, the Catholic Church decided what the cause and the treatment of ‘madness’ entailed (9). According to church officials, religious deviation was at fault for all mental health problems (9). Subsequently, the

right treatment involved a religious remedy of praying and confessing one's problems to a priest (9). This treatment was available in churches or Christian healing centers (9). If a 'mad person' wanted to be treated by a medical authority instead of a church official, they needed a priest's permission first (10).

With the rise of new illnesses, deaths, and sudden natural events, people's fear of the unknown grew stronger, resulting in the need for an explanation or, in case of the Catholic Church, scapegoats (Torn et al. 50). Such scapegoats came in the form of 'mad women' called witches (50). With the rise of 'mad' witches, society started to associate the 'disease' with women, rather than men (Katajala-Peltomaa and Niiranen 14). According to Katajala-Peltomaa and Niiranen, the reason for this change was the difference in gender and social status (14). Society categorized men who acted aggressively as "raving mad" and pitied them for their disease (14). Women were diagnosed as evil or possessed, deserving of punishment (14).

Furthermore, the artistic representation of 'madness' played a vital role and visualized this change. Portrayals of 'mad men' are pictured as half-naked, ugly "fools," while women are portrayed as evil and possessed (14). Because of the power and influence of the church, 'madness' was mainly diagnosed in witches who failed to adopt religious conformity (Torn et al. 51). Although most people associate witches with demonic possession and satanic rituals, 'mad' witches were treated as a category of their own (51). It was assumed that some witches were suffering from a special form of 'madness', different from demonic possessions and hearing voices (51). Torn et al. distinguish between witchcraft and the disease of the 'mad' (52). According to them, witchcraft itself could not be equated with 'madness' as 'madness' was caused by a diseased soul or spirit (52). Following their theory, a willful pact with the devil caused witchcraft (52). In contrast, 'madness' in witches was caused by natural circumstances and not possession. Witches who exhibited magical powers were not considered 'mad' because their witchcraft was caused by supernatural elements (52).

Essentially, 'madness' was treated as an illness caused by the woman herself due to her ill soul. The 'mad' women of the Middle Ages were persecuted as witches because of their lack of submission to the established dominant hierarchy (Chesler 161). This hierarchy consisted of church members and priests, who specified what behavior was normal and abnormal (161). These 'mad' witches were deemed to be a threat to the

church because they went against their common Christian beliefs (161). Such women pursued scientific explanations and promoted female independence and female sexuality (161). Some of them worked as “healers” who aided people with physical pain and abortions by prescribing herbal remedies (161). By doing this, these women threatened the authority of the Church and their “faith healings” (161). Other women were granted the label of a ‘mad witch’ by simply living alone or owning property and money that the church could not control (162). Other “mad women” were brutalized by the Catholic Church for their refusal to follow the social norm at the time (Chesler 162). Such refusal included living alone as a woman, presumed homosexuality, or any action that went against the church’s rules (Chesler 162). According to Chesler, the label of a ‘mad’ witch in the Middle Ages was simply the verdict for being born female and not male (163). Subsequently, women had to suffer greatly due to the imminent threat that they posed to patriarchal structures (163). A woman’s opposition to the male sex was regarded as mysterious and dangerous and, therefore, a sign of an ill soul and spirit (163). Women were blamed and pathologized by clergy members for causing a man’s sexual aggression with their “sinful seductive natures” (163).

2.2 ‘Female Madness’ in the Modern Era

After the Middle Ages ended, the probable cause and treatment of ‘madness’ changed drastically. Society no longer pitied the poor “mad fool” or feared the powerful ‘mad’ witch because of mass incarcerations (Morrall, *Madness* 32). Growing feelings of uneasiness about ‘mad’ citizens led officials to the decision to contain them (32). Foucault calls this shift the change from the “mad ships” to the “Madhouse,” where men and women were contained and their ‘madness’ was silenced (36). These “houses of confinement” were created all over Europe and contained ‘mad people’ with no medical aid or treatment (Foucault 40). ‘Madness’ was hidden from the public sphere but made into a spectacle for voyeurs and the bourgeois (Torn et al. 63). ‘Mad’ people were publicly displayed behind bars, and their “odd” behavior was mocked and gloated over (63). There was, however, still no actual treatment for their ‘illness’. “Madhouses,” later known asylums, acted as punishment for people for having vices and acting immorally, instead of having an actual mental disease (Torn et al. 66). According to Morrall, the confinement of the ‘mad’ provided people with examples of what was societally deemed “normal” and “abnormal” (*Madness* 32). The imprisonment of “odd” people functioned as another control mechanism (*Madness* 32). ‘Madness’ was not

treated as a cause of an ill spirit anymore, but as a moral threat to the upper classes (Torn et al. 67). The 'mad' were seen as immoral, and their behavior was said to stem from a lack of good conscience (67). Consequently, the 'mad' were seen as a dangerous class who needed to be controlled by experts (Morrall, *Madness* 33). Such experts comprised medical authorities who were developing a new field of medicine, namely psychiatry (Morrall 33).

One of the first in this field was Jean-Martin Charcot, a neurologist who treated mostly 'mad' women in the general hospital in Paris (Morrall 33). In the late 1800s and beginning of the 1900s, women outnumbered men in asylums (Torn et al. 188). Mental asylums contained special wards for 'mad women' who were deemed 'ill' because of their socially non-conforming lifestyle (Chesler 93). These women included unmarried pregnant adults, prostitutes, poor women, and young girls (93). A reason for the high numbers of women in asylums were the newly discovered diagnoses of "female illnesses" (Torn et al. 188). Psychiatry proved to be instrumental in providing such diagnoses for women, who were previously only labeled as 'mad' witches (188). Many institutionalized women were suffering from what Charcot called "hysteria" (188). According to him and later his student Sigmund Freud, 'hysteria' was a purely female malady caused by a traumatic event or severe psychological stress (Torn et al. 188). It was described as "physical manifestations of emotional problems" that consisted of numerous symptoms (188). A typical "hysterical attack" included epileptic seizures and being overly emotional and frenzied (188). These attacks lasted up to twenty minutes before the woman "came back to her senses" (188). The "disease" itself was believed to stem from the female womb and linked to "the essence of femininity itself" (Ussher 9). Some physicians at that time even called it a "woman's natural state" (9). In men, on the other hand, 'hysteria' was rarely diagnosed, although some men exhibited similar symptoms (9). 'Hysteria' in men was deemed a "morbid state" that went against their masculine nature (9).

Most of society and the medical professionals considered 'hysteria' as a special type of 'female madness' that was unlike later diagnoses of mental health problems (9). It was mostly seen as a "feminine temperament" that physicians needed to control and contain (Ussher 9). Like the witch in the Middle Ages, the female 'hysteric' was regarded as a social deviant who needed punishment (9). In addition, female patients with this disease were among the most disliked by physicians, who were mostly men

(9). They described ‘hysterics’ as “self-indulgent” and in need of privacy and independence (10). Such behavior led physicians to the conclusion that they were “morally repulsive,” “manipulative,” and subsequently unpleasant patients (Ussher 9). Other women who were admitted to asylums but showed no symptoms of ‘hysteria’ were diagnosed with ‘neurasthenia’ (10). ‘Neurasthenia’, which was later changed to ‘melancholia’, was an ‘illness’ that caused women to be sensible but not overly emotional (10). In contrast to ‘hysterics’, ‘neurasthenic’ women were described to be pleasant patients who had a “refined and unselfish nature” (10). These patients exhibited just the right amount of an ‘illness’ that led them to be admitted into care but did not prevent them from working compliantly and effectively (Ussher 10). Being silent and polite granted ‘neurasthenic’ patients more freedom and better treatment from staff than women who were deemed “difficult patients” (Ussher 10).

At the start of the 20th century and onwards, female patients still outnumbered male patients in mental hospitals. It is important to note that psychiatrists who worked in mental hospitals were mainly men who decided who is mentally ill and which disease they had (Chesler 122). Additionally, they determined the patient’s treatment plan and their release date (122). They did and still hold more power and control over their patients than any other staff member on the ward (122). Like those physicians before them, they are often influenced by their own prejudices about women and mental illnesses (123). As a result, women were hospitalized against their will due to deviant or abnormal behaviors, not actual mental diseases (Chesler 218). During the 20th century, such atypical behaviors included homosexuality, sexual abuse by others, or even pursuit of legal actions (219). Women were diagnosed with ‘madness’ and hospitalized because of their actions and incarcerated for years or even decades (220). The treatment these women received included lobotomies, high dosages of drugs, and forced physical labor (222). Any type of disobedience was punished by shock treatments or physical beatings by staff (223). So-called “noisy women” received special treatment that focused on their reproductive organs instead of therapy (Ussher 67). This treatment included injections of ice water into the rectum or ovary removal to calm their “raging hormones” (Ussher 67). Actual psychotherapeutic treatment was rare, and real mental illnesses were treated by drugs and labor to make women more “feminine” (Chesler 223). Most women were not ‘mad’ but were forced into mental hospitals by their husbands or other family members (Ussher 72). Their freedom was

granted due to their compliance with staff and treatment or, sometimes, because of the hospital's closing (Ussher 73).

In the 21st century, forced treatments and hospitalizations have decreased because of women's increased rights and independence (Ussher 84). However, the social treatment of mentally ill woman is still prejudiced, and gender biased (84). Mental health staff have abandoned the term 'madness' as an official diagnosis, but it is still used in the mass media and society when referring to mentally ill women (Chesler 124). The patriarchal nature of psychiatry and its history still influences the treatment of women diagnosed with mental disorders (124). Although women hold more jobs in the psychiatric field than before, their internalized sexist views and gender bias against mental illnesses still influence the treatment of female patients (124). In the following sections, this bias is explained more thoroughly.

2.3 The Problem with Defining 'Madness'

Investigating the origins of 'madness' is crucial for understanding the concept and how it was shaped by different time periods and society. To provide a more sufficient understanding of the meaning of 'madness', its context needs to be explained in more detail. Ussher recalls that the "diagnosis" of 'mad women' was always tied to a social construct that relied heavily on values and social norms (47). The term 'madness' itself is a "socially constructed label" that has changed over time, depending on what behavior was deemed socially acceptable and what was not (47). 'Mad women' from the Middle Ages would not be considered witches anymore, just like 'hysteria' or 'neurasthenia' are not diagnostic labels any longer (47). These 'diagnoses' have been erased from diagnostic categories today (47). In addition, not only social structures but also cultural and economic structures determine how the concept of 'madness' is seen within a society (Morrall, *Madness* 32). This can be clearly seen in the historical context of the term. While there was a mere uneasiness about the 'insane' in the Middle Ages, there was a great fear and plea for containment of the 'mad' at the end of this period (Morrall, *Madness* 32). Although there is no official diagnosis of 'madness' or 'hysteria' any longer, Ussher argues that those terms have simply been changed to other value-laden mental illnesses (47). Such illnesses include borderline personality disorder, post-traumatic stress disorder, and chronic fatigue disorder (47). These diagnoses share common features with the 'illnesses' of their historic predecessors and are also

regarded as more “difficult” or “easier” by psychiatrists (Ussher 47). By distinguishing between more pleasant and less pleasant mental disorders, mental health professionals continue the scapegoating of the Middle Ages.

Furthermore, it needs to be clarified that ‘madness’ as an actual mental disease never existed, nor the later diagnoses of ‘hysteria’ or ‘neurasthenia’. It has been and is still used synonymously with mental disorders, despite its changing definition. The problem with this, however, lies within the difficulty of accurately defining mental disorders themselves. Similar to ‘madness’, the definition of mental illnesses has changed and is still debated among mental health professionals (Ussher 48). The essential difficulty for these professionals lies within the invisibility of the term. Physical disorders can easily be determined through visible signs of sickness or through medical analysis (Torn et al. 189). Mental illnesses, on the other hand, have no clear “underlying physiological basis” (189). Currently, it is agreed that mental health problems have underlying disturbances of thoughts, emotions, and behaviors as evidence that needs to be evaluated by mental professionals (Torn et al. 189). The nature of these disturbances and their definitions are influenced by sociocultural trends and the “dominant theoretical paradigms” of psychology (189). Because of these influences, the definition of mental illness has changed many times over the last decades. With ‘madness’, women who went against social norms were identified as ‘mad’ without actual psychological evaluation (189).

More importantly, however, is how society defines and uses the term ‘madness’ for mentally ill women. Its colloquial use as a synonym for mental disorders raises the question of how society sees and identifies the concept of ‘madness’. With ‘female madness’, its definition was and remains a violation of social norms of a particular culture (189). These norms guide solitary and interpersonal behavior and determine what people eat and wear and how they speak and behave within a culture (194). The problem with this definition of ‘madness’ is that social norms are constantly changing over time and within different cultures (194). Because of this constant change, the entire concept of ‘female madness’ becomes unclear and unstable (194). The function of said social norms comprises identifying undesirable behaviors within a particular time and place (194). Consequently, they are not a valid criterion to determine actual mental illnesses, and they provide no information about the nature of such illness (194). Torn et al. argue that the only plausible way to use social norms as a guideline for

mental health is in rare and dangerous cases (194). These cases include visible erratic behavior, such as driving a car at a dangerous speed or verbalizing one's paranoid delusions (194). Therefore, expressing one's emotional distress does not count as a valid reason for labeling women as 'mad'.

In another attempt to define 'madness' Torn et al. analyze the presumed notion of an "ideal mental health" (197). Different lists of characteristics taken from theories by Marie Jahoda and Abraham Maslow established this theory (197). Jahoda's account of a "healthy and well-adjusted mind" includes a positive attitude, using one's own potential, stress resistance, and taking control of one's surrounding environment (197). In contrast to that, Maslow created a "hierarchy of needs" that featured four components of mental health: self-actualization, personal fulfillment, love, and physiological needs (198). All of the mentioned criteria fail, however, to consider sociocultural circumstances that can influence the "ideal" mental health. Women, for instance, have less control over their environment, as it was built on patriarchal structures that restrict their agency and power (Ussher 49). In addition, both models are equally unreliable approaches in defining mental health since they function from a perspective of Western individualist cultures (Torn et al. 198). The perspective of Western cultures focuses mainly on personal development and achievements (198). In collectivist cultures, such as China, the needs of the many override the needs of the few (198). Therefore, any attempt to define 'madness' results in the same issue, namely social and cultural norms. Psychologists have looked at the idea of 'madness' as a "failure to function properly" which, in the end, did not turn out to be successful like its preceding attempts (199). This entire approach focuses on seven criteria relating to one's behavior and functioning skills (199). It includes factors, such as "maladaptiveness, unconventionality, violation of social standards and loss of control" (199). Again, most of these criteria are based on value judgments and a breach of social norms, resulting in the same conclusion as the previous approaches.

In the same way that 'madness' is difficult to define, mental illness is as well. In a study conducted in 2018, interviewed mental health professionals could not provide a unanimous definition of mental disorders (Holmes and Papps 25). Some used a dominant discourse that defines a person as the object of an illness, which can be measured, classified, and treated (27). Others used a contextual discourse, which negates the notion of an illness located in the person (28). This theory rejects any

specific definition of mental disorders and highlights the disorders' social context and governmental influence (31). According to this contextual discourse, mental disorders are merely "a sane response to a mad world" (31). Such contradictory notions on what mental illness is might be the reason for its synonymous use with the term 'madness'. Both concepts are hard to define, have continuously changed over the last decades, and are inevitably bound to social constructions. Examples of this change would be masturbation or homosexuality, which were both considered mental illnesses only a few decades ago (Torn et al. 194).

In recent years, however, a multifactorial approach has been adopted to attain an ultimate definition of mental illness (199). This contemporary approach considers multiple factors to determine mental illness, such as symptomology, causative factors, and consequences (Torn et al. 200). Similar to the definition mentioned previously, the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) considers a mental disorder a "significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning" (DSM-5 20). The essential difference, however, is that expected responses to a loss, or a known stressor, cannot be identified as a mental illness (200). Any socially deviant behavior that depends on political, social, and religious beliefs cannot be included in the diagnosis of a mental disorder (DSM-5 20). Therefore, any previously determined symptom of a 'hysteric' or 'mad' women can no longer be pathologized.

2.4 'Madness' as a Gendered Stereotype

Although it has been established that 'madness' is not an actual mental illness, women are still referred to as 'mad' by other people (Chesler 115). These people comprise mostly men, who use terms such as 'mad' or 'insane' to devalue women's emotions (115). One plausible reason for this use is because 'female madness' developed from perceived "illnesses" into a stereotype (115). The stereotype of the 'mad woman' is strongly intertwined with gender stereotypes, which are briefly discussed in the following section.

To fully understand the stereotypical 'mad' woman, it is important to understand the origin of this stereotype and the purpose it serves in society. To begin with, Dyer

defines stereotypes as a set of ideas representing different people (206). These ideas are not merely thoughts but fixed beliefs that are connected to emotions, which can influence people's behaviors toward others (Dyer 206). Stereotypes provide people with a certain order in the world, to which they can adjust their habits, likes, and hopes (Lippmann 95). They offer people a sense of safety and familiarity (95). Any disturbance of these fixed notions could cause a rupture in the foundation of one's belief system (96). It is important to note here that stereotypes are never neutral statements (96). They are always charged with emotions attached to them (96). Although not all stereotypes are negative or prejudiced, they are mainly used to shield one's own beliefs from disagreeing ones (96). Often, the use of them is made with no further thought or actual reason. Lippmann argues that stereotypes work mainly on experience, without actual proof or intelligence (98). Seeing one example of a stereotype will strengthen one's belief in it without further evidence (99). Even if a person witnesses a contradiction to a fixed belief, there is no guarantee of changing this belief (99). Such a contradiction can either be seen as an exception or, in open-minded people, a chance to change it (100). Lippmann adds, however, that these cases happen rarely compared to the first one (100). Stereotypes act like a "fortress of our tradition" behind which people can hide and feel safe in their position of power (96). By holding onto stereotypes, those in power can continue their dominant position and create sharp boundaries between them and the so-called "others" (Dyer 208). One can clearly notice this "otherness" when looking at stereotypes surrounding women, which point to their physical appearance or their mental state.

