MR. MONK AND THE CASE OF CONSTRUCTED IDENTITY:
INVESTIGATING CULTURE IN THE TELEVISIONED PORTRAYAL
OF MENTAL ILLNESS

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Nick Burnett, Department Chair

4/20/09

Date

Department of Communication Studies
Abstract

of

MR. MONK AND THE CASE OF CONSTRUCTED IDENTITY: INVESTIGATING CULTURE IN THE TELEVISIONED PORTRAYAL OF MENTAL ILLNESS

by

Kathleen Grove Derby

Rooted in cultural studies and critical theory, this thesis examines the portrayal of mental illness in the television series Monk. In response to popular readings of the text as a positive depiction of a character with a mental illness, which is in contrast to a history stigmatizing portrayals, textual analysis is used to explore the discursive construction of the identity of main character, Adrian Monk. Since the multiple meanings within a text are representative of the culture that produces it, this analysis explores textual insights into prevailing attitudes and beliefs about people with mental illnesses against the backdrop of continuing progress in the area of mental health. As a supportive framework, Burkean themes of motivation and struggle within a social hierarchy are used in the rhetorical analysis of representations of identification, marginalization, maintenance of the status quo, and change.

Michele Foss-Snowden, Committee Chair

4/21/09

Date
DEDICATION

For my grandmother
Helen Demko Dzurissin
(1906-1935)
ACKNOWLEDGMENTS

I would like to thank my advisory committee for their help with this thesis. First, my heartfelt appreciation goes to my Committee Chair, Dr. Michele Foss-Snowden. Her enthusiasm for television criticism and cultural studies brought me to the place I needed to be and her keen perception, scholarly example, and support for this research have seen me through. I would like to give special thanks to Dr. Barbara O’Connor for her inspiration throughout the entire span of my graduate studies. Her high expectations and belief in my ability allowed me to take advantage of invaluable opportunities to follow my academic interests and find my voice. Much appreciation goes to Dr. Mark Williams for his love of language and rooting for excellence. His insightful questioning of the direction of my thesis helped me get to the heart of what I wanted to study.

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Thank you Tess, Jack, and Annabelle – you’re the best kids anyone could ask for. You deserve a big treat for helping so much! I love you. (And I know you guys would be upset if I didn’t mention the furriest member of our family...thank you, Fredo.)

Finally, to John, who introduced me to Monk. In finishing this thesis on the 22nd anniversary of our first date, I can’t imagine what it would have been like without your friendship, love, and support. Mahalo.
PREFACE

Many years ago at the beginning of our marriage, my husband worked as a waiter at an airport hotel. Working at this venue meant that he crossed paths with people from a variety of locales and walks of life. On one occasion, he met a gentleman who was an alumnus of the same college we attended. After a few questions, he found that the man was also from my home town and was an acquaintance of my father. At some point in the conversation, the man asked, “Isn’t he the one with the crazy daughter?” Remembering my husband’s swift retort brings a smile to my face. He replied, “That’s right . . . I married her.” My husband could have avoided answering out of shame, or could have feigned ignorance. Instead, he stood right up to the question and the attitude of gossipy curiosity that preceded it. This happened in the early 1990s, when the man had to know that mental illness was a topic that was often the source of public ridicule and private shame.

Wise academic advisors keep telling me I need to be very careful linking the marginalization of those with mental illnesses in any way to what has been experienced within the gay and lesbian communities. It is hard to avoid the comparison completely, however, because the stigma and secrecy that was rampant before the gay pride movement hit its stride is very similar to what the majority of those with mental health disorders experience today. Granted, one is a condition that can be addressed with medication, and the other is a person’s natural sexual orientation (though both of these assertions remain matters of public debate). In both circumstances, however, individuals are often made to feel inferior and may be compelled to hide their experience. I ignore
sound advice and raise this comparison because of the progress that has been made within the gay and lesbian communities through courageous acts of coming out. As a result, stereotypes diminish and real people emerge.

In some ways, things have gotten better for those with mental health conditions and the climate appears to be warming for those with psychiatric diagnoses to come out of the closet. Prescription drug commercials name the conditions and symptoms and their proliferation indicates that mental health disorders are much more common than previously indicated. In addition, online support groups offer new, though generally anonymous, ways to connect with people in similar circumstances.

But it’s the day-to-day struggle with stigma that still matters. It’s about walking down the street knowing that you have a diagnosis which no one would suspect by your outward appearance and still, somewhere deep down, holding on to the fear that a neighborhood parent or acquaintance would mistrust you or think less of you or your family because of it. Whether to name or not to name my condition has been a big decision. If it is named, people may assume they know what to expect from my behavior or come to this research with prejudices against that particular diagnosis. If it remains unnamed, the act of concealing it would most likely serve to perpetuate the stigma I am working to expose. The act of wrestling with the question of whether or not to name it is revealing in itself. It is a glaring reminder that the stigma is still there. Though I volunteer with an anti-stigma education program and tell my story to groups throughout my community, the act of putting pen to paper and publicly memorializing my condition at
times seems too permanent and binding, even for one whose research sets out to critically examine the construction of stigmatized identity.

In spite of my reservations, I would feel like a hypocrite not to share this important part of myself at this crucial time. Therefore, the fact that I have bipolar disorder—a private challenge at some points in my life—now becomes a public statement of pride. It deserves to be linked with my personal and public accomplishments. Instead of being a detriment to my success, it has given me the compassion and the drive to advocate for those who have suffered with mental illnesses. I have witnessed first hand, for too long, how important it is to help to eradicate the stigma that has hounded people who happen to have a condition that affects the hormones in their brains rather than other parts of their bodies.

Television, as will be explored in this research, has traditionally been the voice of our culture’s fear and anxiety about mental illnesses. Portrayals of psycho killers and town lunatics have reigned on the airwaves for generations, nurturing the stigma of mental health conditions. Now that there appears to be an increased public understanding about the nature of mental illnesses and who is affected by them, the tone of programming may be beginning to represent that. Change, however, is almost never black and white, and marginalization comes in forms and degrees. This ambiguity calls for mindfulness about exactly what is being accepted as a positive portrayal of someone with a mental health condition. The act of challenging a text is not a dismissal of its positive characteristics, but is a call to remain vigilant as cultural tides ebb and flow, delving into which characteristics about each representation are true to experience and
which feed into myth. Therefore, in pursuing this inquiry with a series like Monk, already hailed by mental health advocacy groups as a positive portrayal, it would be wise to remember – as Detective Monk reminds viewers week after week – things may not always be what they seem.
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Chapter 1

INTRODUCTION

This struggle of ours is not unlike those civil rights battles. A battle for equality, a war against both the terrible nature of this disease, and the equally terrible lies and myths that shroud it in mystery and shame and dread. This is THE cause of the 21st century.

— Pete Feigal (1999)

A character with schizophrenia shoots five people in Times Square and, when taken to the emergency room, stabs his pregnant doctor in the abdomen (Wonderland Series premiere) (Berg, 2000). A character with bipolar disorder, described as “a lunatic on the loose” is shown barking like a dog with his “crazy eyes” rolling (As Told by Ginger, Lunatic Lake episode) (Anthony & Kenny, 2002). A powerful mafia boss who regularly experiences symptoms of depression seeks treatment while successfully performing the duties of organized crime (The Sopranos) (Chase & Grey, 1998). A detective with obsessive-compulsive disorder who is frequently paralyzed by phobias and anxiety is recognized for his genius in solving the police department’s most difficult murder cases (Monk) (Hoberman & Breckman, 2002).

The above synopses represent a small sample of the television content produced in recent years that engages in cultural discourse about people with mental illnesses. Included in this sample are the identity constructions of psychotic killer, wild beast, powerful man functioning with depression, and the subject of this research, Detective Adrian Monk (“Monk”). Because the subject of this analysis warrants more than a one-line synopsis, the textual construction of Monk’s identity will be explored in further detail.
Against the backdrop of television and movies which have often demonized those with mental health conditions, the television series *Monk*, which debuted in 2002, has been deemed groundbreaking by leading mental health advocacy organizations for its positive depiction of a main character with mental illness. Among the prominent mental health advocacy groups endorsing the portrayal of main character, Adrian Monk, are the National Alliance on Mental Illness (“NAMI”, 2005), the United States Substance Abuse and Mental Health Services Administration (“SAMHSA”, 2005), and the Anxiety Disorders Association of America (“ADAA”, 2006). SAMHSA’s endorsement is in the form of a Voice Award created to honor film, television, and radio writers and producers “who have created positive, accurate, and dignified portrayals of people with mental health problems” (SAMHSA, 2005, p. 1).

Praise for what may be perceived as a positive portrayal of a man with mental illness is understandable in a mass media environment where negative portrayals abound (Cross, 2004; Gerbner, 1998; Lang, Nardorff, Shin, Gantz, & Angelini, 2006, 2006; MHA, 2008a; Pirkis, Blood, Francis, & McCallum, 2006; Wahl, 2003; Wilson, Nairn, Coverdale, & Panapa, 1999). The resounding praise of *Monk*, however, calls into question whether acceptance of the portrayal as positive without rejecting marginalizing aspects of the text is an example of hegemony, as defined by Antonio Gramsci (Fiske, 1987). Therefore, central to this analysis is how the construction of Adrian Monk’s identity, and the construction of mental illness in general, is represented within the text and whether this presentation serves to preserve or confront the marginalization of those with mental illnesses.
To gain a deeper understanding of the protagonist’s characterization, this research critically examines the relationship of the portrayal of mental illness in *Monk* to the fluctuating, but still dominant, myths and ideologies surrounding the topic of mental illness within American culture. Since there are many mental health conditions and diagnoses included in the term mental illness, whenever it is used herein the term will refer collectively to the extensive listing of diagnoses in the Diagnostic and Statistic Manual of Mental Disorders, Fourth Edition (“DSM-IV”) (American Psychiatric Association, 2000). Also, for the purposes of this analysis, people with mental illnesses will be alternately referred to herein as “those with mental illnesses,” “those with mental health conditions,” or “mental health consumers.” In addition, references to Monk’s condition, obsessive-compulsive disorder, or its symptoms will also refer to the definition found within DSM-IV. Because the investigation herein is concerned with the portrayal of identity, the term identity will refer to social identity, as constructed by cultural discourse, and not an individual’s unique sense of self. The definition of social identity will be revisited in the literature review in Chapter 2.

Discourse on the topic of mental illness is not a recent phenomenon. It is no secret that negative myths and ideologies about those with mental illnesses have been circulated and woven into the fabric of culture for hundreds, and even thousands, of years (Foucault, 1967; Wahl, 1995). Not surprisingly, the communication of negative myths and ideology about those with mental illnesses has not occurred in the absence of action, but has often been accompanied by discrimination, abusive treatment, and forced institutionalization (Foucault, 1967; MHA, 2008a; Wahl, 1995). It was not until the
middle of the 20th century, however, that the discursive treatment of mental illness began to receive the attention of scholars (e.g., Foucault, 1967; Goffman, 1961, 1963).

Since the late 20th century, there has been change, and a degree of hope, regarding the treatment of mental illnesses. Progress made in diagnosing and treating mental illnesses as physiological disorders, for example, continues to help in recovery from illness and the reduction of stigma (MHA, 2008a). There has not been full agreement, however, as to whether linking extraordinary mental states and behavior to medical/physiological causes has been beneficial to the identification of those in the marginalized group. For example, in his critical study of the twentieth century surge in the power of psychiatry, Michel Foucault (1967, 1987) examined the evolution through discourse of how and when the term madness came to be known as mental illness. Since the time of his writings, however, medical research continues to reveal evidence of the physiological origins of mental illnesses such as schizophrenia, bipolar disorder and obsessive-compulsive disorder (Charney & Nestler, 2004; NAMI, 2008a). Though the present research acknowledges that many serious mental health conditions have physical origins, it is also influenced by Foucault's (1967) interest in the discursive formation of the identity of this marginalized group, including the concern that the dominant discourse emphasizing a constant state of illness and perpetual role of patient is part of an identity construction that subordinates those with mental illness in the culture.

Because the stigma surrounding mental illness is of central concern to this study, the portrayal of Adrian Monk will be analyzed in the context of marginalized social identity. Erving Goffman (1963) refers to stigma as spoiled identity. He explains that
“normals... believe the person with a stigma is not quite human. On this assumption we exercise varieties of discrimination, through which we effectively, if often unthinkingly, reduce his life chances” (Goffman, 1963, p. 5). While Goffman’s language (which asserts that those with a stigma are believed to be “not quite human”) may be considered today to be hyperbolic, the heart of his assertion remains relevant. Any time individuals or groups are stigmatized, the judgment that is made discounting their personal worth is, in effect, a degradation of their humanity. Experiencing outward discrimination, or simply having the social identity one’s culture considers less than normal, serves to segregate, or marginalize, a person or group from the rest of a society.

