A QUALITATIVE STUDY EXPLORING SOUTH AFRICAN'S' PERCEPTIONS OF MENTAL ILLNESS PORTRAYED IN FILMS

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I hereby declare that the Research Report submitted for the *Psychology Honours* degree to The Independent Institute of Education is my own work and has not previously been submitted to another University or Higher Education Institution for degree purposes.

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Abstract

The present study sought to understand how a sample of South Africans perceive mental illness from the movies they watch. Mental illnesses are usually not portrayed accurately in films, providing people with incorrect information. Consequently, the public does not have accurate knowledge about mental health; and the majority of mental health literacy (MHL) studies are done internationally. Few have been done in South Africa. Data was collected was via individual semi-structured interviews, which were online due to the COVID-19 outbreak. Three people aged between 20 and 26, and were South African, who had not done a psychology course, were interviewed. The results, post-thematic analysis, showed that the participants did not have much knowledge about mental illness, some, however, had a better understanding than others. Participants stated that they believe that an individual's understanding of mental illness, from what is portrayed in films, is dependent on age, education and resources, particularly within South Africa. Furthermore, participants used stereotypical words/terms to explain mental illness, even if they were not consciously aware of it. The findings have implicated that films do influence people's perception of mental illness, and it is recommended that future studies look at people of different educational levels and ages.

1. INTRODUCTION

1.1 Contextualisation

Mental Health Literacy (MHL) can be defined as the beliefs and knowledge about mental illness which aid the public's recognition, management and/or prevention (Jorm, 2000). In other words, MHL is concerned about the general knowledge a population has (or does not have) about mental health issues. A growing concern with MHL developed due to people not having much knowledge about mental illnesses and the fact that many people were more knowledgeable and concerned about physical health (Jorm, 2015). According to Jorm (2000), the public generally have a misunderstanding about mental illnesses in that they do not understand the types of mental illnesses, what the illnesses entail, the treatment and management strategies and professional help offered (Jorm, 2000). However, Jorm (2000) did his research on Australians and made use of other researchers' research from the UK, USA and Germany but did not use any research from South Africa (Jorm, 2000). The media has a great influence on how people perceive the world and, in the case of this research, mental illness, especially in films (Pirkis, et al., 2006).

1.2. Problem statement

Mental illnesses are usually not portrayed accurately in films and it gives people incorrect information about them (Anderson, 2003). People tend to believe the information presented to them without checking the facts for themselves (Anderson, 2003), films are therefore argued to be worsening the MHL problem by introducing inaccurate information into individuals' existing knowledge about mental health. Even the treatment and management strategies can be portrayed incorrectly in films along with the help from professionals (Stuart, 2006). Many movies also portray the mentally ill as violent and dangerous, which of course is not always the case (Anderson, 2003). For example, in the classic film Psycho (1960) it portrays an individual with the mental disorder schizophrenia and is shown to be presenting with a split personality, which is an inaccurate representation of how schizophrenia presents according to the DSM-5 (APA, 2013), as dangerous and aggressive (Hitchcock, 1960; Pirkis, et al, 2006). Another example could be the film The Snake Pit (1948) where the lead female character likens her fellow patients to animals in a zoo, which dehumanises individuals with mental disorders (Pirkis, et al,

2006). This shows an inaccurate representation of mental health treatment protocols. By films giving people misconceptions about mental illnesses, people may avoid or mistreat mentally ill people in reality or, the mentally ill may even perceive themselves as something that is not true, it may even prevent them from seeking help (Anderson, 2003; Padhy, et al., 2014). These misconceptions about mental illnesses result in the deterioration of MHL as these films are not portraying accurate information, which is a research problem that this study aims to address. However, the extent to which the South African population follows this trend of believing misconceptions portrayed in films is unknown and requires further investigation in order to understand the state of MHL among the South African population.

1.3 Purpose statement

The purpose of this research study is to try to understand how South African's perceive mental illnesses that are portrayed in films and how exposure to these films influences mental health literacy in the South African community.

1.4 Rationale

By understanding how people perceive mental illnesses from watching films, this may help media and film companies to be aware of the effects that their films have on the public (Anderson, 2003). It may also potentially reveal something about the state of MHL in the South African population and the extent to which media or films interferes with MHL. This research study may be relevant to the field of psychology as it is interested in exploring South African individuals' perceptions of mental illnesses from what they have seen in films. This study may also be relevant to the problem around MHL as many people have incorrect information about mental illnesses, especially from what they see in films.

1.5 Research questions

- How do South Africans perceive mental illnesses as they are portrayed in films?
- To what extent do South Africans misunderstand mental illness due to films?
- To what extent does the portrayal of mental illness in films influence individuals' perceptions of those disorders and treatments thereof in real life?

1.6 Research objectives

- To explore how South Africans perceive mental illness portrayed in films.
- To understand the extent that South Africans misunderstand mental illness due to the films they watch.
- To explore the extent that portrayals of mental illness in films influence an individual's perception of those disorders and the treatments thereof in real life.

2. LITERATURE REVIEW

2.1 Theoretical foundation

This research study used Albert Bandura's (1971) Social Learning Theory (SLT). This theory states that people can learn by observing and interacting with others in a given situation, and by doing this a person will develop a similar behaviour (Barlow, et al., 2017; Nabavi, 2012). An individual will learn just as much as experiencing that particular situation directly (Barlow, et al., 2017). Learning from direct experience is governed by reward and punishment consequences that follow any given action or behaviour (Bandura, 1971). People learn by observing what behaviours or actions are favourable and which are not in a given situation (Bandura, 1971). Social context is very important to learning (Barlow, et al., 2017).

Within this theory there are three principles, namely observation, modelling, and imitation (Nabavi, 2012). However, Bandura states that behaviour may or may not change due to a person's interactions with others (Nabavi, 2012). According to Bandura, there are three basic models of observational learning: a live model, a verbal instructional model and a symbolic model (Nabavi, 2012). In the case of this research study, a symbolic model is what viewers would be observing. A symbolic model is a real or fictional character/s who display behaviours in either books, online media, television programs or films (Nabavi, 2012). Films are made in such a way that they are memorable, with the use of filming techniques, some include special effects, sound effects, make-up, acting, dialogue, and camera angles (Pirkis, et al., 2006). Mentally ill characters in films generally stand out and are different to the non-mentally ill characters (Pirkis, et al., 2006). These differences

include how they look, for example rotting teeth or unruly hair, the camera angles used on them and the words used by other characters to describe them such as ‘crazy’, ‘loony’, ‘psycho’, and so on (Pirkis, et al., 2006). Viewers generally identify with these responses seen in the film and will generally carry those attitudes into their everyday lives (Beachum, 2010). The more vivid the representation the longer it is stored in an individual’s memory and the easier it is to recall (Beachum, 2010).

By applying this theory to the research, it helped to understand how South African’s observe what they had seen in the films and possibly, model what they have seen. For example, using terms that they heard in films to describe the mentally ill or avoid people who look similar to a mentally ill character from a movie. Also, when people have little to no real-life experience with mental illnesses, they generally draw their knowledge from films (Beachum, 2010). People tend to not interrogate what they are learning as they see a certain behaviour is desirable in a certain situation, they may then gain a similar behavioural pattern (Nabavi, 2012). This is problematic with films as a person does not generally interrogate what they are learning and take the information at face value. Some sceptics argue that some people can rationalise between what is shown in the film and reality. However, Gabbard (2001) states that media images work on people unconsciously, even if a person consciously rejects a stereotype seen in a film (Beachum, 2010). This would cause a problem for MHL as many films show inaccurate information about mental illnesses (Anderson, 2003). People who watch these films involving a mentally ill person may treat a mentally ill person in reality the same or similar way. They may also use the same terminology to describe the mentally ill such as ‘psycho’. This could be a form modelling as the viewer is behaving in a similar manner and may even have similar perceptions about mental illnesses and their treatments and managements (Nabavi, 2012; Padhy, et al., 2014).

2.2 Review of literature

This research study investigated how South Africans perceive mental illnesses from the films they watch. This literature review explored five different themes. These themes aid in better understanding what portrayals arise from the media, such as films, about mental illnesses and why these are potentially problematic in the context of mental health literacy in South Africa.

