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# Reclaiming Our Voices: Regaining Power Over Documentaries About Mental Health Issues

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RECLAIMING OUR VOICES:  
REGAINING POWER OVER DOCUMENTARIES ABOUT MENTAL HEALTH ISSUES

by

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B.S., Southern Illinois University, 1996

A Research Paper

Submitted in Partial Fulfillment of the Requirements for the

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## INTRODUCTION

There have been many documentaries about mental health issues since the 1960's. Topics have ranged from systemic issues in mental health institutions to individual stories about people who deal with a variety of conditions including schizophrenia and depression. This paper will document the different ways that mental health has been portrayed in documentary film, how that affects the mental health community and how that relates to my documentary, *A Million Directions*, a film about living with Adult ADD.

In the essay, "The Problem of Speaking for Others", Linda Alcoff discusses issues about privilege and class when expressing thoughts about another culture or community outside of your own background. She wrote that practice of privileged persons speaking for or on behalf of less privileged persons has actually resulted (in many cases) in increasing or reinforcing the oppression of the group spoken for. (Alcoff) This is apparent in many documentaries about mental health issues. In this paper, I will discuss two specific documentaries, *Titicut Follies* and *The Devil in Daniel Johnston*, where this can be seen. The director is usually an outsider looking in and despite the fact that documentaries are supposed to be non-fiction, these films usually reflect the director's own interpretation of their subjects and they have used their privilege of being outside the community to speak for their subjects. It may not be intentional, but many films about subjects like depression and other forms of mental illness like schizophrenia seem to hurt more so than help reduce stigmas about mental health issues.

If mental health documentaries are not accurately representing the thoughts and ideas of the community, why are those within the community not producing their own films? There could be many reasons why there are not more autobiographical

documentaries from the perspective of those who have mental health issues. In the United States, mental health has had a history of being underrepresented in our medical system. For example, many insurance companies only cover the bare minimum for mental health services. In my experience, my health insurance has only covered a minimum amount of visits without additional charges. This meant that seeking treatment was at times cost-prohibitive due to these restrictions. Many people like myself have struggled with mental health issues because of the deficiencies in the US health insurance system. For instance, writer Shari Roan states those who typically treat more severe mental illness like schizophrenia—these days refuse to take health insurance.” (Roan) Individuals may survive for years without ever being diagnosed and even if they do begin treatment for their issue they may be just trying to survive on a day-to-day basis.

For years and years, I was told by friends and family that I was lazy, unmotivated and a scatterbrain. I thought that was part of my personality until I went to see a therapist at age 34. After a few months of therapy, and a series of tests, she diagnosed me with Adult ADD (Attention Deficit Disorder). I was relieved, but angry at the same time. I truly believe that I had this issue when I was younger, but it was not until I was 29 that I truly began to think that something was wrong with me. In October 2002, I donated my left kidney to my father (who had been suffering from kidney disease for over four years). I didn't think the surgery had a lasting effect on me; physically I was back at work after a few weeks. It wasn't until months later that I began to notice that something was wrong. I had a lot of trouble concentrating at work, and my personal life was also suffering. I was not taking good care of myself mentally or financially, and found myself falling into a downward spiral for a few years. After I was diagnosed, I realized that these symptoms are ones that are

typical of those who suffer from Attention Deficit Disorder. For most of my twenties, I was able to mask the issues and found coping mechanisms, however, after the transplant, something shifted and I was unable to function in the same manner.

At first, I was upset, because I quite possibly lived for years without being diagnosed. However, I began to research more about the disorder and realized that I wasn't alone. ADD was not actually entered into the DSM (The **Diagnostic and Statistical Manual** of Mental Disorders published by the American Psychiatric Association) until 1980. I was eight at this time and I can only assume that my parents and my doctor did not think I had the condition because of the fact that symptoms show up differently in young girls than in young boys. Most young boys with the disorder actually have ADHD (which is Attention Deficit Hyperactive Disorder), which manifests in more physical symptoms and is the aspect of the condition that is not only most researched in the medical community, but also the one that is talked most about in the media.