The frequent absence of outward characteristics linking an individual to this marginalized group does not mean that he or she is immune to the cultural production of stigmatizing discourse (Goffman, 1963; Wahl, 1995). Myths and ideologies are reproduced through public discourse and have historically come in the form of portrayals of those with mental illnesses as people to be feared, pitied, or ridiculed (Cross, 2004; Foucault, 1967; Gerbner, 1998; Lang, et al., 2006; Pirkis, et al., 2006; Wahl, 1995; Wahl, 2003; Wilson, et al., 1999). These common portrayals affect not only the public perception of what it means to have a mental illness, but are key reasons many keep their diagnoses private, often internalizing the effects of stigma through denial (MHA, 2008a). The reproduction of cultural myths and ideologies is central to this research and specifically addressed in the discussion of cultural studies in Chapter 2.

While the characterization of Monk may appear to present a positive departure from these marginalizing themes, the polysemy (multiple meanings) inherent in the
production of television texts means that a member of the marginalized group being portrayed is likely to come away with a different reading of the text than an individual from the dominant group (Fiske, 1992). Television programming does not emerge from a laboratory to magically transform the norms of society; instead it reflects the values of the dominant culture (Fiske & Hartley, 1978). This does not mean that a dominant ideology must remain stagnant, but that it can accommodate a change in perspective (Althusser, 1971; Fiske, 1992; Gamson, Croteau, Hoynes, & Sasson, 1992).

In investigating the relationship between the dominant culture and a marginalized group, this analysis is grounded in cultural studies and critical theory. For the purposes of this research, dominant culture need not signify an overbearing, oppressive regime, but instead it can be the outward expression of consensus, including the construction of myths and ideology. The present research uses the definition of ideology originated by Althusser (1971) and adopted by Fiske: Instead of “an abstract, stable set of ideas . . . we unconsciously adopt, [it] . . . exists and works only through practices” (1987, p. 25). Television is central to this process by bringing ideology into practice through the hailing or singling out “concrete individuals” who respond to the hailing as “concrete subjects” (Althusser, 1971 p. 174-175). The practice of ideology is therefore dependent on the representation and construction of identity through discourse.

Further, there is no one dominant group in a culture, but dominant ideologies that emerge in the interest of preserving the status quo (Gitlin, 2000). In the case of those with mental illnesses, stigma has been an effective tool in maintenance of the status quo through secrecy and nondisclosure (Wahl, 1995). A concrete, detrimental outcome of the
fear of stigma is that it interferes with acceptance and treatment of serious mental health conditions (Anwar, 2007; Hinshaw, 2007). It is when symptoms go untreated and a person’s symptomatic behavior is forced into public consciousness that an individual is likely to be identified as suffering from a mental illness. One of the contentions of this research, therefore, is that stigma and secrecy lead to visible illness and invisible wellness, an outcome that leads to misunderstanding and contributes to cultural myths about people with mental illness.

Within the context of marginalization, the textual analysis of Monk is supported by rhetorical concepts of Kenneth Burke relating to identification and marginalization. These analytical tools are discussed in the methodology section, Chapter 3. Burke’s (1969) dramatistic framework recognizes that the existence of social hierarchy is responsible for the drama of human acceptance and rejection within a culture. This analysis acknowledges the existence of a hierarchical culture, organized under the principles of order, with those in authority exercising power with the voice of consensus, and those who are deemed different being forced to the margins. Identification and marginalization are at the center of this analysis, as it is a central factor in both the struggle for acceptance and the force of separation within a hierarchical structure.

Marginalization is consistent with the social impulse to identify, make sense and create order, which separates by category and further perpetuates the myths and mystery which thrive within a hierarchy (Burke, 1969). Burke’s dramatistic concepts contribute to the methodology of the present research in that they explain the motivation within a hierarchy for both acceptance and marginalization. The myths generated by mystery or
ignorance of experience in our culture sustain the force of hierarchy, and very often work to justify the process of scapegoating and stigmatizing those who are viewed as different.

Elevating an issue to prominence does not guarantee that the focus is positive or free from stigma. For example, the mass-mediated pharmaceutical industry publicizes mental health conditions, making them appear more widespread or familiar and possibly characterizing them as more acceptable (Iizuka, 2004). This may alleviate stigma, increasing awareness of the broad reach of mental health conditions. It could be also argued, however, that the form in which a message is communicated also serves to constrain it (Baran & Davis, 2006). From a critical perspective, a message driven by the economics of pharmaceutical companies and their profit margins should be analyzed with the means of cultural production in mind. The same can be said for a text like Monk, a product of the Hollywood system and distributed by USA Network, a national cable television corporation (USA Network, 2008a).

The present research is informed by the fact that mental illnesses touch over one quarter of the population of the United States during any given year (NIMH, 2008; Sergo, 2008). For the majority of those who have experienced symptoms, lack of acceptance of these conditions due to stigma is the greatest barrier to treatment and further reduction of stigma (MHA, 2008a). Not only has the critical study of those with mental health conditions been largely overlooked by contemporary researchers in the field (Aldoory, 2005), when it is explored it is not usually from the perspective of the marginalized. The studies critical of the portrayal of those with mental health conditions have frequently taken the form of quantitative discourse analyses, involving the finding and listing of
derogatory remarks and frames, rather than a more thorough exploration of the position of those with mental health conditions within contemporary culture. The relative scarcity of contemporary communication research on this issue compared with the substantial amount of research regarding other kinds of marginalization is all the more apparent in light of the prominent head start given to research on stigma and mental illness by critical theorists Erving Goffman (1961, 1963), and Foucault (1967, 1987).

This study approaches the analysis of discourse about people with mental health conditions from a vantage point similar to that of other critical-cultural research concerned with marginalization based on race/ethnicity, gender, and sexual orientation. In such studies, the investigator often comes from the position of being immersed in the group and has a stake in its future. In these cases, where “the role of the intellectual . . . is affecting social change” the practice of critical-cultural research is “not only determined by, it is responsible to, its situation” (Grossberg, Nelson, & Treichler, 1992, p. 6). Consequently, personal experience with a mental health condition motivates and guides the present study. While the fact of this relationship invites inevitable bias, it also brings necessary credibility to the analysis of the textual representation of this marginalized group.

Bearing in mind the reported acceptance of Monk’s representation of this marginalized population by mental health advocacy groups, this research explores both empowering and marginalizing elements of the text for their cultural significance.

The question guiding this research is:
RQ: In the television series *Monk* what is the relationship between the textual construction of the main character, Adrian Monk, and prevailing cultural myths and ideologies surrounding mental illness?
Chapter 2

LITERATURE REVIEW

Cultures create “frameworks,” which can translate a “meaningless aspect of the scene into something that is meaningful” by offering a point of reference, or a structure with through which people can organize information (Goffman, 1974, p. 21). These frameworks are constructed through our communication, or discourse, and through the perspectives we create, we organize and make sense of our experience. This chapter reviews the study of cultural discourse, particularly with regard to marginalization, and the ways in which discourse is used to place individuals and groups who appear different from the majority population in positions of inferiority. After an exploration of discourse on mental illness, including media studies on the portrayal of this population, this chapter explores the critical-cultural background supporting this study and goes on to review television studies of marginalized groups based on race/ethnicity, gender, and sexual orientation, research which shares methods and motivations with the present study.

Discursive Constructions of Mental Illness

The following overview of discourse on the topic is an attempt to represent relevant perspectives on mental illness resulting from its long-standing involvement in culture.

Discourse on Mental Illness: A Brief History

Discourse on the subject of mental illness, or the antiquated “madness,” has been active since at least the time of its entry into literary archives. The ancient Greeks treated the condition with some familiarity, and the tone of discourse appears to be mixed
(Arboleda-Florez, 2003). While both Sophocles’ *Ajax* and Euripides’ *The Madness of Heracles* connote madness with humiliation and loss of face (Arboleda-Florez, 2003), Plato’s *Phaedrus*, contains one of the more positive references to the condition: “there is also a madness which is a divine gift, and the source of the chiepest blessings granted to men” (Plato, 2004, p. 1).

Some discourses of madness presented in Old Testament books of the Bible, in contrast, put a decidedly negative spin on what we now call mental illness. One narrative that has crossed over to secular discourse, due to its reproduction in artistic form by William Blake, is the portrayal of Babylonian king Nebuchadnezzar as wild and depraved before his reason is restored (Reaume, 2002). The equation of madness with affliction, folly, and wickedness is also a common discursive formation in the books of Ecclesiastes and Deuteronomy (Reaume, 2002).

A similar review of the popular literature of the Renaissance reveals Shakespeare’s frequent sprinkling of the theme of madness throughout his writing, with some of the more popular references linking the characters of Hamlet, Ophelia and King Lear to the condition (Shakespeare, 1997). His treatment of the subject is comparatively even-handed: Though the subject of madness does not emerge in this discourse as a “divine gift” (Plato, 2004, p. 1), neither is it equated with some of the wicked connotations present in the Old Testament. These works, by contrast, reveal discourse that describes madness, or mental illness, as part of life.

*Foucault: madness v. illness.* Foucault (1967) presents a more comprehensive study of the history of discourse about the condition he prefers to call madness. This
reflects Foucault’s preference for what he sees as the other-worldly, spiritual qualities associated with the term which guides his search for the point where the discursive identity begins to shift to one of illness. While the basis for his investigation into the subject is linked with the critical analysis of psychiatric power, the detailed account brings to light a history rich in a variety of discursive formations on the subject.

Foucault is particularly interested in studying the points in time where the discourses produced in reference to madness experienced significant changes. In examining the semiotic roots of ancient Greek, Foucault notes the absence of a word in that lexicon which is the clear antonym of reason, or “logos” (Foucault, 1967, p. ix). It is when his historical journey leads him to medieval Europe that he locates at least three words in direct opposition to reason: “madness,” “dementia,” and “insanity” (Foucault, 1967, p. x). Although the appearance of these representations does not represent the point at which madness is equated with illness, it does appear to be a transitional period in the history of discourse on the subject.

Foucault’s interest in tracking the emergence of the discourse of madness to where it eventually joins with illness is central to his hypothesis that the power held by medicine and psychiatry in the modern era was responsible for the emergence of a new discourse stressing illness over the absence of reason. This new identification was critically viewed by Foucault (1967) as an invitation for the power of doctors and medicine to reign over those labeled mentally ill.

Anti-psychiatry discourse. Other influential figures in the history of discourse on this topic arose in opposition to modernist psychiatric discourse. Thomas Szasz rebelled
against psychiatry in the late 1950’s with the contention that it was a farce and its discourse was formed with the intention of making those with mental illnesses behave (Sedgwick, 1982; Szasz, 1967). Szasz’s opinion of psychiatric discourse as an exercise of power is similar to that of Foucault. Since the time of Foucault and Szasz, however, still more progress in the field of medicine has enhanced the treatment of those with mental illnesses (MHA, 2008a; NAMI, 2006) and directly influences continuing discourse on the topic.

Public attitudes. As will be explored in this chapter, mass media discourse about mental illness has often been heavy on stigma and light on varied perspectives (Cross, 2004; Foucault, 1967; Gerbner, 1998; Lang, et al., 2006; Pirkis, et al., 2006; Wahl, 1995; Wahl, 2003; Wilson, et al., 1999). Studies of public attitudes toward mental illness have revealed that public knowledge of mental illness has failed by a wide margin to catch up to neuropsychiatric progress in the field (Jorm, 2000). A conservative inference based on these findings is that this disconnect bears a direct relationship to the nature of discourse produced on the topic. In the absence of representative discourse by those with first-hand knowledge of a subject, the resulting vacuum has been filled by marginalizing discourses, supported by “justification ideologies [which] let people feel that discriminatory treatment is natural, sensible, and fair” (Heatherton, 2000, p. 127).

Discourse of self disclosure. The first twentieth century voice with personal experience with mental illness entered into public discourse on the topic in 1909 (MHA, 2008b). Clifford Beers (1953), who struggled with a mental illness and was institutionalized as a young man, wrote the book A Mind That Found Itself and led a life
of advocacy that culminated in the creation of the National Mental Health Association (MHA, 2008b). The emergence of mental health consumer voices over the years has been sporadic due to the stigmatizing nature of the condition. In the latter half of the 20th century, however, some outspoken mental health consumer voices on this topic emerged. One of the most prolific, Kay Redfield Jamison (1995a, 1995b, 1999, 2004, 2006), is a professor of psychiatry and leading expert in her field, as well as a successful lecturer and best-selling author. Others, such as Patty Duke (1987) and Brooke Shields (2005), are celebrities who have assumed the personal risk of writing and speaking publicly about their experiences with mental illness. Still others are not so well known in the public sector, but their insightful speaking has provided inspiration for other mental health consumers, families and members of the community (NAMI, 2008b). Though grouped together above, it would not be fair to assert that all people with mental illnesses speak with one voice. Rather, the individuality of expression within this constituency is more likely to mirror the distinctive makeup of the broader population, though the shared experience of illness and stigma bind them.

In order to better understand the various discursive formations of identity produced within our culture regarding those with mental illnesses, a review of relevant scholarly perspectives are provided below.