Essentially, these gendered beliefs are transferred to women's health as well, including their mental well-being. Such gender stereotypes are mostly prescriptive since they ascribe women and men certain character traits (Prentice and Carranza 269). These traits stem from traditional beliefs about men's and women's behavior that are expected from them (269). For instance, women should strive to embody the "warm and caring" traits that society has assigned to them in their day-to-day activities (269). In addition, gender stereotypes of women mainly include feminine character traits, such as being overly emotional, fixated on their outer appearance, and very talkative (Boysen et al. 549). Men, on the other hand, are commonly described as aggressive, independent, and unemotional (Prentice and Carranza 269). Although gender stereotypes are a limiting tool to control men's and women's behavior, their influence on society should not be ignored (270). According to the findings of Prentice and

Carranza, gender-appropriate traits are usually more socially desirable and receive more positive ratings than gender non-conforming ones (270). Women are perceived as being significantly more positive if they conform to traditional prescribed gender roles (275). These mentioned gender roles for women emphasize “niceness, modesty, and sociability” (275). Socially undesirable traits in women, such as aggressiveness and insensitivity, are met with extremely negative ratings (275). These clichés, however, are not only linked to gender but to other aspects of men’s and women’s lives, such as their mental health. Boysen et al. have analyzed the results of different studies on stereotypes and concluded that people not only have fixed beliefs about gender but also about different mental illnesses (548). Equal to the prescribed character traits that are assigned to women are the different mental illnesses that people typically associate with them (548). Women are typically diagnosed with mood disorders, anxiety disorders, and eating disorders (548). Men are assigned more aggressive mental illnesses, such as antisocial or schizoid disorders (Boysen et al. 548).

Besides these character traits, Boysen et al. explain that a reason for the consistent use of gendered stereotypes in mental illnesses is the predominance of externalized and internalized emotions (548). According to this notion, women internalize their symptoms, whereas men seem to externalize theirs (548). Externalizing symptoms leads to disorders in conduct, whereas internalizing leads to emotional problems (548). Examples of this can be seen as early as childhood. Boys show higher rates of behavioral problems, such as hyperactivity, while girls show a prevalence of mood and anxiety disorders (548). In general, society believes that women exhibit a broader emotional spectrum when feeling distressed, such as embarrassment, fear, shame, sadness, and guilt (549). In contrast, mentally distressed men are thought to have more anger and aggressiveness than usual (Boysen et al. 549).

Consequently, women’s emotions are often categorized as a pathological sign, whereas men’s emotions are linked to external factors, such as “having a bad day” (Ussher 80). Besides their emotions, women’s mental disorders are also divided into typically female and less female ones. As Boysen et al. state, mood disorders such as depression or suicide attempts are typically regarded as “female disorders” (Chesler 116). Disorders that exhibit behavior that goes against the traditional sex-role stereotype, such as schizophrenia and promiscuity, are typical “male disorders”

(116). Society adheres to the idea of a predetermined sex-role stereotype, even regarding mental health, so any divergence from it leads to discrimination and self-destructive tendencies (116).

A thorough review of how these stereotypes are depicted, their background, and examples from contemporary movies are discussed in the following chapter. It is necessary to discuss how these stereotypes are visually portrayed to understand their impact on viewers and social attitudes.

3. The Depiction of Mental Illness in Movies

After discussing the concept of stereotypes and their connection to mental illness, it is essential to examine how these false beliefs are visualized in movies. This chapter delves into the ways movies distribute false information about mentally ill people and provides possible reasons for it. Further, it looks closely at the three most common stereotypical depictions of ‘mad’ women and how the media visualizes them in contemporary movies.

3.1 Negative Stereotypes of Mental Illness

As already mentioned, stereotypes do not have to hold prejudiced beliefs or negative assumptions. The media, however, uses an overwhelming number of negative depictions of mentally ill people (Wahl 3). As a result, most visual examples carry false information about the symptoms and the consequences of a mental disorder (3). The biggest medium of distributing false notions of mental illnesses is the film industry. It is essential to mention that most people do not have a sufficient understanding of the underlying causes of mental health problems or what they look like (3). The only way to receive any information on this topic is via their television or the big screen (3). According to Wahl, the media is obsessed with portraying the lives and struggles of mentally ill people (3). Media outlets make plenty of use of negative stereotypes surrounding people’s illness and their gender, without considering the effect it has on people (100). Often, inaccurate, and unfavorable images of people struggling with their mental health are used to entertain audiences without further thought about the consequences for people suffering with these illnesses (100). The fear of negative and prejudiced responses from others prevents those affected from divulging their illness (100). This protection of information directly results from negative depictions of mental

disorders. By shielding one's illness from further public stigmatization, the stigma around such illnesses only perpetuates itself further (101). To understand the persisting negative reactions toward mentally ill people, it is necessary to look at how movies visualize their disorders.

The continuous perpetuation of stereotypical depictions of the mentally ill relies on four different confusions that society has about them (Harper, *Misinterpretations* 461). These misunderstandings include incorrect psychiatric terminology, stigmatizing language, physical appearance, and a supposed link to violence (461). One aspect that all four have in common is the specific use of language. It is not a new concept that words have power, but in the context of mental illnesses, they play a vital role (Wahl 14). The language people use reflects and influences their social beliefs and the way people view mental illnesses in society (14). Labels, in particular disparaging and disrespectful ones, cause emotional pain for those against whom they are used (14). It is important to take into consideration how those words are used and misused in the media. The following paragraphs explain this problem in more detail.

First, one of the biggest complaints that mental health advocates make is the incorrect use of psychiatric labels (14). Labels like "psychotic" and "psychopathic" are used interchangeably in the media, although they are highly different from each other (16). The label "psychotic" lacks an accurate definition because it refers to multiple conditions (16). A full psychosis impairs the affected person's speech, thought, and behavior and could lead to visual and auditory hallucinations (16). An accurate diagnosis of such symptoms can determine if the affected person suffers from schizophrenia, mood disorders, and even brain damage (Wahl 17). "Psychopathy," on the other hand, is no longer used as a diagnostic label and has been changed to "antisocial personality disorder" (APD) (18). This disorder has a central pattern "of disregard for, and violation of, the rights of others that begins in childhood" (Wahl 18). In contrast to psychosis, people with APD gradually and slowly develop their disease, with which they live to a certain degree of comfort (18). Additionally, they have an accurate sense of reality and do not suffer from any hallucinatory symptoms (18). Despite these crucial differences, movies use both labels for the same character, who exhibits antisocial character traits as well as hears voices and sees hallucinations (18). The portrayal of such a character often includes being a serial killer or a murderer who commits the most violent crimes (19). There is, however, no scientific evidence of a

having a greater risk of committing a murder in both illnesses than someone without a mental illness (19). These denigrating images are so frequently portrayed in the media that one-fifth of every prime-time program features someone with a mental illness, and one in four of those characters commits a murder (Stuart 100). If mentally ill characters are not portrayed as killers, half of them are presented as violent and dangerous, resulting in them being the group with the highest risk of violence (Stuart 100).

The second prejudiced aspect that movies often include is the use of slang terminology to refer to mentally ill people. Technical terms or psychiatric labels are rarely used correctly in the depiction of mental disorders (Wahl 21). Instead, prejudiced terms like “crazy,” “sick,” “nuts,” or “mad” are included to identify them (21). The problem with this terminology is that they are disrespectful to those who have mental health struggles, and they hold negative judgments about such illnesses (21). As previously mentioned, they also negatively affect the lives of those suffering with them (22). An even bigger issue with the use of slang words like these is their impact and power. The use of certain terminology holds an incredible power and can influence people’s behavior and attitude toward certain groups (24). Ironically, this is the exact reason some people refuse to use more accurate terms (24). Wahl argues that any pushback or offense regarding the use of these terms results in discussions about hypersensitivity, political correctness, or a lack of humor (26).

Even people in the academic field, such as Rohr, use the prejudiced term ‘madness’ consciously without regard for the offense she causes for the people she labels as ‘mad’ (232). Rohr still defends her continuous use of the word ‘madness’ as an umbrella term for not only mental illnesses but also for Alzheimer’s and autism spectrum disorder (232). She even advocates for the use of this terminology because its stigmatizing potential opens a “rich field of cultural associations” (232). Rohr calls ‘madness’ a “provocative and vexing expression” that only got banned because of the politically correct rhetoric (232). Using such terms in movies and television works in a similar matter. They garner further attention and grab the eye and the ear of the viewers, which is why they are frequently used in the media (Wahl 23). Movie titles like *Crazy People*, *One Flew over the Cuckoo’s Nest*, and *Loose Cannon* draw the attention of moviegoers who expect to see an entertaining depiction of mentally ill people (Wahl 5). The media often includes playful use of terms like “yo-yos,” “loonies,” or “loveable dotty” to show their wit and make light of existing illnesses (23). Mental health

advocates aim to reduce similar titles and slang terms from media outlets, since they hurt those who are suffering, show a lack of empathy for them, and undermine the seriousness of mental illnesses (26).

The third misconception is one of the most common ones, namely the physical appearance of 'mad' people. According to Wahl, visual portrayals of mental illnesses emphasize the person's appearance to make them look "different" from other characters (36). The old saying "madness is as madness looks" is taken literally in many cinematic depictions where the firm belief that the 'mad' look different from the "normal" ones continues (Rohr 232). In movies, individuals with mental illnesses are recognizable as deviant and bizarre, both in their manner and appearance (Wahl 37). Some of these mannerisms include a "glassy-eyed stare," mouth opened widely, talking to themselves, or laughing without cause (37). The physical appearance of people with a mental illness often features unkempt hair, dirty clothing, and "unusual faces" (37). Wahl further explains that specific "odd-looking" people are usually cast to represent the mentally ill (38). This is done because they are easier and quicker to distinguish from the other conventionally beautiful and "sane" characters (38). Having an unusual appearance and mannerisms contributed immensely to the 'mad' stereotype. Wahl names the actor Peter Lorre as a prominent example of this phenomenon (37). With his enormous eyes and unusual voice, the actor was mainly cast in roles that depict a mentally ill person (37). A more contemporary example would be the character of Suzanne in the television show *Orange is the New Black* (2013). Suzanne is rarely referred to by her real name. Instead, she is given the title of "Crazy Eyes" due her physical appearance. The consequences of such cinematic decisions are observable in the way people speak and think about mental illnesses. People claim to detect people with mental disorders simply by their physical look (Wahl 38). During conversations and interviews, Wahl discovered that people truly believed that "it's in the eyes" (37). Similar to the mentioned characters, their mental disorder is reduced to a "crazy look" in their eyes. Other people believe it is the voice, pattern of speech, or body movements that "give away" their disorder (37). Essentially, these cinematic portrayals communicate that people with mental illnesses are visually different from other "normal" ones (42). They are only identified by their illness, not their personality or any other aspects of their lives (42). According to media portrayals, people with

mental illnesses are not expected to possess other traits or skills like those found in "healthy" individuals (44).

The last misconstrued belief that is perpetuated by the media is the tight link between mental illnesses and violence. As already mentioned, mentally ill people are often presented as unpredictable and violent in the media, which feeds more into the stigma against them. Such extreme representations create the image that those suffering from a mental illness need to be feared, and consequently, further excluded from society (Harper, *Misinterpretations* 466). The notion of an immediate link between violence and mental illness is a highly debated one since media critics argue that there are no clear correlations, and other researchers claim to prove that there is one (467). Some peer-reviewed studies show that there is a relatively higher risk of violence in patients with untreated psychosis than non-psychotic ones (467). This does not, however, explain the media's frequent portrayal of different types of mentally ill people as murderers, as there is a lack of clear evidence and correlations between them (Wahl 60). TV shows and movies incite fear of mental illnesses by presenting people suffering with them as "walking time bombs" and villains who need to be contained in society (60). This fear-mongering tactic by media outlets is reminiscent of the 1900s, when 'mad' people needed to be confined in mental hospitals for their own "safety."

Furthermore, the stereotype of the "mad killer" is even included in movies and TV shows intended for children and young adults. What is typical for these portrayals are also the character traits associated with mentally ill people, such as "confused," "aggressive," and "unpredictable," whereas the hero of the story presents positive traits like "loyal" and "heroic" (66). Even women, who are statistically less violent than men, show a higher amount of violence if their character is written as mentally ill (67). Wahl even notes that "mental illness is the only label in the world of television that renders women as violent as men" (67). An example of this would be the murderous "femme fatale" role in film noirs like *Double Jeopardy* (1955) or *Lady from Shanghai* (1947), which present women as "elusive lady killers" with no emotions or remorse for their actions (68–69). When it comes to the visual portrayal of 'madness', female characters differ greatly from their male counterparts. A more detailed analysis of the most common stereotypes of 'mad' women in movies is provided in the following sub-chapter.

3.2 Stereotypes of Mentally Ill Women in Movies

The visual representation of ‘mad’ women is heavily stereotyped and relies on the same notions that have been discussed in the previous discourse of ‘madness’. Women who are struggling with their mental health are often deemed as “girls in crisis” by the media (Meyer et al. 217). According to this narrative, their ‘madness’ started with the inability to integrate expectations of womanhood into their identities (218). This belief does not only infantilize adult women but also undermines the severity of their illness (218). Through different framing techniques, those “girls in crisis” are portrayed as “sick, deranged, unstable, and ultimately pathetic” (218). In their inability to navigate transitions in identity throughout their emerging adulthood, they are offered up for “public shame and consumption” (218). Meyer et al. argue that the public’s framing of ‘mad women’ is essentially to blame for the ongoing stereotype (219). Their negative image started with the medical photography in the 1900s (219). Mentally ill women were publicly displayed around town and ridiculed for their illness (219). Media outlets and their resulting cultural impact played a key role in the construction of ‘madness’, as demonstrated by photographs that illustrate historical social power (219). Despite their stereotypical background, portrayals of ‘madness’ continue to be a source of fascination in the film industry. Scull explains this infatuation by stating:

> Madness extends beyond the medical grasp in other ways. It remains a source of recurrent fascination for writers and artists, and for their audiences. Novels, biographies, autobiographies, plays, films, paintings, sculpture — in all these realms and more, Unreason [sic] continues to haunt the imagination and to surface in powerful and unpredictable ways. All attempts to corral and contain it, to reduce it to some single essence seem doomed to disappointment. Madness continues to tease and to puzzle us, to frighten and to fascinate, to challenge us to probe its ambiguities and its depredations. (15)

Contemporary cinematic depictions of this stereotype operate on the same level as historical portrayals. In movies, ‘mad’ women are reduced to their looks, questioned about their sexuality, and punished for breaking social norms and beliefs (Rohr 232). As previously mentioned, most depictions use the outer appearance of the character as a basis for their ‘mad’ characterization. Especially in female roles, this practice is commonplace. The recurring images of mentally ill women establish an “otherness” that is needed to distinguish between the ‘mad’ and the ‘sane’ female characters. This “otherness” is often accomplished through women’s facial appearance, their facial expression, as well as physical build and body gestures (232). The physical

appearance of these women is often disheveled and dirty, with unkempt hair and inappropriate clothing (232). Portrayals like this, however, are not done carelessly or without thought. According to Rohr, they remain necessary to present the ‘mad’ as “culturally recognizable” (233). This recognizability, however, mainly refers to the Western culture and its account of ‘female madness’ (233). To accomplish this “mental phenomena,” artists and the media created intrinsic iconography of what ‘madness’ looks like (233). Their presentation of ‘mad women’ created a “visual continuum” that constitutes what this “otherness” looks like (233). As a result, viewers can distinguish the ‘mad’ female character from the ‘normal’ one without further explanation. In the next sections, this distinction is analyzed by means of the three most common female stereotypes.

3.2.1 The “Femme Fatale”

The first stereotype that was already mentioned previously is the “femme fatale” trope. The “femme fatale” is one of the oldest depictions of ‘mad’ women and one of the most prominent in film culture (Edwards 35). According to feminist critic Edwards, the first woman in the bible, Eve, is said to be the original “femme fatale” (35). Eve’s disobedience against God is regarded as the “primal sin” that brought death to all humankind, which resembles the storyline of “femme fatales” (35). Like Eve, the “femme fatale” character tempts the male protagonist with sinful activities, which ultimately results in his death (35). The exact origin of her behavior, however, is not known and, therefore, subject for much debate (Berland 7). The character itself represents a homicidal woman who is either driven ‘mad’ by deceitful family members or her lack of domesticity (7). Another reason could be her powerful and freely exhibited sexuality, which is considered abnormal and deviant (7). Her unusual behavior fails to comply with patriarchal structures and socially acceptable norms (7). Recent conversations have centered on analyzing the “femme fatale’s” ‘madness’ and its symptoms as well as potential real mental illnesses that the character could have. (7). According to Berland, a “femme fatale” exhibits symptoms related to multiple Cluster B personality disorders, such as antisocial, narcissistic, and histrionic personality disorder (8). Such disorders affect a person’s emotions, their relationships, and overall behavior (8). Their main traits include dramatic and impulsive behavior, lack of empathy, and deceitfulness (8). The “femme fatale” exhibits these symptoms by

lacking emotions or care for other characters and overall ruthless and lawless behavior (Farrimond 25).

