The Horror of Stigma: Psychosis and Mental Health Care Environments in Twenty-First-Century Horror Film (Part I)

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PURPOSE: This paper explores the manner in which modern horror films present stigmatizing depictions of psychosis and mental health care environments.

CONCLUSIONS: Horror films will often include stigmatizing representations of psychosis and mental health care environments. Cinematic techniques can create stigmatizing depictions of psychosis and mental health care environments. Misinformation is often communicated. Due to these stigmatizing representations, people experiencing mental ill health may be rejected by the public.

PRACTICE IMPLICATIONS: Stigma is a serious problem affecting the mental health services. It is important for practitioners to understand where stigma arises in order to challenge beliefs and attitudes.

Stigma is a very serious problem faced by those experiencing mental ill health (Breaking News, 2012; Byrne, 2000; Harrison & Gill, 2010; Leff, 2006), and film has been directly implicated in this regard (Byrne, 2000; Corrigan & Watson, 2007; Harrison & Gill, 2010; Hyler, 2003; Nairn & Coverdale, 2005; Wahl, 1999). Hyler (2003) notes that the horror genre depicts psychiatry in a negative light, particularly in relation to the area of stigmatization.

Upon examination of recent horror film, two areas where stigma was noticed most prevalently were the depictions of mental health care environments (MHCEs) and psychosis. Psychosis is a “severe mental disorder characterized by gross impairment in reality testing, typically manifested by delusions, hallucinations, disorganised speech, or disorganized or catatonic behaviour” (Black & Andreasen, 2011, p. 618). Stigmatizing depictions of psychoses are common in the media, far more so than stigmatizing depictions of depression (Leff, 2006), hence the focus here. Films frequently present audiences with inaccurate depictions of psychosis. For example, if we examine the definition of schizophrenia from the World Health Organization (2012), we see that it “is a severe mental disorder, characterized by profound disruptions in thinking, affecting language, perception, and the sense of self. It often includes psychotic experiences, such as hearing voices or delusions. It can impair functioning through the loss of an acquired capability to earn a livelihood, or the disruption of studies.” However, the film Schizo (Walker, 1976) defined schizophrenia as “a mental disorder, sometimes known as multiple or split-personality. Characterized by loss of touch with environment and alternation between violent and contrasting behaviour patterns.” Schizo (Walker, 1976) is 37 years old, but unfortunately, the inaccuracies it presents in relation to mental ill health persevere in modern films such as Madhouse (Butler, 2004), The Devil’s Chair (Mason, 2007), Asylum (Ellis, 2008), Insanitarium (Buhler, 2008), Psychosis (Traviss, 2010), and The Roommate (Christiansen, 2011).

The term mental health care environment is used to connote various psychiatric facilities observed in these films, from high-security forensic units, to acute wards, to community hostels. These are often negatively depicted as being tantamount to prisons where clients are deprived of their basic human rights (Damjanović, Vuković, Jovanović, & Jašović-Gašić, 2009). The influential The Cabinet of Dr. Caligari (Wiene, 1920) set a precedent for using MHCEs as the basis of sinister occurrences, and implied that those who work in the field of mental health are all rather peculiar people (Wedding, Boyd, & Niemiec, 2005). In the era of Caligari (Wiene, 1920), MHCEs were not as advanced as those that exist today; even so, the look of the film was manipulated, through expressive use of skewed angles and shadow, to create a haunting and threatening environment. Caligari (Wiene, 1920) will soon reach its centenary, and its influence on how modern horror films depict MHCEs is obvious: very little has changed. Again, with reference to film theory, the author will examine the ways in which MHCEs are
depicted in horror films, and how these depictions are stigmatizing the field of mental health. Part II of this paper will examine 55 horror films made between 2000 and 2012, and will analyze the specific ways in which the modern horror film stigmatizes mental ill health. It will discuss how archaic inaccuracies presented in older films such as *Schizo* (Walker, 1976) and *The Cabinet of Dr. Caligari* (Wiene, 1920) are still to this day presented as “truths,” and how truthful and respectful portrayals are seldom realized in horror films. Part I examines how stigma can affect people experiencing mental ill health, and the way in which cinematic grammar within the horror genre can exacerbate this.