2.2.1 Mental Health Literacy (MHL) internationally and in South Africans

Mental health literacy was adopted from the term health literacy, which is the ability to understand and use information about physical health (Crowe, et al., 2018). Unlike MHL, health literacy was more widely acknowledged (Jorm, 2000). MHL has been studied in hopes to improve public knowledge, rather than professional knowledge, about mental health. This shall hopefully promote help-seeking behaviour, empower individuals who are experiencing mental illness symptoms and decrease related stigma (Crowe, et al., 2018; Jorm, 2000). As mentioned previously, MHL can be defined as the beliefs and knowledge about mental illnesses which can help aid in the recognition, management and/or prevention (Jorm, 2015). Jorm (2000) states that many members of the public cannot recognise mental illnesses accurately and do not understand the meanings of psychiatric terms (Jorm, 2000). Many members of the public generally have negative attitudes towards mental illness based on false beliefs (Pirkis, et al., 2006). These negative attitudes may stigmatise individuals with a mental illness and can hinder these individuals from seeking help (Crowe, et al., 2018).

According to Jorm (2000), people generally acquire their knowledge about mental illness through direct experience, friends and family, news reports, television, and films (Jorm, 2000). Gaining knowledge from these places may not always be accurate (Jorm, 2000). Inaccurate information about mental illnesses also applies to treatment and management methods and mental health professionals (Crowe, et al., 2018). However, these statements were acquired by research done in Australia, the United States (US), the United Kingdom (UK) and Germany (Crowe, et al., 2018; Jorm, 2000).

International studies on MHL have investigated the recognition of mental illness, beliefs about the causes, beliefs about how dangerous mentally ill people are, the amount of social distance desired from people with mental illness, MHL in college students, help-seeking recommendations, MHL of young people, self-stigma (of menta illness and of seeking help) and general MHL (Crowe, et al., 2018; Furnham, et al., 2011; Kim, et al., 2015; Link, et al., 1999). Three international studies noticed that there were gender differences in terms of MHL. Women tended to have a better MHL than men (Crowe, et al., 2018; Furnham, et al., 2011; Kim, et al., 2015). In studies done by (Furnham, et al., 2011) and (Kim, et al., 2015), they noticed a difference in MHL between people with different educational levels. People with a higher educational level tended to have a higher level of MHL (Furnham, et al., 2011; Kim, et al., 2015). Link and colleagues (1999) stated that cultural beliefs played an important role in shaping societal responses to people with mental illness (Link, et al., 1999). Jorm

(2012) stated that MHL is a Western concept which may not necessarily be in line with illness beliefs and help-seeking preferences of people from diverse cultural backgrounds (Kim, et al., 2015). South Africa is a culturally diverse country, thus, MHL in South Africa needs to take into consideration that different cultures understand mental illnesses differently.

When trying to understand MHL in South Africa, two studies can be reviewed, one by (Samouilhan & Seabi, 2010) and another by (Kometsi, et al., 2019). The study by Samouilhan and Seabi (2010) aimed to investigate the nature and extent of inaccurate cause and treatment beliefs as a possible explanation as to why mental health services were being underutilised in South Africa (Samouilhan & Seabi, 2010). The researchers noticed that South Africans delayed getting treatment, even though it was available to them (Samouilhan & Seabi, 2010). The reason for this was mainly because of the inaccurate and false beliefs about mental illness and its treatments (Samouilhan & Seabi, 2010). The participants seemed to understand that seeking some help was better than not seeking help at all (Samouilhan & Seabi, 2010). However, even though the participants stated this, the participants themselves would not seek help themselves, which could be sue to the stigma around mental illness (Samouilhan & Seabi, 2010).

The study by Kometsi and colleagues (2019) aimed to investigate the conceptions of mental illness that participants had based on their worldviews (Kometsi, et al., 2019). Various societies draw their knowledge from different worldviews (Kometsi, et al., 2019), such as traditional practices in South Africa which tend to influence how people perceive mental illness, for example, an individual with schizophrenia may be seen as being possessed by an evil spirit (Kometsi, et al., 2019; Samouilhan & Seabi, 2010). Kometsi and colleagues (2019) stated that there was a need for a large-scale study on MHL as there has not been much done in South Africa (Kometsi, et al., 2019). This study aimed to achieve this. The study identified that the participants used normalising labels for mental illnesses instead of using the scientifically correct labels, for example, depression was normalised as being stress or life problems (Kometsi, et al., 2019). These normalising labels may have an effect on people suffering from mental illnesses and could hinder them from seeking help. The study also identified that conceptualisation of mental illness is dependent on an individual's own explanatory models of illnesses and is not necessarily only dependent on Western explanations (Kometsi, et al., 2019). It was observed that South Africans have their own way of identifying mental illnesses which could be due to their worldviews (Kometsi, et al., 2019). However, they generally did not know the scientific diagnostic terms and they believed that stress was an important factor in mental illness (Kometsi, et al., 2019). The research

discussed here has not paid much attention to the role that the media, such as films, plays in South Africans understanding of MHL. This present research study thus investigated the influence that films have on South Africans and their perceptions of mental illness.

To summarise, MHL has been studied extensively internationally, however, not much research has been done in South Africa. The two MHL studies done in South Africa have identified that traditional practices and different worldviews influence the way South Africans perceive mental illnesses. Jorm (2000) stated people can gain knowledge about mental health by the films they watch, however this was an international study. As (Kometsi, et al., 2019) stated, there have been few studies done on the MHL in South Africa and especially none done on how films influence South African perceptions.

2.2.2 Media Portrayal

The aim of the media is communication, and its goals are to entertain, educate and inform (Padhy, et al., 2014). The media has the power to influence people's beliefs, attitudes and behaviour (Beachum, 2010; Knifton & Quinn, 2008; Padhy, et al., 2014). According to studies by Ma, (2016), Orchowski, et al. (2006) and Padhy, et al. (2014), many members of the public state that media, such as news reports and films, are their primary sources of information about mental illness. This is problematic because the media generally portrays mental illness negatively (Lawson & Fout, 2004; Jorm, 2000).

Attitudes towards mental illness are greatly influenced by mass media (Anderson, 2003; Stuart; 2006). This leads to misconceptions within the public about mental illness (Knifton & Quinn, 2008; Wahl, 1992). However, media can be used to reduced stigma around mental illness and help educate the public (Padhy, et al., 2014).

The mentally ill are generally associated with homicidal news reports and tend to link mental illness with dangerousness, violence and crime (Anderson, 2003; Ma, 2016; Padhy, et al., 2014). There seems to be a relationship between news media, entertainment media and social perception, which contribute to the negative attitudes and beliefs (Anderson, 2003; Beachum, 2010). This demonstrates the complex problem facing MHL as there are many aspects to consider (Beachum, 2010). However, news reports tend to omit specifics about mental illness which could be due to journalists not being well informed about the topic (Anderson, 2003; Padhy, et al., 2014). Journalists are paid to sell a story, not just write a story, thus the language used is to make the story sound interesting (Beachum, 2010;

Padhy, et al., 2014). This is also done in films. Filming techniques are used to make the audience feel like they are part of the film and make them think a certain way for entertainment purposes (Pirkis, et al., 2006; Stuart, 2006). The needs for cinematic effects outweigh the accurate portrayal, as it is not interesting enough (Gabbard, 2001). Even in children's films like Disney, the language used starts teaching children mental illness stereotypes, for example, in the film Beauty and the Beast, the townspeople frequently refer to Belle and her father, Maurice, as mentally ill (Lawson & Fout, 2004). This is problematic as it is teaching children from a young age to use stereotypical language and to treat those with mental illnesses differently (Lawson & Fout, 2004).

The media has a great influence on the public and generally portray mental illness negatively which creates stigma among the public. Films are created in such a way that it makes the audience feel like they are part of the film and portray mentally ill characters differently compared to the other characters. Language used in both films and other media generally impact how the public views mental illness in terms of stereotypes and labels. In South Africa, not much research has been done on MHL in terms of how films can influence South African perceptions on mental illnesses.