These “femme fatales” usually appear in the classic film noirs of the 1950s or their successor, the neo noir genre, which started in the early 1980s (Berland 7). The emergence of the “femme fatale” in movies goes back to the cultural milieu of that time (Sully 46). According to Sully, “femme fatales” were influenced by male anxiety over the lower classes, foreign invasions, and feminism in the nineteenth century (46). The characters’ depiction is a result of anxiety and uncertainty about cultural changes and feminist movements (46). Examples of this cultural anxiety can be clearly seen in the numerous portrayals of these characters. The “female fatales” in the classic noir genre are portrayed as uninhibited and sexually expressive, which is paired with violence and sociopathy (Berland 7). The most common qualities of a “femme fatale” include intelligence, ability to role-play, self-confidence, and a dazzling appearance (Grossmann 1). Their entire purpose in film noirs is to deceive the male protagonist with their beautiful appearance and seduce them into criminal activities. Such illegal endeavors include murder, assault, or financial fraud (Grossmann 1). Their emotionless actions and the criminality of their plan causes the demise of not only themselves but also the male character (1). The tendency of “femme fatales” to murder, and ultimately, die themselves is why some researchers call them the “fatal women” (Sully 46).

Furthermore, the display of no emotions and cynicism in a female character was and still is treated as breaking “the conventional gender mold” (Grossman 3). As a result, the gender non-conforming behavior of the “femme fatale” is pathologized and treated as an illness (Berland 8). Although some critics argue that their behavior stems from one or multiple personality disorders, their actions are mostly reduced to their gender (8). In doing so, power structures between male and female continue to be reinforced (8), most prominently, the imbalance between male and female sexuality. The “femme fatale’s” uncontrollable sexuality is often depicted as nymphomania, which destroys men with its seductive powers (Pirkis et al. 529). Male characters who choose to sleep with the “femme fatale” are portrayed as victims of the “fatal woman” (Berland 8). Said female conduct poses a threat to patriarchal structures, which in turn creates the narrative of the “femme fatale” whose ‘madness’ causes chaos and the destruction of seemingly innocent men (8). Such a cinematic presentation essentially stigmatizes

women with real mental illnesses even more. Its prejudiced trope suggests that the woman's mental health problem is due to her own actions and that she is deserving of punishment rather than treatment (Pirkis et al. 529). Her confidence and sexual freedom are treated as the underlying causes for her deadly penalty (Berland 9). Subsequently, the character of the "femme fatale" is portrayed as a superficially beautiful villain who lacks morality and is, therefore, "insane" (9). In the end, the female character receives her punishment and usually dies a horrible and painful death (Pirkis et al. 529). A well-known example of a "femme fatale" is the character Elsa, played by Rita Hayworth, in *The Lady from Shanghai* (1947). The female protagonist portrays a beautiful but deadly woman, who kills her husband and subsequently tries to kill her lover (Figure 1).

Figure 1. The "Femme Fatale" kills her husband in *The Lady from Shanghai* (1947)

This notion of morality and mental well-being is reminiscent of the treatment of 'mad' women in the 1900s. What film noirs suggest is that a lack of morals can only indicate "a lack of normality or even an illness" (8). Critics have long emphasized female sexuality and mental illness as central to the analysis of film noirs and how they are entangled with socially constrained gender roles (8). However, a more detailed analysis would exceed the limits of this thesis. It is important to note here that the continuous use of this old stereotype in neo noirs is because it pleases the fantasy of

male spectators (9). The “femme fatale’s” immorality and oversexualization is still used as a tool for the male gaze (9). A deeper analysis of the sexualization of ‘mad women’ and the male gaze is provided in the fourth chapter of this thesis.

3.2.2 The ‘Melancholic’ Woman

The second female stereotype that is often used in movies and TV shows is the cliché of the ‘melancholic’ woman. This specific trope dates back to the ‘neurasthenics’ of the 19th century, as it features most of the characteristics of ‘neurasthenia’ (Szmigiero 55). The origin of this ‘disease’ goes back to ancient Greece, where people believed that an excess of black bile caused a person to feel anxious and fearful (55). Although ‘melancholia’ was regarded as an ‘illness’, it did not have the same negative connotations that other diseases had (55). Similar to the ‘neurasthenic’, the ‘melancholic’ woman was seen as a pleasant but sad person (55). The way ‘melancholia’ became a stereotype that is used to this day was through literary and artistic descriptions (56). The most prominent literary account of the ‘melancholic’ woman is William Shakespeare’s character Ophelia in *Hamlet* (Kromm 511). Shakespeare’s description of her appearance and character serves as a prototype of the “lovelorn madwomen” (511). She is described as soft, beautiful, and innocent (511). To her lover Hamlet, however, she remains a purely sexual object (511). According to Shakespeare’s story, Ophelia has a mental breakdown after her lover Hamlet kills her father, which results in her suicide (Thelandersson 37). Even though she dies at the end, her beauty still prevails. Descriptions of her dead body are the source of most visualizations of the stereotype. One of the most well-known paintings of Ophelia is by John Everett Millais, which depicts Ophelia’s death in the river (Figure 2).

Figure 2. Portrait of *Ophelia* by John Everett Millais (1852)

Her beauty is enhanced by her innocent looking face, flower wreath, and her tight gown (513). The prominent female artistic portrayals of Ophelia changed society's view of 'melancholia'. Although the 'disorder' was mainly diagnosed in men in the 1900s, its visual representation was mostly female (Szmigiero 57). Other portrayals of 'melancholia' featured the same visual characteristics as Ophelia, which led physicians to believe that it was another "female malady" (Kromm 512).

This stereotype of female 'madness' emerged from a loss of a lover and a broken heart (512). According to Szmigiero, this heartbreak resulted in deep emotional distress that is exhibited by a lack of emotion and agency (56). In artistic and, later, medical contexts, 'melancholic' women are presented as passive, withdrawn from reality, and drowsy (Cross 129). This drowsiness causes the women to position themselves in a sitting position or lying on a flat surface, such as a couch or a bed (Kromm 511). Their overall portrayal shows women who are depleted of any energy or will to live but with a higher amount of sensibility, which could lead to suicide (Kromm 511). In today's day and age, 'melancholia' would be diagnosed as the mood disorder major depressive disorder (MDD) (Szmigiero 57). Most of its characteristics overlap with the traits of this

mood disorder (57). Although uncommon in real-life images of depression, visual representations of 'melancholia' glamorize the 'disease'. "Sickly looking females" were erotized by their physical appearance and clothing (57). In numerous images, 'melancholic' women can be seen sitting or lying down wearing tight, sheer dresses or no clothing at all (Szmigiero 57). Their voluptuous figures are displayed with ample breasts and typically curly hair, which ultimately creates the stereotype of the "melancholic chic" woman (57). By showing suicidal and deeply depressed women this way, their visual representation becomes connected to their looks, uniting 'madness' and sexualization (Cross 68). Consequently, the combination of death, mental illness, and sexual objectification leads to a "paradoxical union" (68).

Even in Shakespeare's original version, Ophelia's death by drowning in the river is glamorized by a wreath of flowers and her tight mermaid-like clothing (Szmigiero 58). This visual tradition of showing 'melancholia' is still maintained in the 21st century. Almost identical visual characteristics are adapted in contemporary versions of Ophelia, such as Justine in the movie *Melancholia* (2011) (Sinnerbrink 110). The opening sequence shows the female protagonist's inevitable death by floating on water, wearing a tight wedding dress, and holding a bouquet of flowers (Sinnerbrink 114). This scene shows characteristics similar to its literary origin, thereby further maintaining the stereotype. However, the tendency to sexualize dying women who suffer from some sort of 'madness' is still being upheld in cinematic representations (Szmigiero 58). Contemporary displays of 'melancholia' resort to the same stereotypical aspects, equating sickness with beauty and sexuality (Szmigiero 59). The sick-looking, mysterious, and seductive notion of 'melancholia' presents a dangerous image of mental illnesses and glamorizes depression (61). As a result, Szmigiero argues that society equates depressive women with a romanticized image of interesting and silent "sad girls" (61). Such imagery underlines the belief that the only life offered to women is to be beautiful and unhappy, and if they accept this, they will only gain more sorrow or death (61). The stereotype also suggests that being in love is always ill-fated and can only result in more heartbreak or death (61).

3.2.3 The 'Hysterical' Woman

Lastly, the third stereotypical visualization of the 'mad woman' needs to be addressed and analyzed. In contrast to the soft and deadly glamorization of the 'melancholic' girl,

the portrayal of ‘hysterical’ women features much more aggression and resistance to her surroundings (Cole 6). As already mentioned in the previous chapter, Western culture has a strong association between ‘hysteria’ and the female gender (Thelandersson 40). In the mass media, this assumption is continued by numerous portrayals of so-called ‘hysteric’ women. Akin to the other stereotypes, this one also uses elements from historical descriptions about said women. The essence of this stereotype lies within the ability to use the body and perform this ‘disease’ for the audience (Cole 5). In movies, the ‘hysteric’s’ bodily movements and vivid expressions are used to highlight the woman’s disease (5). The ‘symptoms’ shown are primarily based on the historical description of Charcot’s ‘hysteria’ and include hallucinations, fits of rage, and being emotional (5). In contrast to historical assumptions, modern depictions of ‘hysteria’ show a different origin of the ‘disorder’ (5). Cole states that the most common cause or trigger of ‘hysteria’ was trauma or too much time spent in cafes or reading books (5). Other causes of this supposed ‘illness’ were disappointment with life or “any number of social phenomena associated with anxieties” (5).

The characteristics of the ‘hysteric’ in movies, however, is not one clear image but is as complicated and “murky” as the ‘disease’ was in the 19th and 20th centuries (Cole 6). The symptoms shown in the mass media range from uncontrollable aggression to emotions of sadness and “odd” behavior (6). An example of this would be a woman sticking out her tongue, suddenly screaming or laughing in non-conventional situations (7). The only constant feature these stereotypical depictions have in common is the female resistance to patriarchal structures and fixed gender roles (7). The overall demeanor of ‘hysterics’ comprises tearing off medical restraints, running away, or using physical violence to fulfill their need for freedom (7). Cole adds that the resistance of the ‘hysterical’ woman seems not only symbolic but also reveals more about the “cultural anxiety around female sexuality and autonomy than about the hysteric herself” (8). A contemporary filmic example of this resistance would be the female character called “The Bride” (Figure 3) in *Kill Bill 1* (2003) and *Kill Bill 2* (2004).

Figure 3. “The Bride” portraying a ‘hysterical woman’ in *Kill Bill 1* (2003)

She defies traditional gender stereotypes and works as a trained assassin (Packer 96). After her ex-lover almost murders her and takes her then-unborn child, she exacts revenge on him and everybody else involved in the attempted murder (96). Although her portrayal shows male character traits such as courage and logic, her intense emotional outbursts do not fit into the traditional script for mentally stable women (Packer 96). Her aggressive demeanor and sexual liberation threaten the typical portrayal of the sexualized but docile woman who depends on another male character in the movie (96). The female protagonist’s actions violate these gender norms, and as a result, grant her the label of “insanity” (96). Throughout history, the power of labeling women as “crazy” or “mad” resides with those in power, who are often male partners or men in superior positions (97). Even movies from the 21st century fall back on this prejudiced concept and use it to control the narrative of what is deemed normal, societally approved behavior and what is not.

However, this confident but aggressive portrayal has slightly changed over the last years. Since the term ‘hysteria’ is regarded as outdated and prejudiced, mass media has found a new way to visualize the ‘hysteric’ woman, namely by portraying her as schizophrenic (Thelandersson 46). Although schizophrenia is a medically acknowledged mental illness, feminist critics regard it as “the perfect literary metaphor for the female condition” (46). According to this theory, the illness is a stunning illustration of how femininity and insanity are combined in culture (46). The complex pathology of schizophrenia is seen as a reflection of women’s social situation (46). By

portraying them as lacking confidence, extremely dependent and vulnerable, movies send a conflicted message about their "femininity and maturity" (47). Despite acknowledging the severity of schizophrenia, Thelandersson argues that many diagnoses of this disease in young women could be the result of "female defiance and overall unruly behavior" (47). Further, she highlights the tendency of society to pathologize any "unfeminine" behavior (47). Due to this overdiagnosis, feminist interpretations of schizophrenia view the disease as something used to limit women who have aspirations beyond current gender norms (47).

In the following two sub-chapters, examples of this practice as well as the other mentioned stereotypes are thoroughly analyzed and discussed.

3.3 The 'Melancholic' Woman in *Shirley*

After analyzing the most common stereotypes of female 'madness', it is necessary to address their use in contemporary movies. One of them is the biographical drama called *Shirley,* which was released in 2020. The movie tells a fictional story of the life of American writer Shirley Jackson, who is known for her thought-provoking storytelling and mental health problems (Franklin 69). According to Jackson's biography, the author was being treated for depression and severe agoraphobia, which left her housebound for most of her adult life (Franklin 271). To understand her character better, the pathology of these illnesses needs to be discussed. Agoraphobia is a subcategory of anxiety disorders, and its symptoms include fear of public spaces, being in a crowd, or being outside of one's home (Wedding and Niemiec 200). Although Shirley's type of depression was not disclosed in her biography, her symptoms overlap with those of major depressive disorder (MDD) (142). In the movie, her depression is visualized through her low energy levels, lack of sleep, and fear of leaving her house. Once specific symptom that is not a common symptom of a depressive disorder is Shirley's hallucinatory state. In several scenes, the protagonist is hallucinating and losing her grasp on reality. When Shirley comes out of her delusion, she is briefly disoriented and needs time to process where she is. This is not an accurate depiction of MDD but rather a theatrical expression of her 'madness'. However, Shirley's anxiety around leaving her known surroundings is portrayed accurately. Her agoraphobia is most noticeable when compared to the other characters, who regularly leave to attend parties or go to work. The female protagonist remains inside for most of the movie and

resents any stranger that comes into her house. Although the movie uses different tools to highlight Shirley's mental struggles, it never mentions any explicit illness.

The most prominent way the movie portrays Shirley's illness is through her physical appearance and behavior. Shirley's unkempt, dirty look and socially awkward behavior stand in stark contrast to the other well-dressed and socially active characters. Wahl's previously mentioned theory of portraying the mentally ill as "different" from "normal" characters is clearly used in this movie (36). During her first appearance in the movie, the audience is made aware of Shirley's difference. While her husband is throwing a party in their house, the protagonist seems uncomfortable and agonized by the attending guests. Before the party is over, she silently excuses herself by walking up to her bedroom and staying there until the next day.

Furthermore, by portraying Shirley as lethargic and disheveled, the director utilizes the stereotype of 'melancholia'. This is done by showing the protagonist's lack of emotions, overall passiveness, and difficulty leaving the bed (Wedding and Niemiec 142). The only way to motivate Shirley to get out of bed is with the promise of an alcoholic drink or a cigarette provided by her husband. Besides her behavior, Shirley's physical appearance resembles the 'melancholic' stereotype as well. Playing into this cliché, she wears a tight, silky nightgown and has unruly, wavy hair (see figure 4).

Figure 4. Protagonist Shirley in her 'melancholic' state in *Shirley* (2020)

In her 'melancholic' state, Shirley remains either half-dressed or in ivory nightgowns, which further glamorizes her emotional suffering. By presenting the author this way,

the movie resorts to stereotypical depictions of depression. Even her physical appearance and mannerisms are reminiscent of the dying, heartbroken *Ophelia* in Millais' painting. In numerous scenes, the director, Josephine Baker, positions Shirley lying on the bed or couch or sitting at her desk. The female character remains seated or lying somewhere for most of the movie.

Another example that shows this 'melancholic' stereotype is the strained relationship between the protagonist and her husband Stanley. Although Shirley is portrayed as a married, successful woman, her emotional pain caused by her husband is obvious to the viewers. This aspect of their relationship does not rely on fiction but happened in the character's real life. It is public knowledge that Shirley's marriage was suffering around the time she wrote her second novel, *Hangsaman* (Franklin 98). The movie addresses their marital problems by setting its timeline around the writing process of said novel (Franklin 98). Since heartache is at the center of 'melancholia', the cinematic depiction would not function without a heartbroken woman (Kromm 511). The movie offers numerous instances that display the couple's crumbling relationship, most prominently in the way the characters interact and treat each other. In the movie, Shirley's husband Stanley treats her dismissively and coldly. He recoils from her touch and pays no attention to her feelings. Furthermore, he does not hide his infidelities and has several affairs with other women. When one of them calls their home, Shirley loses her impassive demeanor and lashes out at her husband. Stanley replies by comparing his wife to Lady Macbeth and calling her behavior "on the verge of madness" (0:18:13). This is the first instance in which one of the characters refers to 'madness' or any other illness. In general, the movie omits prejudiced language such as being 'mad', 'loony', or 'crazy'. Shirley's mental struggles are only indirectly addressed by her husband. A precise diagnosis is never mentioned by any of the characters in the movie. Instead, her illness is only passively addressed as "feeling unwell" or "having a condition." Subsequently, the viewer is left in the dark about her actual mental state.

Besides using the 'melancholic' stereotype to depict Shirley, the movie features short instances of 'hysterical' rage. In several scenes, Shirley has emotional outbursts and violently attacks anyone around her. The main cause behind those attacks appears to be her husband and his behavior toward her. Stanley ignores the severity of Shirley's mental struggles and disregards her symptoms. As an example, he often refers to her illness by saying she is under "pressure" or "stressed." He constantly forces her out of

bed and makes Shirley feel guilty by being a burden to him. By the reply stated above, he downplays her emotional outbursts caused by his treatment of her. Despite Shirley's overall 'melancholic' demeanor, the movie uses her emotional outbursts to signal her 'hysteric' and 'abnormal' behavior. During a 'hysterical' fit, Shirley throws pots, pans, and other objects on the floor or in Stanley's direction. Her feelings of jealousy and heartbreak cannot be visualized by her depressive state but in angry fits.