**Literature Review**

There has been extensive research conducted in relation to the film/media in general and mental ill health, but the horror genre and its bearing on mental ill health and stigma has not received a great deal of attention. Due to this dearth of research, texts relating to mental ill health and the media in general are examined in this section, while the horror genre and its relationship to mental health will be discussed in the following section. Wahl (1999) found that most clients experiencing mental ill health had been offended or hurt by media representations of mental illness. Corrigan, Roe, and Tsang (2011) also report on the negative manner in which the media represents mental illness, referring to the media in this regard as “poisonous” (p. 2). Byrne (2000) notes that stereotypes of people experiencing mental ill health exist in the media, and Hyler (2003) found that specific consistent negative stereotypes exist in films. Harrison and Gill (2010) note that these media-driven stereotypes perpetuate stigma. Gharibeh (2005) found that films often depict practitioners in a negative light. Pinkus, Warwick Blood, Francis, and McCallum (2006) conducted a large-scale literature review of texts pertaining to films and negative portrayals of mental health issues, finding that these portrayals are having a negative impact on the public perception of mental ill health. Damjanović et al. (2009) found that films use derogatory terms to describe people experiencing mental ill health. Baun (2009) reports that stigmatizing representations in the media impede the recovery process. Poseck (2006) concluded that films encourage myths, which are held as fact and foster prejudices. Morrison (2009) found that students’ views on mental health owe a great deal to negative stereotypes seen in films. The literature suggests that stigmatization of mental ill health also occurs in children’s films (Lawson & Fouts, 2004; Wahl, Wood, Zaveri, Drapalski, & Mann, 2003; Wilson, Nairn, Coverdale, & Panapa, 2000); *Osmosis Jones* and *Beauty and the Beast* are just two examples that these authors cite in this regard.

Certain authors (Harper, 2008; Kelly, 2006; Kondo, 2008; Ministry of Health, 2007; Penn, Chamberlin, & Mueser, 2003) argue that the media can have a positive effect on public opinion, or is beginning to change the way in which it depicts mental health. Media representations may be changing to some extent, but this paper intends to demonstrate how the media is resisting change (with a special focus on horror films), and is continuing to reinforce negative stereotypes and perpetuate stigma.

**Film History and the Techniques of the Horror Genre**

Psychiatry and film originated at roughly the same time. Around the turn of the twentieth century, when Sigmund Freud was publishing works such as *Studies in Hysteria* and *The Interpretation of Dreams*, the United States and France were producing the first motion pictures. From their beginnings, psychoanalysis and cinema were both seen to be narrative driven, and ways on which these disciplines could complement each other were recognized (Kelly, 2006). The first film to depict psychiatry was *Dr. Dippy’s Sanitarium* in 1905. Seminal filmmaker D. W. Griffith released *The Maniac Cook* in 1909, which introduced the “deranged mental patient” stereotype, closely associated with the horror genre, in films such as *Psycho* (1960) and *Halloween* (Carpenter, 1978; Hyler, 2003). The *Shock Corridor* (Fuller, 1963) implied the development of psychosis by osmosis. There are those films that depict mental ill health in a positive light; however, the number of those that depict mental ill health in a negative light is far greater (Damjanović et al., 2009).

The popularity and influence of cinema cannot be overlooked. Films can be used to express values and ideas intrinsic to culture, and also serve as a way to communicate information on a large scale (Deane, 2004). A film can be regarded as one of the most (Welch & Racine, 1999), or even the most (Cape, 2003; Damjanović et al., 2009) influential forms of media. Its influential nature is linked to our visual sense, which conveys and evokes information in quite a unique manner (Wedding et al., 2005), and the fact that films can appeal to audiences across a wide range of demographics related to “age, gender, nationality, background, and culture” (Damjanović et al., 2009, p. 231).

