Claire Danes as CIA agent Carrie Mathison in Homeland: in one episode, she stops taking her medication in order to solve the puzzle of who is attempting to kill her.Teakwood Lane Productions, Cherry Pie Productions, Keshet Broadcasting

Characters experiencing mental illnesses were once relegated to the margins of television dramas - mostly as villains, victims or figures of fun. In recent years, they have gained greater prominence, and are increasingly used to help move the plot forward or spice up an otherwise boring, procedural drama or mystery.

The trend took off in 2002, when Monk was promoted as “the obsessive compulsive detective” in the US TV series of the same name. Later came Perception (2012-2015), featuring Dr Daniel Pierce, a neuropsychiatrist with paranoid schizophrenia, whose hallucinations help him to solve crimes.

In the long-running Homeland , meanwhile, CIA Agent Carrie Mathison unravels cases through her intuitions about various terror suspects, which are heightened as a result of her manic episodes of bipolar disorder. During these times, explains Carrie:

there is this window when you’ve got all this crazy energy but you’re still lucid, you’re still making sense, and that’s always when I did my best work.

In the same episode, Carrie stops taking her medication in order to solve the puzzle of who is attempting to kill her. She does so - but with painful personal consequences, including a relationship break up.

I have been researching the depiction of fictional characters with mental health disorders in recent (English language) TV shows. I have identified 18 such lead characters and 14 major secondary or ensemble characters on shows between 2006 and 2016. From this relatively small number, seven of the lead characters were portrayed as having “special skills” as a result of

their symptoms.

This trend is fairly new for TV, but it plays into a long history of aligning mental health symptoms with special powers. In Ancient Greece, Cassandra’s gift of prophecy was associated with her “madness”. Today, the internet is full of inspirational memes linking “madness” to “genius”.

I have no doubt that television writers are trying to create more interesting, less stereotypical characters living with mental illnesses. Within my study, the characters included two neuroscientists, two doctors, a top tier lawyer, a CIA agent, and a couple of police officers. There are, however, troubling aspects to this trend - such as the idea that withdrawing from psychiatric medication can grant someone a special kind of knowledge or ability.

And while the talking cure can go hand in hand with medication as a form of treatment for certain mental health conditions, psychologists and psychiatrists are thin on the ground in these shows. When they do appear, they are often fantastical, incompetent or even downright evil.

Maligning medication

In the US drama Black Box , neurologist and researcher Catherine Black deliberately withdraws from her medication for bipolar disorder in the first episode. She does so in order to give a difficult presentation and solve a challenging case - part of a pattern of what she refers to as “a history of noncompliance.” Asked why she would go off her medication, Catherine says:

because it is an incredible high, I do my best work, life is beautiful.

In Perception, meanwhile, Daniel Pierce works as both a neuroscience professor and FBI consultant while experiencing active symptoms of schizophrenia. In the series’ first season, he says he has chosen not to be medicated for his condition because it dulls his intellect and skills.

When a friend (who turns out to be a hallucination) reminds him that “you had fewer symptoms”

on medication, Pierce replies:

And I couldn't concentrate long enough to finish a damn Sudoku. I couldn't write, I couldn't work.

While Pierce acknowledges that medication can be a "miracle" for some people, it is clearly not an option for him. This is the case with many of the characters I have encountered in my research. They choose to experience their negative symptoms rather than give up their special gifts, their uniqueness. Treatment does not seem to be an option. Several who do take medication then withdraw from it (without medical advice) due to side effects, dulling of their skills or a sense of loss of self.

In Monk, season 3, for example, the lead character is briefly treated with an experimental medication that significantly improves his symptoms and makes him happy - but it compromises his powers of detection and his apparitions of his dead wife Trudy.

Very few of these shows present psychiatric medication in a more ordinary way - as neither a miracle nor a curse. In real life, it helps many individuals living with a mental health condition to control negative symptoms in order to get by, day to day. Sometimes it helps people survive. Certainly, more research is needed to reduce the side effects of certain drugs and further understand which medications work for individual cases. But to so frequently depict psychiatric medication as destroying individuality or personhood reinforces the stigmas associated with taking it.

Mysterious skills

In the BBC's Sherlock , the famous detective (played by Benedict Cumberbatch) is officially characterised as as a "high functioning sociopath" (although the internet seems to agree he should instead be diagnosed somewhere along the autism spectrum). Nonetheless, his almost supernatural powers of deduction are also credited to his mental "difference". His supposed sociopathy becomes a narrative excuse for his quirks and rudeness as well as his ability to divine the meanings of increasingly obscure clues.

In the TV series Hannibal - the spinoff of the successful and macabre Silence of the Lambs films and books - the character of FBI Special Investigator Will Graham characterises himself as being “hitched to a post that is closer to Asperger’s and autistics than narcissists and sociopaths”. Will’s condition is also described as an “empathy disorder”, a diagnosis invented by the series’ creators, which allows him to “enter the mind of a killer the way no one ever has”.

I almost didn’t include this character in my study until I encountered reviews praising the show for how it represents mental illness. In the LA Times , for instance, Libby Hill wrote that “the true heart of Hannibal’s brilliance came from how seamlessly mental illness was incorporated into the show’s very DNA”. Hannibal does not offer an even slightly accurate portrait of a real disorder, let alone what it might be like to live with a mental illness, but the representation has nonetheless entered the broader cultural discourse about both of these things.