Discursive Perspectives

*Modern and postmodern perspectives.* The framing of discourse by those in the anti-psychiatry school of thought (e.g., Foucault, 1967; Szasz, 1967) arose in opposition to cultural norms of the treatment of those with mental illnesses during the emergence of
psychiatry in the modern period. Similarly, Goffman (1961) used harsh terms like asylums and inmates in describing mental institutions as a reaction to the softer sounding names like hospitals and patients that were being newly employed in the medical discourse of the time but did not match the manner of treatment (Reaume, 2002). Unlike Foucault (1967) and Szasz (1967), who chose to reject the medical frame of mental illness because of its psychiatric constraints, Goffman acknowledged a duality in the condition of mental illness that was both medical and behavioral (Sedgwick, 1982).

Corresponding discourses of patient, survivor, and consumer. The frames used by the intellectuals of the postmodern era can be viewed as representing three ways mental illness continues to be discursively formed and responded to within our culture. Speed (2006) asserts that there are three types of discourses consistently produced by "psychiatric service users" (p. 28). They are "patient," "survivor," and "consumer" (Speed, 2006, p. 28). The conceptions of the terms are as follows: Patients are described and describe themselves as passive recipients of care (Barnes & Shardlow, 1997; Speed, 2006), survivors are seen as denying illness and actively resisting treatment (Crossley, 2004; Speed, 2006), and consumers are seen as actively choosing their care (Speed, 2006). In terms of the modern and postmodern frames presented above, the discursive frame of patient would be closest in relation to a modernist construction of identity where there is complicit trust in the specialized knowledge of psychiatry. The survivor frame, on the other hand, incorporates discursive influences from both Foucault (1967) and Szasz (1967), holding onto core values of resistance to treatment while eluding control by doctors and cultural labels. As somewhat of a compromise, the consumer frame holds the
closest association to the views of Goffman (1961), i.e., recognition of the cultural stigma of mental illness paired with acceptance of the interrelationship of physiological and behavioral components. While these perspectives are discursive constructions and may not be universally applicable or utilized by all who have experienced mental illness, they have been shown to be used frequently to frame discourse within the topic (Barnes & Shardlow, 1997; Crossley, 2004; Speed, 2006).

Mass Media Representations of Mental Illness

Researchers have consistently associated cultural engagement in discourse about mental illness through its framing in all types of media, including television, newspapers, magazines, books, and the Internet (Aldoory, 2005; Gerbner, 1980; Nairn & Coverdale, 2005; Wilson, et al., 1999). The present research asserts that these discursive formations are central to the process of the construction of a social identity for those with mental illness (Goffman, 1963; Berger & Luckmann, 1967). Influenced by Goffman, Gitlin (1990) defines media frames as “persistent patterns of cognition, interpretation, and presentation, of selection, emphasis, and exclusion, by which symbol-handlers routinely organize discourse, whether verbal or visual” (p. 7). Research has shown that negative stereotypes are frequently presented within this structure and contribute to the stigma of mental illness (Gerbner, 1980; NAMI, 2006; Thornton, 1996; Wahl, 1995).

While media studies related to mental illness appear to be on the rise in the fields of mental health, communication research on the topic is not comparatively abundant (Aldoory 2005). Media studies in this subject area have most often been published in mental health journals and have primarily used discourse analysis or content analysis to
research newspaper or television depictions of those with mental illnesses. Aldoory (2005) indicates that research in these areas reveals the construction of mental illness in the context of unpredictability and violent behavior. Similarly, Signorielli (1989) finds that characters portrayed as having a mental illness on prime time television are more likely than other characters to be placed in the following frames: violence, failure, irrationality, danger, evil, and avoidance.

The findings of Wilson, et al. (1999) are consistent with the above results. As the result of a discourse analysis of 14 prime time television dramas analyzing the portrayal of those with mental illness, they found that 15 of the 20 characters with mental illness were shown to be physically violent toward themselves or others. In addition, they found the prevalence of negative depictions including asocial behavior, vulnerability, unpredictability, lack of comprehension, untrustworthiness, and danger to self or others because of incompetence. When positive characteristics were displayed, they were limited (Wilson, et al., 1999).

Findings of positive discursive formations about those with mental illness are comparatively rare in media studies literature. Instead, most studies have highlighted the preponderance of media depictions which focus on the danger and criminality of this population (Gerbner, 1980; Nairn & Coverdale, 2005; Signorielli, 1989; Wahl, 1995 Wilson, et al., 1999). Frightening and otherwise stigmatizing images have reflected the marginalization of those with mental illnesses for as many years as there is record of them. However, the marginalized status of people with mental health conditions has not
yet received the degree of attention by communication scholars called for by this situation (Aldoory, 2005).

By way of continuing the conversation engaged in by Foucault and Goffman and in answer to the call by Aldoory, the present research takes a critical-cultural approach to the understanding of the marginalization of the population of those with mental illnesses. Further justification for the selection of this approach is provided below.

**Critical-Cultural Approach to the Study of Marginalized Identity**

When considering an appropriate framework within which to study the marginalization of those with mental health conditions, the overlap of critical theory and cultural studies offers rich opportunities for discovery. Evaluating a television text without considering its cultural foundations may be equated to appreciating a bouquet of flowers without a giving thought to the gardens where they grew. And, just as a bouquet may be approached from a variety of angles to create different experiences, the perspective one brings to a text influences its meaning. Marginalized groups within a culture are often underrepresented, misrepresented, or completely ignored in the media (Johnson, Chambers, Raghuram, & Tincknell, 2004). The exclusion of alternative perspectives from the dominant culture suggests continuation of the status quo. While there are a number of ways to approach the study of mass communication, a wide body of scholarship argues for the use of a critical-cultural approach in the study of marginalized populations (e.g., Agger, 1991; Gitlin, 2000; Hall, 1990, 1996a, 1996b).
Before beginning an inquiry into the practices and discourses of a culture, it is best to begin with a definition of what culture means for the present research. Defining culture is essential, especially since the discipline of cultural studies results from a change in narrowly viewing culture as “high culture” including only particular forms of art to a more inclusive definition of lived experience, which has energized its study (During, 1999, p.2). In addition, the present research would lack a solid foundation without knowledge of the realm to be explored or the means to describe the processes we discover within it.

**Definition of Culture**

The present research begins with a broad, inclusive definition of culture as “any expressive activity contributing to social learning” (Agger, 1991, p. 2). This definition allows for an extensive amount of contextual background, including the interplay of all elements of society and the multiple layers of history on which the present culture builds. The use of this definition is consistent with the inclusive nature of cultural studies. There is no canon within cultural studies and therefore no one version or methodology is specific to it because it is intended to cross all disciplines and allow for the study of any type of cultural product (Agger, 1991). However, once the subject matter is selected, the study becomes focused and a more specific roadmap for analysis unfolds: e.g., the overlapping interests of discourse on mental illness and the portrayal of the character, Adrian Monk.

The above definition of culture is broad enough to include emphasis on symbolic patterns of meaning which allow for communication and the sharing of values, attitudes,
beliefs and concepts (Burke, 1966). This emphasis highlights the role of symbolic interaction in creating and reinforcing collective ideas, a cultural process frequently mediated by television (Silverstone, 2004). The present research, in particular, is concerned with the reinforcement of ideas which evoke stigma and rationalize exclusion or, alternatively, counter such marginalizing themes. At present, the purpose is not to study the immediate impact of this type of discourse, but to discover its meaning within a culture (Gitlin, 2000). Since the subject text in this study is a television series, it is appropriate to include information about the unique role television plays in culture.

Cultural Study of Television

The present research is mindful of the specific functions British cultural studies scholars have asserted to be components of television’s role in society.

Maintenance of the status quo. Fiske and Hartley introduced seven elements of the medium which contribute to the affirmation of a culture, the status quo, and, as a result, perpetuate exclusion. They include: (a) expressing reality within a culture, (b) the exchange of status building messages for the acceptance of the dominant ideology, (c) praising individuality while reining in eccentricity, (d) affirming ideologies and myths, (e) exposing inadequacies in ideology to reflect change, and (f) transmitting the experience of involvement in a culture (Fiske & Hartley, 1978). In evaluating the cultural relationship between Monk and the marginalized population it portrays, the functional definition of television provided above is especially useful as a backdrop for analysis.

Myth and ideology. A critical-cultural approach to mass communication emphasizes moving beyond obvious content to underlying themes in order to explore the
dynamic relationship of a text to cultural myth and ideology (Fiske & Hartley, 1978).

Horace Newcomb and Paul Hirsch assert that a cultural basis for television criticism represents a “bridge between concern for television as a communications medium... and television as aesthetic object, the expressive medium that, through its storytelling functions, unites and examines a culture” (1983, p. 561). The stories told by entertainment television series are cultural artifacts which cannot help but be composed of ideology and myth since they are produced by people and entities who hold particular cultural values and beliefs. Central to critical-cultural insight is an appreciation of the signs, codes and functions of a television text. In terms of function, Fiske & Hartley (1978) maintain that television is an oral mode of communication and, as such, it performs a “bardic” role in society (1978, p. 85). This term emphasizes the function of television as the communicator of messages which are influenced by the people and institutions who create them as well as the audiences who receive them. Since, “[e]very society works to reproduce itself – and its internal conflicts – within its cultural order” (Gitlin, 2000, p. 574), mass communication, television in particular, is integral to the process of reproduction and ultimately serves the interest of affirming the dominant ideologies of a culture (Fiske & Hartley, 1978).

Influences of Structuralism and Post-structuralism. In addition, the cultural studies approach draws upon certain concepts of structuralism in that it does not acknowledge an objective truth, but instead asserts multiple truths of experience (Fiske, 1992; Turner, 2002). Further, it instructs that cultural truths can be understood only in terms of how they come to be considered true, for whom, and when. Post-structuralism
influences cultural studies in its stress on “the openness and heterogeneity of the text, its embeddedness in history and desire, its political and ideological dimensions and its excess of meanings” (Kellner, 2006, p. 4). The consideration by critical-cultural studies of multiple, fluctuating influences makes it easier to understand both texts and ideology as fluid, rather than fixed entities (Fiske, 1992). Under this theory, cultural truths about mental illnesses are still being formed and will continue to change. Likewise, the medium of television will reflect these changes, while continuing to favor the dominant ideology in its presentation (Fiske, 1987). Consequently, an analysis of Monk may be likened to a time capsule in that an analysis of a text can only reveal myths and ideologies present in the dominant culture in the context of a given point in history.

Polysemy and hegemony. Polysemy (multiple meanings) within a text is necessary to enable the popularity of a television program in a culture composed of heterogeneous groups (Fiske, 1992). Fiske (1986) explains that leaving a text open, or full of “unresolved contradictions” (p. 392) leads to the ability of the viewer to draw from the text “structural similarities to his or her own social relations and identity” (p. 392). In assessing the portrayal of the identity of the main character in Monk, this theory comes to the forefront. Monk’s sustained popularity during the course of over six years on television (Wallenstein, 2005) can be attributed to polysemy, or the fact that the series and the main character offer meanings that appeal to a wide range of sensibilities. According to the theory of polysemy and popularity, the structure of a television text is open to multiple readings by a variety of subcultures. Fiske (1986) maintains that these meanings are extracted in relation to how each subculture sees itself. The needs that are
met, according to Fiske, are contingent on a member of a group's perception of its relationship to the dominant ideology of a culture (1986).

**Dominant ideology and social construction of reality.** The assertion of multiple perspectives leads to a discussion of dominant ideology and the way in which social construction of reality (Berger & Luckmann, 1967) forges consensus about a marginalized group. The concept of hegemony explains the act of practicing and accepting dominant ideology as part of everyday life. Gamson, et al. (1992) emphasize that hegemony does not entail tricking individuals to accept blatant ideology. Instead, Gramsci’s . . . enduring contribution was to focus our attention beyond explicit beliefs and ideology to see how the routine, taken-for-granted structures of everyday thinking contribute to a structure of dominance. Gramsci urged us to expand our notion of ideology to include the world of common sense (p. 381).

Within this world of common sense are all the ways individuals have been socialized, bearing on hundreds and thousands of years of cultural discourse. The concept of fearing, pitying, or ridiculing someone with a mental illness, for example, is built into television texts, just as it was built into forms of discourse long before that technology came into being (Foucault, 1967; Wahl, 1995). Extracting meaning from a text and accepting it is more about how we have been taught to make sense of the world and everyday thinking than it is about overt trickery into the acceptance of ideology. If a series with overtly marginalizing themes is televised, those with sensibilities opposed to those themes are likely to avoid it. However, if a series appears to challenge the dominant way of thinking, it would most likely earn more viewers from the marginalized group than the first series.
This concept of status building within a television text, according to Fiske and Hartley (1978), is one way television works to gain acceptance of dominant ideology.

Though dominant ideologies are present in mediated communication, so is polysemy, which allows for the contesting of the meaning inferred in production by the dominant group (Fiske, 1986; Hall, 2001; Storey, 1996). Fiske (1986) proposes that multiple meanings structured in a text are a “miniaturization of the structure of subcultures in society – both exist in a network of power relations, and the textual struggle for meaning is the precise equivalent of the social struggle for power” (Fiske, 1986, p. 392).