For many years, I wrote about my challenges in journals, but I didn't have a way to fully express why I was struggling. I thought that my issues with money and my career were due to things that were ingrained into my head from a young age. I was lazy – I procrastinated – I did not pay attention to details. I didn't realize until after I was diagnosed that these were symptoms of ADD. Everything in my life became a bit clearer after the diagnosis. I was able to understand why it took me longer to formulate my ideas in writing than others, or why despite reading every self-help organizational book, I still have trouble making a to-do list at times.

In the spring of 2012, I was enrolled in a class entitled Critical Documentary Studies. In the class, we were required to produce a ten-minute documentary on the subject of our

choice. I chose to focus on a local club promoter who focused her efforts within the LGBTQ Community of Southern Illinois. I was dreading turning in a cut of the film because it was in pure ADD form, all over the place. I was under a lot of stress this particular semester because not only were my classes difficult, but also my wife Melissa was out of the country, working on her own research in Chile. The night before the cut was due, I had a complete meltdown and did something that I do not normally do – I filmed myself and talked to my webcam about my breakdown. A documentary emerged from this on-camera monologue and I was able to visually express my struggle with living as an undiagnosed woman with Attention Deficit Disorder.

Over the next few chapters, I will analyze several documentaries about mental health issues, discuss further the idea about “speaking for others”, detail the methodology of producing “A Million Directions” and provide information about my future goals for the film and this paper.



## CHAPTER ONE: DOCUMENTARY REPRESENTATION OF MENTAL HEALTH ISSUES

There have been many films, which have tried to capture the struggles that those with mental health conditions deal with in their daily lives. In this chapter, we will discuss three films that attempt to document the lives of individuals living with mental health issues.

While researching this topic, I found that there were few representations of women with mental illness. This was especially true in the documentaries that I researched concerning ADD (Attention Deficit Disorder) and ADHD (Attention Deficit Hyperactive Disorder). Women who have ADD usually have symptoms, which are internalized and not easily recognizable. This may be why media representations of this disorder either focus on male characters, which are the ones who usually have ADHD.

### ***Titicut Follies***

One of the earliest documentaries that focused on about mental health issues is Frederick Wiseman's *Titicut Follies*. Lance Duerfahrd of PBS's program P.O.V described it as "a landmark of cinema verite " that "documents the day to day routines within Massachusetts Correctional Institute at Bridgewater, a mental hospital for the criminally insane." (Duerfahrd) Wiseman was not a rogue filmmaker and had the full cooperation of the administration of the facility. They actually hoped that film would be available for "teaching and training purposes" for their employees. (Anderson and Benson) They didn't believe that they had anything to hide and encouraged Wiseman to film anything he desired within the facility. However, when Wiseman was ready to release the film, the institution didn't want the public to see what was really going on inside and was able to block the distribution of the film in court. While Wiseman may have had altruistic motives

for producing this film, the documentary is not meant to change the perception of mental illness, but instead focus on the abuse of power within that facility.

One must think about Alcott's theory about speaking for others when discussing this film. This is because Wiseman, while not directly speaking for the inmates with narration, uses the eye of the camera to build a narrative about the conditions of the facility. For example, in one of the most disturbing scenes in the film, Wiseman focuses on the doctor force-feeding an inmate. The inmate is strapped down to a gurney, held by at least four guards, and looks extremely uncomfortable as the doctor pushes a tube down the inmate's nose. The scene seems more like a spectacle than a treatment, as the doctor stands next to the inmate dangling a cigarette out of his mouth while placing the tube down the inmate's nose. The inmate looks like he is in pain as the doctor pushes the tube farther down his nose. Of course, we as viewers don't know specifically what he is thinking. We can only assume based on the series of angles and edit that Wiseman portrays.

The administration also tried to speak for the inmates by imposing authoritative control over the inmates' presence in the film. At first, Wiseman had full authority to film the inner workings and daily life at the facility, however, after as the film was close to release, they changed their minds. The institute (and the state government) took Wiseman to court to halt the release of the film because they knew how bad it made them look. According to Wiseman, "The state has a conflict of interest. It asserts that it wants to protect the inmates' privacy rights, but it really doesn't want the public to know how these people are treated." (Anderson and Benson)

Most documentaries of that time period utilized a narrator to move the story along, and while Wiseman "abandons the convention of a narrator's actual voice on the sound

track,” (Anderson and Benson) he still held the power of the story through the editing of the footage. Wiseman filmed at the facility for many days and edited the hours of footage to a feature length film. It was his decision to place these specific scenes into the film, thus giving him the power to determine the arc of the story within the documentary.