Another scene in which the director lets the audience feel Shirley's emotional state is at a party. Shirley confronts Stanley's mistress and calls her a "willing pair of legs" (01:18:12). The mistress responds by telling Shirley that the only reason her husband stays is because she would die without him. Being visibly hurt by Stanley's comment on her mental state, Shirley takes the woman's wrist and taps it with her fingers. While this scene is confusing to viewers, Shirley's biography reveals her reputation of using witchcraft and having supernatural powers (Franklin 247). After tapping her wrist, Stanley's mistress screams and runs away from Shirley. The movie incorporates this rumor about the real author in several scenes to further underline the protagonist's 'madness'. Although witchcraft is not common in modern cinematic depictions of 'female madness', its use is reminiscent of the treatment of women during the Middle Ages. Since *Shirley* (2020) is set in the 1950s, rumors of Shirley Jackson's witchcraft followed the author.

Alongside Shirley's depressed, erratic behavior and difficulty looking "normal," other cinematic tools are used to depict her mental state as well. To visualize mental illnesses, the director employs specific filming techniques. Middleton states that these filmic devices are needed in the portrayal of 'madness' (186). Such devices include the setting, lighting, and staging of the characters (186). In *Shirley* (2020), the protagonist's 'madness' is visualized by showing her reclined body from different angles and focusing most on close-up shots of her face and her facial expressions. These close-ups serve as a way of depriving the viewers of the surrounding setting and create a sense of disorientation and claustrophobia (Monaco 296). As a result, these scenes create a feeling of uneasiness and worry within the viewers (Monaco 296). Additionally, the combination of close-ups and extreme close-ups help to isolate the character and show her differences (Middleton 186). Middleton claims these techniques are vital tools because 'madness' needs to be clearly detected by displaying its difference from others (187). To heighten these feelings, the director uses a handheld camera in most

of Shirley's scenes, which creates the impression of intensity and shows her internal struggle (Monaco 786). Using handheld camera shots also serves as a way of creating intimacy between the protagonist and the viewer (Monaco 786). The camera continuously follows Shirley, which gives the audience the impression of following in her steps and empathizing with her struggles.

Another cinematic device that is employed in *Shirley* (2020) is the use of lighting and music. The movie uses dark lighting to underline Shirley's mental struggles, which creates a feeling of pessimism (Monaco 439). Showing Shirley's body in darkened rooms creates a strong contrast between her and the other characters, who are mostly shown in daylight. Another example would be Shirley's body posture throughout the movie. In many scenes, she is lying on the bed or floor of dark rooms, only lit by candles or the natural light coming through the curtains. This gives the viewer a better insight into her emotional state and her struggles with mental illness. Although other characters are going to work or looking after the house, Shirley is doing neither. Her inability to function like anybody else causes the viewer to see her difference and detect her "otherness."

An additional detail that also functions as a signifier of Shirley's ill-being is the underscore of the movie. The director includes only instrumental music, comprising a string quartet and a piano, throughout the movie. Therefore, the musical accompaniment can act like a "commentative element" in *Shirley* (2020) (Monaco 321). The underscoring is mainly used in scenes highlighting Shirley's "abnormal" behavior, such as spilling red wine on the couch of the dean's wife. Again, this is used to show the viewers her apparent 'madness' and the difference from the other guests (Monaco 321). Kromm notes that this theatrical method of representing 'melancholy' and other forms of female 'madness' is common in the arts and media (507). The theatricality dates back to Victorian times and their images of 'madwomen' as agitated "melancholic maidens" (507). Like the paintings of Ophelia and other filmic presentations of 'melancholia', Shirley's sad and depressive portrayal of the famous American writer leaves the audience with a feeling of unease and general pity for her. In contrast to 'melancholic' depictions, Shirley does not commit suicide or die at the end of the movie. Her overall mental state stays the same throughout the movie, with no inclination of improvement by the end.

In summary, the portrayal of Shirley Jackson shows a prejudiced portrayal of the writer's alleged 'madness'. Her behavior and symptomology do not resemble an accurate image of depression but rather a stereotypical use of 'melancholia'. In addition, the movie features other symptoms such as instances of 'hysteria' and witchcraft, thereby confusing its viewers about the protagonist's mental state and her sense of reality. Although the movie convinces the audience of Shirley's 'madness', it remains unclear if her behavior needs clinical treatment or if it is a reaction to her social surroundings.

3.4 The 'Hysterical' Woman in *Black Swan*

Another contemporary movie that has 'madness' at its core is the psychological thriller *Black Swan* (2010). Its female protagonist Nina Sayers experiences severe psychological troubles during her effort to become the lead role in the ballet production of Tchaikovsky's *Swan Lake*. Although the character's depiction shows a person suffering from a psychotic disorder, it features many stereotypical aspects associated with 'hysteria'.

To begin with, the DSM-5 no longer classifies mental disorders featuring delusions as schizophrenia but as psychotic disorders that function on a spectrum, like autism (Wedding and Niemiec 101). The characteristics of this spectrum are "delusions, hallucinations, disorganized thinking, abnormal behavior, and negative symptoms" (101). The negative symptoms of this disorder feature a lack of facial expressions, communication, or motivation (101). People who suffer from acute psychosis experience limitations in their bodily movements, such as catatonia, which appears as a lack of overall movement (101). A subcategory of catatonia is waxy flexibility, which is a tendency to cramp and remain in one position for an unknown amount of time (101). In the analysis of the movie, it becomes clear that her symptomology differs from the real illness.

Contrary to *Shirley* (2020), the female protagonist Nina has no detectable mental illness at the beginning of the movie. Her eventual descent into 'madness' starts slowly but increases rapidly as the movie proceeds. In the first half of the movie, Nina shows symptoms of visual and auditory hallucination and paranoia, seeing people who look like her and mimic her body movements in the subway. In subsequent scenes, she sees mirror images of herself who seem to speak to her and refuse to follow her

gestures or motions. Although the movie tries to feature accurate depictions of hallucinations, it includes many misconceptions about psychotic disorders and people who experience them.

The described visual and auditory hallucinations begin at the start of the movie and increase as the pressure to perform rises. However, her ability to perform and practice her ballet skills does not suffer under her rising mental struggle, which Wedding and Niemiec criticize as unrealistic (120). In reality, Nina's acute psychotic symptoms would prevent her from dancing ballet, and her changing behavior would not go unnoticed by other dancers or family members (120). Her severe paranoia about other dancers taking her place as the lead in the ballet would be visible by the people surrounding her. Additionally, her psychotic symptoms would not appear so suddenly and with no warning. Wedding and Niemiec state that the first signal of schizophrenic spectrum disorder would be negative emotions, such as lacking emotion and motivation (102). Nina exhibits none of these symptoms and appears highly motivated and active. Instead of presenting the illness accurately, the movie shows Nina as 'hysterical' and overly emotional. She often cries at the ballet theater and has fits of rage at home. When her mother tries to help Nina by preventing her from attending her first performance as the swan queen, Nina loses control, and a physical altercation erupts.

The movie uses scenes showing aggression and violence to perpetuate the stereotype of the 'hysteric' who cannot be controlled by others. Nina's emotional outburst is similar to Charcot's theatrical visualizations of 'hysteria'. The sudden aggression and explosive feelings seem to have no trigger or cause. Like the historical portrayal of the 'hysteric', Nina's symptoms arrive and cease without explanation. Her 'hysteria' feels performative and her "fits" seem to occur when Nina is not on stage. While she can fully function during rehearsals, her 'hysteric' outbursts mainly appear at home. Even though Nina is not portrayed with a straight jacket as many visualizations of 'hysterics'

have shown, she is seen restrained by her mother Erica. In an effort to control her daughter, Erica locks her door and ties mittens around her hands (see figure 5).

Figure 5. The 'hysterical' protagonist Nina being restrained by her mother in *Black Swan* (2010)

This attempt to control her prompts the physical fight between them, which Nina ultimately wins by hurting her mother's hand and breaking the door open. However, the use of violence and aggression is not done without intention. As previously mentioned, most portrayals of schizophrenia spectrum disorder often feature a higher amount of violence than any other illness in movies (Wedding and Niemiec 107). Again, there is no sufficient scientific evidence of a clear connection between mental disorders and a higher risk of violence, even in psychotic ones such as schizophrenia (107). In reality, those who suffer with this disease are more likely to be the victims of violence (107). What this portrayal suggests is the prejudiced notion that 'hysterical' women are dangerous and need to be restrained.

Interestingly, the director chose to feature other mental disorders as well as schizophrenia spectrum disorder. Although the main part of the movie highlights her severe auditory and visual hallucinations, it includes other symptoms unrelated to psychosis. This is presumably done to deflect the audience from the typically male-associated schizoid disorders. As a result, Wedding and Niemiec call the female protagonist a "diagnostic quandary" (120). Nina exhibits symptoms related to an eating disorder and an anxiety disorder, as well as psychosis and delusion (120). She scratches herself, makes herself vomit, and limits her caloric intake by skipping meals.

These disorders are, however, not comorbid with schizophrenia spectrum disorder and feel misplaced in the movie. Therefore, both authors deem the movie unrealistic and an overall negative portrayal of the disease (120). The reason for this is not only because of its use of a multitude of disorders but also because of Nina's ambitious performance (120). They believe that a person suffering from acute psychosis and hallucinations could not continue performing at such an intense level (Wedding and Niemiec 120). As previously mentioned, her illness is not typically associated with women as it defies gender norms. The high amount of aggression and resistance to Nina's surroundings clash with her delicate and childlike appearance. They do, however, fit into the modern portrayal of the 'hysteric' as schizophrenic. Nina's lack of confidence and vulnerable state are the starting point of her psychotic state (Thelandersson 46). Nina's developing maturity and need for independence go against the traditionally feminine, soft portrayal of a ballerina (46). Therefore, her portrayal could be interpreted as a stereotype, used to undermine female aspirations and dreams (46). Nina's attempts to fulfill her dream of becoming the lead role symbolize her descent into 'madness'.

To visualize Nina's symptoms and show her distinct "otherness" to the audience, the movie uses different filmic tools. Since *Black Swan* (2010) does not mention Nina's disease by name or use other terms for her condition, the movie relies heavily on camera work. Dupont notes that filming hallucinations and paranoia can be a laborious task for the director because of its unrealistic nature (25). Since only affected people can experience these symptoms, their appearance is highly subjective (Dupont 25). Some people only have auditory hallucinations, while others experience visual as well as olfactory ones (Wedding and Niemiec 108). To visualize these symptoms, film directors resort to creating a "mental landscape" of paranoid schizoid patients (Dupont 26). This landscape helps the audience to understand and feel the symptoms of the character. Although mental health practitioners criticize this method for being unethical and unscientific, it is done nonetheless (25). By equating visual and auditory hallucinations with the spectators' entertainment, movies undermine the painful experience of suffering from them (26). Dupont, however, defends the use of this method by stating that it helps "madness to enter the representational field, and delirious hallucinations burst onto the big screen" (26). *Black Swan* (2010) makes

plenty of use of creating Nina's distorted mindscape and emotional state. The viewers hear and witness the protagonist's hallucinations at the same time as Nina.

Additionally, other cinematic tools are incorporated to create the feeling of understanding Nina's 'madness'. The movie shows the protagonist in every single sequence, either from the front or from behind. The camera follows her every move and often turns to share her point of view. Similar to *Shirley* (2020), the director uses close-ups, medium close-ups, and tracking-in shots to visualize Nina's "descent into madness" (Dupont 28). Furthermore, the movie includes a special filming technique called "occularization" to understand Nina's experience even better (28). With this technique, the camera is leveled with the character's point of view and follows their gaze throughout the scenes (29). The audience can, therefore, see through the character's eyes and "feel" their experience. Throughout Nina's last performance, the camera follows her closely, and the audience can witness her transformation into the black swan. Only when the camera implements a shot-reverse-shot do the viewers realize that the protagonist is hallucinating (29). The use of these types of shots reveals what the audience in the ballet theater sees and what Nina perceives as reality. While Nina sees herself as an actual swan with feathers and an elongated neck, the audience in the theater sees her normal costume, thereby making Nina's complete loss of reality and mental breakdown apparent to the viewers.

By using a theatrical soundtrack by Tchaikovsky, her last performance flawlessly visualizes her struggle to distinguish between reality and illusion. The musical underscore accompanied by the hallucinations creates a feeling of uneasiness, which Dupont calls "the issue of looking at madness directly" (29). Seeing Nina's 'madness' in full force heightens the audience's fear of mental disorders even further. According to Dupont, witnessing 'female madness' directly is like looking Medusa in the eye (29). It eventually transforms the viewer's perception of the person and their understanding of mental illnesses. Nina's subsequent death creates a final theatricality to her 'madness'. The end of her ballet performance simultaneously resembles the end of her life and her short but painful fight with her mental disease.

In conclusion, *Black Swan* (2010) offers an exaggerated and dramatic modern depiction of 'hysteria'. Equal to *Shirley* (2020), the movie uses mental illness as a device for creating stereotypical depictions of 'mad' women. The portrayal of Nina

provides a ‘hysterical’ example of schizophrenic spectrum disorders that is unlike their real pathology. Showing the protagonist’s aggression and eventual death perpetrates false beliefs about the disease’s development. The main purpose of Nina’s character comprises a theatrical portrayal of a ‘hysterical’ woman, who eventually succumbs to her imminent death.

Another important aspect to consider when discussing these stereotypes is the notion of the male spectator and the influence he has on the portrayal of ‘mad’ women. Cinematic stereotypes of women rely on more than just prejudiced depictions about their character. They depend on the director’s vision of the female character and their intended audience. The following chapter will provide a deeper analysis on the concept of the male gaze and the cinematic tools that help to portray mentally ill women in a sexualized way.

4. ‘Madness’ and the Male Gaze

After establishing the origins of female ‘madness’ and its stereotypical portrayal in movies, there needs to be a deeper look into the male-dominated cinematic industry. As briefly mentioned above, the stereotypes surrounding ‘mad’ women originated with and are still used by people in powerful and influential positions. Consequently, the next chapter centers around the concept of the male gaze and the influence it has on the depiction of mentally ill women.

4.1 The Concept of Male Gaze in Movies

The concept of the male gaze was first introduced and popularized by British film theorist Laura Mulvey in 1975. In her essay, she uses psychoanalytic theory to describe why the mainstream media sexualizes and objectifies the female body (Mulvey 6). In the following section, her theory is briefly summarized and examined for its relevance in modern movies.

In her paper, Mulvey explains that men hold the controlling power of the gaze in movies (Mulvey et al. 31). By controlling this gaze, viewers of movies are encouraged to identify with the male characters (31). In contrast, female characters remain passive objects whose main purpose remains as an object of “erotic spectacle” (31). This way, movies cater to male fantasies of female fetishization and voyeurism (31). Mulvey

further explains that the way women are portrayed in the media is due to their sexual difference from men (6). She calls this phenomenon the “paradox of phallocentrism,” which describes a dependency on women to provide symbolic meaning and order to the patriarchal world (6). The woman, in this sense, symbolizes the lack of a phallus and acts as a signifier of what a man is not (7). By signifying her difference as an erotic object, she can undo her missing phallus and provide something to men. Once this has been achieved, however, her meaning comes to an end (7). Her existence is not lasting since she merely exists to bear children and to act as a threat of castration (7). After that, the woman is only remembered as a memory of creating more life and as a person lacking a penis. Hence, she signifies the “male other” and acts as his binary opposite (7). According to Mulvey, the main purpose of the woman is to serve as the bearer and not the maker of meaning in patriarchal structures (7). The woman is bound to this symbolic order, in which a man can “can live out his fantasies and obsessions through linguistic command” (7). To more deeply understand this frustrating predicament of women, Mulvey uses psychoanalytic theory by Freud and Lacan (8). By using these theories, she can understand how the “patriarchal unconscious” structures the way the audience sees and feels pleasure in looking (8).

To deconstruct these unconscious structures, Mulvey decodes beauty and pleasure in movies (9) and finds two contradictory ways of receiving pleasure from looking: scopophilia and identification (10). Scopophilia was originated by Sigmund Freud and refers to the pleasure the viewer receives when looking at another person as a sexual object (10). Within this theory, the audience acts as voyeurs who can enjoy their visual pleasure by being separated from the image on screen (10). Sitting in a dark room grants the viewer the illusion of “voyeuristic separation” from the sexualized person in the movie (10). In extreme cases, scopophilia can turn into sexual perversion, such as voyeurisms or the so-called “Peeping Toms” (11). Voyeurs can only derive their sexual pleasure from watching and objectifying someone (11). In contrast, identification refers to ego libido, a pleasure derived by looking at one’s own image (12). This theory was developed by French psychiatrist Jacques Lacan, who named it the mirror stage (12). In this stage, the child can identify with their own mirror image and recognize themselves as the “I” (12). As a result, the infant feels joy by seeing a better and more completed body image in the mirror (12). This ideal image is deceptive, however, since it leads to misrecognition of one’s own identity (13). Mulvey argues that this false identification marks the beginning of a love-hate relationship between image and self-

image (13). In the context of film theory, the spectator can identify with the image on screen (13). This identification is made through the constitution of one's ego and through narcissism (14).