2.2.3 Perceived ideas and attitudes of mental illness

The media tend to represent the mentally ill as violent, insane, crazy, unpredictable, dangerous, unlikable, failures, asocial, worthless and criminals, which influences how people view them (Anderson, 2003; Beachum, 2010; Jorm, 2000). According to Jorm (2000), violence and dangerousness is only the case with a small portion of mentally ill people (Jorm, 2000). In films and television programmes, mentally ill people are generally portrayed as killing people or hurting someone, which increases the stigma around mental illness (Beachum, 2010; Stuart, 2006). The stigma around mental illness tends to make people fearful, anxious, and distant of mental illness (Beachum, 2010; Padhy, et al., 2014; Stuart, 2006). An MHL study by Link and colleagues (1999), stated that people in the US feared mentally ill people and kept their distance due to them making a link between the symptoms of mental illnesses and violence (Link, et al., 1999). There are several negative portrayals of mentally ill people identified by Pirkis and colleagues (2006), some include the homicidal maniac, the female patient seductress, the zoo specimen, and the narcissistic parasite (Pirkis, et al., 2006). Another two types were identified by Hyler and colleagues (1991), which were the simpleton and the failure or victim (Pirkis, et al., 2006).

Films tend to make rare mental illnesses seem common, such as dissociative identity disorder (multiple personality disorder) or schizophrenia, as it makes for a good drama (Pirkis, et al., 2006). Bizarre symptoms are also emphasised which gives an inaccurate representation of the mental illness (Wahl, 1992). Also, within films and other media, people tend to make the mentally ill have some extraordinary skill (Kaur, 2014). Films tend to increase the fear and anxiety about mental illness within society, especially when films are very similar to real-life incidences (Padhy, et al., 2014). Language used in media also increases the stigma about mental illness, and it is learned from a young age. Many children's programmes and movies, such as Disney, have mental illness stereotypes (Lawson & Fout, 2004). Children are influenced by these representations and behave and think accordingly, especially if it is reinforced when they get older (Ma, 2016; Stuart, 2006). Bandura's social learning theory (1971) states that people can learn by observing others and can behave in a similar manner, especially if it is positively received (Nabavi, 2012). In other words, if children, for example, watch a Disney film where mental illness stereotypes are present, they might start behaving in a similar manner, especially if they are positively reinforced by others, such as their friends or parents. This could apply to adults too in terms of them watching a film and picking up on the words used to describe the mentally ill or how mentally ill people look and behave.

Public attitudes and behaviour are greatly influenced by the media. Media's negative portrayals of mental illness influence how the public view it. These stigmas make many members of the public keep their distance from those with a mental illness. MHL studies in South Africa have generally only researched how South Africans understand and perceive mental illnesses in general and in accordance to their worldviews (Kometsi, et al., 2019; Samouilhan & Seabi, 2010), but not on how films can influence their perceptions.

2.2.4 Treatments and management

Treatment and management methods in films are generally portrayed inaccurately, dramatically, and negatively (Beachum, 2010). Only those that serve a filmic purpose are generally depicted, such as electroconvulsive therapy (ECT), as it has great melodramatic potential (Pirkis, et al., 2006). Drug therapies are not often depicted in films as it is not as dramatic, however when depicted the patient is forced to take it (Padhy, et al., 2014; Pirkis, et al., 2006). This is a problematic depiction of medicinal treatment as viewers may believe that they will be given medicine against their will if they seek help (Padhy, et al., 2014; Pirkis,

et al., 2006). Many films portray ECT as painful, to punish or control unruly patients, forced administration, torture and a means to induce insanity (Beachum, 2010; Padhy, et al., 2014; Pirkis, et al., 2006). The film One Flew of the Cuckoo's Nest is an example of the dramatised portrayal of ECT (Beachum, 2010). ECT is in fact a very effective treatment for people with severe mental illnesses, it is safe, consent is needed before administration, they are given a muscle relaxant and an anaesthetic, they are unconscious during the procedure and twitch slightly rather than thrashing around (Jorm, 2000; Kaur, 2014; Pirkis, et al., 2006).

Other treatments portrayed in films are forced lobotomy, confinement, psychosurgery, cathartic cure, and love cure (Beachum, 2010; Padhy, et al., 2014; Stuart, 2006). The cathartic cure seen in films is problematic as it suggests that by uncovering past memories and events, one will be cured of their mental illness (Beachum, 2010; Orchowski, et al., 2006). This is problematic for MHL as it discourages people to seek help as they now believe that if they uncover their past memories, they will be cured (Beachum, 2010; Orchowski, et al., 2006). The same applies to the love cure. The love cure in films is when a female therapist falls in love with her male client, which is an ethical violation, and it suggests that love can sure mental illnesses (Beachum, 2010; Gabbard, 2001). Furthermore, it created sets up problematic expectations of female therapists (Beachum, 2010; Gabbard, 2001). Films also depict that recovery is instant, which is not accurate and causes problems as people start to expect this (Beachum, 2010; Gabbard, 2001). These negative and inaccurate depictions may hinder people from seeking help (Beachum, 2010; Jorm, 2000; Ma, 2016). People also start to not trust the methods available, even with reassurance (Pirkis, et al., 2006; Stuart, 2006).

To summarise, treatments and management strategies are portrayed inaccurately in films. Due to these portrayals, it hinders people from seeking help and are wary of the methods, even with the reassurance. Also, people tend to have false expectations about treatments, which is problematic for MHL. In South Africa, people tend to be wary of mental illness treatments based on false beliefs or have different ideas of treatments based on their traditional practices (Kometsi, et al., 2019; Samouilhan & Seabi, 2010). However, more studies need to be done in order to understand how South Africans perceive treatments based on the films they have seen.

2.2.5 Portrayal of mental health professionals

Films generally portray mental health professionals or therapists negatively and inaccurately, which makes viewers wary of therapists (Orchowski, et al., 2006; Stuart, 2006). Film are generally only concerned about making an interesting movie and are not worried about whether it is accurate (Gabbard, 2001; Orchowski, et al., 2006). Therapists are generally portrayed in films as neurotic, oppressive, malevolent, inhuman, ineffective, uncaring, unable to maintain professional boundaries, self-absorbed, breaching confidentiality agreements, prescribing ECT without anaesthesia, idiotic or mentally unstable (Beachum, 2010; Kaur, 2014; Padhy, et al., 2014). Several categories have been identified of therapists in films, some include: Dr. Dippy, Dr. Evil, Dr. Wonderful, Dr. Sexy, The Romantic and Dr. Flawed (Beachum, 2010; Orchowski, et al., 2006; Pirkis, et al., 2006).

Therapists in films are also depicted negatively in terms of gender (Gabbard, 2001). Female therapists are generally de-professionalised and are portrayed as sex objects (Gabbard, 2001). The love cure in films portray female therapists as falling in love with their patient, which is highly unethical in the professional field of psychology (Beachum, 2010; Pirkis, et al., 2006). These inaccurate and negative depictions of therapists hinder people from seeking help as they become wary of them and are not sure whether they are helpful (Gabbard, 2001; Orchowski, et al., 2006). False beliefs and expectations are formed from these depictions (Beachum, 2010; Pirkis, et al., 2006). For example: the cathartic cure portrayed in films makes it seem that a therapist is not needed and that a therapist does not have to be skilled or trained (Beachum, 2010).

Mental health professionals are not portrayed very positively in films and false beliefs and expectations are formed about them. This can hinder people from seeking help. Therapists are also de-professionalised by the negative portrayals. There are only a few studies done on MHL in South Africa, thus more studies need to be done to understand how South Africans perceive mental health professionals from the films they have seen.

2.3. Conceptualisation of terms

- **Mental health literacy (MHL):** Adopted from the term health literacy, which is the ability to understand and make use of medical information for a person's physical health (Crowe, et al., 2018). Jorm and colleagues (1997) define MHL as the beliefs and knowledge that people have about mental illnesses which aid in their recognition, management, or prevention (Jorm, 2015). MHL consists of several components some include being able to recognise a mental illness and when one is developing,

knowledge about help-seeking options and treatments available and knowing about mental health first aid to help others (Jorm, 2015). In the case of this research study MHL is conceptualised as how South African's perceive mental illnesses, its treatments and management and professional help available.

- **Mental illness:** It is a psychological dysfunction within an individual which involves changes in emotions, thinking and/or behaviour (Barlow, et al., 2017; Parekh, 2018). It is also associated with distress and/or problems functioning within social, family and work activities (Barlow, et al., 2017; Parekh, 2018). In terms of this research study, mental illness is conceptualised as a psychological dysfunction within an individual involving the above-mentioned criteria, however, it will be viewed in terms of films.
- **Films:** Generally, consist of plot, theme, characters, sound, visual imagery, dialogue, editing and lighting (Bakilapadavu, 2008; Beachum, 2010). The audience perceives the film as a complete whole, which is done by joining fragments of various elements together (Bakilapadavu, 2008). Films are generally created to seem realistic and to make the audience feel like they are part of the film (Beachum, 2010). For this research study, films can be classified as being any film produced by any major film industries such as Hollywood (Beachum, 2010). It will not be consisting of any YouTube, homemade or student films. Films of interest will be any films that contain a mental illness element.