Identity Construction

*Theories of the subject.* In *Monk*, myths and ideologies find voice and representation not only through the main character, Adrian Monk, but in the words and actions of all who interact with him. This concept leads to another integral consideration of the cultural studies approach: the relationship of the individual to society. Fiske (1992) states that theories of the individual emphasize the differences between people and that these differences are natural. Theories of the subject, on the other hand, view people as products of their society, continually shaped by culture. Within the scope of critical-cultural studies, theories of the subject are relevant to the discussion of the cultural forces that create marginalization. The existence of a subject, or one who is continually being shaped by cultural influences, leads to a discussion of the construction of social identity.

*Social construction of identity.* One basis for understanding social identity is through similarity and difference (Jenkins, 2004). The present research is concerned with
the concepts of similarity and difference and the way social identity can be constructed and manipulated in representation. Hall (1996a) contends that discourse constructs subjective points of view that become linked to identities. The present research incorporates this assertion, relying on the theory of the subject and social construction to analyze the meaning of discourse influencing formation of the social identity of those with mental illnesses.

Explanation of the social construction of identity is necessary background for the critical-cultural analysis of the representation of identity in a television text. Identity is a ubiquitous term with multiple connotations, and providing a useful definition can be challenging. Hall (1990) warns, “Identity is not as transparent or unproblematic as we think” (p. 222). While conceptualizing identity becomes complicated when considering factors such as who or what something is, how the substance of a person or thing is understood, and how these views are constructed, Jenkins (2004) attempts to simplify the task by relating it to similarity and difference. He adds that thinking of identity in terms of “something that simply is,” ignores more important factors of how it “works or is worked” (2004, p. 5). For the purposes of this research, identity works and is worked through social construction. Hall (1996a) refers to identity as being temporarily joined to “subject positions which discursive practices construct for us” (p. 6). Portrayals, or other representations of identity, are part of this continuous process of formation. Hall says, Perhaps instead of thinking of identity as an already accomplished fact, we should think, instead, of identity as a ‘production’, which is never complete, always in process, and always constituted within, not outside, representation (1990, p. 222).
Jenkins (2004) is in agreement with the concept of identity as an incomplete process, adding that it is also a plural process: “One’s identity = one’s identities, indeed, for who we are, is always singular and plural – is never a final or settled matter” (p. 5). In conceptualizing identity in terms of similarities and differences, the existence of plural identities simultaneously increases and varies the ways in which similarities and differences can be assessed. Unfortunately, cultural representations of those who are assumed to be different do not often reflect the diversity of attributes expected within a framework of plural identities, and the social construction of these identities appears to be preoccupied with difference, as often found in stereotypes.

There is a clear difference between one’s individuality and an identity type. The latter is a product, a social construction (Berger & Luckmann, 1967; Foss, 2002), which is based on broad stereotypes. A television character is a cultural construction based on who is creating it and what is believed to make up this type of person. Especially after storylines, dialogue, acting, supporting characters, and scenery fill in the gaps, and a character begins to resemble an actual human being, this construction of identity becomes rhetorical. It is this creation, as a social collaboration, by producers, writers, directors, actors, and our culture at large, which becomes a cultural artifact. Therefore, in the production of Monk, all participants in the process, including the readers of the text, bring to it their own ideas of what it means to have a mental illness.

Social identity is not an internal, isolated concept, but is formed and understood in the context of culture and identification (Hall, 1990, 1996a). Foss (2002) agrees with Berger & Luckmann (1967), in that
Identity remains unintelligible unless it is located in a world. Any theorizing about identity – about specific identity types – must therefore occur within the framework of the theoretical interpretation within which it and the thing are located (p. 11).

Accordingly, an analysis of the identity type(s) constructed in *Monk* is relevant only if it takes into consideration the world, i.e. culture, from which it emerges. Another element of identity construction central to this research is that identities produced on television are discursive constructions, or “the product of discourses or regulated ways of speaking about the world. In other words, identities are constituted . . . by representations” (Barker & Willis, 2005, p. 11).

*Stigmatized identity.* The experience of stigma has been the subject of much sociocultural, sociopsychological and critical research in the field of communication. Stigma, as defined by Erving Goffman, greatly discredits an individual and reduces them “from a whole and usual person to a tainted, discounted one” (Goffman 1963, p. 3). Goffman’s treatise on stigma is consistent with the view of social identity presented in this research. Goffman relates that “the normal and stigmatized are not persons but rather perspectives” (1963, p. 138). He prefaces this with the idea that “the stigmatized and the normal are part of each other . . . For in imputing identities to individuals, discreditable or not, the wider social setting and its inhabitants have in a way compromised themselves…” (Goffman, 1963, p. 135). This statement echoes Burke’s (1969) concepts of identification, myth making, and scapegoating, which will be addressed further in Chapter 3.
In writing of the “situation of the individual who is disqualified from full social acceptance” (Goffman, 1963, p. i), Goffman lays the groundwork for further study in the field of communication on the subject of stigma. While researchers have repeatedly drawn from Goffman’s research on spoiled identity, the intention here is learn to recognize the building blocks of its construction in discourse.

Gergen (1994) devotes a chapter of his book on the social construction of stigma to “The Cultural Consequences of Deficit Discourse” (p. 143). In this chapter, Gergen is specifically concerned with the discourse by health professionals on the subject of mental health and those who experience mental illness. Gergen (1994) views much of the terminology used to describe psychiatric conditions as divisive. He claims, professional visions of ‘healthy functioning’ are suffused with cultural ideologies... [T]erms of mental deficit operate as evaluative devices, demarking the position of individuals along culturally implicit axes of good and bad (Gergen, 1994, p. 149).

This view of the potential divisiveness in discourse harkens back to Goffman (1961) and his assertion that discourse is often used to create hierarchies among people and to Burke (1969) for which hierarchy is the motivation for both identification and division.

Studies of the Identity Construction of Marginalized Groups

Often the struggle for power is simply the struggle to be included and to have a voice. The following discussion of the representation of marginalized groups, i.e. those involving race/ethnicity, gender, and sexual orientation, alongside those with mental
illnesses, is not intended to equate one group’s plight with any other, or compare particular characteristics or circumstances. There are two reasons for including research on a variety of marginalized groups within this review: 1) Comparatively few cultural studies analyses have been performed on individual texts with regard to the construction of identity of those with mental illness, and 2) much can be learned from analyses of discourse about groups who are frequently studied from a critical-cultural perspective. The point is not to associate particular circumstances, degrees of marginalization or characteristics, but to explore the process and components of analyzing marginalization within culture.

Race/ethnicity. While Fiske (1992) says that polysemy facilitates identification within diverse groups so that they may more readily accept dominant ideology, Foss (2002) takes this further by asserting that the process of hegemony cannot take place without the existence of multiple meanings within a text. For one meaning out of many to be owned as oppositional means that marginalized viewers of the text are more likely to accept the text as a whole, including the dominant values steeped in it. Foss’ (2002) study of mixed race and hegemony within the television genres of science fiction, soap opera, and situation comedy involves the analysis of texts in genres not normally associated with the primary focus of race or mixed race. In the discussion of situation comedy, and The Jeffersons specifically, Foss finds that the comedic structure, including multiple meanings in actions and dialogue, leads to the dominant ideology overwhelming oppositional readings of the text. In the case of The Jeffersons, the dominant ideology is revealed to be that mixed race unions are not accepted in society and produce conflict.
While the premise in the creation of the text is consistent with an oppositional reading in giving attention to mixed race unions and portraying the mixed couple in a positive light, the comedic wordplay of the lead character overwhelms any resistant ideology and instead penalizes and stigmatizes mixed race unions (Foss, 2002).

In an analysis of the 1970s comedy series, *Chico and the Man*, Orguss (2005) finds that the attempt by dominant culture, represented by the NBC television network, to construct the identity of the young, Latino male was a failed attempt to lure Latino viewers. The theme of inclusion, “whites and Chicanos side by side in the East L.A. barrio” (Orguss, 2005, p. 3), was overpowered by the rhetoric that did the actual work of identity construction: comedy. Orguss determines through an analysis of the text that the humor in the dominant reading was dependent, in large part, on racist jokes made by the bigoted older white man at the expense of Chico, the Latino man. The idea that Latinos (embodied by Chico) should stay in their place was illustrated through putdowns, so Chico’s identity is constructed as subservient. Orguss (2005) and Foss (2002) take similar readings from their subject texts and find humor to be the vehicle for much of the denigration of marginalized individuals within the setting of inclusion.

Gender/feminism. On the topic of identity construction and gender, Dow (1990) offers an analysis of *The Mary Tyler Moore Show* and concludes that the feminist ideology represented in the series is not what it seems. The positive portrayal of the independent woman is, in fact, contradicted by the submissiveness written into the main character’s identity through the construction of her role in patriarchal relationships. Dow
also contends that these “hegemonic devices are bolstered by the conventions of the situation comedy genre” (1990, p. 261).

Brasfield (2006) addresses hegemony and gender as well. The analysis of feminism in *Sex and the City* hinges on the textual construction of other marginalized groups as demeaned stereotypes who the main characters, white women, treat accordingly while attempting to maintain the identities of women who will not succumb to the victimization that has historically plagued them. This construction of their identities as demeaning to others, in turn, depicts the main characters as weak women looking for scapegoats to elevate their status. Later in the analysis, Brasfield asserts that the discourse engaged in by the women concentrating on the physical aspects of their sex constructs their own identities as “biological,” which is consistent with patriarchal ideology (2006, p. 134). The analysis concludes that the portrayal of feminism in *Sex in the City* is hegemonic because, despite main characters’ attempts to characterize themselves as liberated, they have adopted the dominant ideology of patriarchy in their discourse.

*Sexual orientation.* In an examination of the portrayal of openly gay characters in the television series *Will and Grace*, Battles and Hilton-Morrow (2002) challenge the assertion that presence of gay characters on television represents evidence of a change in their cultural acceptance. The authors use textual analysis in an examination of identity construction which seeks not to define a singular gay identity within the series, but to determine the situations where gayness is stereotyped, exploited, or nullified. In turn, the authors find that stereotypes of gayness are upheld in terms of asserting that a gay man is
not a “real guy,” but displays typically feminine characteristics (Battles & Hilton-Morrow, 2002, p. 90). However, on another level, the main character, Will, displays the socially acceptable characteristics of the traditional heterosexual male in contrast to the ultra stereotyped effeminate characteristics of his friend Jack. The authors find that the effect of pairing a beautiful heterosexual woman in an intimate friendship with Will serves to negate his homosexuality and can be read as leaving his character open to the possibility of romance with Grace. In a finding the authors attribute to a “delayed consummation plotline” created for the viewers’ enjoyment, Will’s sexuality becomes socially acceptable to a heterosexual audience (Battles & Hilton-Morrow, 2002, p. 92). Therefore, the creation of a gay main character in this series does not provide proof of the cultural acceptance of gayness. Instead, in a hegemonic delivery, the homosexual identity of the main character is purported to be acceptable, but is co-opted by the text in order for Will to serve as a surrogate heterosexual partner for Grace.

The above examples represent a small sample of critical-cultural analyses performed on texts dealing with the subject of marginalized populations. Their applicability to the present research lies in their emphasis on the roles of hegemony and polysemy in the process of identity construction and marginalization.

*Mental illness.* While there has been no shortage of cultural discourse on the topic of those with mental illnesses, there are comparatively few critical-cultural analyses investigating the marginalization of this group. The media studies on mental illnesses documented above represent, in large part, quantitative research effective in counting and listing instances of derogatory framing and language within texts. While these studies are
helpful in illuminating instances of marginalizing content on television, they omit qualitative discussion of the relationship between mass media and cultural expression. This signals the necessity for an increase in critical-cultural studies to fill the void that exists with regard to mental health conditions to address the concerns of this large marginalized group which encompasses all ethnicities, genders, sexual orientations and classes (NIMH, 2008; Sergo, 2008).

One of the few critical-cultural television studies dealing with the marginalization of those with mental health conditions and identity construction is another analysis of *Monk*. In a recent analysis, Johnson (2008) analyzes the text through a Foucauldian lens and extracts themes of government control and positive management of those with mental illnesses. Though Johnson makes a keen assessment that, taken as a whole, the portrayal of Adrian Monk is currently one of the most positive television representations of a character with a mental illness, he singles out the theme of control as the factor that overwhelms the text. His findings suggest that Monk’s character has internalized the ideology of governmental control through his need to be in control and that this conveys the message that those with mental illnesses need to take care of themselves and be productive in society. Johnson (2008) also concludes that Monk’s character, because of his preferences for specific product brands, enacts the dominant capitalist ideology.

Johnson’s (2008) study begins with an analysis of marginalization, but it veers away from the particular concerns of those with mental health conditions to become a more general critique of capitalist society and its concerns with controlling the behavior of its citizens. While these insights are relevant to the present study and may include
some overlapping points of analysis in terms of social control, the present research is
primarily concerned with the analysis of myths, ideologies, and struggles that emerge in
the portrayal, assessing the cumulative effect of the discourses presented, and
determining whether the textual construction of identity helps to preserve or break down
marginalization.