During the pleasurable experience of watching a movie, the audience can temporarily lose their ego while simultaneously strengthening it (14). The underlying structures of the cinema are strong enough to capture the spectator's attention and to allow a brief loss of identity. Within these structures, however, lies a sexual imbalance that splits the actors between active and passive characters (14). Mulvey adds that the cinema caters to the male gaze by making female roles passive and male ones active (14). Therefore, the female character acts as an erotic object for other actors on screen as well as for the viewer in the auditorium (14). Since her role remains passive, it is the male character who moves the plot of the movie forward (Mulvey et al. 35). As mentioned before, the female is not actively contributing to the story, and it is her main purpose to be a spectacle. However, her lack of a penis remains a problem for the male spectator. Due to her threat of castration, the male viewer has two options: recreate the trauma of castration through voyeurism or deny this emasculation through fetishism (Mulvey et al. 36). In the first option, the male spectator examines the female object and reveals her missing phallus. Consequently, he can either punish or save her for her "crime" of lacking a penis (36). An example of this strategy would be the previously mentioned "femme fatales" in film noirs (36). By investigating the "femme fatale's" sexualized appearance and, therefore, her crimes, the detective resolves the movie's mystery (36). In most film noirs, this female character is killed by the male protagonist (36). In others, she is punished and receives lifelong imprisonment (36). The second option, fetishism, is used because the male spectator feels an increased anxiety around the female object (36). To ease this fear, the woman's body is shown with "extreme aesthetic perfection," which reassures the spectator (36). Therefore, the sexualized and objectified woman on screen shifts the focus away from her missing genitals, which in turn, makes her less dangerous to the viewers.

To objectify the female character effectively, movies use a variety of cinematic tools and technical devices. Examples of this would be framing techniques, movement, camera distance, and lighting (Bateman 615). In the objectification of women, framing techniques are used to isolate different body parts and disconnect them from the rest of the body (Monaco 574). This causes her body to become fragmented into different

parts, which are objectified on their own (574). Close shots of the woman and slow, lingering scenes of her body enhance the sexualization even further (Bateman 615). Additionally, technical devices such as lighting schemes are used to signal gender difference to viewers (615). Movies portray women with softer and warmer lighting than men (615). By using different lighting devices, women look smoother and cleaner but without any depth or details (615). Through these isolated and prolonged close-ups of her legs, face, and breasts, the camera shows the perspectives of others (Mulvey et al. 37). It is not a common practice to see camera shots that focus on the woman's perspective in movies. Therefore, the camera is not simply a tool to visualize the male gaze but an object that performs the gaze as well (Bateman 615). In other words, "the camera looks as a male figure in the narrative would" (615). Furthermore, the use of said cinematic tools suggests to the viewer that her character in the movie is only valued by her sexual desirability (Mulvey et al. 37). Since her role usually does not affect the plot and has no other significance besides her beauty, she becomes replaceable (37). This way, the woman becomes a perfect product for the male spectator. With this approach, Mulvey wants to stress the necessity for other women to understand these voyeuristic and fetishistic mechanisms that underly patriarchal structures of film (39). Her goal was and remains the destruction of codes and narrative pleasure of the male gaze (39).

Critics of her theory, however, call attention to the audience of a movie, which is not made up of only male viewers (Mulvey et al. 40). According to feminist film theorists Doane and Gaines, Mulvey ignores female spectators and their experience in the movie theater (40). They argue that the female audience cannot feel the same visual pleasure and fantasies as men do (40). An example of this would be when a woman in the audience identifies with the look of a man in the movie (40). Then the question arises if she objectifies and sexualizes the female protagonist too or not (40). Mulvey suggests that if the female spectator identifies with the male gaze, then her identification results in a "transvestite" state. This state corresponds to the pleasure and voyeurism that a man feels when he watches a woman objectified on screen (41). However, this "transvestite" theory of the female spectator has been criticized heavily due to its use of a prejudiced term as well as its inaccuracy about female viewers (41).

In addition, Doane criticizes Mulvey's outdated distinction between male/female and active/passive (41). A better way of structuring the male gaze is to distinguish between

proximity and distance to the image on screen (41). According to Doane's theory, the function of a woman as an image fails due to the lack of distance between the screen and the female viewer (41). As a result, the female spectator has to either over-identify with the female protagonist or has to make the woman her own object of desire (41). To solve this problem, Doane suggests that the female audience views the woman on screen as a masquerade (41). By viewing her behavior as a mask, the character's ultra femininity becomes a way of hiding her underlying masculinity (41). This argument would imply that female viewers cannot distinguish between actual womanliness and a masquerading manly image. Mulvey rejects this idea and states that women understand that the images on screen are a male fantasy that relies on male ideologies (42).

In recent years, feminist film theorists have moved away from only analyzing the images on screen to also analyzing the audience in front of it (Mulvey et al. 42). To fully understand the male gaze and its impact, theorists have researched the responses of the audience to movies (42). Instead of theorizing about the implied spectator of movies, empirical studies aim to analyze its actual viewers (42). Their goal is to understand who the historical and current audiences are by looking at their "forms of reception and social composition" (43). By doing that, feminist film theorists can analyze differences between class, race, and sexuality in the audience (43). An example of this would be the lesbian viewer, who is able to supersede the male viewpoint that is fabricated in movies (43). Their findings conclude, however, that most of the audience is conditioned to see women through the male gaze (43). A possible reason for this is that movies themselves are "inescapably ideologically described" (Bateman 614). It is an established concept that the film industry is influenced by a male-dominated ideology, and this continues to be true (614). Despite not being as obvious or as pervasive as before, the male gaze is still alive and continues to be well-accepted by its audience (614). Bateman argues that the possible cause of this enjoyment is the viewer's own sociocultural positions (614). Therefore, underlying beliefs and social norms that male and female viewers already have are further strengthened by male-dominated ideologies (614). Prominent examples of this argument are portrayals of women from another race, lower social class, and status or those suffering from an illness (Mulvey et al. 43). Such depictions are heavily influenced by preconceived notions surrounding their sexuality and physical

attractiveness (Bateman 615). The upcoming sections provide a closer examination of this ongoing bias and how the male gaze affects portrayals of mentally ill women.

4.2 The Sexualization of Mentally Ill Women

The previous chapters established that ‘female madness’ relies heavily on stereotypes and misconceptions about mental illnesses. Although their cinematic portrayal includes different historical aspects of ‘mad women’, they have one common denominator, namely sexualization. From the portrayal of a dying, lovesick ‘melancholic’ woman, to an emotional and ‘hysterical’ one, these women always remain a sexual object. Film theorist Sharon Smith claims that the sexual images of ‘madwomen’ in movies are influenced by the male gaze to this day (13). The depiction of women remains fragmented and rarely shows them in a “fully human form” (14). Akin to Bateman’s views, Smith adds that movies not only mirror the viewer’s own attitudes about women but also shape them (14). Predominantly male film directors portray mentally ill women in a way that influences society’s understanding and treatment of them (14). Even though more and more female directors have entered the film industry, the portrayals of ‘female madness’ have not changed significantly (14).

Beside some attempts to show more inclusive and factual depictions of mental disorders, most remain overly sexualized and prejudiced (14). Smith argues that a possible reason for this resistance to change is the continuing use of the male gaze (14). By reducing women to purely sexual beings, even strong female characters are regressed to old clichés (Smith 15). To change this portrayal, Smith suggests that directors should change their minds about female characters (15). While movie directors give great thought to the main theme of the movie, sex-role stereotyping is hardly ever thought about (15). The main goal for them is to make the plot move forward through male characters, without further consideration for female characters (15). This leads to “shorthand expressions of characterization” that affect mostly women (15). As previously stated, movies created by their mainly male creators express their own fantasies and subconscious desires (15).

As an example, Chouinard names the book adaption *Girl Interrupted* (1999), which aimed at de-mystifying mentally ill women in a psychiatric hospital (799). While the book gave a realistic description of the struggle and unequal treatment by staff members, the movie relied on negative stereotypes (799). Instead of following the

character descriptions in the memoir, the movie hypersexualizes the main character Susanna (800). This is done by showing her in several intimate acts with her boyfriend, her older teacher, and the male hospital staff (801). Despite showing explicit scenes and sexual references, the movie makes clear that this behavior stems from the protagonist's 'madness' (801). Her sexual drive is labeled as promiscuity due to her mental illness and is frowned upon by the medical staff and her parents (801). The protagonist's high number of sexual partners is constructed as a way of showing "unfeminine" and "abnormal" expressions of sexual desire (801).

It seems as if the main issue with sexualized portrayals of 'mad women' is their own yearning to have sex. Smith explains this idea by stating that directors love to show nude or semi-nude women but have issues with women who actively enjoy or pursue sex (16). Female characters who have sex without using it to hurt or manipulate men appear to frighten directors and the audience (Smith 16). The agreed consensus of many movie directors is that women are naturally frigid and do not actively pursue sexual encounters (16). Rather than being the active part, women ought to be passive and need to be "brought around" by men (16). Sexually inhibited female characters are made to appear as trouble and a "bother" for men in movies (16). If a woman shows her sexual desires and makes demands to fulfill these wishes, she castrates the usually active male character (16). Subsequently, movies tend to punish such female roles with either her gruesome death or a man who "puts her in her place" (16). Her place in the story remains, as Mulvey says, a character that is visually appealing yet does not actively oppose the male protagonist (Mulvey et al. 37). To explain this further, Smith adds that the intent today is not to provide the male and female spectators with interesting male-female relationships (17). On the contrary, male directors intend to delve into their own neurotic tendencies with increasing fervor by targeting male viewers who possess the same neuroses (Smith 17). Smith further explains that these neuroses are nothing but stereotypical portrayals that directors refuse to change (17). It is through films' persuasive power that prejudices and stereotypes about mental illness are reinforced (17). Consequently, those who do not have these preconceived ideas will eventually acquire them.

The outcome of showing mentally ill women as sexual objects is that movies undermine the severity of their illnesses and continue to perpetuate more stereotypes (Smith 18). The notion that 'mad' women are seductive and promiscuous gives the viewers a false

impression of what living with mental illnesses looks like (Harper, *Power* 89). Cinematic portrayals invoke the idea that 'mad' women are nymphomaniacs holding seductive powers (Pirkis et al. 529). These powers are simultaneously exciting but dangerous to men and could eventually destroy them (Pirkis et al. 529). By pathologizing female sexuality, movies present the audience with the false belief that a woman's sexual drive is an indicator of 'madness' and that it should be treated as such (Harper, *Power* 89*).* Harper criticizes filmmakers for showing traditional patriarchal family structures as the only solution to this female "problem" (90), meaning movies suggest that a sexually uninhibited 'mad woman' could be "healed" by conforming to the traditional idea of family and relationships (90). Again, those cinematic presentations serve as a reminder of Charcot's 'hysterics' whose 'madness' could have been avoided by conforming to patriarchal structures (Harper, *Power* 90).

Perhaps an increase in female filmmakers will alleviate this issue and deconstruct the male gaze from movies portraying mental illness. Smith, however, rejects this idea and adds that the film industry would not change even if it was fully integrated with female filmmakers (18). Her reasoning is because many female directors have already entered the industry and directed movies without showing significant change in their female characters (Smith 18). The film industry is reliant on the male gaze since most positions of producers and writers remain male dominated (18). Smith concludes that the prevalence of the male gaze influences not only the audience but female directors as well (18). Thus, many women who were raised in the same society that created neurotic male filmmakers have anti-woman beliefs (Smith 18). Cultural norms and beliefs are still powerful and can influence the content and characters in movies. There seems to be no substantial change in the portrayal of mentally ill women, as their characters reproduce the same old stereotypes. Kromm provides an explanation for the resilience to change the portrayal of 'madness' in the following sentences:

> Here [in visual arts] the stereotype of the sexually aggressive madwoman who is now viewed as physically threatening and agitated is most in evidence. Representing female disorder in the form of a physically aggressive sexuality that threatens positions of masculine authority had a powerful validity for the male spectator that can be measured by its subsequent effect: depictions of madness in women were increasingly indistinguishable from and hence reinforceable by the sexualized, predatory *femme fatale* figures … (530)

Thus, the portrayals of ‘female madness’ in movies have and will most likely continue to show mental disorders in a sexualized way. The influence of the male gaze remains indisputable, and a change in modern depictions of mental illness can only be achieved by breaking the power relations behind it. Smith calls for a drastic stop of including sociocultural influences from filmmakers in depictions of female roles (19). Their own prejudiced beliefs about ‘female madness’ should not be mirrored in their movies (19). In the following sections, contemporary examples of ‘female madness’ and their use of the male gaze is examined and analyzed. Since *Shirley* (2020) is made by a female director and *Black Swan* (2010) by a male, their differences are highlighted and compared to each other.

4.3 Lesbian Fetishism in *Shirley*

In most of the movie, the female protagonist is not seen as a sexual object by her husband. He recoils from her touch and shows her no affection throughout the movie. Although Shirley is often half-naked or only wearing a silk nightgown, her husband pays her no attention. Consequently, she is not seen as the sexual object of the male gaze. In contrast to her are scenes depicting the character of Rose. In the first half of the movie, multiple scenes with Rose having intercourse with her husband are included. Even Shirley’s husband Stanley is enamored with the young woman and tries to kiss her. In comparison to Shirley’s unkempt, disheveled appearance, Rose is always dressed in tight skirts and wears makeup. By showing both women in stark contrast to each other, it becomes clear to the viewer that Rose is a sexually attractive object and Shirley is not. During the second half of the movie, however, a shift appears in Shirley’s depiction. Since the protagonist is not sexually attractive to the male characters around her, she becomes a desirable object for the other female character, Rose.

Shirley’s alleged lesbianism is not a purely fictional aspect of her character but taken from rumors about the real author. A prominent one is the false belief that Shirley was a lesbian and only married Stanley to hide her homosexuality (Franklin 64). These rumors erupted when she included several homosexual characters in her novels (64). In one specific novel, *Hangsaman* (1951), Shirley describes a scene where the protagonist and an imagined girl share a bed and bathe together (64). Although there are no sexual acts mentioned in the book, critics believed the story resembled Jackson’s own homosexual relationship with a Russian pianist (64). Again, this is pure

speculation by her critics, and Shirley never mentioned any specific sexual tendencies in her letters or interviews (64). The movie, however, uses this rumor to depict Shirley in homosexual scenes with Rose, a purely fictional character. The question arises of why the female director, Josephine Baker, added this false belief to Jackson's cinematic character.

Exploring the theory of lesbian fetishism could help shed light on why scenes with a sexual undertone between Shirley and Rose were included. Mulvey et al. clarify that media outlets play a vital role in the fetishization of queer people (86). Homoerotic scenes between women are popular with male, straight audiences who gain pleasure from watching them (86). The concept of lesbian fetishism does not, however, stem from hatred or fear toward women, but from a "love of femininity" (Mulvey et al. 86). The authors add that this lesbian desire is expressed through fetishes that signify a lost body image (86). Although, the lack of a phallus cannot be fully replaced, the lesbians on screen desire a "phantasy phallus" (86). This longing is satisfied by using dildos or other phallic shaped objects (86). Even though lesbianism on screen represents a visual pleasure for men, it negatively affects the attitudes toward homosexual women (86). Cinematic representations of this sort only support inaccurate images of lesbians and further fetishize them (86). By hypersexualizing them, movies undermine the credibility of their existing relationship (86). In addition, they further the false belief that lesbians secretly wish to have sex with a man and experience a real penis (87).

In the case of *Shirley* (2020), the lesbian fetishization is shown in a similar pattern. Since Shirley is no longer a sexual object to her husband, her desires are redirected toward Rose. The way the movie handles Shirley's apparent lesbianism is similar to how it treats her mental illness, which is with subtlety. The few scenes that show her homosexuality contain few words and no explicit sexual acts. Josephine Baker, the director, presents Shirley and Rose in intimate settings that delicately point to their sexual desires. In one, for instance, Shirley shares a bath with Rose and holds her gently in her arms. Only when Shirley wakes up on the bathroom floor do the viewers realize that it was just a dream or a hallucination. It is not clear whether Shirley's dream showed her sexual desires or the lack of intimacy in her life. In another, non-hallucinatory scene, Rose returns from grocery shopping to find Shirley on the front porch. Shirley confronts Rose about a secret she is hiding and then stops speaking.

As Rose suddenly lifts her skirt, swelling music plays in the background. The camera focuses on the women's bodies but does not linger there for long. The scene mainly focuses on Shirley's open knees and Rose's skirt as well as their blushing faces in close-up shots (see figure 6).

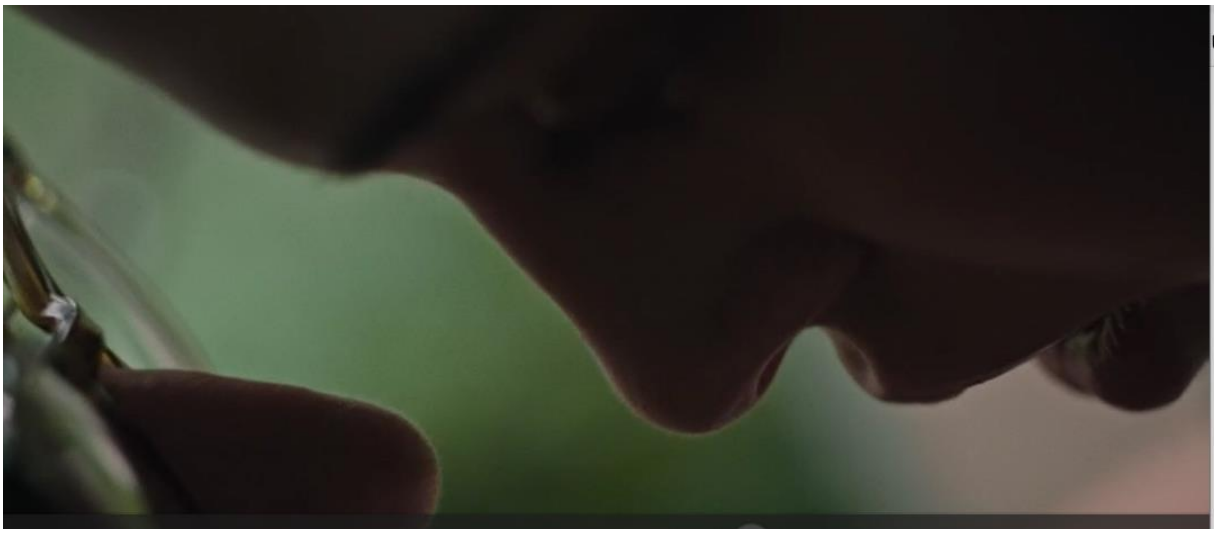

Figure 6. Extreme Close-Up of Shirley and Rose in *Shirley* (2020)

Although their faces are close together, the women never kiss or partake in any sexual acts. As previously stated, their supposed homosexuality is only hinted at. Even though *Shirley* (2020) does not include sexually explicit scenes, it still caters to the male gaze. The discussed scenes are mainly there to add sexual tension to the movie. The few homosexual scenes have no deeper meaning to the women's relationship and do not affect or move the plot forward in any way. The movie fetishizes their intimacy purely for entertainment without further explanation. What scenes like this share is a fantasy scenario that ignites perverse desire by showing a fantasized female body, which patriarchal culture has prohibited access to (Mulvey et al. 88).