3. RESEARCH DESIGN AND METHODOLOGY

3.1 Paradigm

The research study will be using an interpretivist approach as this study is interested in how people interpret what they see when watching films, in terms of how they perceive mental illness. These perceptions are considered units of knowledge in terms of understanding the state of MHL in South Africans. This paradigm was chosen as to gain a deeper understanding on how South Africans perceive mental illness from the films they watch and whether they take what they see at face-value (Creswell, et al., 2020). This paradigm is best suited for this research study as it is interested in people's reality which

they construct based on their experiences with the world around them (Rehman & Alharthi, 2016). It looks at how people create their own meaning and how they interpret their surroundings, which the other paradigms are not concerned with (Kivunja & Kuyini, 2017). In terms of the ontological view, reality is viewed as subjective and has multiple realities which are socially constructed (Rehman & Alharthi, 2016). A single phenomenon may have multiple interpretations, instead of a truth which can be discovered by means of measurement (Rehman & Alharthi, 2016). Different individuals may interpret what they see in films differently from one another. They may also interpret their reality in terms of what they have learned from others or, in the case of this study, films. Reality is subjective and is constructed by people's perception of the world around them (Creswell, et al., 2020). The epistemological assumption guiding this study is that people's perceptions of mental health reflects their mental health literacy, as described through the narratives they produce (Kivunja & Kuyini, 2017). It looks at the knowledge people have about the world around them and in this study's case, their knowledge about mental illness seen in films. The researcher considers the perceptions of the South Africans about mental illness seen in films as knowledge (Kivunja & Kuyini, 2017). The axiological assumption values the participant's interpretation and subjectivity of what they have perceived about mental illness from watching films (Creswell, et al., 2020).

3.2 Research Design and Conceptual Approach

3.2.1 Research strategy

Since the present research study used an interpretivist paradigm, it thus used a qualitative approach. The interpretivist paradigm is interested in gaining a deeper understanding on how people interpret the world around them (Rehman & Alharthi, 2016). Knowledge or data is obtained by the interpretations of the individuals in interest. The qualitative approach relies on words (linguistics) and analyses data based on meaning instead of numerical data or statistical forms of data analysis (Creswell, et al., 2020; Rehman & Alharthi, 2016). It focuses mainly on natural settings where interactions occur. This approach seeks answers to questions by observing multiply social settings and the people who are part of these settings. It emphasises understanding phenomena (Creswell, et al., 2020). This research study wants to gain a deeper understanding on how South Africans perceive mental illness from the films they watch. Thus, the qualitative approach was best suited for this study as it helped obtain in-depth information about what perceptions South

Africans have of mental illness from the films they have watched. Data is on the South Africans interpretations and perceptions of mental illness from the films and will be analysed based on meaning.

3.2.2 Research design

This research study used an inductive reasoning approach as it focused on building patterns and themes from the 'bottom-up' (Creswell, 2007). The data was organised into more abstract units of information and involved the researcher working back and forth with the data and themes so that a comprehensive picture can be framed (Creswell, 2007). This form of reasoning can require working interactively with participants so that themes can emerge and be shaped (Creswell, 2007). In the case of this study, the emerging themes were examined in order to frame a comprehensive picture as to how South Africans perceive mental illness portrayed in films.

The research study was exploratory as it aims to gain a deeper understanding about how South African's perceive mental illnesses from the films they watch. There is very little recent (within the last 5 years) research on this topic and nothing has been done on South African's perceptions of mental illness from the films they watch. The objective of exploratory research is to gain a better understanding of a phenomena which has not been clearly defined yet (Creswell, et al., 2020).

The research study will be used a phenomenological design, as it described the lived experiences of several individuals on a specific concept or phenomenon (Creswell, 2007). This study is interested in how individuals perceive mental illnesses from the films they have watched. In other words, those individual's lived experiences of watching those films and their interpretations of mental illnesses from those lived experiences. The study will let the data to speak for itself (Creswell, 2007).

A cross-sectional design is best suited to this research study as data is gained at a single point in time (Plooy-Cilliers, Davis, & Bezuidenhout, 2018).

3.3 Population and sampling methods

3.3.1 Population

In this research study, the unit of analysis was individuals from KwaZulu Natal, South Africa. The population of interest are people from the KwaZulu Natal (KZN) region, who had not done a course in psychology i.e. had no exposure to a tertiary level module in psychology; who were between the ages of 20-26 years and who had watched films where a psychological/mental illness is a core theme. Gender was not specified for this study. The sample included three people from the KZN region, who the researcher knows, who have not studied a course in psychology and who have watched films with a psychological/mental illness as a core theme. Since this research study is qualitative, only three participants were needed to allow for more in-depth data collection and data analysis.

3.3.2 Sampling method

Non-probability, purposive sampling was used as the study required a specific group of people (Creswell, et al., 2020). Non-probability sampling involves non-random selection and the individuals do not all have equal chances to participate in the research, however, it is helpful in gaining answers about specific questions (Devers & Frankel, 2000). Purposive sampling refers to choosing participants that will be the most useful for the purpose of the research study (Creswell, et al., 2020; Devers & Frankel, 2000). Purposive sampling is generally chosen when the researcher wants to gain a deeper understanding of the experiences of individuals or groups or for developing theories and concepts (Devers & Frankel, 2000). The researcher selects individuals, groups or organisations that would provide the best insight into the research question(s) being asked (Devers & Frankel, 2000). The researcher chose this sampling method as specific inclusion criterions were needed for this research study; that being individuals from KZN, who had not undertaken a course in psychology, who were between the ages 20-26 years and who had watched films with a psychological/mental illness as a core theme.

Even though the researcher interviewed people she knew, the researcher needed to purposively choose those who had watched films with a psychological/mental illness as a core theme. By purposively choosing this group of individuals, it allowed the researcher to gain a deeper understanding of how a sample of South Africans' perceive mental illness in the films they watch. It also helped the researcher to answer the specific questions that the research study was seeking answers to.

3.3.3 Recruitment methods

People who the researcher is acquainted with were contacted via WhatsApp. The researcher already had access to the participants' details. The reason for this was so the researcher could make sure that the participants had watched films with a psychological/mental illness as a core theme or a film involving some form of mental illness. Only three participants were recruited, as required by the IIE institution.

3.4 Data collection and application method

3.4.1. Data collection

The way that data was collected was via online, individual interviews. The reason this form of data collection was chosen was due to the COVID-19 outbreak. Interviews allow the researcher to see the world through the participant's eyes and is valuable information if used correctly (Creswell, et al., 2020). This form of data collection was able to help the researcher gain a deeper understanding on how South Africans perceive mental illnesses from the films they watch as the questions were open-ended and allowed the participants to expand on their ideas and interpretations (Creswell, et al., 2020). The interviews were online due to the COVID-19 outbreak, as people were not allowed to gather due to social distancing, thus it was safer to do the interviews online.

This research study made use of semi-structured interviews. The reason this type of interview was chosen is that it allowed for more flexibility during the interview and encourages the participants to provide more useful information (Devers & Frankel, 2000). Refer to annexure D. This type of interview has set, structured questions for the participants to answer but also allowed for unstructured questions, where the researcher could probe for more information or where the researcher wished to clarify some statements (Devers & Frankel, 2000). This type of interview was best suited for this research study because it allowed the participants to generate ideas about different films that they have watched, which the researcher could use for the next interview. Another reason why this type of interview structure was chosen as it allowed the researcher to gain new ideas about questions to ask the next participant, in terms of what the previous participant stated. It also allowed the participants to talk about their interpretations and perceptions about mental illness from the films they have watched. The interviews were roughly 30 minutes and were recorded either by phone or via Skype.