The present research departs from the majority of the media studies on mental
illness presented above in that it takes on a critical role in exploring the attitudes about
those with mental illnesses in our culture by examining the construction of Monk’s
identity within the text. Much of the previous literature specific to mental illness, by
contrast, provides broader perspectives and summaries based on content analyses and
analyses of cumulative discourses. Conversely, the above studies relating to the portrayal
of other marginalized populations on television use textual analysis within a critical-
cultural framework. While these studies provide a methodological starting point, the
present research attempts to add another layer to the textual analysis of Monk by
engaging Burkean themes in assessing motivation within a hierarchical structure,
essential to both unifying a culture and marginalizing its outcasts. Burkean concepts are
compatible with the critical-cultural backdrop of this study in that they are both based in
symbolic interaction and are concerned with cultural meaning and marginalization.
Chapter 3

METHODOLOGY

The methods used in the present study are central to the study of persuasion within the subject text. Rhetorical criticism is the foundation for the analytic tasks to be accomplished. The supportive frameworks of Burkean themes and textual analysis rest upon this foundation. The content of this chapter describes how rhetorical criticism, Burkean themes and textual analysis fit together to form one methodological structure in the analysis of Monk.

Rhetorical Criticism

Within a critical-cultural framework, exploring Monk for insight into cultural attitudes about mental illness is best served through an analysis of the rhetorical aspects of the text. The following discussion of rhetorical criticism clarifies the reasons for the selection of this tool for the present research.

The Study of Persuasion

Conflict. Since at least the time of Aristotle, the study of rhetoric has been concerned with persuasion (Black, 1965). The use of persuasion in discourse is central to this research, but the measure of its effectiveness is not the primary goal. Instead, the focus has more to do with how and by whom persuasion is used, thereby contributing to an understanding of sources of power in discourse and conflicting attitudes and beliefs (Vande Berg, Wenner, & Gronbeck, 2004). Fiske (1987) notes that whenever more than one person or group is involved in discourse – as in the production of television – the resulting text is a “site of conflict” (p. 14). Where there is conflict or difference among
groups, one way to learn more about the source of conflict it is to attempt to study the means of persuasion. In other words, studying rhetoric, or persuasive discourse, is another way of understanding cultural conflict. Kenneth Burke states, “Insofar as the individual is involved in conflict with other individuals or groups, the study of this same individual would fall under the head of Rhetoric” (1969, p. 23).

*Point of view.* Though persuasion is fundamental to rhetoric, the impact of rhetoric need not be measured by an analysis of audience effects (Black, 1965). From a cultural studies perspective, the study of rhetoric is a window into the beliefs, attitudes and ideologies of a culture. Thus, the end goal in a critical-cultural analysis is not the measure of the success of persuasion, but the assessment of the way in which attempts to persuade clarify various points of view. Potter (1996) suggests that rather than pure persuasion, rhetoric should be “treated as a feature of the antagonistic relationship between versions: how a description counters an alternative description, and how it is organized, in turn, to resist being countered” (p. 108).

*Marginalization.* This understanding of rhetoric is consistent with Burke (1969) and Fiske (1987), both of whom place emphasis on the discourse of conflict. Burke elaborates that rhetoric “deals with the possibilities of classification in its partisan aspects; it considers the ways in which individuals are at odds with one another, or become identified with groups more or less at odds with one another” (1969, p. 22). The present research presents a clear conflict for analysis: the apparently positive portrayal of mental illness in a culture with a history of marginalizing those with mental illnesses. As discussed at length in Chapter 2, many of the attitudes and beliefs expressed through
mass media about those with mental illnesses have been negative and demeaning (Cross, 2004; Foucault, 1967; Gerbner, 1998; Lang, et al., 2006; Pirkis, et al., 2006; Wahl, 1995; Wahl, 2003; Wilson, et al., 1999).

The production of *Monk* is not simply entertainment but a cultural artifact and, as a result, is a text which holds multiple meanings. The perspective of one who has experienced a mental illness, like one who belongs to any other marginalized group, is more sensitized to recognizing a marginalizing television portrayal. Such a reader, in turn, is also better equipped to distinguish a portrayal that effectively reaches out to combat stigma. The aim of the present research, with the additional help of tools provided by Kenneth Burke, is to sift through the human comedy and drama presented in the first two seasons of *Monk* to determine what it reveals about the status of those with mental health conditions in contemporary culture.

**Burkean Themes**

In order to refine the task of analyzing *Monk* so that the interpretation of diverse meanings transcends the function of mere sorting, concepts provided by Kenneth Burke will be used to provide a framework supporting the central issues of marginalization and identification. Burke's (1966, 1969) concepts emphasize the importance of identification to the rhetorical process and the relevance of hierarchy to motivations of guilt, purification and redemption from guilt. Because of the compatibility of these themes with the critical-cultural study of marginalization, key Burkean terms involving motivation and movement within a social hierarchy will be used to place themes involved in the portrayal of a character with a mental illness in the framework of identification and
hierarchy. Burke (1969) addresses terms such as identification, consubstantiation, situation as motivation, hierarchy, and the guilt-mortification-redemption cycle as key processes in the group of concepts placed under the heading of dramatism. The core usefulness of dramatism begins with Burke’s philosophy of the definition of man, which has its roots in symbolic interaction theory.

Symbolic interaction theory. Rooted in Scottish philosophy of the 1800s, this theory which continues to influence communication scholars today coalesced in the early twentieth century under the teachings of George Herbert Meade was recorded by Herbert Blumer (Meltzer, Petras, & Reynolds, 1975). The three main points of the theory are as follows:

The first premise is that human beings act toward things on the basis of the meanings that things have for them. . . The second premise is that the meaning of such things is derived from, or arises out of, the social interaction that one has with one’s fellows. The third premise is that these meanings are handled in, and modified through, an interpretive process used by the person in dealing with the things he encounters (Blumer, 1969, p. 2).

Definition of Man. Burke’s definition of man elaborates on the above premises of symbolic interaction and places them within a framework bounded by self and society which is meant to explain motivation and movement within this context. The following succinctly expresses the heart of his dramatistic theory:

Man is the symbol-using (symbol-making, symbol misusing animal) inventor of the negative (or moralized by the negative) . . . goaded by the spirit of hierarchy
(or moved by the sense of order) . . . and rotten with perfection (Burke, 1966, p. 14).

As a symbolic interactionist, Kenneth Burke insists that the symbols people construct can both inspire and limit them. The idea that humans use and respond to the negative is evidenced by the creation of societal rules that restrict and forbid. At the same time we are being told “no,” in a culture, people can choose to conform or rebel against this structure. It follows that the symbols we create in order to explain identity become the categories which order and stratify society. Therefore, symbols and the way they are understood and acted upon become the structure of hierarchy (Burke, 1969). In terms of the present research on the portrayal of mental illness, the existence of hierarchy increases the risk of the marginalization of those whose social identities do not fit into the mold of the majority.

**Motivation in social hierarchy.** Burke writes that humanity is “goaded by the spirit of hierarchy (or moved by the sense of order)” and “rotten with perfection” (1966, p. 14), which is another way of expressing that society is motivated by negative forces that we create for ourselves. The motivation frequently asserted by Burke (1969) is guilt. In *Permanence and Change*, Burke outlines the roles of guilt, purification and redemption in the context of acceptance and rejection in a hierarchical framework. He compares rejection to original sin and asserts that guilt is inevitable because of the demands placed on individuals by the traditional hierarchy. This concept of guilt need not signify remorse for wrongdoing. In Burke’s (1969) terms, it can also indicate dissatisfaction with circumstances and the impulse to improve. In order for an individual,
group, or society to achieve redemption within this cycle, something must occur to purge the guilt. Burke asserts that what must occur is a symbolic transformation of the nature of something in order for a change in perspective to occur. He describes such acts as “mortification” (or the symbolic killing of something), which includes self mortification (self sacrifice), or victimage (scapegoating, which results in the transfer of blame) (Burke, 1965, p. 289). Within a text, the status of an individual or group, and the perspectives used to view the marginalized within society can be assessed within this framework.

The following explanation of hierarchy, in Burkean terms, emphasizes its ever present influence on the activity within culture:

It is the fact of authority (hierarchy) that is the source of order and rejection in society... The acceptance and rejection of morals, of authority, of division is ever present... Relations between groups, between classes, between the powerful and the powerless... are thought about and organized through our terms (Gusfield, 1989, p. 33).

Ignorance of experience between different groups or strata in a hierarchical culture allows myth to develop in the gaps of understanding. The human capacity to identify, order and understand combines with the sense of guilt in ones own circumstances (i.e., being “goaded by the spirit of hierarchy”) (Burke, 1966, p. 16), inviting myth to both explain and maintain the status quo in a cultural structure. Marginalizing and scapegoating become much easier tasks when the gaps between groups are widened by ignorance and myth.
Myth. One way a culture engages in myth making about mental illnesses is to construct identities for those who have them. This is apparent in the common process of labeling: “crazy,” “nuts,” “loony,” “loco,” “demented,” “bananas,” “psycho,” “wacko.” Derogatory names isolate people and place them outside of the mainstream. Thus, the creation of names and other symbols is integral to the power of myth. Laurence Coupe interprets Burke’s definition of myth as “a narrative that effects identification within the community that takes it seriously, endorsing shared interests and confirming the given notion of order” (2005, p. 6). Myths about mental illness, in particular, may be said to arise from the shared cultural interests of preserving order and suppressing a part of humanity that is mysterious and feared (Wahl, 1995). In Monk, the theme of preserving order is evident not only in Adrian Monk’s particular obsessions, but is inherent in the genre of the series: comedic crime drama (or dramedy), which contains the elements of television crime drama. Though the themes of order and control that dominate this genre (Johnson, 2008; Sumser, 1996) are slightly softened by humor, the main character’s obsessive-compulsive symptoms are a reminder of their constant presence.

Hierarchical structure. Just as Monk is concerned with order, societies create categories and hierarchies (Burke, 1969) based on characteristics such as race/ethnicity, gender, sexual orientation and other factors which call attention to difference. This ordering impulse sets up the basis for the concept of hierarchy. Burke’s concept of hierarchy is an appropriate companion to a cultural studies approach because of its compatibility with the role hegemony plays in preserving the order of the dominant culture. The result of a hegemonic television transaction – where viewers accept positive
images of themselves in exchange for accepting the dominant ideology (Fiske, 1987) – is paralleled by Burke’s reference to ideology within a hierarchical structure: “The thinker separates the ruling ideas from the ruling class, and by thus dealing with the ideas in their ‘pure’ form, concludes that the ruling force of history is ‘ideas’ or ‘illusions’” (1969, p. 107), thus accepting ideas that reinforce the status quo as common knowledge.

Understanding Burke’s concept of hierarchy is important to grasping the significance of dramatistic elements involved in this analysis: the guilt-purification-redemption cycle, situation as motivation as illustrated by social hierarchy, identification, and consubstantiation. To this end, Gusfield provides a helpful summary integrating these Burkean terms into cause and effect scenarios:

If there is hierarchy and social order, there is also the rejection of order and the consequent guilt. Here is the foundation of Burke’s society: if drama, then conflict. If conflict then hierarchy. If hierarchy, then guilt. If guilt, then redemption. If redemption, then victimage…the scapegoat, the victim, is essential to the order of society (1989, p. 33).

In his analysis of Burke, Gusfield (1989) reiterates that a hierarchical structure cannot be sustained without unity. The following discussion of identification and consubstantiation explains these processes in relation to unity and separation.

Identification and consubstantiation. The concepts of unity and separation fuel Burke’s concept of identification. Since consubstantiation asserts that people are “both joined and separate, at once a distinct substance and consubstantial with another” (Burke, 1969, p. 21), it follows that some form of identification will come from the recognition of
this shared nature. The human need to be included and identify with others in a cultural structure is counter-balanced by the will of society and groups to rationalize exclusion. An important way people show they share substance with one another is by acting together. Burke (1969) calls a way of life (a culture) an “acting-together” (p. 21). He elaborates that “in acting together, [people] have common sensations, concepts, images, ideas, attitudes that make them consubstantial” (Burke, 1969, p. 21). While the above is a clear expression of what unifies a culture, cultural products such as television contain elements that reflect shared beliefs and values and others that accentuate our differences.

Burke’s (1969) definition of consubstantiality and identification can be interpreted as an explanation of what makes persuasion possible in a hegemonic transaction: “A is not identical…with B, but insofar as their interests are joined, A is identified with B. Or he may identify himself with B even when their interests are not joined, if he assumes that they are, or is persuaded [italics added] to believe so” (1969, p. 20). The present research provides an example of the possibility of members of a marginalized group identifying with the television portrayal of a constructed type representing their group. Identification with positive aspects of a portrayal would make it seem like the interests of the marginalized and dominant group are aligned. It follows, according to both Fiske (1987) and Burke (1969), that once this type of persuasion occurs (i.e., the marginalized are given at least part of what they have been seeking from the dominant group), it becomes easier for the marginalized to accept less favorable characterizations from the same source.
The characterization of the protagonist of a series fosters a certain amount of identification on the part of viewers due to investment made in the character in terms of preference or recognition of similarities in characteristics or situation (O’Donnell, 2007). An example of identification between viewers and Adrian Monk is found on the USA Network website, which contains a large quantity of viewer postings referencing shared characteristics and experiences with the main character. Overt efforts by the network to foster this identification are also evident on their website, where an entire section is devoted to a quiz for viewers entitled “Are you Monkish?” (USA Network, 2008b).