Equally important in the portrayal of lesbian fetishization in *Shirley* (2020) is the underlying notion that Shirley's mental illness is at fault for her homosexual tendencies. The movie is set in the early 1950s when people's attitudes toward homosexuality were mainly negative and judgmental. In real life, Shirley was considered a secret homosexual because of some of her book characters who critics thought were gay (Franklin 412). At the time, neighbors and colleagues attributed her socially "abnormal" behavior and failing marriage to her homosexual tendencies (412). Her failure to do household chores, dress appropriately, and partake in social activities strengthened these rumors even more (412). Nowadays, literary critics say that the way Shirley later

criticized lesbians might have been her way of repressing her own emotions (Franklin 65). Again, this remains pure conjecture, but it had a great effect on the real person. Shirley openly stated that she hated her title “lesbian writer” and knew it was mainly due to her “social nonconformity” (65).

The movie, however, uses the speculation of Shirley’s sexual orientation to highlight her different behavior from other characters. In the majority of the mentioned scenes, she is actively trying to seduce Rose, who seems rather passive and flustered. For instance, after the porch scene, both women have dinner with their husbands. During the dinner scene, Shirley caresses Rose’s feet with her own, making her visibly nervous (01:11:02). While trying to leave the dinner table, Shirley stops Rose to check if she has a fever while running her hand up Rose’s skirt. Before finishing her meal, Rose leaves hastily and seems visibly blushed. Shirley grins widely and laughs, causing her husband to be suspicious of her. He asks her what she is up to due to her “unusual cheerfulness,” which he interprets as trouble (01:12:49). By portraying the female protagonist’s sexuality this way, the movie enhances Shirley’s ‘madness’ while simultaneously entertaining them with her apparent lesbianism.

Shirley’s apparent lesbianism is used as a tool to visualize her difference with no other purpose. The movie shows both females in erotic scenes without providing further context for their relationship. Since both women stay with their husbands and show no intentions of pursuing a relationship with each other, their sudden homosexual urges make no sense to the viewer. The movie sexualizes Shirley’s ‘madness’ for entertainment purposes and uses a younger, more attractive woman to fetishize the lesbian scenes. Once again, these scenes have no visible effect on the overall plot and do not move it forward. The movie does not include any more sexual scenes after the dinner one and provides no explanation for the viewer. It seems as if the director purposefully used a rumor from Jackson’s real life as an opportunity to objectify both women and amuse the male spectators.

In conclusion, the contemporary movie *Shirley* (2020) still shows influences of the male gaze and objectifies its female protagonist. Although this objectification is not as obvious and aggressive as in other movies, it is done nonetheless. Shirley’s sudden homosexuality seems forced and misplaced throughout the movie, which leaves the viewers confused. It is unclear why the movie director included this specific aspect

from Shirley's biography. It becomes apparent, however, that Shirley's unexpected lesbianism is another way of highlighting her 'madness' and overall 'odd' behavior.

4.4 Sexual Repression in *Black Swan*

Contrary to *Shirley* (2020), *Black Swan* (2010) features the female protagonist's sexuality as one of the central themes of the movie. Nina's sexual repression and subsequent sexual freedom are tightly linked to her emerging mental disorder. In the following sub-chapter, the connection between the character's sexualization and her descent into 'madness' are thoroughly discussed.

In the movie, the protagonist's inner struggles and her subsequent internal development play a vital role for the overall plot. In the beginning of the movie, Nina is portrayed as a shy ballet dancer who lacks confidence and still lives with her mother. She aims to change this and to become the lead role in the latest production of *Swan Lake*. This is shown by numerous dream sequences, in which she dances the part of the white swan on the main stage. Na'imah and Utami argue that the meaning of Nina's dreams is greater than it seems to the viewers (82). The imagining of the white swan shows the protagonist's wishes to not only perform but to fully become the role (82). Moreover, the dream sequences visualize all of Nina's repressed impulses that need to be freed to perfectly embody her role (Na'imah and Utami 82). To show Nina's desires more clearly, the movie uses the roles of the white and black swans as a metaphor for innocence and sinfulness (82). The white swan resembles Nina's innocence and childlike behavior, while the black swan evokes eroticism and confidence (82). During the audition process, Thomas, the director of the company, criticizes her for dancing too controlled and failing to seduce the audience (0:14:00). Nina's performance cannot reach a "transcendental state" in which she could experience a sense of gratification and joy (Nah'ima and Utami 82). When reaching this state, a successful performance of both the black and the white swans would give the ballet dancer an "orgasmic sensation" (83). This criticism clashes with Nina's sexual inexperience and overall self-doubt. The protagonist's goal, therefore, is to captivate the audience and to transcend into an orgasmic-like state (83). In a desperate attempt to convince Thomas of her abilities, Nina meets him in his office (0:20:00). When Thomas suddenly kisses her, she bites his lower lip and storms off (0:21:39).

Nah'imah and Utami see this scene as the first sign of Nina's suppressed sexual impulses that reach the surface (83). This brief sexual impulse grants her the wish of becoming the lead role and performing as the white and black swans.

In the process of embodying the black swan, the protagonist struggles with her need for total control and her moral values (83). The movie highlights Nina's urge for control by showing her restricting calories and rehearsing endlessly until the nails on her feet start bleeding. Her body language and dance technique also resemble her need to be in control. Nina's stiff but technically correct ballet moves accentuate her inner sexual repressions (83). In addition to that, her reputation as a "sweet, little girl" prevents her from speaking her mind and experiencing sexual pleasure. According to Nah'imah and Utami, the protagonist's constant infantilization by her mother and the pressure of her dance company are at fault for her repressed sexual feelings and urge for control (84). Due to her mother's overprotection, Nina is unable to act upon her sexual impulses and become a sexually desirable object while dancing the black swan (84). It is not until Nina is confronted with her new colleague and fiercest competitor, Lily, that she makes a concerted effort to unleash her pent-up inner emotions. As an example, Nina tries to masturbate after Thomas calls her a "frigid little girl" and tells her to "touch herself" (0:37:20). During the following weeks of rehearsal, Nina befriends Lily, who tries to "loosen Nina up" by taking her to a club and offering her drugs (0:58:05). During the subsequent hallucinatory scenes, Nina finally reveals her freed sexual desires as she imagines sexual intercourse with Lily. Even though her visual hallucinations are due to her deteriorating mental health, the audience can observe her previously hidden sexual feelings (Nah'ima and Utami 85). The relationship between Nina and Lily plays an important role in *Black Swan* (2010). The movie portrays Lily as Nina's highly sexual counterpart who is confident and has multiple sexual partners. Similar to the character of Rose in *Shirley* (2020), Lily is used to unleash the protagonist's pent-up emotions.

Again, the use of another sexualized women is incorporated to aid the female character's change into a desirable sexual object. Gibson and Wolske argue that Nina's sexual transformation is done by following a stereotypical "good girl gone bad" narrative (89). In the beginning of the movie, Nina is portrayed as an innocent "good girl" who follows social conventions (89). At the end, the sexually liberated protagonist is punished for her transgression (89). However, the movie portrays this transformation in unhealthy ways and connects her sexuality to her mental illness. Further, the movie

shows Nina's sexual orientation as another factor of her "abnormal" behavior (Farrimond 113). Since Nina has no sexual experience or previous partners, the movie depicts her as bisexual. Similar to *Shirley* (2020), the director portrays Nina's apparent bisexuality as a result of her declining mental health. The audience can see her flirting with men and women, despite not knowing if these scenes are real or imagined. According to Farrimond, presumptions like this regularly circulate in cinematic narratives featuring bisexuality (113). Female characters engage in risky or uncharacteristic bisexual behavior as a manifestation of their "faltering sanity" (113). Since Nina's sexual encounter with Lily turns out to be fictional, her mental health is questioned by the audience. Therefore, her sudden sexual awakening can be read as "a result of deeper, darker issues" (113). Farrimond argues that the sexual dream of her colleague acts as a "bisexual turn" in the movie and indicates Nina's crippling psyche (114). By introducing her first sexual encounter this way, the movie invites the audience to bear witness to Nina's increasing 'madness' that follows her sexual awakening (Gibson and Wolske 89).

In the scenes that follow this encounter, her apparent psychosis becomes increasingly worse. The movie portrays this by showing Nina in an altered mental state, with "fragmented reflections" and doubling images (Farrimond 114). Throughout the proceeding scenes, Nina sees her own reflection on Lily's face as well as on unknown people. For instance, during her sexual dream, Nina sees Lily morphing into herself before looking like Lily again. In another scene, Nina meets Lily in her dressing room, but while turning around, the camera reveals her own image again. Consequently, the audience cannot differentiate between the protagonist's actual sexuality and her schizophrenic hallucinations (114). It remains unclear if her bisexuality is part of her repressed feelings or a symptom of her 'madness'. Something that is apparent, however, is the movie's way of sanctioning her freed sexuality (Gibson and Wolske 89). Akin to the historical punishment of 'mad women' is the penalty that Nina suffers at the end of the movie. Overall, the movie emphasizes the dangerous, abnormal, and immoral nature of female sexual pleasure by following the gendered scripts of patriarchal power (90). This becomes clear in Nina's rapid decline in mental health, which starts as soon as she gives into her repressed desires. The movie thereby implies that 'madness' correlates with female sexual pleasure (90). As her punishment, Nina injures herself in a hallucinatory state and presumably dies at the end of the movie. Her apparent death acts as a reminder for the audience that any deviance from

a straight and heteronormative relationship causes suffering and pain for a woman (90).

In comparison to *Shirley* (2020), *Black Swan* (2010) objectifies the female protagonist throughout most of the movie. While the aim of Shirley's character is to not be seen as a desirable object for men, Nina's character desperately strives to become one. Consequently, the movie features cinematic tools and sexual undertones that clearly cater to the male gaze. The movie follows traditional male gaze conventions to emphasize the women's sexuality as a spectacle for the viewer (Gibson and Wolske 80). By creating constant sexual tension between the characters in the movie, director Darren Aronofsky invites a "phallocentric gaze" into their scenes (86). While *Shirley* (2020) creates this tension with subtlety, *Black Swan* (2010) uses explicit sexual scenes and language. The first instance in which the male gaze is visible is when Nina tries masturbating in her bedroom. The camera focuses on the woman's body movements and shows her facial expression as she climaxes. Additionally, the camera zooms in on her pink underwear and bedsheets. By showing the protagonist in such a private moment, the movie makes the viewer feel almost voyeuristic.

However, the most explicit scene of the movie remains the sexual encounter between Nina and Lily. In the protagonist's childlike bedroom, both women undress and kiss each other passionately (see figure 7).

Figure 7. Nina and Lily kiss in Nina's bedroom in *Black Swan* (2010)

During this scene, Nina and Lily gaze at each other, visibly enjoying each other's physique. The movie's camerawork underlines their sexual urgency by using close-ups and rapid cuts from one woman to the other (Gibson and Wolske 87). Additionally, the camera angles change frequently to highlight the females' body parts and underwear (87). Both women undress each other hastily, while the focus remains on

their breasts and lower bodies. To emphasize this even more, the camera zooms in and out of frame, while also moving up and down both women's bodies (87). By using this technique, the director can deliberately show the females physiques as erotic objects for the viewers (87).

Besides the camera technique, the rising music underlines the women's sexual urgency and provides the viewers with a pleasurable experience (87). The scene depicts oral sex between two women that feels almost pornographic to the viewers. Even though the movie refers to other sexual encounters that Nina had with men, her scenes with Lily are shown explicitly. Therefore, Gibson and Wolske argue that *Black Swan* (2010) "reiterates conventional forms of the male gaze" by showing a homosexual performance that stimulates the male audience (88). It is through the visual framing of Nina and Lily in the described scenes that they are made into objects of desire in the viewer's mind (88). Ultimately, Nina's sexuality and mental illness is portrayed through the "lens of patriarchy," which determines socially accepted behaviors (90). The protagonist's refusal to abide by patriarchal heteronormative standards leads to her mental downfall. Gibson and Wolske explain this further by saying:

> The *Black Swan* sex scene induces pleasure in its depiction of female sexuality. Its disciplinary message, however, is undoubtedly clear. The spectator, perhaps finding enjoyment in the spectacle, is also encouraged to witness the severe consequences of female sexual pleasure and to internalize the inspecting patriarchal gaze. (90)

To summarize, *Black Swan* (2010) uses the sexual objectification of its main protagonist Nina to highlight her mental demise and show her apparent 'madness'. In contrast to *Shirley* (2020), the male gaze is highly visible through the visual framing of the movie and the explicit scenes between the main female characters. Consequently, the movie puts its audience in a voyeuristic position and portrays Nina's 'madness' through a patriarchal lens that punishes her for her uninhibited sexuality and 'unfeminine' behavior.

After discussing the sexualized portrayal of mentally ill women, it is important to mention an additional patriarchal structure that is connected to the 'mad' woman stereotype. A closer look at the discussed female characters reveals that their social status and the overall social order play a vital role in their prejudiced depiction.

Therefore, the following chapter will examine and analyze their connection and influence on the ‘mad’ stereotype.

5. Gender and Social Hierarchy

It has been established that the cinematic portrayal of ‘female madness’ relies on stereotypical interpretations of historical figures who are oversexualized for the viewer’s pleasure. However, another patriarchal structure that has great impact on this depiction has not been considered and that is the ‘mad woman’s’ place in social hierarchy. In the analysis of contemporary depictions of these women, their social power relations need to be considered as well. It is evident from the historical context of the concept of ‘madness’ that the treatment of women with ‘madness’ was based on the social norms and values of those eras. It is equally important to remember, however, how mental illness affects women's social order and how it affects the power position of women within social hierarchy. Throughout the subsequent sections, this issue is discussed and analyzed within the context of *Shirley* (2020) and *Black Swan* (2010).

5.1 The Concept of Social Order

Before examining the social status of mentally ill women in society, the notion of social order needs to be addressed. The concept of social order refers to the ways in which institutions, groups, and values work together to form a stable and ordered society (Frank 470). It functions when all societal components work together in a large social system that keeps humankind from descending into chaos (471). In order to function, individuals need to follow laws, norms, values, and social standards provided by the culture they live in (471). Social order is, therefore, dependent on the geographical region and the cultural milieu of that community. Essentially, the concept's importance lies in the connections humans can build and the sense of inclusion they feel (472). Another aspect that is important to note is the fact that social order can deter individuals from committing illegal activities, such as robbery or murder (472). By creating a sense of social order, people feel safe and secure in their community. Nonetheless, this concept can only work when every community member follows its rules and regulations (472). These rules are provided by a social contract, which outlines the morals and values of the community (472). Individuals who adhere to these guidelines agree to the morals, rules, and regulations set forth by the government (472). Again, it is

essential for a well-operating social order that its citizens abide by these laws and regulations, even if they are not fond of their designated part (473).

These given roles, however, contribute to other, more negative aspects of social life, such as inequality. When children grow up in a specific social order, they acquire basic beliefs about morals, ethics, laws, as well as appropriate behavior for men and woman (473). Sociologist Lawrence Frank criticizes the social norms regarding gendered conduct for the way they are acquired (473). According to him, these patterns of conduct are “painfully acquired” through force, discipline, and immediate threats of punishment (474). By obtaining socially approved behavior this way, children internalize these rules regarding courtship, relationships, and divorce (474). After this process, the acquired guidelines determine the personality children have when they become adults (474). That personality, however, is not a guaranteed good one since social norms and rules can negatively influence it in different ways (474). If children are unable to conform or see the necessity to conform to social rules, they produce “the many unhappy, malevolent personalities who make life for themselves and for all others a tragic defeat” (Frank 475). The reason for these destructive personalities is the way society’s child-rearing process is conducted, namely through force and punishment (475). People who don't fit in with the existing social norms are penalized, instead of making changes to those same social norms (475). As a feasible solution, Frank suggests an overall reconstruction of society’s underlying norms and beliefs (476). If social rules have become obsolete or no longer credible to individuals, they need to be changed to maintain a working social order (476). Increasingly, a social order dedicated to human values and needs is demanded, which is not controlled by “personalities who seek power and prestige” (476). Those personalities generally comprise men in powerful political, economic, and social positions who determine the norms and values of each society (476). Those values and norms benefit their own gender and lead to more inequality in the social system (477).