3.4.2 Application of data collection method

All participants were sent consent forms to participate in the research and to be recorded, which they signed and sent back. Refer to Annexure C. The interviews were all done online, two being done via Skype and one done via Google hangout. The reason the one interview was done via Google hangout was that the participant did not have the Skype app, thus the researcher made a plan that would accommodate the participant. The researcher asked thirteen set questions, but there were several random questions that were asked based on what the participants said, on what the researcher thought to ask that she did not think of before and on what was mentioned in previous interviews that interested the researcher. All questions that the researcher wanted to ask the participants were written on a page and as the interview proceeded, the researcher made notes of things that she wanted to ask the next participant. All three interviews were recorded however, one was recorded differently to the other two - Skype contains an option to record, thus the first two interviews were recorded via Skype. However, Google hangouts did not have a recording option. The researcher had to figure out how to record the interview and eventually discovered that her laptop had an application that allowed her to screen record. The application was called Xbox bar. The audio quality was not as great when the researcher did a test run with it, due to the poor internet connection. The researcher decided to use the Xbox bar to record the visual and then her phone to record the audio.

Notwithstanding the above contingency methods, a problem arose. During the third interview, the internet connection on both the researcher's and the participant's side was of poor quality. There was a substantial amount of lag and the researcher had to wait two or so minutes for an answer every time she asked a question. This could cause some misunderstanding in terms of whether the participant paused or hesitated. Also, the lag made the video call of the participant slow and in some moments the participant was frozen, but the researcher could still hear her. Thus, non-verbal communication was difficult to notice. Towards the end of the interview the connection dropped, and the session was cut. The researcher had to re-start the video call but then the screen recording application did not want to work so the researcher used her phone and did a video recording of the rest of the interview. With the first two interviews, there were not as many problems. There were some connection problems such as some lag and a drop in

connection which required the repeating of questions, but it was not as bad as the third interview. All three interviews were roughly thirty minutes long.

3.5 Data analysis and application

3.5.1 Data analysis

Thematic analysis was used to analyse the data collected so that common themes could be grouped and so that there may be a better overall understanding as to how people perceive mental illnesses portrayed in films (Braun & Clarke, 2006). The goal of thematic analysis is to identify themes that will be used to address the questions of the research study (Maguire & Delahunt, 2017). Data is interpreted and made sense of (Maguire & Delahunt, 2017). A rich description of the data set was what this research study aimed to provide as it wanted the readers to have a sense of the important themes (Braun & Clarke, 2006). This is particularly beneficial when the research topic has been under-researched or when a researcher is working with participants whose views on the topic are not known (Braun & Clarke, 2006). The topic of interest for this research study has had little recent (within the last 5 years) research done on it. There has also been little research done in South Africa in terms of how South Africans perceive mental illness from the films they watch. An inductive analysis was used as themes identified would be strongly linked to the data itself (Braun & Clarke, 2006). In other words, allowing the data to determine the themes.

Braun and Clarke (2006) suggested six steps to take when analysing data. The first step requires the researcher to become familiar with the data, the second step involves the generation of initial codes, the third step involves searching for themes, the fourth step involves reviewing the themes initially found, the fifth step involves naming and defining the themes and the last step involves reporting the findings (Braun & Clarke, 2006). The second step involves different types of coding, such as line-by-line coding, which the researcher used for the study (Maguire & Delahunt, 2017). Line-by-line coding involves looking at every line to find potential codes that are of interest to the researcher (Maguire & Delahunt, 2017). Line-by-line coding is generally used when the research is using an inductive analysis (Maguire & Delahunt, 2017). In the case of this research study, the data was collected specifically for the research via interviews and the themes identified may have little relation to the specific questions that were asked of the participants (Braun & Clarke, 2006). This research study is interested in understanding how South Africans

perceive mental illness from the films they watch in terms of how this may be a problem for overall mental health literacy.

3.5.2 Application of data analysis

The researcher transcribed all three interviews via pen and paper in a notebook. Code names were given to the participants to ensure their confidentiality. The researcher watched the interview recordings again to make sure nothing was left out and to observe the non-verbal behaviour more closely. After re-watching the recordings, the researcher then read over the transcripts several times to become familiar with the data. While reading over the transcripts, the researcher also made notes of statements that piqued her interest, in terms of themes. Line-by-line coding was used to find codes and to create potential themes. Words of interest were highlighted and were colour coded with highlighter and pens in terms of what code they may potentially fall under. All the transcribing and coding were done on paper as the researcher found it easier to do it on paper than on a word document. Once the researcher could not find any more codes of interest or the data could not yield any more significant contributions, she then grouped all the data under different codes. Grouping the data into codes was done on paper in tables, which allowed the researcher to have a summarised view of the data. These codes allowed the researcher to get an overall view of the common meanings that appeared in the data. Once the data were grouped into their different codes, the researcher started sorting out the different codes into potential themes. This involved the researcher trying to figure out which codes could be combined to become one theme and what could be classified as sub-themes. After sorting out the codes into themes, the researcher then examined the themes to make sure that they represented what the research was exploring; i.e. perceptions of mental illness. The researcher then examined the names of the themes to ensure that they were concise and easy to understand however, the definition of the themes will be mentioned in findings and interpretations of findings.

4 FINDINGS AND INTERPRETATION OF FINDINGS

4.1 Presentation of Findings

These are the themes that arose from the research:

4.1.1 Theme 1: Mental health literacy (MHL)

All three participants stated that they did not have a good understanding of mental illnesses and its various treatments, more so the treatments. Participant B: *"No, not really…. I don't really know much about it, I guess I just picked up on like certain things people have said and from movies I have watched."*

4.1.1.1 Sub-theme 1: Source of knowledge

Participant G: *"Social media…. campus student wellness centre emailed to them".*
Participant B: *"…other people…. movies*".

4.1.1.2 Sub- theme 2: Fact-checking

Two participants (C and G) mentioned that they do generally. Participant B stated, *"I don't give it a second thought."*

4.1.1.3 Sub-theme 3: Education

Participants G and C stated that education would be a factor.

4.1.1.4 Sub-theme 4: In South Africa

Participant G: *"Exposure of mental illness in South Africa is not good."*

4.1.2 Theme 2: Mental illness portrayed in the films

Participants stated what mental illness they thought was being portrayed in the films. Split portrays *"dissociative disorder and has multiple personalities*" (participant C).

4.1.2.1 Sub-theme 1: Common mental illnesses portrayed in films

Common mental illnesses that the participants believed were mostly seen in films were post-traumatic stress disorder (PTSD), depression, anxiety, dissociative identity disorder (DID), some form of psychosis, and "*psycho weirdos who have like fetishes and are stalkers.*"

4.1.2.2 Sub-theme 2: Horror films

Participant G: *"The general shift has been from less gore to more psychological stuff like stuff that creeps people out rather than grosses them out.*"

4.1.3 Theme 3: Perceptions about mental illness in films

All three participants believe that films create a stigma or stereotype around mental illness and those with a mental illness.

4.1.3.1 Sub-theme 1: Participants use of words to explain mental illness

Deranged, crazy, odd, weirdo, insane, villainess, psycho, strange, unhinged, evil, and different to explain characters with a mental illness.

4.1.3.2 Sub-theme 2: Impact on those with a mental illness

Films portrays of a mental illness would impact the lives of those who have a mental illness.

4.1.4 Theme 4: Media portrayals

All three participants believed that films over exaggerate, influence behaviour, and negatively portray mental illness. Participant C stated, *"…I feel like for cinematic effect a lot of the time they either romanticise it or they take it to the extreme..."*

4.1.5 Theme 5: Influence on behaviour

Participants stated that they believe that people's behaviour, specifically children, those with a lower educational level, and no access to resources such as the internet, can be influenced by what they see in films. Participant B: *"…expose children…. young would definitely…come through when they are adults…. murderers were the ones who were exposed to these violent movies..."*

4.1.6 Theme 6: Treatments and procedures in films

A common treatment that all three participants mentioned was the general sit-down treatments. Psychiatric hospitals are portrayed as "*scary*" according to participant B.

4.2 Interpretation of findings

The researcher sought to understand how South Africans perceive mental illness from how they are portrayed in films.

By examining what has been stated above and from the findings, all three participants have a very basic understanding of mental illness, some having a better understanding than others. During the interviews the participants would mention that they are not sure about the name of a mental illness or if it was one. With participant C they split dissociative identity disorder (DID) into "dissociative disorder and multiple personality." However, participant C had a general understanding of the disorder. Participant B did not name any disorders and when asked what disorders they believe a film portrayed or what was a common mental illness in films. However, participant B did mention that they were not clued up when it came to mental illnesses.