It was not only the editing that one could question, but also the overall intention of the piece. Wiseman thought that his documentary would “give an audience factual material about a state prison, but would also give the film an imaginative and poetic quality that would set it apart from the cliché documentary about crime and mental illness” (Anderson and Benson). I am not alone in my discomfort about the way that Wiseman saw this piece. Film critic Michael Price also had similar views as he discusses the use of the camera in the documentary: “To what degree is Wiseman’s camera brave for recording and presenting events we’ll otherwise never see? And to what degree is it cold, or voyeuristic?” (Price) Wiseman used his pre-conceived notions of what lay waiting for him at the institution and then created the film that he thought would have the most poetic qualities. The next film that I will discuss is not about an institution, but instead about an individual who has suffered from mental health issues his entire life.

### ***The Devil in Daniel Johnston***

Daniel Johnston is a celebrated indie musician and artist who achieved cult status in the indie rock music scene of the 1990’s. He is frequently listed as an influence to musicians and artists of that era including Sonic Youth, Pearl Jam and the late Kurt Cobain.

The director, Jeff Feuerzeig, like many fans of Daniel Johnston seem to be intrigued by Johnston as a subject not only because of his indie rockstar fame, but also because of his

mental health issues. He states that "for reasons probably due to his manic depression, (Daniel) is able to express himself without the filter of the public and private life. It is the most raw, purest emotion that could ever be expressed in song. His unrequited love songs bring people to tears. He really touches people in a deep, deep way." (2005, TCM Movies)

One may assume that the critically acclaimed Johnston would be living in the lap of luxury, but that is not the case. Feuerzeig alludes to this because of Johnston's reluctance to stay medicated. At one point in the film, fellow musicians in the band Sonic Youth find Johnston in squalor in New York City. Also, Feuerzeig highlights that the people that Johnston surrounds himself with may not have the best intentions for him. For instance, his manager seems to thrive off of Johnston's manic states and believes that his "madness" is the key to his brilliance.

The documentary is quite different from *Titicut Follies*, both in the topic and the aesthetic of the film. While both films are technically without a narrator, Johnston's own home videos serve as a narrator, weaving his journals and Feuerzeig's interviews with friends and family. Feuerzeig also tries to reimagine the inner workings of Johnston's mind by using Johnston's own artwork to try and illustrate what it may feel like to be within Johnston's head.

Despite the fact that a lot of those elements are directly from Daniel's own personal video and art collection, the story molded through Feuerzeig's own perspective. One critic in his review actually questioned not only Feuerzeig's motive for making the film, but Johnston's fans for their interest, "*the film can claim advocacy because it shows a world where a seriously impaired man can be highly valued by large numbers of people. Yet, as I read motive into his adoring crowds, I could not help but wonder if they came for his music or*

*to see a man on the edge of sanity and if the latter, what a lousy lesson to teach.” (Movies)*

While the filmmakers may have had good intentions in showcasing the people in their films, these films have both perpetuated the stereotypes of those who suffer with mental illness. They are using their power as directors to manipulate the story to fit their needs. What would a documentary feel like if someone produced who was closer to the subject? For example, someone who lives with the subject and may have a different perspective? Would it portray a different bias? How would this person express the struggles of living with someone that has for example, bi-polar disorder?

This is what the documentary, *Tarnation*, tries to attempt by portraying a son who is trying to make sense of his identity, childhood and the struggles of growing up with a mother who suffers from severe mental health issues.

### ***Tarnation***

In the two previous documentaries that I analyzed, the directors were approaching the subjects from outside the community, and attempted to make sense of the world its subjects live in. In the film *Tarnation*, we get to experience a more intimate view of living with someone who suffers from mental illness. The film is unlike the previous documentaries discussed because of the way that the director is involving himself into the piece. *Tarnation* feels more like an autobiographical documentary and thus would allow the audience to experience a direct link to Jonathan Couette and his mother, Renee.