In no other context is this issue clearer than with norms and values referring to male or female gender. Gender is a universal concept of human societies and serves to keep a social system of difference (Ridgeway 189). Hence, it is the basis for any social hierarchy that maintains the inequality between men and women (189). This systematic difference persists even in Western cultures, whose governments claim to promote equality between the sexes (189). Sociologist Claire Ridgeway claims that the

prevailing inequality has just been modified to remain undetected in the social order (189). Since an increasing number of women have entered the workforce and occupy well-paying jobs, gender equality is seemingly achieved (189).

However, gender inequality is still persistent in economic as well as social systems (190). The reason behind this ongoing disparity is “the way people use gender as a primary cultural framework for organizing their social relations with others” (190). Ridgeway argues that people's constant use of gender as a micro-ordering mechanism has complex ramifications for society's overall organization (190). Although gender is at its core a cultural device for creating micro-order, its misuse has a negative effect on labor, relationships, and other social factors (190). Some of these effects can be seen in the sex segregation in typically male-associated labor as well as in the division of household chores or parenting (190). The reasoning for these results is the relationship between the micro-order and the social beliefs of individuals. These beliefs maintain gender differences that lead to social inequality between men and women (191). Subsequently, they also influence the social status of men and women. Men, who are presumed to have more competence and social esteem, acquire a higher status in the social hierarchy than women (191). Women, on the other hand, are forced to comply with their social role and remain lower in status (191).

Throughout society, sex and gender are important framing categories for understanding social hierarchies and relations (193). In situations where individuals have difficulty classifying another person as male or female, they feel confused and disturbed (193). Such feelings arise when men or women do not behave according to their social category. Said categories contain shared common knowledge on both genders and which are, in effect, stereotypes (194). As previously discussed, stereotypes based on gender can have a significant impact on people's lives as well as their social order. Since these beliefs are regarded as “common knowledge,” people are expected to act accordingly and to be judged if not (194). This way, cultural beliefs concerning gender determine and coordinate social behavior and roles (194). However, these gender beliefs do not merely affect the differences between men and women, but they perpetuate inequality regarding them (194). In the context of social hierarchies, gender differences cause stereotypical presumptions that favor men over women in social positions and status (195). For instance, men often perceive themselves as “better” and “more competent” than women (195). They believe

themselves to have a higher social status, which grants them more esteem and competence than women (195). This affects not only positions in the workplace but also their social standing and worth (195). As a result, the prevalence of like-minded beliefs creates even more gender inequality (195).

Further instances of the lack in gender equality are visible in different social settings and situations. Study findings show that men are regarded to have a higher social status due to their gender than women (195). The results conclude that men are viewed to be more influential and to have more respect and more competence than their female counterparts (195). Women, on the other hand, are seen as “more reactive, emotionally expressive, and warm” (196). Furthermore, Ridgeway notes that men have more advantages in mixed social settings, especially when the task is culturally associated with men (198). These tasks are usually manual or require more authority. The only way men are less favored is if the task is linked to female abilities (198). Such tasks include more emotional intelligence and empathy (198).

When it comes to authority positions, however, men are unanimously favored more than women (198). Therefore, men hold more influential jobs that increase their social hierarchy and status. Women are often positioned in more manual labor, including service or educational work (199). Although more and more women aim to fill authoritative positions, only few manage to do so (200). Ridgeway argues that this issue is due to society’s shared beliefs about the fixed social roles of both genders (201). Women are still expected to do most of the household tasks and the majority of the childcare. Any deviation from these prejudiced beliefs results in resistance from those in power, who are mostly men. Since society is structured around a patriarchal system, men hold higher positions and, therefore, determine the social status of others (202). Women who aim to acquire more powerful positions that are stereotypically assigned to men are regarded as a threat to the “boy’s club” (203). Women have fought hard during the last decades to alter this discriminatory system, and there has been progress toward greater gender equality (204). Despite these achievements, Ridgeway argues that “people’s use of gender as a micro-ordering device” slows the progress down and makes future changes unpredictable (204). The next section of this thesis provides a closer look at the impact of this unequal system on women’s mental health and their lower social status.

5.2 The Relationship Between Social Status and Mental Illness

When mental illness comes into play for women, their social status decreases even further (Ussher 35). As mentioned in the previous section, this status determines whether someone is seen as more competent and essentially "better" in society. Since women have an overall lower social status than men, other factors such as mental disorders affect their unequal position as well. It is debatable, however, who is to blame for this issue: does a lower social status have an influence on mental health problems, or do mental health problems cause an unequal status in society? In the following section both sides of this problem are considered and evaluated.

To begin with, Ussher argues that women's mental illnesses are due to "the hetero-patriarchal context of distress," which is to blame for their unequal social status (35). Within this context, women's mental load is much heavier than that of men (Ussher 35). In general, women tend to ruminate a lot and silence their own needs due to the burden of fulfilling their social role (35). This role consists of being the primary caregiver, doing most of the housework, and being someone's partner or spouse (35). Besides these roles, women are expected to remain sexually attractive and to fulfill their partner's needs (35). Ussher states that the combination of these demands and the overall unequal social status in the workplace lead to an immense psychological strain (35). Consequently, women might feel a lack of control in their lives, low willpower, and incompetence (35). The combination of emotional stress and unequal treatment in society can lead to mental disorders (36). Ussher stresses the influence that one's environment and their surroundings can have on mental health (36). Growing up in a society that devalues women's behavior and feelings ultimately furthers their lower status and emotional distress. The only viable solution that Ussher deems to be realistic is a change of social environment and culture (36). To implement this, society must change the way girls and boys are raised. By following the "scripts of patriarchy" girls are taught to silence their needs and wants while boys are raised to prioritize theirs (36). Women are, thereby, taught to subordinate themselves in heterosexual relationships. The internalization of these scripts leads women to silence their feelings for fear of being labeled 'mad' when expressing them (36). This self-silencing can lead to actual psychological and physical issues (36). These problems include memory loss, loss of one's own voice, and the ability to accurately name their feelings (36). Ussher concludes her argument by saying:

> Once a woman has internalised the norms and values of a patriarchal order that requires her to care for others while silencing herself, she finds herself, in the words of Jean Baker Miller, “doing good and feeling bad.” (36)

Another essential point is the unequal status in heterosexual relationships and the social support women receive. Since men maintain a higher hierarchal status in society, their social capital is larger as well (McKenzie and Harpham 13). This capital includes the amount of support and interpersonal connections one person has access to (13). McKenzie and Harpham highlight the importance of such support due to its positive effects on an individual’s life (13). Examples of this would be a lower risk of diseases and a lower mortality rate than those with no social support (13). Social as well as emotional support work as a cushion in a stressful environment and benefit those who receive them (13). However, women living in an unequal relationship tend to not receive enough social or emotional support from their partner and subsequently suffer the consequences (McKenzie and Harpham 13). The effects of a lack of support are not only physical, such as a higher number of accidents or cardiovascular disease (13). They also include mental illnesses, such as a higher rate of suicide and depression (13). It is not uncommon for unequal or destructive relationships to lead to women's mental distress, especially if they involve entrapment or humiliation (Ussher 41). As a result, women need a longer period to transition to a new partner then men (41).

In addition to the negative effects McKenzie and Harpham have already mentioned, Ussher provides study results that show how unequal relationships are the cause for other mental health problems as well (42). The range of these mental illnesses includes schizophrenia, borderline personality disorder, anxiety disorders, and anorexia nervosa (42). In contrast to women, married men or those in a long-term relationship have a lower prevalence of depression and neurosis (McKenzie and Harpham 13). It has to be acknowledged that men benefit greatly from unequal relationships and more social support. By silencing women and their needs, men are free to express and fulfill theirs. However, when women respond to this load of responsibility by experiencing psychological symptoms, they are attributed to stress, which they should "manage" or "cope with," obscuring the social origins of their tensions (Ussher 43).

The other side of this issue debates that an unequal social status is not the cause of mental disorders. Morrall argues that there is no final proof of the causal effect of this issue (*Insane Society* 116). Although Morrall agrees that there is a definite link between

social inequalities and mental illnesses, its evidence remains “problematic” (116). There is no definite proof that shows if the link between the two are causal or correlational (116). Morrall addresses this problem by referring to other underlying problems and disregarding gender completely (116). The main cause for him lies in the subject of power (117). The abuse of power by those who hold it works as a connecting factor between social status and mental disorders (117). The idea that power is distributed and exercised unequally is the root of the high numbers of people being diagnosed with mental disorders (117). Morrall calls this a “mental inequality” that results in further discrimination and lower social status (121). According to him, the effects of inequality are far greater on people with severe mental illnesses than on the general population (121). These effects include a shortened life expectancy, greater amounts of stress, and a higher chance of living in poverty (121). Furthermore, Morrall points to the genetic factors that can influence mental disorders and, subsequently, social inequality (122). Someone with a genetic disposition for mental illness is far more likely to develop said issues when faced with social inequalities than those who are not (122). In accordance with this theory, social inequalities do not have a causal effect on mental health.

What Morrall neglects to consider is the number of studies and research that provide evidence of women being more affected by social inequality than men (Ussher 42). Although he provides recent study results, which prove that people with mental illnesses are treated unequally, he completely neglects gender. As stated above, gender plays a vital role in the unequal treatment of people in society. Research shows that women still suffer from unequal treatment in their workplace, their homes, and in relationships (Ussher 42). Even in his further discussion of power and the power elite, Morrall fails to elaborate on the gender of the richest people on earth (128). Despite his valuable statements about the insufficient evidence of a causal factor between social inequality and mental illness, Morrall’s arguments seem insufficient.

What is regarded as a cause for social inequality, however, is the stigmatization that mentally ill people have to face on a daily basis (Miller et al. 249). In a study conducted in 2022, Miller et al. analyze the social status and levels of stigmatization that people have toward mental illness (249). The results show that participants with a higher educational and social status hold more stigma toward mental disorders than those with a lower educational background and status (253). Interestingly, those regarded as

having a higher status are mostly white, male participants (252). In addition, the study shows that men have the highest levels of stigmatizing attitudes toward illnesses, such as depression or anxiety (254). These results address the fact that stigma around mental health issues reinforces social divisions that result in inequality and mistreatment of people who suffer from them (258). Moreover, it provides more evidence that gender is a factor in social inequalities and the treatment of mental disorders (258). It does not, however, give sufficient proof that a lower social status is the cause of said disorders.

Despite inconclusive research, one factor influencing social inequality remains the same: the unequal distribution of power. Individuals occupying the highest seats in the social hierarchy determine how society treats mentally ill people, and most of all, women. These individuals are mainly men who use oppressive power to secure their own status and position (Tew 74). As an example of this power exertion, Tew uses the process of stereotyping and labeling those who suffer from mental disorders (75). According to Tew, everyday uses of terms like “mad,” “nutter,” or even “mentally ill” for people who behave outside social norms are at fault for social inequality (76). Modern societies rely on mechanisms that highlight people’s differences to enforce oppressive power (76). Tew exemplifies this notion by saying that society regards people as mentally ill without actual medical proof or evaluation (76). The most vital factor in this process is the notion of deviant behavior (76). This behavior includes any type of conduct that goes against social conformity (76). In the case of women, their expression of emotions and feelings is often regarded as ‘mad’ or ‘hysterical’. Akin to the historical context of ‘madness’ is the ongoing notion of deviant behavior as a sign of mental illness. Tew argues that this labeling process escalated quickly in society, and any sign of abnormal conduct is punished by societal exclusion (76).

Furthermore, even if someone is diagnosed with a mental disorder by a mental health professional, any previous unusual behavior is seen as a sign of that illness (76). An example of this would be if a woman has a high number of sexual partners and is later diagnosed with depression, her promiscuity would be regarded as a sign of her illness. Society deems all her behavior, beliefs, and thoughts as further indications of the woman’s mental illness, as well as evidence for it (76). By pathologizing women’s behavior and keeping them at a lower social status, men can label them as “different” and exclude them from more power positions (78). Any resistance to these imposed

labels and stereotypes is regarded as a threat to the patriarchal system that keeps the unequal social order in place. Tew further explains this by saying:

> … every time we get our performance "wrong," ever so slightly, we may start to blur the boundaries of the social categories by which we are identified — and thereby challenge some of the certainties which are crucial in maintaining oppressive aspects of the current social order. (78)

To conclude this section, the relationship between social inequality, gender, and mental disorders is undeniable but needs further discussion and evaluation. Although is not proven that a lower social status has a causal effect on mental illnesses, they are strongly connected through power structures. This powerful framework acts "behind the scenes" and influences people's identities, their social relationships, as well as their status in society (Tew 86). An unequal social status and relationship can contribute to women's mental suffering and their mental breakdown (86). In the next two sections, instances of the interplay between these factors are discussed and exemplified by the main protagonists, Nina and Shirley. Even though this connection has rarely been discussed in cinematic portrayals of 'madness', examples of power structures are evident and need to be highlighted.

5.3 Emotional Dependency in *Shirley*

While the movie centers around Shirley Jackson's life and mental struggles, it also offers a reflection of her unequal relationship with her husband Stanley. Despite his unfaithfulness and lack of financial support, Stanley has a powerful influence on his wife. In this influential position, he could control her behavior as well as her work. The following section elaborates upon their relationship by examining Shirley's emotional dependency on her husband.

As previously mentioned, Shirley Jackson was an accomplished writer in the 1940s and 1950s. Her literary success was uncommon for women at the time, and she earned a substantial amount of money (Franklin 109). Although Shirley's publications were celebrated by her colleagues and the literary scene, Shirley remained unsatisfied and mentally troubled (Franklin 109). A possible reason for her declining mental health could be her lack of power and agency in life. Her illness kept Shirley confined to her home, where her only important relationship was with her husband (109). However, the constant criticism and unfaithfulness of Stanley made it impossible for her to control him (Franklin 109). Even though her husband was considered to be Shirley's "ideal

counterpart," their relationship remained unequal (109). While Stanley was confident in his work as a professor, he continuously insulted Shirley's writing or lack thereof (110). The movie highlights this aspect of their relationship in numerous scenes, where Shirley seeks approval and guidance from her husband but only receives harsh criticism.

In the beginning of the movie, she reveals to Stanley that she began a new writing project, a novel that depicts the real-life disappearance of a college girl. The reaction of Stanley is negative and belittling (0:18:46). Since this is a new genre for her, Shirley is visibly nervous and unsure of herself. Since her husband is her main source of human connection, she is dependent on his feedback. When Shirley asks about her husband's opinion on her new literary topic, he remarks that it "sounds trite and a bit trashy" (0:18:50). After revealing that the story is a novel and not her usual horror genre, Stanley is taken aback and tries to talk Shirley out of it. He goes on by saying that she is "not up to it" (0:18:55). His reasoning for this is Shirley's failed attempts to leave their house in the last two months and her inability to put on stockings. Despite his concerns with her novel, Stanley pressures Shirley to show him her work in a few days.

The movie makes it clear that Shirley is dependent on Stanley's approval of her work and is visibly anxious when he asks about her writing process. According to Turner and Turner, it is common for women to derive a large part of their self-evaluation from the appraisals of their immediate social circle (364). In the case of Shirley, her husband's opinion of her work is the only one that matters. She clearly regards Stanley as a competent critic who can provide helpful feedback on her writing. The movie exemplifies this by showing scenes of the author receiving positive appraisal from colleagues and Rose, which she continuously ignores. The protagonist shows no emotion when receiving positive reviews from other characters. However, when Stanley criticizes or, rarely, praises her work, Shirley reacts emotionally. Instances like this can be observed throughout the entire movie. At the beginning, she is asked by a colleague about the name and topic of her latest project. Shirley replies by saying, "a little novella I'm calling none of your goddamn business" (0:06: 44). In another instance, Rose reads part of Shirley's writing, which prompts a fight between the two women. Shirley screams that Rose should never read or touch her writings at her desk. The only one who is allowed to read it, however, is her husband. Scenes like these show

Shirley’s disdain for other people’s opinions, besides her husband’s. The protagonist is completely dependent on Stanley’s approval of her work, although his behavior toward her remains mostly critical and hurtful.

A possible explanation for this dependency is the continuous struggle for power in the relationship between Shirley and Stanley. Although both are academically trained and revered authors, Shirley was more commercially successful (Franklin 346). As a result, Shirley earned substantially more money than Stanley, which led to resentment and jealousy (346). The movie addresses this issue briefly, when Shirley tells her house guests that Stanley “lost his wallet for over twenty years” (0:06:07). Her emotional stab at her husband’s lesser earnings could be read as an attempt to gain more power in her unequal relationship. Since Stanley has a more powerful and confident position in their relationship, Shirley resorts to his only shortcoming, which is his financial income. Stanley’s response to his feelings of jealousy and inadequacy as the main provider is constantly reminding Shirley of her disease. In the scene mentioned above, he equates Shirley’s desire to start a new genre with her mental illness. During the entire movie, Stanley continuously enumerates Shirley’s depressive symptoms and social anxiety. These symptoms include her lack of cleanliness, her outer appearance, and her inability to leave the house. This is how he asserts his power over her and diminishes her status in the relationship. Whenever Stanley feels threatened by Shirley’s financial success, he criticizes his wife’s ability to function “normally” in society.

Shirley remains, however, emotionally reliant on her husband, which could be a factor in her declining health. Turner and Turner claim that there is a strong correlation between women's greater importance of interpersonal contexts and their higher interpersonal dependence (364). Additionally, women may display more emotional reliance on others, and this reliance could be a factor in the higher rates of depression experienced by women (365). Turner and Turner further argue that women's vulnerability to mental illnesses could be exacerbated by lower levels of power and higher levels of dependence (364).