Films can affect audiences deeply, so much so that the phenomena of “cinematic neurosis” have been reported, where the viewer may develop anxiety, dissociation, or even psychosis after viewing a film (Ballon & Leszcz, 2007). Not all responses are as potent; however, the way in which film affects us is irrefutable. This affect is teased by various technical aspects, be it the lighting, sound, or the way in which a scene is shot (Wilson, Nairn, Coverdale, & Panapa, 1999). These technical aspects are used to help us subconsciously identify with the characters in a film, a sort of “mirror effect” whereby what happens in the film reflects real life (Damjanović et al., 2009; Wedding & Boyd, 1999, in Cape, 2003). The uniform name...
for these technical aspects is the *mise-en-scene*—the creation of the visual image through use of lighting, costumes, locations, etc. It is essentially everything the audience sees in front of the camera, and the manner in which these aspects are arranged (Bordwell & Thompson, 2003). The *mise-en-scene* allows for the barrier between the film and the audience to be broken down, and for the latter to experience that which the characters experience. Such is the power of cinema that audiences can—on a subconscious level—actually believe that what is happening on screen is happening to them. Using the *mise-en-scene* to create “symbols” helps evoke certain feelings (depending on the genre) (Damjanović et al., 2009). Barker (1996) notes that metaphors/symbols allow for messages to bypass the logical side of the brain and reach its more receptive side. Films can be highly symbolic and so have the ability to affect our emotions and opinions on a subconscious level. Stereotypes, and feelings toward characters in films, are fostered through the use of cinematic techniques; the danger here is that those stereotypes presented in films become absolutes, and erroneous beliefs are then held by the general public (Cape, 2003).

The *mise-en-scene* has a particular function in the horror film: to scare the viewer. Dark or chiaroscuro lighting, point-of-view (POV) shots, makeup, and other effects all combine to evoke fear, shock, or even revulsion. Shots in a film are ordered in such a fashion that the narrative progresses coherently, but the horror film may use “jump cuts” (where no logical progression is observed between shots) to unsettle the viewer. Music and sound effects also have a potent effect on the viewer and work in partnership with the *mise-en-scene*; tension can be created through use of long, deep musical notes, while anxiety can be raised due to the presence of quick, staccato rhythms (Cherry, 2009). Filmmakers depend on the audience’s familiarity with rules established by the horror films of the past (Smith, 2001). Familiar imagery such as old houses (or, indeed, abandoned MHCEs) or swinging medicine cabinet doors, and conventions such as killers hiding in closets or “always coming back” from the dead help unnerve the viewers as they tense up in anticipation of a scare. Horror films can make the viewer feel pressure, claustrophobia (Carroll, 1999), “muscular contractions, tension, cringing, shuddering, recoiling, tingling, frozenness, momentary arrests, paralysis, trembling, perhaps involuntary screaming” (Carroll, 1987, p. 54).

The horror genre has been criticized for desensitizing viewers to violence, encouraging a sort of perverse fascination with human suffering. However, the heinous acts committed by killers and monsters prevent us from identifying with them, and allow us to instead identify with the victims of the suffering (Briefel, 2005). In this fashion, our emotional responses become synchronized with the emotional responses of horror cinema’s victims (Carroll, 1987). This is an important point with regard to those victims who endure suffering brought on by people experiencing mental ill health, or those victims who are trapped in, for example, a darkened MHCE. If we, as an audience, synchronize our emotions with these victims, then it stands to reason that we will view these people/places in a negative and frightful context.

Horror is one of the most popular genres in film. It has been in existence since the inception of cinema, and has maintained a tenacious place in a large number of theaters, unlike other genres—such as the Western—whose popularity is prone to peaks and troughs. With that in mind, a salient point to be considered is while certain monsters (i.e., zombies and werewolves) are popular at certain periods, the horror of madness is always in vogue (Cherry, 2009), and there are certain negative stereotypes of people experiencing mental ill health which have become associated with the horror genre. Such associations reinforce stigma, defined as “a sign of disgrace or discredit, which sets a person apart from others” (Byrne, 2000, p. 65).

**Stigma**

Stigma may have also been described as a combination of ignorance (lacking the relevant knowledge), prejudices (attitudes that people hold), and discrimination (behaviors) (Baun, 2009). A recent stigma-based survey revealed that a third of people would not be interested in being friends with someone who had mental health difficulties; a fifth believed mental health difficulties are associated with lower intelligence; 62% would not hire someone with a history of mental illness; and 42% believed seeking help to treat mental ill health is a sign of weakness (Breaking News, 2012). People experience stigma in different ways as shame, blame, feeling like “the black sheep of the family,” isolation, discrimination, feeling socially excluded, devalued, demoralized, and being stereotyped (Byrne, 2000; Wahl, 1999). The role of media in increasing stigma has been well reported in the literature (Byrne, 2000; Corrigan & Watson, 2007; Harrison & Gill, 2010; Hyler, 2003; Nairn & Coverdale, 2005; Wahl, 1999). The media creates stigmatizing representations by reinforcing stereotypes, the result being that some people are unfairly dismissed as stereotypes, and not seen as individuals (Byrne, 2000); recovery is then impeded. There is a tradition in the media of putting an emphasis on the “otherness” of those with mental health issues, thus creating a separation or division in society (Baun, 2009; Newman, 2011).