In addition to the identification possible between members of the audience and the protagonist, the relationships created in the text between Monk and supporting characters exhibit the sharing of substance necessary to sustain a friendship or professional relationship. In both types of interactions – those enacted within the text and those engaged in by the viewer – identification takes place. Since Burke (1969) contends identification involves the implicit acknowledgement that people are consubstantial, or share substance with one another, persuasion, identification and consubstantiality are intertwined in Burke’s terminology. The more one identifies with another – even a character in a television series – the more likely he or she is to be persuaded by, or accept, that person (Burke, 1969). Identification, however, is not the only factor involved in persuasion. The above excerpt emphasizes that even though humans may share substance, actions are based on individual motives. As a result, we can experience identification in more than one way: as cultural myth making, which works within the
confines of a hierarchical structure and serves to perpetuate marginalization, or as consubstantiation, an attempt at unity aimed at closing the divide between diverse groups.

Transformation. Analyzing the present text in conjunction with Burkean themes involves working with a tangible model of the elements involved in marginalization. It is hoped, however, that marginalization need not be terminal and that the dramatistic process can bring about change. It is possible for the rhetoric expressed within a text to provide evidence of a focus on change. In illustrating the concept of change, Burke often focuses on graphic depictions of sacrifice, particularly images of killing. He writes,

the imagery of slaying is a special case of transformation, and transformation involves the ideas and imagery of identification. That is: the killing of something is the changing of it, and the statement of the thing's nature before and after is an identifying of it (Burke, 1969, p. 20).

While the image of killing may seem a bit strong, it is a clear metaphor for enacting change in the human condition. The subject of murder is ever present in Monk. These references to killing, however, are routine and part of the generic formula of the series. While significant references to character transformation may involve concrete or metaphorical references to death, they are more likely to be found outside of the weekly murder scenario. Indications of transformation or change are important to look for in the construction of the identity of a character placed in a framework that favors the status quo as this may signify a corresponding change in the cultural environment.

Transcendence. According to Goldzwig's (2003) interpretation of Burke (1984, p. 337), the criteria for recognizing the rhetorical strategy of transcendence is that it
“symbolically endows a person, place, object, event, or set of circumstances with a ‘new identity’” (p. 41). The engagement of what Burke (1966) terms “the dialectic of transcendence” (p. 299) equates a subject with something beyond the scope of what it has ever been associated with before. It is an attempt to persuade by completely resituation the subject, thereby changing the motives surrounding it (Burke, 1984; Goldzwig, 2003). One of the tasks of the research herein is to assess the characteristics of the portrayal of Adrian Monk and to question the motivation of the rhetoric being employed in this characterization.

A text with dramatic elements should respond favorably to an analysis that includes Burkean themes. Therefore, to put them to effective use, this research employs the above concepts as tools within the method of textual analysis, which is well suited to the critical-cultural study of television.

Textual Analysis

The term textual analysis, according to Turner (2002), is actually an analogy, as a text is a representation of cultural life. Because of this dynamic, within particular texts there are also representations of the way power is situated and the way marginalization works. McKee (2003) states that there is much to be gained from this type of analysis: “[B]y seeing the variety of ways it is possible to interpret reality, we also understand our own cultures better because we can start to see the limitations and advantages of our own sense-making practices” (p. 1). An essential point in this sense-making process, however, is that while we can analyze the way a text works and draw parallels to culture, we cannot assume to read into it what another audience member is thinking. Barker and Willis
assert, "At the very least, meaning is produced in the interplay between the text and the reader" (2005, p. 10).

Television texts are open to multiple readings due to their polysemic nature (Fairclough, 2003; Fiske, 1992). A researcher's perspective, therefore, is the single most important tool in choosing the direction and narrowing the scope of analysis. As part of the culture one is investigating, a critic's knowledge, beliefs, and perspective are not only inescapable in the reading of a text, they are also valuable to the process of interpretation. This aspect of cultural studies is consistent with thoughts on the anti-objectivist view of knowledge provided by Johnson, et al. (2004):

The object of knowledge is not something that we find as an object, separate from ourselves. Our participation in our subject of research is, on the contrary, inevitable... The primary methodological task is not to correct for bias in our research procedures... for all approaches are partial, in the double meaning of the term – limited by a particular time, space and social horizon and also motivated, more or less consciously, by desire, interest and power (p. 17).

The authors elaborate that partiality is not only unavoidable, but a welcome resource to a cultural investigation, as long as it is acknowledged and used for reflection (Johnson, et al., 2004).

The concept of partiality in social research has been addressed extensively, most notably by Husserl, who related the "life-world" as unique for each individual (Lindlof & Taylor, 2002, p. 33). What enables subjective interpretation to transcend the narrow and become relevant to many is the realization that culture is the result of shared reality
experienced through social interaction (Berger & Luckmann, 1967). Personal experience within a culture and personal experience of a text does not bring unbiased knowledge, but it does bring knowledge useful to that experience and, therefore, to the overall culture. This sentiment is keenly expressed by Johnson, et al. (2004), in using a quote from Haraway (1991) to explain: “the only way to find a larger vision is to be somewhere in particular” (p. 17).

The above quote is essential to understanding the study of marginalized populations within a culture. Who better than a member of a marginalized group to recognize, in an investigation of identity construction, the issues that are most pressing, the myths or misrepresentations a text may be making, and the difference between dominant ideology and elements that contest that ideology? The answers to these questions are all to be found in the text.

While the text is essential to this method of analysis, Johnson (1983) says that it is only a means for learning about a culture and the subjective forms that are embedded in it. Meaning comes not only through the experience of the text, but also from being immersed in the culture. The structuralist influence on cultural studies, referenced above, dictates that “analysis should not limit itself to the structures of individual texts, but should use such texts as the site for examining the wider structures that produced them – those of the culture” (Turner, 2002, p. 17). In examining marginalization of any kind – race/ethnicity, gender, sexual orientation, and mental illness, to name a few – factors that influence the characterization of a group within a text often mirror the structures of a culture.
Rather than examining the structure of an entire text in the absence of a model, it is helpful to come to a text with a theoretical framework. Turner (2002) explains that this is called for because “the problem of conceptualizing the social relations that make up our popular cultures” makes it necessary to “develop some overarching theoretical position that can organize one’s practice coherently” (p. 22). A dramatistic framework guides the textual analysis of the present research with supportive concepts, such as identification, consubstantiation, myth and mystery within a hierarchy, and the guilt, purification, redemption cycle. Each of these terms, explained at length above, is cooperative with critical-cultural studies in helping to explain the process of marginalization and motivation within hierarchical culture. In placing the text into this framework, the discursive construction of the identity of those with mental illness may be better understood.

Once there is a framework for analysis in place, the next step is to look within the structure of the text for elements that shape rhetorical content. Language, according to Johnstone (2002), means that “texts and their interpretations are shaped by the structural resources that are available and the structural choices text-builders make” (p. 12). These resources and choices will vary from character to character within a television text, just as attitudes related to mental illness will vary within a culture. There are many ways that the structure of discourse affects its meaning. Though the main focus of analysis will be the language used in the text, as television is a visual medium all aspects of its discursive presentation will be used if relevant.
An important point to remember in the present research is the necessity to make room in analysis for variable discourses characterizing those with mental illnesses. The representation of main character, Adrian Monk, is situated in the context of conflicting cultural influences. Thorough analysis of the representation, as stated above, would include an examination of the character’s intimate, professional and civic relationships within the text in order to interpret the significance of these fictional relationships in the construction of identity. Describing elements of characterization is one thing, but being able to recognize their origins is another. Speed (2006) asserts that variable cultural discourses emerge from those who have experienced mental illness in the forms of patient, consumer or user, and survivor, and that these discourses are not consistently voiced by the same individual but alternately used depending upon context. This cautions a critic to be aware of varying perspectives not only in the characters surrounding Adrian Monk, but within the main character himself.

The present analysis will not be a straightforward exercise of decoding an encoded text. This is not possible in practice is because “culture is not monolithic . . . but is made up of many competing, overlapping and conflicting groups” (Turner, 2002, p. 90). There will be overlapping discourses within the text. The task is to reconcile the discourses resulting in external praise from representatives of those with mental illnesses and those that effect marginalization. When depictions of a group have been predominantly demeaning, as has occurred with past mass media representations of mental illness, there is little question as to the tone of discourse. As marginalized voices become more prominent, however, and their portrayals are recognized for their positive
characterization, conflicting and overlapping discourses remain to be discerned and recognized.

**Artifacts**

*Text Selection*

*Monk* is a relevant example of what appears to be a shift in the production of discourses about people with mental health conditions. While the historical and contemporary tenor of these discourses has been presented above, the specific qualities that contribute to the significance of *Monk* in this cultural era include the likeability of the main character and the central role he plays in the action, the central position of the topic of mental illness to the discourse and plot, and the numerous textual elements that can be discovered in the identity construction of the main character.

*Episode Selection*

In a series that has generated over six years of artifacts, the method of episode selection can take a number of routes. Since the present research is concerned with the initial representations found in *Monk* that appear to contrast with prior television depictions of characters with mental illnesses, it is essential to include initial episodes in the analysis. In order to select a number large enough to allow for a substantial amount of material to be examined in the construction of the main character's identity, all 28 episodes from the first two seasons have been viewed and are included in the pool for analysis. Though not all of these episodes will be highlighted for the purposes of discussion, their cumulative worth is essential to the process of investigation.
Explanation of Analysis

The analysis herein is focused on the social construction, or the cultural formations of identity (Hall, 1990). The Burkean themes outlined above are helpful in focusing the concept of construction of identity within this text against the backdrop of the components of a hierarchical system that allow for both rejection and acceptance. Though Burkean terms may appear ethereal in the absence of explanation or text, the admittedly spiritually-influenced metaphors contain essential elements for the understanding of human communication and interaction. When these concepts are applied to specific discourses in the text – for example, those highlighting the experience of mental illness or stressing identification within the drama – it is expected that the framework will help to clarify the dominant and oppositional cultural discourses that form the discursive identity of those with mental illnesses within the text.
Chapter 4

ANALYSIS OF IDENTITY CONSTRUCTION IN *MONK*

In this chapter, after an introduction to the text, *Monk* will be analyzed for identity constructions formed through discourse based on identification, cultural myth and ideology. In addition, attitudes exhibited by Monk and supporting characters about the treatment of mental illness are analyzed in the context of patient, survivor and consumer discourse. Finally, the text is again analyzed within a dramatistic framework using Burkean themes.

The Text

First airing in 2002, *Monk* has consistently grown in popularity since its inception (Wallenstein, 2005). With its ratings continuing to rise, it began its seventh season on USA Cable Network in the spring of 2008 (Nordyke, 2008; Wallenstein, 2005). The popular appeal of this program is not difficult to fathom. While creative twists energize the basic detective drama format, much of its appeal is generated by the well developed character of Adrian Monk, played by Tony Shaloub, and the wry, comedic tone of the series. The personality quirks exhibited by Shaloub’s character are created to be humorously endearing in a way that is reminiscent of one of his television predecessors, Columbo, from the 1970s series of the same name (Levinson, Link, Hargrove, Kibbee, & Stern, 1971). In ways other than their investigative prowess, Columbo is the loose, absentminded counterpart to Monk’s tight control. However, where Columbo’s bumbling veneer is often used a put on to catch a suspect off guard, Monk is not pretending to be quirky. He has been diagnosed with obsessive-compulsive disorder and the symptoms of
the condition, including excruciating attention to detail, play a dominant role in Monk’s characterization. These traits also serve effectively as the tools of his trade, enabling Monk to excel in his work as a consultant for the San Francisco Police Department while exhibiting regular flashes of investigative genius.

However, his current position as a consultant for the police is somewhat of a bittersweet, and incomplete, comeback. The text indicates that Monk’s current success has come years after a severe nervous breakdown reduced him to a near-catatonic state after the murder of his wife Trudy. Although Trudy’s character is witnessed only in flashbacks, she is referenced quite frequently and Monk’s relationship with her will be examined as part of this analysis.

During the more than three years he was away from the workplace, Monk confined himself to his home and was completely dependent on his nurse, Sharona. As the closest living character to Monk, Sharona serves as caretaker, friend, surrogate family member, and irritated employee in this multifaceted relationship. Monk’s return to the workplace is punctuated by awe and mystery, with police officers often seen conjecturing about him during his work on a crime scene. Though he is treated with an element of respect in most cases, the text makes it clear that Monk has returned as a mere consultant and is not to be given the privileges of an official member of the police force.