The film is aesthetically similar to *The Devil in Daniel Johnston*; specifically in the usage of Couette’s own 8mm and digital videos that he filmed throughout his childhood.

Couette uses these films along with other found footage to document his coming-of-age story that revolves around living with a mother who suffers from bipolar disorder.

Unlike the previously discussed documentaries, Tarnation reveals a more intimate reflection of mental illness. Couette has captured the story of his life so far through photos and videos that he filmed of himself and the world around us. In the first fifteen minutes of the film, the viewer is already pulled into a world of chaos. His mother Renee fell off her parent's roof and was paralyzed for six months. Her parents thought after a while that it was all in her head and subjected her to shock therapy treatments at the advisement of a friend. This initial treatment fractured her reality and after a second set of treatments after Jonathan was born, Renee was never the same.

Immediately the viewer is brought into the story by these intimate details of Renee and Jonathan's lives. It feels much more visceral than the previous two documentaries discussed and one can feel the chaos that surrounds their lives by the first quarter of the film.

While movies like Tarnation are closer to the aesthetic that I am seeking in documentaries about mental health, I am still concerned about hearing directly from those who suffer from these issues, particularly those with ADD. This is why I felt the need to tell my story. I believe that it is important for those of us who suffer from these conditions and are privileged and able to do so need to share our struggles. It can help normalize our behaviors to those outside of our inner circle and create a mode of understanding for those who live with this condition. In the next chapter, I will further discuss why it is imperative that we are able to reclaim our voices.

## CHAPTER TWO: METHODOLOGY

### *Inspiration*

I am inspired by work that is autobiographical in nature, but I am also drawn to pieces that are not in the traditional documentary format. I look for pieces that speak directly to me, or allow me to enter into a new world for an hour, and learn about a new way of life. My inspiration for *A Million Directions* was initially drawn from the film *Tarnation*. The way that Couette culled from a variety of sources, including both original and found footage is something that I am interested in implementing within my films. I feel that this form of experimental filmmaking also fits the aesthetic of someone who suffers from ADD. The visuals can be sublime, but at a moment's notice can jolt someone out of their comfort zone. I am also aware of the similarities in Couette and myself. When I was younger, I was constantly getting in trouble with my father for jumping in front of the camera. The performative nature was something that has stayed with me through adulthood. This also leads me to another film that has inspired me to go beyond the confines of documentary film.

The movie *Strong* is a documentary by filmmaker Julie Wyman. The film is about a young woman as she trains for a spot on the US Olympic weightlifting team. The film is not only a typical athlete profile, but operates as a visual poem. One scene for instance showcases the film's subject, Cheryl with two of her teammates in a studio setting lifting weights "in an all-white space, lifting in unison, shot in changing shallow focus to suggest ebbs and flows, revealing at once, mighty efforts and delicate mechanics." (Fuchs) It's a beautiful way to showcase the subject without sticking with the typical interview-style

documentary. The imaginary aspect of the film is something that I was immediately drawn to and hopes to utilize that aesthetic in my films.

### **Documentary Films About ADD**

When researching documentary films for this paper and project, I found few documentaries about ADD, and only a few of those were personal, autobiographical documentaries like *A Million Directions*. Many of the non-fiction works that were discovered were either produced by a medical company or were dry and uninteresting news-type programs. The documentaries that I did find about ADD were also usually only focused on young boys and ADHD. Women and young girls are highly underrepresented in these documentaries because much of the focus in popular media is focused on ADHD (Attention-Deficit Hyperactive Disorder). Many symptoms for ADHD differ from ADD including one symptom that the media tends to focus on: hyperactivity.