Both mental ill health and MHCEs are treated with rejecting attitudes by the general public (Leff, 2006). This is by no means a recent phenomenon; in Homeric times, it was believed that mental ill health was related to the displeasure of the gods who would damn humans with psychosis (Corrigan et al., 2011). This has encouraged people with mental health difficulties to maintain a level of secrecy that can exacerbate feelings of anxiety, depression, and paranoia that they may
already be experiencing. These attitudes also can prevent them from applying for jobs or insurance, continuing their education, or even seeking treatment (Wahl, 1999). Stigma can also lead to a reduction in supportive networks, resulting in further social isolation (Harrison & Gill, 2010). The archaic image of the Victorian MHCE has largely contributed to this stigma, an image that is still held strongly by the general public (Leff, 2006). Such is the power of these images that self-stigmatization—where even the clients themselves are drawn into narrow-focused stories reported in the media—has been reported (Byrne, 2000; Kondo, 2008). Another group not immune to stigma is carers, who may feel that they share the negative identities of those for whom they care (Harrison & Gill, 2010). Clearly, stigma is a powerful negative force, affecting various groups, and can undermine care offered. It is important that mental health practitioners are aware of how stigma affects those experiencing mental ill health. The Office of the Nursing & Midwifery Services Director (2012) encourages practitioners to get actively involved in the creation of awareness campaigns to tackle stigma, as well as detailing the importance of having a national ambassador for mental health to combat media-driven stigma.

**Discussion**

One cannot deny the role of the media in the maintaining of stigma, and the way in which they phrase their information contributes to this stigma. Our word “grammar” comes from the archaic word “grimoire”—a book of spells. To cast a spell (or to spell/manipulate words) is a way of changing people’s consciousness. The “bardic” tradition of magic (the bard being a king’s poet) holds the bard in higher regard than a magician. The bard had the power to spell out and ridicule one’s name in a poem or song, thus forever labeling (or stigmatizing) the person (Moore, 2005). Words have undeniable power and while they can soothe and comfort, the media more often than not uses words to promote negativity and fear in relation to mental ill health (Baun, 2009; Day & Page, 1986; Fruth & Padderud, 1985; Hyler, Gabbard, & Schneider, 1991; Philo, Henderson, & McLaughlin, 1993; Shain & Phillips, 1991; Signorelli, 1989; Wahl, 1992; Wahl & Roth, 1982, in Wilson et al., 1999). There exists also the idea of “cinematic grammar” (Ritchie, 2000), which is related to the mise-en-scene, and can be exploited in a similar manner to our traditional perception of grammar. People are familiar with cinematic grammar from a young age (Ritchie, 2000). The stigmatization of mental ill health begins with films aimed at children where people with mental health issues are portrayed as being violent (Wilson et al., 2000). The prejudices that children form at an early age from exposure to these films can then continue on into early adulthood (Weiss, 1994, in Byrne, 2000). Considering the public’s knowledge in relation to mental illness is primarily gathered from media sources (Borinstein, 1992; Philo, 1994, in Kondo, 2008; Morrison, 2009; Poseck, 2006; Wilson et al., 1999), and these media sources are being manipulated, it is obvious that a culture of fear and stigma is forming with regard to mental health issues. Positive depictions of mental health issues undoubtedly exist, but these are unfortunately not often realized. Simpson (2013), for example, states that 2012’s Silver Linings Playbook (a drama/comedy) offers “helpful lessons,” and portrays those experiencing mental ill health as human and sympathetic. However, an examination of the horror genre reveals that it remains mostly insensitive toward mental health issues.