Although Shirley does not appear without any symptoms of mental struggle in the movie, her mental state seems to worsen when Stanley criticizes and pressures her. An example of this would be her husband’s continuous pressure to read and edit her latest work. On multiple occasions he requests to read pages or entire chapters, but Shirley withholds her writings from him. When Rose tells Stanley that Shirley has

already written “half a manuscript,” he gets visibly upset and starts shouting (0:45:31). Shirley seems frightened and denies the number of pages she has already finished. To assert his dominance over their relationship, Stanley replies by grinning and saying he will visit the dean’s house later that night. This remark refers to the place his mistress lives at, which Shirley cannot go to due to her mental illness. It is evident that Stanley enjoys the fact that his wife knows but cannot act on his affair with another woman. By constantly hurting each other emotionally, both partners aim for more power in their relationship. Ultimately, Stanley wins since he can enjoy Shirley’s financial income while having affairs and staying out late.

The constant power imbalance in their marriage continues throughout the movie. As mentioned before, Shirley’s writing process maintains the source of most of their conflicts. It is unclear why Stanley needs to control his wife’s writings, but it seems as if this is the only way he can express his dominance over her. In one of those scenes, Stanley asks again about Shirley’s writing process and how many pages she has already finished. Despite looking nervous, Shirley gives in and reveals her struggles with the book to him. Instead of providing comfort or constructive feedback, Stanley criticizes the genre of her current book again and calls it “not her arena” (01:23:22). In doing so, he questions her competence as a writer and forces her to stick to her known genres. Shirley responds by becoming visibly upset and advising Stanley that he should “keep his theories to himself” (01:23:32). When she tries to defend her work, Stanley belittles her by asking her in a mocking tone: “Oh, you think it might be that good?” (01:24:11). This results in a fit of rage by Shirley, where she throws Stanley out of the room before she sinks into a corner and cries (01:24:30).

The movie continuously shows similar scenes likes this up until the end of the movie. When she finally finished her novel *Hangsaman*, Stanley receives the entire manuscript and is allowed to read it. While finishing the last pages, the camera is focused on Shirley face, which clearly shows her anxiety and distress. Only when Stanley remarks that her “book is brilliant” can she relax (01:39:58). Her status as a woman and as a writer is so deeply imbedded in her husband’s approval that she begins to cry. Although Stanley constantly belittles her and puts her down, his opinion remains the most valuable to the protagonist. Akin to Ussher’s theory about unequal relationships, Shirley’s mental distress could be linked to her emotional dependence on her husband. During this last scene, Stanley continues to praise her work, before

adding that he has a “few notes, of course” (01:40:24). His praise does not come without criticism of her work. Throughout this final conversation the camera stays close on Shirley’s face, to see her emotional reaction to her husband’s words. Shirley cries out of relief, and the audience can see her looking happy and joyful for the first time in the movie (see figure 8).

Figure 8. Shirley is crying after receiving positive feedback from her husband in *Shirley* (2020)

At last, the movie shows the only time he praises her as a person and not her work by calling her “my bride, my horrifically talented bride” (01:41:18). While the camera zooms out of the house, the audience can see both Shirley and Stanley dancing. During the last sequence, it becomes clear to the viewer that Shirley is trapped not only metaphorically but also literally in this house with her husband. When she eventually starts another writing project, the continuous circle of seeking approval and receiving criticism starts again.

In conclusion, the movie *Shirley* (2020) presents a complicated image of a woman who is tormented by her mental struggles and her failing marriage. Although Shirley is a commercially successful and a revered writer, her low self-esteem and the constant criticism from her husband diminish her status in society. Instead of enjoying her financial success and independency, Shirley is emotionally bound to her husband’s approval of her as a writer and a woman. Even though the female protagonist finished her writing project triumphantly, the ending of the movie evokes feelings of sadness and hopelessness for Shirley.

5.4 Fused Identities in *Black Swan*

While *Shirley* (2020) presents a struggle for power between two successful adults, *Black Swan* (2010) shows a more complicated portrayal of a young woman seeking more power and agency in her life. In the following section, the protagonist's failure to become an independent woman with her own identity is analyzed and examined.

In *Black Swan* (2010), the issue of power and status are visualized through the mother-daughter relationship between Erica and Nina. The movie shows no father figure in Nina's life, and it is unknown if he played any role in her upbringing. The protagonist's mother, Erica, remains as Nina's parental and authoritarian figure who determines Nina's life choices and career. She used to be a ballet dancer herself and was forced to end her career due to her pregnancy with Nina. As a result, she resents her daughter and "lives vicariously" through her ballet career (Smith et al. 98). The unresolved issues in Erica's past provide a historical context for her daughter's emotional struggles (98). As the movie progresses it becomes clear that Erica's resentment toward her daughter influences Nina's status and mental demise. Although Erica is a grown woman, she is deeply insecure about her lack of success as a ballet dancer. It is unknown if Erica has a job or any career of her own since her focus lies on her daughter. She both craves and envies Nina's success in the ballet, as it feeds her own fascination with it (98). The movie highlights this fact by showing Erica's obsession with every aspect of Nina's ballet career in multiple scenes. She calls her daughter numerous times a day. When she receives no reply from Nina, Erica calls the ballet theater's office to receive the latest information about the upcoming production of *Swan Lake.* As soon as Nina enters their shared apartment, Erica questions her about the auditions and her performance. When her daughter answers with "fine" Erica gets angry with Nina and demands to know why her performance was "just fine" (0:16:30). Nina cannot stand her mother's questioning and begins to cry hysterically. The protagonist knows that her failure to thrive as a ballet dancer will be criticized harshly by her mother.

When Nina eventually receives the main role in the new theater production, Erica has trouble hiding her ambivalent feelings. By allowing her daughter to succeed and have a career, she would lose her entire identity, which consists of being a devoted single mother. Her entire social role is tied to her daughter's needs and wishes. Even Nina's

beauty and physical appearance become a topic of her mother's obsession with her. Erica paints dozens of paintings of Nina in her private room in the apartment. Her hobbies as well as her "job" revolve around her daughter and her ballet career. Nina, however, strives to be free from her mother's control and infantilization. Both women struggle for power and agency in their lives but fail to succeed. The reason for their failure is their excessive amount of involvement in one another's day-to-day lives and sense of self (Smith et al. 98). Nina has no privacy in her life and is constantly being treated like a child, despite her adult age. Her identity is entangled with her mother's due to her intense restrictions of Nina's private life and her leisure time (99). Some of the activities that would facilitate Nina's individuation are not available to her, such as "peer relationships, chores, or self-discovery activities" (99). Consequently, Nina yearns for more self-control in her life and a higher social status than her mother (99).

Nevertheless, Erica cannot let her daughter succeed because of the imminent threat of losing her "twin" (Garfield et al. 55). By twin, the authors refer to her fused identity with Nina, which keeps their lives dependent on each other (55). If Nina manages to be more successful than her mother, the reminder of her own failures could cause Erica unbearable psychological pain (55). To prevent this from happening, Erica establishes closely monitored routines that Nina needs to follow. One of these routines, is Nina's strict diet that her mother prepares for her every day. Another one is Nina's bedtime routine, where Erica tucks her daughter into bed and winds up her music box. Again, her mother's continuous infantilization of her grown daughter ensures Nina's low social status and power (Smith et al. 99). As there are no opportunities for her mother to elevate her status, she must keep Nina at the same level. By controlling every aspect of her daughter's life and taking away any responsibilities, Erica reaches her intended goal. It was never possible for Nina to transition out of the young child stage of her life (99). The only way to break free from her mother's control is getting the lead role and, subsequently, a career of her own. If Nina reaches her dream of becoming the lead role, she would be financially stable enough to live on her own and gain more control over her life.

After achieving this goal, however, Erica's control of her daughter becomes even more prominent (Smith et al. 99). The first instance of this can be seen when Nina tells her mother about the lead role. Erica surprises Nina with a celebratory cake, which she knows goes against her daughter's strict diet. When Nina refuses to eat a piece, Erica

threatens to throw the entire cake away. The protagonist quickly apologizes and gives in to her mother's wishes by eating a piece. Another prominent instance like this happens when Nina attends the official celebration of her as the role by the company. After coming home from the event, Erica verbalizes her disappointment about not being allowed to attend her daughter's celebration. She even called the company and asked for an invitation. Being excluded from any event in Nina's life, threatens Erica's main role in life. Additionally, Erica questions her daughter about the company director, Thomas, and his feelings towards her. It becomes clear that she is worried Nina would lose her virginity and, thereby, her status as her mother's "little girl." Another similar instance occurs when Nina goes out clubbing with her colleague Lily and thus, breaks her bedtime routine with her mother. As her punishment, Erica lets Nina sleep in, knowing that her daughter would be reprimanded if she misses an important rehearsal. By doing so, Erica presents her feelings of abandonment and resentment toward her daughter's actions (Garfield et al. 56). Nina responds by declaring that she is going to move out of the apartment, which Erica does not comment on. The fused identity between the two women is finally broken, leaving them both in psychological distress (Smith et al. 99).

The relationship between these psychological issues and the women's struggle for power are another underlying theme in *Black Swan* (2010). The protagonist Nina is not content in her social role as the shy and sexually inexperienced dancer who is constantly overlooked by her superior and her colleagues (Smith et al. 98). Her craving for power and a higher status clash with her mother's desire to control her, leading to her mental disorders (99). Again, there is no definite evidence that her lack of agency causes her emotional distress. However, Nina's symptoms first appear after she actively pursues a more confident and independent role in life. The multitude of stressors she faces along the way contribute to her visual and auditory hallucinations (Smith et al. 98). These stressors include multiple sociocultural factors, such as pressure to look a certain way and to perform well in the upcoming production (98). In the movie, Nina's desire to be the perfect lead role exacerbates the symptoms of her various disorders. On multiple occasions, she makes herself vomit in the bathroom or refuses high caloric food. Additionally, her anxiety leads Nina to scratch her shoulder to the point of drawing blood. Her mother knows about her scratching, but instead of helping her daughter she shames Nina for her "disgusting habit" (0:38:30). To gain back the control over her life, Nina confides in Thomas, who advises her to act maturely

and be sexually active. Although the protagonist knows about Thomas' reputation for sleeping with his dancers, she is looking for mental support and stability in her life (Garfield et al. 56). The director now acts as a vehicle for the protagonist's "rekindled development" into a confident and independent woman (56). While her mother tries to pull her back into her old, controlling lifestyle, Thomas pushes Nina out of her comfort zone (Garfield et al. 56).

With all the "pushing and pulling" by her mother and the company's requirements, Nina's dream to be free crumbles (Smith et al. 99). Her mother wants her to be like a caged bird, reflecting her own image and playing the role of her "little girl" all her life (99). The director, on the other hand, views Nina as a prize and a possession that can be replaced by the next season (99). The environment of the protagonist does not allow her to increase her social status and form her own identity as a professional dancer. Nina's desperate attempts to become the next ballet sensation and to secure more control over her life via a flawless performance are in vain (Smith et al. 98). At the end of the movie, it becomes clear to the viewer that the kind of "direction, protection, and encouragement" Nina needs to strengthen herself has never been provided by her social surroundings (Garfield et al. 56). In the last sequence, Nina realizes this after making a mistake during her performance where she falls in front of the audience. Instead of encouragement, Thomas screams at her and calls her performance "a disaster" (01:32:50). During Nina's final costume change, she hallucinates again, seeing her rival Lily in her costume, who taunts her about the mistake in the show. In a last effort to save her role as the lead, Nina stabs Lily, unaware that she is only stabbing herself. The protagonist realizes what she has done while performing the last act and seems content with her deadly fate (see figure 9).

Figure 9. Nina's deadly injury become visible during her performance in *Black Swan* (2010)

Garfield et al. conclude that the protagonist has come to terms with the fact that she is unable to gain control of her life and of her social surroundings (57). Despite this realization, she still yearns to control her extreme mental anguish and the constant hallucinations she suffers from. In the end, Nina understands that she can at least gain "psychological agency" by taking her own life (Garfield et al. 57).

In summary, *Black Swan* (2010) visualizes the impact society has on women with a lower social status and a lack of support from the people around them. The protagonist Nina presents a young woman who cannot form her own identity and lacks agency in her life due to her mother's control and resentment of her. In addition, the immense pressure from the ballet company and the director led to her mental struggles and ultimately, her death.

6. Conclusion

This thesis examined the influence of patriarchal structures that promote the use of stereotypical depictions of 'female madness' in movies. A closer look at contemporary representations of 'mad' women in *Black Swan* (2010) and *Shirley* (2020) revealed that the film industry still portrays false images of women with mental illnesses based on old stereotypes. Both movies use mental disorders as a pretext to depict their female protagonists in a stigmatized and sexualized way. In addition, the portrayal of Nina and Shirley features an inaccurate pathology of their alleged illnesses by exaggerating their symptoms and adding signs of their illness. Instead of showing accurate depictions of their illnesses, both films adapt stereotypes based on historical descriptions of 'madness' to portray the illness of their female characters.

Shirley (2020) relies on the stereotype of the 'melancholic' women, who remains depressed and heartbroken over her failing marriage. Although the movie centers around a real-life character, it includes many speculative elements from the author's lifetime. Such elements include her social non-conformity and her alleged lesbianism because of the homosexual characters in her many publications. The movie uses these aspects to highlight her difference from other characters and make her 'madness' more visible. By doing this, Shirley's portrayal fosters the misconception that her resistance

to social norms and her unfeminine behavior resulted in her ‘illness’, her emotional dependency on her husband, and her supposed homosexuality. Even though *Shirley* (2020) shows a more subdued version of ‘female madness’, the movie’s underlying patriarchal structures are still visible. This less exaggerated but still stereotypical version of a ‘mad’ women could be due to its female director or its more recent release date. However, the reason for this portrayal remains pure speculation, but its difference to the other movie needed to be addressed.

By contrast, *Black Swan* (2010) depicts its lead female character in a highly exaggerated and sexualized manner that highlights the film's male-dominated influence. There are several mental disorders the protagonist appears to be suffering from, but the shown symptoms are mainly inaccurate. The movie glamorizes Nina’s life as a professional ballerina and portrays her as an infantilized young woman. Her apparent ‘madness’ appears as soon as the protagonist aims for more independence and the ability to express her sexuality. Similar to Shirley, the movie punishes Nina’s resistance to the socially conveyed norms by showing her descent into ‘madness’ that eventually ends in her suicide. As a result, the film not only promotes stigmatizing and inaccurate images of mental illness, but it also provides the impression that similar behavior will lead to severe punishment.

Ultimately, this thesis uncovered the stereotypes that contemporary movies adapt from the historical context of ‘female madness’ and the patriarchal structures that underline these prejudiced beliefs. Though movies do not actively advise their audiences on the treatment of mentally ill women, they subconsciously shape people’s views and social attitudes about such illnesses. By portraying their female leads in a stigmatized and sexualized way, both movies ridicule women’s suffering and undermine the severity of mental disorders. Since the results of this theoretic analysis are based on direct observations, the findings of this thesis are not verified statistically or empirically. However, the given analysis might inspire further research in feminist film studies in combination with sociology and psychology. Additional studies could investigate why movies still perpetuate the ‘mad’ woman stereotype and the effects this has on people’s attitudes and beliefs.

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8. Zusammenfassung – Abstract in German

Ziel dieser Arbeit ist es, den Einfluss patriarchalischer Strukturen wie der männlichen, sexualisierenden Blickweise auf Frauen und der sozialen Ordnung aufzudecken, die die stereotype Darstellung von „weiblichem Wahnsinn" in Filmen fördern. Als strukturelle Grundlage für diese These dient ein historischer Überblick über den Kontext des „Wahnsinns" und eine Erläuterung, wie dieser hauptsächlich mit Frauen assoziiert und als „weibliche Krankheit" betrachtet wurde. Darüber hinaus wird auf die Schwierigkeiten bei der Definition von „Wahnsinn" und die Entwicklung des Konzepts zu einem geschlechtsspezifischen Stereotyp eingegangen.

In den folgenden Kapiteln wird die Verwendung negativer Stereotype bei der Darstellung psychisch kranker Menschen erörtert. Zudem folgt eine detaillierte Untersuchung über die sexuelle Objektivierung psychisch kranker Frauen mit der Frage, wie ihre Krankheiten dargestellt werden, um den männlichen Zuschauern ein angenehmes Erlebnis zu verschaffen. Letztlich wird eine detaillierte Analyse des Einflusses der sozialen Ordnung auf die stereotype Darstellung des „weiblichen Wahnsinns" vorgenommen. Die genannten Konzepte werden nacheinander auf die zeitgenössischen Filme Black Swan (2010) und Shirley (2020) übertragen und deren Darstellung des „weiblichen Wahnsinns“ analysiert. Dabei wird die Charakterisierung der beiden weiblichen Protagonisten Nina und Shirley untersucht und miteinander verglichen. Die Analyse zeigt, dass beide Filme noch immer falsche Bilder von Frauen mit psychischen Erkrankungen zeichnen, die auf alten Stereotypen beruhen. Sowohl Black Swan (2010), als auch Shirley (2020) nutzen psychische Störungen als Vorwand, um ihre weiblichen Protagonisten auf stigmatisierte und sexualisierte Weise darzustellen.

Zusammenfassend hat diese Arbeit die Stereotype aufgedeckt, die zeitgenössische Filme aus dem historischen Kontext des „weiblichen Wahnsinns" übernehmen, sowie die patriarchalischen Strukturen, die diese Vorurteile untermauern. Obwohl Filme ihrem Publikum nicht aktiv Ratschläge für den Umgang mit psychisch kranken Frauen erteilen, prägen sie unbewusst die Ansichten und sozialen Einstellungen der Menschen zu solchen Krankheiten. Durch die stigmatisierte und sexualisierte Darstellung der weiblichen Hauptfiguren machen Filme das Leiden von Frauen bedeutungslos und untergraben die Schwere psychischer Störungen.