This is one of the reasons that I wanted to tell my story. Most of the representation I have seen over the years about ADD has stemmed from popular culture, which tends to portray people living with ADD as “over diagnosed, overmedicated, and question its legitimacy as a category of disability.” (Englandkennedy)

A few months after I received my diagnosis, I started to reflect on my life. Why wasn't this caught when I was a child? I think about how my mother used to call me “Spacy Stacy”, or I would get in trouble for daydreaming in the middle of class. However, after pursuing further reading on the topic, I have learned that I am not alone. The focus on ADD/ADHD research has been mainly men and young boys. One of the reasons is because “women and girls tend to have a more hidden, subtler form of the disorder” (Kelly and



Ramundo). In fact, "lack of recognition of ADHD in females can be partly explained because their symptoms, such as forgetfulness, disorganization, low self-esteem, anxiety, and demoralization, are all considerably less overt than the disruptive behaviors typically seen among males." (Crawford) Also, these symptoms may not manifest until the person is in the midst of a crisis. "As time progresses and environmental demands increase, it becomes increasingly difficult for females who have ADHD to cope, particularly in postsecondary- and graduate- or professional- level academic settings. (Crawford)

One can assume that there may be many other women in my generation who don't know they have ADD because of the lack of research. Often, many women have come to learn about their own ADD when their own child is diagnosed with it. "One of the most common pathways to a woman being diagnosed is that one of her children is diagnosed. She begins to educate herself and recognizes traits in herself," said Kathleen Nadeau in 2003. (Crawford)

### **Producing *A Million Directions***

The documentary draws from a variety of sources including found footage from television commercials and documentaries about ADD and medication, clips from a reality television program in which my father and I were featured in January 2003, and footage that was shot from spring 2012 to summer 2013 [no capitals]. These elements are important to the story as they help illustrate my struggle with being undiagnosed for most of my life. During the course of producing the documentary, I realized that this film would not be a straightforward documentary with talking heads. I was more interested in producing an aesthetic closer to the film *Tarnation*.

In the documentary, *Tarnation*, Couette created a beautiful collage of visual and auditory devices. The layers of film, video, photo and audio recordings draw the viewer into the depth of the story within the first few minutes of the film. While soothing at times, the collage was also quite chaotic and reminded me of a visual representation of living with ADD.

### CHAPTER THREE: FUTURE GOALS

As noted in previous chapters, *A Million Directions* is a documentary that is quite unique. I hope that *A Million Directions* provides others with ADD the ability to see their struggles reflected in the film with more depth than other documentaries. As stated before, ADD is not portrayed correctly in popular culture, and I feel that by sharing this film, I could help improve the discussion and education of this condition with the medical and educational communities.

One way to begin the discussion is through developing a website that would be not only used for promotional needs for the film, but also provide a safe space for discussion of living with ADD. Forums can be created for others who live with ADD, or are curious if they may be living, as an undiagnosed individual would be available. I also intend to develop a discussion guide for educators who may screen the film in their classrooms. This guide would be available for both high school teachers and university professors to help discuss these issues within their classroom. The website will be available by September 2013.

The documentary will also be submitted into film festivals that not only focus on documentary films, but also those like The Scottish Mental Health Film Festival and *Rendezvous With Madness*, whose mission is to specifically highlight films about mental health issues.

Social Media websites will also hold a large role in the promotion of the film. The first step was to create a Facebook page. The trailer to the film and other information about ADD will be available on a weekly basis during the next year. Facebook is also an amazing place to connect with others who discuss mental health issues. I am currently part of a

group of bloggers who write about their own mental health issues and will be able to utilize their networks to help spread the word about the film. Information about the film may also be distributed through the use of Facebook ads. This program allows a user to target specific users within the Facebook network such as those who enjoy documentary film, or those who are interested in learning more about mental health issues.

The other social network, which I intend to use for promotion, is Pinterest. The website is a virtual scrapbook, with users creating boards about topics they are interested in. Once a user creates a board, they may “pin” articles or videos from other websites into their collection. Pinterest also allows the usage of hashtags, which are keywords that will be linked to Pinterest’s main database. For example, if a person is interested in documentary film, they may see the board for A Million Directions by utilizing the hashtag #documentary inside the description of the pins. The boards will allow for flexibility in topics about issues relating to ADD.

I hope that each of these different networks will give me an opportunity to educate others about ADD and to promote positive images about those who live with the condition. I truly believe that sharing this story could help others.

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