Extant literature has shown that inaccurate information presented in the media can result in very serious consequences. The definition of schizophrenia at the beginning of Schizo (Walker, 1976) is one that is still widely held by the public—that schizophrenia and “multiple personality disorder” (now known as dissociative identity disorder) are the same thing (Schizo also links psychosis and violence implicitly) (Wedding, Boyd, & Niemiec, 2010). Such inaccuracies are insulting (Repper & Perkins, 1996) and lead to confusion, delays in treatment, false beliefs, and conflict (Baun, 2009). The stigma created by the media forces people experiencing mental ill health to keep their diagnoses a secret, and this can inhibit recovery (Office of the Nursing & Midwifery Services Director, 2012). Despite the recent literature suggesting the media is changing the manner in which it depicts mental ill health, the large-scale literature review conducted by Pirkis et al. (2006) reports that several authors (Clothier, Freeman, & Snow, 2001; Domino, 1983; Granello & Pauley, 2000; Granello, Pauley, & Carmichael 1999; Lauber, Nordt, Falcato, & Rossler, 2003; Lopez, 1991; Philo, 1996; Wahl & Lefkowitz, 1989; Walter, McDonald, Rey, & Rosen, 2002) found film’s portrayals of mental ill health to be negative, and several of these authors note that once a stigmatizing view is held, further positive media portrayal will not be effective (the only study they examined which disputes this is Sancho-Aldridge & Gunter, 1994). In fact, films depend on these views being held by audiences, and use them to capture our attention by exploiting our fears (Morrison, 2009).

Due to the manner in which images from films insidiously influence opinions, audiences are not likely to be sympathetic toward people experiencing mental ill health (Hyler, 2003). This is a salient point with regard to the horror genre—the characters associated with this genre are often portrayed in a highly dangerous and unflattering light, and so contribute to the fear these audiences already hold. Horror films such as Diary (Mon Seung) (Oxide Pang Chun, 2006) and Madison (Butler, 2004) often blur the definitions of psychoses, thus misinforming the public about this area, and contributing more to stigma (Damjanović et al., 2009). Often, the culpable films are sequels, and become franchised. In recent years, the terms remake and reboot have become important with regard
to the horror genre. For example, the 1981 film *My Bloody Valentine* was remade in 2009 (Mihalka, 1981), and the *Halloween* franchise (which originally began in 1978 [Carpenter, 1978]) was rebooted in 2007. Ritzer (2004) argues that audiences enjoy this approach to filmmaking due the comfort of familiarity. They may know that what they are about to see will not be very good but at least they know what they are getting, and are content to watch films that will play out in a predictable manner. If this is the case, then audiences across the decades are not opposed to negative portrayals of people with mental illnesses being repackaged in a similar form several years later. In fact, these “psycho-killers” develop brand name recognition, and allow for bigger box office receipts (Terry, Butler, & De’Armond, 2005). This confirms that the media is not fully progressing with regard to its presentation of mental health issues, merely presenting it in a more modern form.

Most of the “psycho killers” (and other stereotypes perpetuated by the modern horror film) are creatures of fiction or mythology and do not bare any relation to definitions found in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision* (Carroll, 1999). Authenticity is often compromised in cinema for the sake of a good story and to sustain the audience’s emotional investment. Unfortunately, the realm of mental health is often simplified and reduced to its basic components in order to satisfy audiences (Eber & O’Brien, 1982). This simplification leads to “undifferentiated” mental illnesses (again, the blurring of definitions, as noted by Damjanovic et al. (2009), is a prime culprit for this), often associated with danger and people who are seen to be less than human (Wilson et al., 1999). Setting people apart as “others” is a common trope in the horror genre (White, 1971), and we can see the relationship here between cinematic horror depictions and the definition of stigma offered by Byrne (2000).

The idea of the *other* is further highlighted if we are aware of the “gaze” theory. This was posited in Mulvey’s (1975) seminal “Visual Pleasure and Narrative Cinema,” and concerns subjective use of the camera (and the construction of the *mise-en-scene*) in allowing the spectator to identify with a protagonist’s “gaze.” The audience projects its perspective onto the protagonist’s, thus giving the latter a sense of power, and reduced to its basic components in order to satisfy audien-
ces of mental ill health. Mulvey’s past features unflattering and stigmatizing representations of mental ill health. *Schizo* offered a definition of schizophrenia which promoted an association with dissociative identity disorder as well as violent behavior (Walker, 1976). *Shock Corridor’s* Cathy begged her boyfriend not to associate himself with the patients in an acute ward as “their sickness is bound to rub off on [him]” (Fuller, 1963). In recent times, the modern horror film has continued this tradition. *Madhouse’s* Dr. Sara informs a new colleague that “[H]ardcore schizophrenics can’t be trusted [. . .] you can never trust a schizo” (Butler, 2004). *Insanitarium’s* Jack discusses the undeniable hierarchy in psychiatry, where the doctors can do whatever they want” (Buhler, 2008). In the case of *Insanitarium*, this means using experimental drugs to turn inpatients into blood-thirsty cannibalistic zombies (Buhler, 2008). *Asylum* refers to “crazy people who eat their neighbours” (Ellis, 2008).