The findings also showed that participants believed that films exaggerate mental illness and its treatments and that it is not completely accurate. However, some stated that films portray a certain level of truth. Participant C states, *"….in movies they generally try to portray a certain level of truth, um, so they'll do a bit of research…."*

Additionally, the findings suggest that the participants are influenced by films without realising it. This can be observed by their choice of words to describe mental illness such as crazy, or psycho. Participants mentioned that they tend to pick up on phrases or words, such as swearing, from the films they watch. All three participants stated that they believe that children are greatly influenced by what they watch, which is also possibly for adults, to

an extent. The participants stated that the mentally ill portrayed in films generally look different to the more “sane” characters. The participants noted that films generally portray mental illness negatively and that they are often villainised.

Within a South African context, the participants feel that many South Africans would just accept what they see, especially those who are less educated, and under-resourced. The media has an influence on people on the way they think about the world around them, to an extent, without them even realising it.

4.3 Findings in context

4.3.1 Theme 1: Mental Health Literacy (MHL)

All three participants stated that they did not have a good understanding of mental illnesses and its various treatments, more so the treatments. Participant C: “*I don’t have a very good grasp of it*.” Similar findings were found by (Jorm, 2000) who stated that members of the public generally cannot recognise mental illnesses accurately and do not understand the meanings of psychiatric terms (Jorm, 2000).

This research elicited the sub-theme 2 (fact-checking) which was not yet accounted for by the literature.

In terms of education, participants believed that education would play a role in how people perceived mental illness from the films they watched. Participant G: *“…. basic education skills… inclined to believe certain things…. to be truthful for all situation*.” Similar findings were where people with higher educational levels tended to have a higher level of MHL (Furnham, et al., 2011; Kim, et al., 2015).

Participants believe that within South Africa, people would generally accept what is presented to them and that they would not go check the facts. Similar findings were found in terms of South African’s not having a great understating of mental illness (Kometsi, et al., 2019; Samouilhan & Seabi, 2010).

4.3.2 Theme 2: Mental illness portrayed in the films

This research elicited new films that portrayed mental illness, according to the participants, which were *The Black Swan*, *Spilt*, *Silver Linings Playbook*, *Star Wars*, *Joker*, *Logan*, *The Devil Inside*, *Glass*, *Finding Dory*, and *Lord of the Rings*.

Participants stated that common disorders that are portrayed in films (sub-theme 1) were, DID, PTSD, depression, "*some form of psychosis*", and "*psycho weirdos who have like fetishes and are stalkers"*. These findings differ slightly to those of the literature where Pirkis and colleagues (2006) found that common portrays where DID or schizophrenia (Pirkis, et al., 2006).

In terms of horror films, participants noted that there has been a shift. Participant C: *"…it is more noticeable; you can definitely tell they have a disorder more than you would have in the older movies..."* Other studies looked at horror movies but did not investigate the shift (Beachum, 2010; Pirkis, et al., 2006).

4.3.3 Theme 3: Perception about mental illness in films

The participants believed that films create a stereotype around mental illness, Participant G: *"…raise in movies with villainising those with mental illnesses does contribute…. negative stereotype."* Similar findings state that mentally ill people in films are generally portrayed as killing or hurting people, which increases the stigma (Beachum, 2010; Stuart, 2006).

Films portraying mental illness negatively would impact those who had a mental illness. Participant G: *"…general shift towards psychological villains is not great and could harm those with a mental illness."* Similar findings were noted by (Beachum, 2010; Jorm, 2000; Pirkis, et al., 2006; Samouilhan & Seabi, 2010) that negative portrays do impact the lives of those with a mental illness.

4.3.4 Theme 4: Media portrayals

Participants stated that films exaggerate mental illness, however, they also state that there is some truth to the portrayals. Participants also believe that films generally portray mental illness negatively and that the media has an influence over individuals, to some extent. The research findings were similar to those of Gabbard (2001), Jorm (2000), and Knifton and Quinn (2008). Their findings showed that cinematic genre outweighed accurate portrayals

(Gabbard, 2001), media, including films, generally portrays mental illness negatively (Jorm, 2000), and that the media has the power to influence people (Knifton & Quinn, 2008).

4.3.5 Theme 5: Influence on behaviour

The participants believe that children are highly influenced by what they watch and hear. People can be influenced without them realising it. Similar findings found that children from a young age start to pick up on stigmatising language (Lawson & Fout, 2004) and that people are influenced by media without them realising it. (Beachum, 2010).

4.3.6 Theme 6: Treatments and procedures in films

Participants stated that a treatment they noticed the most was the general sit-down therapies. Participant B stated that psychiatric hospitals are portrayed as scary. There are some similarities such as psychiatric hospitals being portrayed as scary; however, the rest is different to previous literature where ECT was quite prominent and unethical therapy sessions (Beachum, 2010; Pirkis, et al., 2006).

4.4 Trustworthiness

Trustworthiness was ensured via credibility, transferability, dependability, and confirmability (Korstjens & Moser, 2018). To ensure credibility, well-established research methods were used, such as using a qualitative research design, and examined previous research findings (Creswell, et al., 2020). To ensure honesty in participants, a sense of rapport was established at the beginning of the interview by asking the participants casual questions, before asking the set questions (Shenton, 2004). For example, asking How they were doing and what types of movies they enjoy. To ensure transferability, thick description was used as the researcher provided an in-depth description on the context, participants, and research design (Creswell, et al., 2020). The limitations were described in-depth to show the boundaries of this study (Shenton, 2004), such as the research being done during a world pandemic. The researcher is also used purposive sampling, which helped ensure transferability (Creswell, et al., 2020). This allows outsiders to have a better understanding and may enable them to conduct the same study but with different participants and researchers (Korstjens & Moser, 2018). Dependability was ensured by having a detailed

description of different processes that were done within the study such as the research design and how it was implemented, how the data was collected and a critical reflection of the execution of the research, such as limitations (Creswell, et al., 2020). The explanations of the research design and implementation and how the data was collected are mentioned in the above methodology sections. Confirmability was ensured by using the audit trail strategy (Korstjens & Moser, 2018). Qualitative research cannot completely remove bias, as the researcher gets involved with the participants and builds rapport with them to encourage them to speak freely and openly, so that in-depth data can be collected (Creswell, et al., 2020). This strategy involved the researcher describing the research steps from the beginning to end of the research project, including findings and all decisions made, and the records of these steps are kept throughout the study. This allows others to study the transparency of the research path (Korstjens & Moser, 2018). The participants of this research study are known by the researcher, thus there is a high chance that bias did occur. The researcher did acknowledge her shortcomings and make note of it in her research process step by step.

5. CONCLUSION

5.1 Research question, problem, objectives addressed

This research study aimed to answer the primary question of how do South African's perceive mental illnesses as they are portrayed in films? This was done by answering the research objectives which were (1) to explore how South Africans perceive mental illness portrayed in films, (2) to understand the extent that South Africans misunderstand mental illness due to the films they watch, and (3) to explore the extent that portrayals of mental illness in films influence an individual's perception of those disorders in real life.

In terms of objective 1, it would seem that the participants understood that films exaggerate mental illness and its treatments for cinematic effect. Some believed that there was some truth to the films but that they were still exaggerated. The participants identified mental illnesses that they perceived were being portrayed in the films. Some participants did not know the exact name of the mental illness, which is understandable since they stated that they do not have a good understanding of mental illness. Participants also used stigmatising

words, which are generally portrayed in films, to describe the mentally ill. It was also found that the more realistic a film is, the more inclined a person will believe its contents. Participants also believed that majority of South Africans would be inclined to believing the portrayals of mental illness portrayed in films, especially those who have a low level of education, under-resourced, or who are young. Thus, objective 1 was successfully answered.

In terms of objective 2, the participants did not generally misunderstand mental illness due to the films they watch. One participant stated that they use to think schizophrenia was the same as DID but after some research they discovered it was not. However, not everyone researches what they watch, such as the one participant who stated that they do not give it a second thought, which means that this could apply to other South Africans, especially those who do not have access to things like the internet. The participants note that negative portrayals of mental illness in films do create and increase negative stigma or stereotypes around mental illness, which could lead to misunderstandings. Thus, objective 2 was successfully answered.

In terms of objective 3, the participants stated that media, including films, has some form of influence over the way an individual thinks about the world around them. Thus, films do have some influence on how people perceive mental disorders in reality, such as words used to describe those with mental disorders, an individual may not consciously know that they are using a stereotypical word to describe a mentally ill person as it is portrayed in many media platforms. Those stereotypical words can still have an impact on a person who is mentally ill. One participant even stated that a person might become wary of someone in reality if they look similar to a mentally ill character portrayed in a film. However, participants believe that South Africans are prone to accepting things at face-value. Thus, objective three was successfully answered.