This lack of acceptance into the hierarchy of the police department does not sit well with Monk. It fills him with the guilt of his exile and he strives to eventually return to work in his full capacity. Although Captain Stottlemeyer is his friend from the old days on the force, in his official actions the Captain represents the establishment and many of
his interactions with Monk reveal gaps in understanding. Another representative of the establishment, Lieutenant Disher, serves as a bumbling yes-man to the Captain, but exhibits no close attachment to Monk. A few outside characters in Monk’s community also make significant contributions to an analysis of attitudes. The construction of Adrian Monk’s character within the text is dependent on his relationships with others. These exchanges, in turn, highlight perspectives about people with mental illnesses and degrees of understanding, ranging from acceptance to stigma.

In light of the commercial success of the series and praise by advocacy groups, which validate Monk’s popularity with the public at large and within the mental health community, it is important to investigate the cultural significance of the television portrayal of a popular character with a mental health disorder. Perhaps the most basic perception that can be taken from the series is that it features a man with a mental illness as the protagonist and hero. In each episode, Adrian Monk dominates almost every scene from the opening credits until the crime is solved. Although more detailed aspects of this depiction will continue to be explored, these basic observations differentiate Monk from the majority of television content that has preceded it. As explored earlier, much of the content related to mental illness has focused on the danger and criminality of the mentally ill and has regularly featured characters with mental illnesses in frames of violence, evil, failure, irrationality, and avoidance (Gerbner, 1980; Signorielli, 1989; Wahl, 1995; Wilson, et al., 1999). While upon further analysis Monk’s character may be found to exhibit some of the characteristics found in previous research, his position in the text as the protagonist is a milestone.
Adrian Monk’s stature as the main character in the series may signify a positive change in the way those with mental illnesses are viewed in our culture. Few successful series prior to this century have featured someone with a mental health condition as the lead character. It is notable, however, that in 1998 *The Sopranos* also broke ground featuring a mafia boss diagnosed with depression (Beck, 2000). Two prominent features of the texts – the lead character’s role as protagonist and his apparent success at work – are shared by the portrayals in *The Sopranos* and *Monk*. The fact that these contemporary television series emerged at the same point in time to engage themes related to mental health and to prominently feature the diagnoses of lead characters appears to be the result of cultural factors, including progress in the treatment of mental illnesses. Such change has the potential to influence both the production of the texts and the characterization of their protagonists.

As outlined in Chapter 3 of this research, the characterization of Adrian Monk will be analyzed rhetorically in the context of acceptance and marginalization within a social hierarchy. In this dialectic, acceptance is the opposite of marginalization. While the text may represent a change in the characterization of those with mental health conditions, it is a long road from marginalization to acceptance. Just as marginalization is facilitated through cultural myth and ideology, acceptance is enabled by identification, the understanding that comes through the realization of shared understandings, emotions and experiences. The population of those with mental illnesses overlaps with the rest of the population in our culture. Though identification can come through the realization that one group shares substance in common with another, it does not always result in
acceptance of the marginalized group. The realization of shared substance can also trigger the defenses of denial and fear cultivated through centuries of stigma.

Characterization: Identification, Myth, and Ideology

Emotional Identification

When a portrayal of mental illness is televised, cultural myths, ideologies, and parts of ourselves are affirmed in the text (Fiske & Hartley, 1978). One of the humanizing aspects of Monk’s portrayal is that the character’s symptoms emerge as exaggerated versions of fears, obsessions, or compulsions experienced by many. The recognition that we share substance in common with one another is integral to Burke’s (1969) explanation of the process of identification. While there are many opportunities for identification in this series, there are also specific textual characteristics that stand out in opposition to stigma and serve to humanize Adrian Monk. Rhetoric that encourages emotional identification with his character draws on the humorous recognition of common traits and intimate moments that reveal sentimental attachments.

Humor. Because of the offbeat nature of this series, identification is often achieved with the help of humor. The humor evoked by the actions of Monk’s character stems from the revelation of the culturally recognized quirks embodied in his representation. For instance, how many people have felt compelled to check the mailbox to make sure a letter has gone safely into the receptacle? When Adrian Monk performs this act in “Mr. Monk Goes to Mexico,” the humor comes from his repeated checking of the mailbox, taken further by his insistence on waiting for the letter carrier to pick up his letter and, finally, his over-the-top compulsion to follow the letter carrier the rest of the
route to make sure he does not drop the letter. The text serves the function of acknowledging and sanctioning this behavior as a representation of human experience, which Fiske & Hartley (1978) cite as one of the roles of television. Much of the humor in the portrayal is dependent on identification. This scene would not be funny without striking a chord of understanding built on the realization by viewers that this character represents part of them.

In the same episode, another humorous connection plays off the common anxiety felt at border crossings even in the absence of something to hide. In this scene at the Mexican border, Monk is compelled to voice aloud his fear of what the guards might be thinking, so he blurts out, “I’m not a drug dealer” (Goldberg, Rabkin, & Underwood, 2003). Though many viewers would be able to identify with the tense situation and feel the compulsion to break the tension in much the same way, most would be able to control this impulse. However, unlike Monk, most people would not be traveling with 18 conspicuous suitcases packed full of wipes, bottled water and individually wrapped meals for every day of their stay. Therefore, as in the above mailbox incident, this is an instance in which the humor in *Monk* builds upon identification, but then goes over the top to highlight his difference.

The confined setting of an airplane is an explosive environment for Adrian Monk when it comes to confronting his obsessive-compulsive symptoms. Almost all of the action in “Mr. Monk and the Airplane” takes place on board an aircraft, which serves as an incubator for many of Monk’s most debilitating phobias. The first hurdle he must face is his fear of flying. Though fear is understandable and many people can relate to it in
varying degrees, Monk’s sustained discomfort is accentuated while he deals with overlapping phobias. Much of the humor in the episode comes from the common predicament of encountering irritation in restricted public space. One such irritation is illustrated by an exasperating young girl who turns around in her seat in an affront to Monk’s personal space and pesters him to answer a riddle.

Girl: Pete and Repeat were on a boat. Pete fell off. Who was left?
Monk: Repeat.

Girl: Pete and Repeat were on a boat. Pete fell off. Who was left?
Monk: Repeat

Girl: Pete and Repeat were on a boat. Pete fell off. Who was left?
Monk: Repeat (Breckman, Stern, & Thompson, 2002).

This exchange is repeated incessantly because one of Monk’s strongest compulsions is never to be wrong if he can help it. In this instance, his insistence on giving the right answer prolongs his agony with the girl, who would continue indefinitely if not finally interrupted by another character on the plane. The humor is sustained, but underlying the interaction are feelings of sympathy for Monk who cannot find a way to save himself from being the butt of this particular joke.

The next example of identification through humor emphasizes Monk’s intuition about human nature, a quality he frequently uses to determine motive when solving crimes. More often than not, Monk’s detailed observations about the idiosyncratic behaviors of others are correct and directly lead to breaks in his cases. However, in a scene from “Mr. Monk and the Other Woman,” Monk’s assertion that one of his own
idiosyncrasies is shared by most people is both humorous and thought provoking. Monk’s many phobias regarding food and germs dictate the avoidance of restaurants. On this rare occasion, however, his first date since Trudy’s death brings him out to a restaurant where he shows no embarrassment during a comic exchange with the waiter as he orders a separate plate for each item that comes with his entree. In the ensuing discussion with his date, Monk makes no apologies for his behavior and instead asserts his belief in the shared nature of his experience.

Woman: You don’t like your food to touch?

Monk: I believe most people don’t like their food to touch. They’re just afraid to admit it (Stern & Arkin, 2002)

In Monk’s argument that most people must identify with him, he gets to the heart of the association between identification and marginalization. When people identify with someone with a mental illness but are afraid to admit their connection, their secrecy about what they share serves to preserve the idea that people with mental illnesses are completely different from other people in society.

With regard to the denial of identification with those who are marginalized, the text raises the point that normality is relative in the episode “Mr. Monk Meets Dale the Whale.” In the following excerpt, which takes place after Monk’s nurse/assistant Sharona invites him over for brunch to expose him to a more normal way of life, the pretense of normality is rejected by her son, son, Benjy.
Sharona: See? Isn’t this fun? Now, Adrian, this is what normal people do on a Sunday morning. They hang out, relax, have brunch. They don’t stay home vacuuming the rug 40 times.

Benjy: Mom, we’re not exactly normal.

Sharona: We are... compared to some people (Breckman & Thompson, 2002).

This example is different than the previous examples which highlight identification through the humor found in Monk’s exaggerated feelings and quirks. Instead, the conversation suggests identification in the feelings of not being normal. Benjy’s comment universalizes the private worry of being different and represents identification with the marginalized. The humor in this scene comes from Sharona, who is defensive about being normal and asserts, in agreement with dominant ideology of hierarchy, that there are degrees of normality. When she states that she and Benjy are normal “compared to some people” (Breckman & Thompson, 2002), there is no question that she is referring to Monk, who has the audacity to prefer vacuuming to brunch.

As illustrated above, much of the humor in these examples relies on the recognition of shared cultural characteristics. Whether this results in the hearty chuckle of open acknowledgment or the nervous laughter from a commonly held secret depends on the situation presented and the individual viewer. In any case, humor is a double-edged sword. It can either facilitate the recognition of human connections or play on fear, misunderstanding, or denial to ridicule those who have been set apart. Identification with
the tender feelings of a character, on the other hand, tends to promote understanding and empathy.

Sentiment. Eliciting empathy and compassion for Monk through emotional identification is another result periodically achieved within the text. For example, in “Mr. Monk Goes Back to School,” when Monk is called on to solve a murder at his late wife Trudy’s alma mater, there are a number of scenes that dramatize their loving bond. In one scene Monk reads poetry under Trudy’s favorite tree as she had once done and, in another, he simply stands under the tree in silence trying to reach out to her in some way. In these scenes, the connection between husband and wife is shown to have been quite strong and Monk’s tenderness is revealed, in stark opposition to his frequently exposed neuroses.

Also during this episode, a connection is made when Monk engages in the superstitious practice of avoiding all cracks in the sidewalk, as this is a childhood experience common to many. Monk is shown to be quite a believer in it and, when the route he is taking turns into a cobblestone path, the compulsion to avoid cracks is humorously put to the test as he is forced to make it the rest of the way on tiptoe. The way in which humor draws on a childhood connection invites kinship, while at the same time introducing vulnerability. In a scene so closely linked with childhood, this exposure calls upon the empathy of those who identify with Monk. An over emphasis on vulnerability, however, runs the risk of accentuating a quality that could blend into one of the dominant myths about people with mental illnesses: weakness and dependence on others, due to either of a constant state of illness or deficiencies in their personalities.
Pain. As a consequence of the dominant ideology admonishing weakness in American culture, most people do not express feelings of emotional pain in public. There is a shared assumption that everyone experiences pain, largely due to the private acknowledgement of individual suffering. However, the depth of emotional pain individuals experience often remains a mystery. Although Monk has no problem admitting to his fears, the pain of his loss and isolation usually goes unvoiced. Only through intimate interactions or in private does Monk feel comfortable enough to divulge his inner pain. When he does, the results are powerful. The sound of his voice, in revealing his inner suffering, touches a chord of empathy in anyone who has approached such pain. One scene in “Mr. Monk and the Sleeping Suspect” is a clear example of such a revelation. Alone in a hospital room, except for the suspect in a coma, Monk bares his soul:

Monk: I’m so tired of being different. I’m exhausted. I’m exhausted . . . You don’t know how lucky you are. Sleeping. Sleeping through it all. Not a care in the world (Schaefer & Levine, 2003).

This first-person revelation of the depth of Monk’s struggle is compelling in that he is not asking for the sympathy of any other character. This fact places further emphasis on his isolation and creates identification based on the shared, yet private, experience of suffering.

The emotional interactions related above are but a fraction of the examples emphasizing identification within the text. The exploration of identification continues
below in the context of revelations about Monk, and the process of getting to know him, through his relationships with other characters in the text.

Identification through Relationships

Monk does not have a large circle of friends and relatives. However, much can be learned about his character by observing the interactions within his few close relationships. Some of the revelations made in this context indicate the nurturing of identification by showing Monk’s ability to relate to others while unveiling the intimate details of his life.

Intimacy. The relationship best able to provide intimate knowledge of Monk is the union he shared with his late wife Trudy. Even in Trudy’s absence, we are able to learn a great deal about Monk through flashbacks and his stories about her. We learn that it was Trudy’s murder which led to Monk to experience a breakdown and a period of more than three years of self-confinement. This information helps one to identify in sympathy for the loss of a loved one. Throughout the first two seasons, we are also offered glimpses into the strength of this continued spiritual bond. Pictures of Trudy are prominently displayed in Monk’s apartment and if he has to be away for a night, as in “Mr. Monk Gets Married,” he takes Trudy’s picture with him, even though displaying it risks blowing his cover as Sharona’s husband while investigating a suspect at a couples retreat.