MHCs are also depicted negatively, in a similar manner to the way in which *The Cabinet of Dr. Caligari* overemphasized the horror of its environment, thus furthering stigma (Wiene, 1920). Lance Preston, the reporter from *Grave Encounters* (Vicious Brothers, 2011), says that Collingwood Psychiatric Hospital is “one of the most terrifying locations [he has] ever seen.” Blackwater Asylum from *The Devil’s Chair* is described as being “filled with evil” (Mason, 2007). There have certainly been several positive examples of mental ill health in films, but the above examples (and there are many more) prove that the beliefs, attitudes, and misconceptions fostered by the 1909’s *The Maniac Cook*, 1920’s
The Horror of Stigma: Psychosis and Mental Health Care Environments in Twenty-First-Century Horror Film (Part I)

The Cabinet of Dr. Caligari (Wiene, 1920), 1963’s Shock Corridor (Fuller, 1963), and 1976’s Schizo (Walker, 1976) persist in some form, and that often, modern-day mental health issues are cinematically treated with the same ignorance as they have been in the past, despite many advances in the field. Policy makers, practitioners, and people experiencing mental ill health and their families must play a role in combating the stigma detailed here. This would involve maximizing positive portrayals while minimizing insensitive portrayals and inaccurate information. A partnership approach between these people and the film industry would encourage films that do not compromise on entertainment, but would also educate people on truer representations of mental ill health, thus reducing stigma (improving public perception of mental ill health) and self-stigma (those experiencing mental ill health would be more likely to seek treatment) (Pirkis et al., 2006).

Conclusion

Film is an influential medium used worldwide. It has the ability to inform and educate the public consciousness, and to affect audiences on both an emotional and an intellectual level. This is achieved through the use of symbols and metaphors that access our subconscious, and through artistic manipulation of the mise-en-scene. From a young age, we are familiar with the mise-en-scene, and the specificities relating to particular genres are ingrained in our subconscious early on. Certain elements of the mise-en-scene (i.e., subjective camera setups) are specific to the horror genre and elicit various responses—mostly fear and dread. Horror has been a continuously popular genre since the beginning of the cinematic age, and unfortunately, people experiencing psychosis are often depicted in a negative fashion in these films, with the mise-en-scene utilized in such a fashion as to dismiss these people as “otherly” and violent. The mise-en-scene often forces us to identify with the victims of these “otherly” psychotic murderers, producing an “us and them” effect. Stigma is a serious problem in our society, and such depictions only contribute to the stigmatizing beliefs held by many people. Inaccuracies related to certain conditions are also presented as “truths” in horror films, which are then held as “facts.” Considering the ability a film has to educate the public, these inaccuracies are dangerous and encourage stigmatizing viewpoints.

MHCEs are often depicted as archaic structures, and encourage the public to believe that such environments continue to be used as the standard for modern treatment. They are often depicted as being haunted or as “evil” places. The mise-en-scene encourages these images; familiar horror tropes (i.e., chiaroscuro lighting) evoke responses from audiences such as fear, shock, and revulsion, encouraging a view of a place which is not used for treatment, but for violence. Inaccurate definitions and depictions from films of the past have insidiously influenced the modern view of mental ill health and of MHCEs. Positive examples exist in the genre, but the negative depictions far outweigh these.

Due to the stigma surrounding mental ill health, people are discouraged from working, educating themselves, and seeking treatment, and find that their supportive networks are reduced. People experiencing mental ill health are rejected by the public, largely owing to the stigmatizing beliefs they hold, and these beliefs may be largely attributed to the stigmatizing representations present in horror films. Unfortunately, the tradition of such negative depictions is not relenting; inaccuracies and exaggerations present in older films persist in the modern horror genre. Stigmatizing portrayals of psychosis and MHCEs that existed in older films are reoccurring in their respective remakes and reboots, as well as in a new wave of horror films. In order to combat such portrayals, people involved in mental health must take a hands-on approach in developing awareness, and should be in direct communication with the film industry.

Part II of this paper will examine the modern horror genre in finer detail, through the analysis of a specific set of films, and discuss which stereotypes, dominant themes, and misconceptions continue to exist in modern horror films, while also exploring how these depictions can be combated.

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