Thus, the problem that films created misconceptions about mental illness and as a result created a deterioration in MHL in South Africans, was solved as it has been suggested by the findings that having a higher level of education and having access to the internet seems to help improve an individual's MHL. However, even with this, films still have some influence over a person's perception of mental illness such as using stereotypical words.

5.2 Ethical considerations

The research study obtained permission from the IIE institution to conduct the study. Refer to Annexure B. Consent was obtained from the participants to participate in the study (Creswell, et al., 2020). Consent forms were sent to the participants via email which they filled in and signed and then emailed back to the researcher Refer to Annexure C to see an example of the consent form. Furthermore, permission was obtained from the participants to record the session (Creswell, et al., 2020). Consent forms to be recorded were sent with the consent forms to participate, which were filled in and signed by the participants and then emailed back to the researcher. Refer to Annexure C to see an example of the recording consent form. Participant's confidentiality was ensured by not mentioning their names, instead letters were given to them when quoting their words from the interview (Creswell, et al., 2020). For example, if the participant's name was Nigel then when quoting something he said from the interview the researcher would state, *"participant N stated that..."*. Participants were given the right to withdraw whenever they wanted to, which was stated in the consent forms which they signed (Creswell, et al., 2020).

5.3 Limitations

The limitations of this study are that the researcher interviewed people that she knew, thus there may have been some bias. However, the researcher made sure to stay professional and ask the necessary questions. The participants did not encounter the range of movies the researcher expected them to have seen. With regards to credibility, triangulation could not be used as this is an honours project, which is not equipped yet for using triangulation. Another limitation is the COVID-19 outbreak which made interviewing people difficult as social distancing is required, thus interviews were online which did not allow the researcher to closely observe the participate. Furthermore, during the interviews there was a disconnection which caused a break in the one interview and repetition in the others.

5.4 Heuristic value

This research study will contribute to the field of psychology and possibly even the field of media or communication science. Furthermore, the findings of this study may encourage education systems to provide courses or workshops to educate individuals about mental illness and to encourage individuals to not just accept what is being portrayed in films. It would contribute to society as well as people will gain a better understanding of mental

illnesses and to be more critical in thinking when it comes to movies or media portraying mental illnesses. It will also provide a better understanding of the state of MHL in the South African population and to what extent do films influence the state of MHL. This research study also adds a more recent study as majority of studies were older than five years and did not look specifically at South Africans and their perceptions about mental illnesses portrayed in films. Finally, these findings may encourage/contribute to future research. It is recommended that future studies research South Africans who have different educational levels, different socio-economic statuses, and different ages.

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<table>
<tr><th>Research Purpose/ Objective</th><th>Primary Research Question</th><th>Research Rationale</th><th>Seminal Authors /Sources</th><th>Lit Review Conceptual Framework</th><th>Paradigm</th><th>Approach</th><th>Data collection Method (s)</th><th>Ethics</th><th>Key Findings</th><th>Recommendations</th></tr>
<tr><td rowspan="2">To understand how people, perceive mental illnesses that are portrayed in films. By understanding how people perceive mental illnesses from watching films, this may help media and film companies to be aware of the effects that their films have on the public (Anderson, 2003).</td><td rowspan="2">How do South African's perceive mental illnesses as they are portrayed in films?</td><td rowspan="2">May be relevant to media and film companies so that they can produce films with accurate information about mental illnesses (Anderson, 2003). May be relevant to the field of psychology as it is wanting to understand people's perceptions on mental illnesses from what they have seen in films.</td><td rowspan="2">A. F. Jorm (2000)
M. Anderson (2003)
Otto F. Wahl (1992)</td><td rowspan="6">Theme 1: Mental health literacy in South Africans

Theme 2: Media portrayals

Theme 3: Perceived ideas and attitudes of mental illnesses

Theme 4: Treatment and management

Theme 5: Portrayal of mental health professionals</td><td rowspan="6">This research study used an interpretivist approach as this study is interested in how people interpret what they see when watching films, in terms of how they perceive mental illnesses.
Ontological: Reality is subjective. Different individuals may interpret what they see in films differently. They may also interpret their reality in terms of what they have learned from others or, in this study's case, films.
Epistemology: People's knowledge about the world around them is the data that this research study collected. Their knowledge about mental illnesses seen in films.
Axiological: Value the participant's interpretations and subjectivity of what they have perceived about mental illnesses from watching films.</td><td rowspan="2">This research study used a phenomenology design. The reason for this is that the researcher is interested in understanding the perceptions people have of mental illnesses which they have experienced through the films they have watched.</td><td rowspan="2">The way data was collected was via individual interviews. This data collection method was chosen so that participants can generate ideas, about films, which can then be used for the next participant. The interviews were roughly 30 minutes and were online due to the COVID-19 outbreak. The researcher contacted people she knew.</td><td rowspan="2">Obtained permission from the IIE to conduct the study. Got consent from the participants to participate in the study. Obtained permission from the participants to record the session. Ensured participant's confidentiality by not mentioning their names. The participants were given the right to withdraw whenever they wanted to.</td><td rowspan="2">Been suggested by the findings that having a higher level of education and having access to the internet seems to help improve an individual's MHL. However, even with this, films still have some influence over a person's perception of mental illness such as using stereotypical words.</td><td rowspan="6">These findings may encourage/contribute to future research.
It is recommended that future studies research South Africans who have different educational levels, different socio-economic statuses, and different ages.</td></tr>
<tr><td>Population</td></tr>
<tr><td>Research Problem</td><td>Secondary Questions/ Objectives</td><td>Key Concepts</td><td>Key Theories</td><td>*Young adults (20-26 years old).
*Mix gender
*KZN region
* Have watched a few movies where psychological illness is a core theme.
*Have not done a psychology course</td><td>Data Analysis (s)</td><td>Key Contribution</td></tr>
<tr><td>Mental illnesses are usually not portrayed accurately in films and it gives people incorrect information. Generally, people do not have much accurate knowledge about mental health and majority of mental health literacy (MHL) studies are done internationally (Jorm, 2000; Kometsi, et al., 2019). Few have been done in South Africa (Kometsi, et al., 2019).</td><td>*To what extent do South African's misunderstand mental illness due to films?
To what extent does the portrayal of mental illness in films influence individuals' perceptions of those disorders in real life?</td><td> Mental health literacy (MHL)

* Mental illness

* Films</td><td>Albert Bandura's Social Learning Theory (Nabavi, 2012).</td><td>Sampling
Non-probability as it is a qualitative study and used purposive sampling method as this research required a specific group of participants. The institution requires at least 3 participants.</td><td>Thematic analysis was used to analyse the data collected so that common themes could be grouped and so that there was a better overall understanding as to how people perceive mental illnesses portrayed in films.</td><td>Limitations
Interviewed people, the researcher knew (bias).
Participants did not encounter the range of movies we expect them to have seen.
The COVID-19 outbreak regulations require social distancing; thus, interviews were online, which did not allow for in-depth observations of the participants.</td><td>Contribute to the field of psychology & possibly even the field of media or communication science. It can also contribute to society as people will get a better understanding of mental illnesses. Will provide a better understanding of the state of MHL in the South African population and to what extent do films influence the state of MHL.</td></tr>
</table>

Annexure A - A qualitative study exploring South African's perceptions of mental illness portrayed in films.

Annexure B

5 August 2020

Student name: Cyan Jolliffe
Student number: 17667122
Campus: Varsity College Durban North

Re: Approval of HPS1 Proposal and Ethics Clearance

HONOURS/PGDIP ETHICAL CLEARANCE LETTER

Your research proposal and the ethical implications of your proposed research topic were reviewed by your supervisor and the campus research panel, a subcommittee of The Independent Institute of Education's Research and Postgraduate Studies Committee.

Your research proposal posed no significant ethical concerns and your supporting documents and instruments are in order to proceed. We hereby provide you with permission to proceed with your research.

In the event of you deciding to change your research methodology in any way, kindly consult your supervisor to ensure all ethical considerations are adhered to and pose no risk to any participant or party involved. A revised ethical clearance letter will be issued.

We wish you all the best with your research!

GENERAL CONDITIONS TO BE FULFILLED IN RELATION TO RESEARCH

Permission is granted to proceed with the above study subject to the conditions listed below being met and may be withdrawn should any of these conditions be flouted.