Certainly the idea of having special talents as a result of (or to compensate for?) the often quite difficult symptoms of a mental health condition is alluring. And these are not helpless characters, nor are they generally violent except in the course of duty (with the arguable exception of Will Graham).

The casting of Eric McCormack - the actor who brought us the least threatening gay man on TV in Will & Grace - as Daniel in Perception, speaks to an attempt to move beyond the stigmatising representations of characters with mental illnesses we’ve seen in the past. And the growth of such characters in detective and mystery narratives is remarkable because it is precisely these genres that once featured some of the most stigmatised portrayals – namely as criminals and/or victims.

But as characters with mental health conditions move into these kinds of leading roles, are writers glossing reality? Those with lived experience of a mental illness can often be socioeconomically marginalised, face serious social stigma and may not be able to live comfortably or function within society without some form of psychological help. Nor may that help be forthcoming, if needed.

These issues are raised in Shameless (US), where the character of Ian is diagnosed with bipolar disorder and his lack of health insurance leaves him reliant on inferior care. And in the US comedy You’re the Worst , the major character Edgar, a homeless veteran experiencing PTSD, struggles to acquire the help he needs from the veterans’ services agency. In each of these series, it is made clear that the

standards of treatment offered depends on one's ability to pay. But these kinds of depictions are rare.

What about the talking cure?

While a combination of medication and talking therapy is recommended as a real-world treatment for several mental health conditions, there were a surprising lack of psychological professionals in the shows I examined, and many were portrayed in a negative or ridiculous light.

The comedy Lady Dynamite , for example, uses surreal narrative structure and visual techniques to attempt to tell a story from the perspective of its protagonist, stand up comedian Maria Bamford, playing a fictionalised version of herself. Lady Dynamite tries to sidestep the difficulty in depicting depression onscreen by using three timelines within each episode, which represent Maria in depressed, hypomanic and non-symptomatic phases.

Each timeline features a different character called Karen Grisham - one of whom is Maria's "life coach"/therapist. Karen's advice is terrible, but it is only near the end of the season that we find out that she and the other Karens are actually an embodiment of Maria's mania rather than a real person.

Tara, from United States of Tara , diagnosed by the series with dissociative identity disorder (previously known as multiple personality order), is given therapy by one of her alternate identities. On Perception, Daniel seeks regular counsel from a hallucination.

Teenage Effy, in Skins , is treated for her depression by a psychologist who becomes obsessed with her to the point of beating her boyfriend to death with a baseball bat. And, of course, Hannibal Lecter is a serial killing psychiatrist and cannibal who plays mind games with the lead character, Will.

More creative approaches

A culture of shame and secrecy still surrounds mental health conditions and those living with them - so fictional depictions can have an important role in influencing attitudes. In Australia, one in four people living with bipolar disorder attempt suicide *(17 times the level in the general

population). People diagnosed with bipolar disorder represented 12% of all suicides in Australia in 2016. And research shows that
50% of those suddenly withdrawing from lithium treatment
will move into a manic episode.

Of course, people choose to continue or stop treatment for many complicated and individual reasons. But the storylines of sudden medication withdrawal in TV shows like Homeland and Black Box do help shape a broader social narrative. It presents mental health medications as both limiting and able to be stopped and restarted for a specific purpose with only minor effects on ongoing mood.

There are some positive developments on screen. Maria Bamford, for instance, has discussed her experiences with bipolar II disorder in her previous comedy work, and Lady Dynamite enacts a dizzying array of techniques to tell the story from her perspective. It switches back and forth between a (literally) blue-tinged depressive past, the candy coloured hypomania that led up to it, and her present world.

You're the Worst also does a good job of representing the fluctuating nature of depression. A dark romantic comedy, it features two cynical and relationship-averse millennials, Gretchen and Jimmy. It is not until the second season that Gretchen's mental health condition is shared with the audience, and then her boyfriend Jimmy. She tells him:

Okay, so here's an interesting thing that you don't know about me: I am clinically depressed. It's been going on my whole life so I'm actually really good at handling it. …. So the only thing I need from you is to not make a big deal of it and be okay with how I am and the fact that you can't fix me..

You're the Worst finds a way, too, to depict a character who is only minimally responsive, due to her depression, for a number of episodes. This is mostly through shifting the focus to Jimmy, who offers an outside perspective on Gretchen's experiences and how her depression impacts on him.

The lack of treatment seen in many of the series I have discussed does make sense from a

narrative perspective. Complicated TV mysteries can be better solved with the aid of “special talents” derived from the symptoms of mental illnesses - offering handy and often entertaining narrative shortcuts. And television is never really realistic. But we now need more creative ways of representing characters experiencing mental illnesses in fictional TV plots.

For help or information visit beyondblue.org.au or www.lifeline.org.au

**This sentence has been corrected to state that one in four people living with bipolar disorder attempt suicide over time rather than each year.*

Rebecca Beirne does not work for, consult, own shares in or receive funding from any company or organisation that would benefit from this article, and has disclosed no relevant affiliations beyond the academic appointment above.

Authors: Rebecca Beirne, Senior Lecturer in Film, Media and Cultural Studies, University of Newcastle

Read more http://theconversation.com/friday-essay-tvs-troubling-storylines-for-characters-with-a-mental-illness-81456