Please note: The panel has not considered the merits, accuracy or ethical soundness of the research. The only merits examined are the use of The IIE as a sample.

Permission is granted subject to the following conditions:

1. The researcher(s) will need to obtain informed consent in writing from all of the participants in his/ her sample if the study is not anonymous.
2. The researcher(s) may only use the data collected for research purposes and in no other way.
3. Photographs of human subjects may only be taken if relevant to the research, informed consent was obtained, and even with informed consent, the photographs may not be published on any online platforms.
4. The researcher is responsible for supplying and utilising his/her own research resources, such as stationery, photocopies, transport, faxes and telephones and should not depend on the goodwill of the institutions and/or the offices visited for supplying such resources.
5. No names or identifying information of participants may be used within the research and the research must be voluntary.
6. Please make it clear that the information will not be used punitively in any way and participants may in no way be counselled/advised based on this.

Annexure C

CONSENT FORM

Explanatory information sheet and consent form for participants
To whom it may concern, My name is Cyan Jolliffe and I am a student at Varsity College, Durban North. I am currently conducting research under the supervision of (Tracey Haselau) about how South Africans perceive mental illnesses portrayed in films. I hope that this research will enhance our understanding of the mental health literacy of the South African populations. I would like to invite you to participate in my study. In order to explain to you what your participation in my study will involve, I have formulated questions that I will try to fully answer so that you can make an informed decision about whether or not to participate. If you have any additional questions that you feel are not addressed or explained in this information sheet, please do not hesitate to ask me for more information. Once you have read and understood all the information contained in this sheet and are willing to participate, please complete and sign the consent form below.
What will I be doing if I participate in your study?
I would like to invite you to participate in this research because I would like to gain a deeper understand as to how South African's perceive mental illness portrayed in films. If you decide to participate in this research, I would like to interview you and ask you about how you view mental illness portrayed in films. You can decide whether or not to participate in this research. If you decide to participate, you can choose to withdraw at any time or to decide not to answer particular interview questions.
Are there any risks/ or discomforts involved in participating in this study?
Whether or not you decide to participate in this research, there will be no negative impact on you. There are no direct risks or benefits to you if you participate in this study. You might, however, indirectly find that it is helpful to talk about your perceptions about mental illness portrayed in films. If you find at any stage that you are not comfortable with the line of questioning, you may withdraw or refrain from participating.
Do I have to participate in the study?
• Your inclusion in this study is completely voluntary; • If you do not wish to participate in this study, you have every right not to do so; • Even if you agree to participate in this study, you may withdraw at any time without having to provide an explanation for your decision.
Will my identity be protected?
I promise to protect your identity. I will not use your name in any research summaries to come out of this research and I will also make sure that any other details are disguised so that nobody will be able to identify you. I would like to ask your permission to record the interviews, but only my supervisor, I and possibly a professional transcriber (who will sign a confidentiality agreement) will have access to these recordings. Nobody else, including anybody at Varsity College, will have access to your interview information. I would like to use quotes when I discuss the findings of the research, but I will not use any recognisable information in these quotes that can be linked to you.
What will happen to the information that participants provide?

Once I have finished all interviews, I will write summaries to be included in my research report, which is a requirement to complete my Varsity College honours qualification. You may ask me to send you a summary of the research if you are interested in the final outcome of the study.

What happens if I have more questions about the study?

Please feel free to contact me or my supervisor should you have any questions or concerns about this research, or if there is anything you need to know before you decide whether or not to participate.

You should not agree to participate unless you are completely comfortable with the procedures followed.

My contact details are as follows:
Cyan Jolliffe

The contact details of my supervisor are as follows:
Tracey Haselau

CONSENT FORM FOR AUDIO OR VIDEO RECORDING

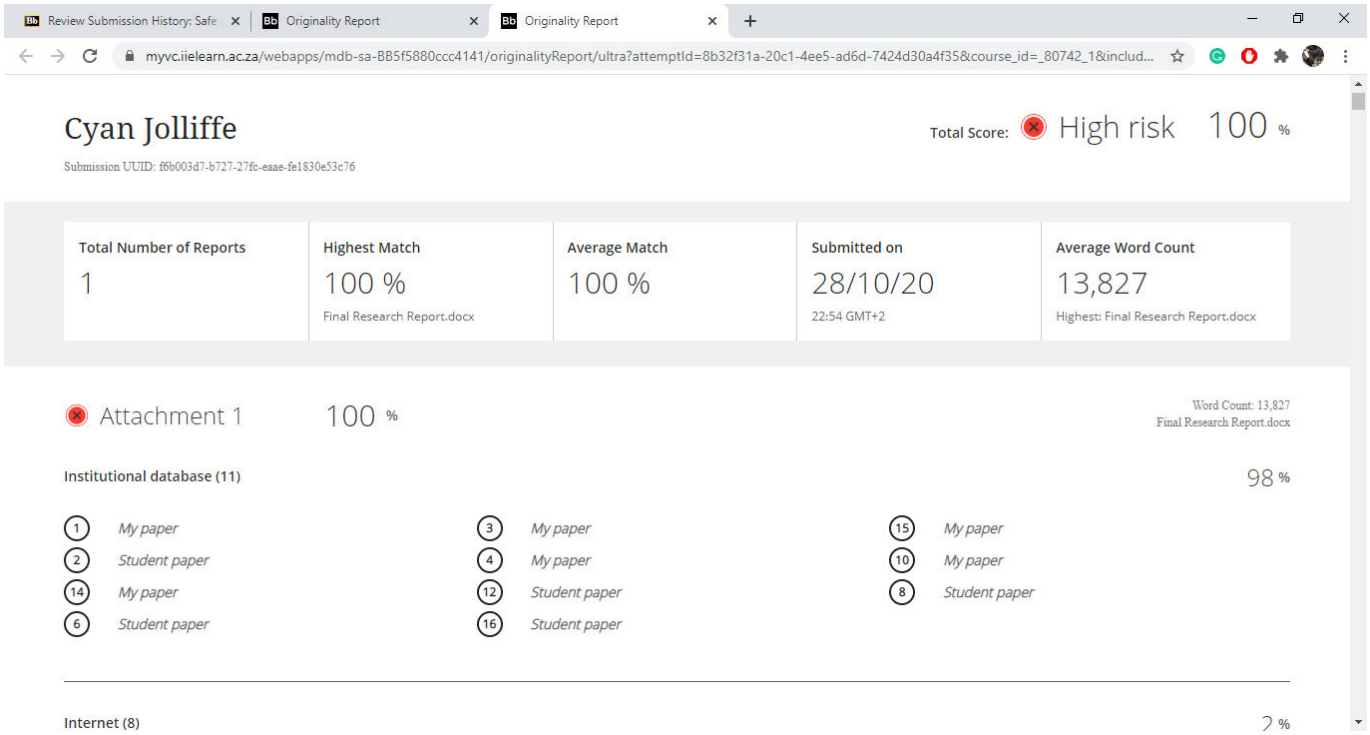
Consent form for participants	
I, _____, agree to allow Cyan Jolliffe to audio record my interviews as part of the research about how South African's perceive mental illness portrayed in films. This research has been explained to me and I understand what participation in this research will involve. I understand that:	
• My confidentiality will be ensured. My name and personal details will be kept private.	
• The recordings will be stored in a password-protected file on the researcher's computer.	
• Only the researcher, the researcher's supervisor and possibly a transcriber (who will sign a confidentiality agreement) will have access to these recordings.	
Signature	**Date**

Annexure D

Interview schedule

1. Do you enjoy watching films?
2. What kind of films do you enjoy watching?
3. Have you seen a wide range of films?
4. Do you know or seen any films that may contain a mental disorder? Could you name a few.
5. What are some of your ideas around these films involving a character with a mental disorder?
6. Do you think you have a good understanding of mental illness and its treatments?
7. To what extent do you think films have some form of influence over how you think about the world around you?
8. Do you feel that films can in some way influence your behaviour? In terms of your language, use of phrases, etc.
9. When you watch films where a mentally ill person is being treated, what were the procedures?
10. Do you ever check the facts about something that you have seen in a film? For example, love can cure bipolar.
11. To what extent do you believe what films portray about mental illnesses?

Annexure E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Cyan Jolliffe
Submission UUID: f6b003d7-b727-27fc-eaae-fe1830e53c76
Total Score: High risk 100 %
Total Number of Reports
1
Highest Match
100 %
Final Research Report.docx
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