Two episodes in particular accent the depth of Monk’s feelings for Trudy, in addition what has already been explored in “Mr. Monk Goes Back to School.” In “Mr. Monk Goes to the Ballgame,” Adrian relates to the devastation of a baseball player whose girlfriend has been killed and immediately removes the ball player from his list of
suspects. In a heart-to-heart talk with the baseball player, Monk explains the only way he has been able to keep going since his wife’s death. He tells the man that he keeps working, “trying to be the man that Trudy loved.” Also during this episode, in a session with his therapist, Dr. Kroger, after Sharona asks Monk to give her son Benjy a pep talk, Monk confides that sometimes it hurts to be around Benjy because he and Trudy had talked about having kids. In these revelations, Trudy’s loving acceptance of Monk and his painful experience of lost love are simultaneously expressed.

Trudy’s effect on Monk, in terms of benefiting his mental health and his capacity for intimacy, is relayed in a touching scene at the end of “Mr. Monk and the Very Old Man.” Earlier in the episode, when Monk and Captain Stottlemeyer have become unlikely roommates, they nearly engage in a shoving match over the crooked angle of Monk’s coffee table.

Monk: I like it like this

Stottlemeyer: It’s crooked. Monk, the whole house is laid out at right angles, except this table. Do you want to tell me why? (Dratch & Trilling, 2003.)

Without answering, Monk quietly turns away. It is only at the end of the episode that the viewer finds out the significance of the table’s position. A flashback reveals that when Monk and Trudy were married and Monk would get tired while they were relaxing on the sofa, Trudy used to pull her side of the coffee table next to the sofa so she could put her feet up and Monk could rest his head in her lap. This insight into his past shows Monk sharing a close emotional and physical bond with another person of the type never
revealed in his present interactions. Not only does this scene underscore Monk’s humanity, it also accentuates his current suffering and lost intimacy. These factors contribute not only to identification with Monk, but to an understanding of his life before his wife’s death and the effects of his illness served to intensify his isolation.

*Friendship.* Monk’s relationships with his co-workers and therapist provide additional glimpses into Monk’s capacity for intimacy and friendship. These interactions, unlike what he shared with Trudy, are also fraught with conflict. While the marginalizing aspects of these relationships will be explored in a section analyzing cultural myth and ideology, the aspects which serve to humanize Monk’s character will be explored here.

Monk’s relationship with Sharona began professionally, as she was originally contracted to be his nurse and then evolved into his assistant as he reentered the workforce. Their interactions, however, go beyond the boundaries set by a typical employer-employee relationship and characterize something more akin to a familial relationship. For example, in “Mr. Monk Goes to the Ballgame,” Sharona occasionally depends on Monk to be a father figure to her son Benjy, conferring on his character a sense of trust and respect.

In “Mr. Monk Goes to the Asylum,” an episode which will be revisited in further detail, Sharona’s intimate relationship with Monk is emphasized in the text by a number of factors. First, after Monk has a brief psychotic episode, she is one who helps to check him into the hospital, a task usually reserved for family members. During this episode, it is reiterated that Sharona nursed him through more than three years of illness and near catatonia after his wife’s death. While Monk is in the asylum, Sharona provides him with
reassurance and an important gauge on reality in the face of a corrupt psychiatrist who is intent on making Monk question his sanity. Humor—a prominent byproduct of their relationship—is used when Sharona writes a note to Monk on a photograph of Trudy with an invisible glow-in-the-dark marker so that he will be able to read it at night when he would inevitably look at Trudy’s photo. When he does, the curiosity of Monk’s roommate leads to this exchange:

Roommate: What’s it say?

Monk: It says I’m not crazy.

Roommate: Anything there about me? (Breckman, Scharpling, & Marck, 2002)

Although his roommate’s line is comical, it also conveys this patient’s envy of the lifeline of support given to Monk by Sharona.

While there are quite a few scenes in the text highlighting Monk’s dependence on Sharona, there is a touching scene in “Mr. Monk and the Missing Granny” which stresses her respect for him. After a police department review board hearing in which Monk finds out he will not be reinstated as a police officer, he takes his uniform out of his closet and hides it away in a drawer. Unseen, Sharona watches. Finally, after Monk walks away, she quietly takes the uniform out of the drawer, puts it back in the closet and gently smoothes it off. These actions affirm her loyalty and confidence in Monk despite her continual outward displays of irritation with him. This show of confidence by the person who knows him best serves as a credible confirmation of Monk’s worth.

Community support. From what is shown of their interactions in the series, Monk’s relationship with his therapist, Dr. Kroger, indicates a lack of intimacy where one
would expect more, and instead fulfills Monk's need for regularity. Monk controls their conversations, which almost always relate to his current case. However, when he decides to trust Dr. Kroger with personal information, the therapist serves as a sounding board and provides needed support. For instance, in “Mr. Monk and the 12th Man,” when Monk confides his feelings of guilt for having thought of using Sharona’s relationship with the deputy mayor to help get him reinstated on the force, his therapist tells him that there is no need to feel guilty for being human. Monk experiences relief at this reassurance and replies, “Human. It’s been a long time since anyone’s called me that” (Angeli & Zinberg, 2003). This comment clearly reflects that Monk has been affected by his illness and the stigma of his condition. His relief in being called human is a poignant address to those who have experienced the pain of difference, and a possible alert to others as to the value of inclusion.

**Professional ties.** Apart from his relationship with Sharona, Monk’s only other friendship is with Captain Stottlemeyer, his former superior officer on the police force. Because of Monk’s exceptional capabilities, Stottlemeyer frequently calls on Monk to solve his more difficult cases. Though Stottlemeyer can be one of Monk’s toughest critics, frequently ribbing him about his quirks and perceived inadequacies, he occasionally exhibits sincere feelings of respect, beginning with the fact that he acknowledges his need for Monk’s help on the job. These mixed feelings are significant in that Stottlemeyer’s character is representative of the dominant ideology and the stability of society. His high ranking within the police force is symbolic of the larger social hierarchy. To that end, acceptance does not come easy. In one mixed compliment
from “Mr. Monk and the Very Old Man,” Stottlemeyer states, “I don’t mind being in your shadow. You’re a freak of nature” (Dratch & Trilling, 2003). Similarly in “Mr. Monk Goes to the Carnival,” Stottlemeyer declares, “There is only one Adrian Monk” (Byrne & Zisk, 2002), a statement signifying not only his regard for Monk’s unique abilities, but also his frustration with the detective’s difficult nature. Stottlemeyer’s love-hate relationship with Monk is epitomized in “Mr. Monk Goes to Mexico,” in a scene where the Captain believes Monk to be dead. He is truly distraught at this and shows his feelings, saying that he loved him and that he will give him a hero’s burial with full police honors. However, once he gets the news that Monk is still alive, his feelings quickly change and his anger rises, prompting him to growl, “I hate that man!” (Goldberg, Rabkin, & Underwood, 2003)

When intimacy is achieved between Monk and Captain Stottlemeyer, it is born of dire circumstances. In “Mr. Monk and the Captain’s Wife,” the two men bond on a personal level when Stottlemeyer nearly loses his wife in a car accident. The episode begins with Stottlemeyer lecturing Monk on not being able to let go of Trudy and move on with his life, showing the Captain as a friend concerned for Monk’s future. However, the episode proceeds to put Stottlemeyer in the vulnerable position of relating to Monk and depending upon his help in this personal crisis. Their friendship is expressed in silence at the end of the episode with both men sitting on the hood of a squad car. For a moment, it looks as if Monk is reaching for Stottlemeyer’s hand, but instead he is shown tugging gently on one of the Captain’s shirtsleeves to make it even with the other. This is as close as Monk gets to a physical gesture of friendship toward Stottlemeyer. Though
Monk’s quirks continue to irritate his friend, the Captain’s silent reception of this gesture underscores the understanding they share in this episode, which has the potential to build into tolerance.

In this uneasy friendship we start to see the coming together of the marginalized — those with mental illnesses — and hierarchical culture. Though Captain Stottlemeyer blusters and curses Monk for his obsessive-compulsive symptoms, there is a depth of feeling expressed in this relationship which signifies a readiness toward acceptance. It must be noted, however, that these moments are few and far between. The marginalizing characteristics applied to Adrian Monk are closely linked to chains of cultural myth and ideology which have been long in the making and, as explained below, are difficult to sever.

Cultural Myth and Ideology: The Marginalizing of Monk

Fiske and Hartley (1978) assert that when accepting a message from television that enhances status, such as the positive attributes highlighted above, it is often in exchange for endorsing the dominant ideology. While the process of identification can lead to attitudes of acceptance, living within a hierarchical culture means that acceptance within this structure is also dependent on fitting in to dominant categories (Burke, 1969; Goffman, 1963). Those who differ from the norm, such as those with mental illnesses, are often marginalized out of fear created by myth and mystery (Burke, 1969) and by ideologies that sanction stigma. An analysis of the construction of Adrian Monk’s identity within the text would be incomplete if it reached a conclusion after exploring only the elements which appear to enhance the status of those with mental health
conditions. Therefore, while building on the previous findings, the analysis continues in an examination of the textual elements that appear to reinforce the myths and ideologies of the dominant culture.

Some of the above characteristics that enable emotional identification, such as sensitivity and vulnerability, are not necessarily considered positive characteristics within dominant culture. The quality of intelligence, however, is often thought of as a stand-alone positive in American culture. Positive characteristics, too, can be and have been mythologized, serving to reinforce the marginalization of those with mental health conditions.

As explored above, ideologies are practices requiring the acceptance of people in a culture to give them relevance (Althusser, 1971; Fiske, 1987). Ideologies with regard to the characterization of mental health conditions are perpetuated through discourse which may serve in the construction of social identity. Marginalizing ideologies are present in a hierarchical system and are the result of efforts to order and stratify (Goffman, 1961). Within a hierarchical system, value is placed on the dominant population which often feels the need for scapegoats to legitimize their dominance (Burke, 1969).

Cultural myths and ideologies are ever present in television production. If there is found to be an increasing acceptance of those with mental illnesses, this in itself becomes a represented ideology. Textual representations of myths and ideologies regarding mental illness are presented below. Some factors contributing to a character's identity may appear to be based on positive characterization but, upon further examination are found to carry marginalizing baggage and may be viewed as hegemonic. Others simply perpetuate
marginalizing discourse about those with mental illnesses in the service of preserving the status quo.

**Myth of the mad genius.** Adrian Monk is offered to us in the form of genius. Whether this is called for by the storyline or whether it is assumed that the character is more acceptable this way, it is an integral part of his characterization. While Monk’s extraordinary investigative powers are showcased in every episode, there are also numerous incidents which accentuate his amazing genius. For example, in “Mr. Monk Goes to the Theater,” after the leading man is murdered during a performance Monk is able to take his place because he had instantly memorized the role while watching the play. Similarly, in “Mr. Monk and the 12th Man,” Monk involuntarily memorizes the serial number of a ten dollar bill after merely glancing at it, leading to the capture of a suspect. This genius characterization is not incidental to Monk’s character development, but has been present from the beginning. The series premiere, “Mr. Monk and the Candidate,” showcases Monk’s photographic memory. After pulling out all the pins in a map at election headquarters because he cannot bear their random positioning, Monk is able to remedy his faux pas by recalling without difficulty the precise location of each of the hundreds of pins he had removed.

In creating a genius with a mental health condition, a positive tethered by a so-called negative, Monk’s portrayal appears to elevate the characterization of people with mental illnesses when compared with portrayals studied in the recent past (e.g., Gerbner, 1980; Nairn & Coverdale, 2005; Signorielli, 1989; Wahl, 1995; Wilson, et al., 1999). Acceptance of this representation, however, also allows for the tacit acceptance of the
cultural myths and ideology that accompany it. Setting Adrian Monk aside as exceptional by enacting the genius myth creates the inference that his exceptional talents are the only reason to accept him with a mental health condition. Monk’s uniqueness is often accentuated in the text by the language used to describe his amazing abilities. In the pilot episode, “Mr. Monk and the Candidate,” Sharona explains his talent as “this Zen Sherlock Holmes thing” (Breckman & Parisot, 2002). It is also frequently verbalized that Monk’s irritating quirks, or defects in character, are tolerable because of the extraordinary benefits he can offer. Monk himself often explains that his talent is “a gift and a curse,” meaning this genius is inextricable from his symptoms of obsessive-compulsive disorder. As a reflection of Captain Stottlemeyer’s gruff exterior, his references to Monk’s exceptional nature often take the form of backhanded compliments as in “and the Very Old Man,” when he calls him a “freak of nature” (Dratch & Trilling, 2003).

Elevating Monk’s character to genius status also further removes him from the population of others with mental health conditions, separating his particular problems from those of the ordinary person who struggles to get through the day with similar symptoms. The rest of this population may then be deemed less valuable or less tolerable in the absence of such abilities. Our culture has frequently reproduced the mad genius myth in its elevation of characters such as Vincent van Gogh and many other artistic geniuses documented in history (Jamison, 1995). Although geniuses with mental illnesses exist, they do not comprise the whole picture. This characterization, also present in the film A Beautiful Mind, the story of a genius with schizophrenia, temporarily elevates a
character through romanticism (Grazer & Howard, 2001). However, since he is shown as an exceptional case, it ultimately does not help to raise the esteem of the entire group. Viewed from this perspective, it becomes clear how a positive reading of a characteristic like intelligence can become complicated with the hegemonic themes that accompany it.

**Social burden.** The dominant ideology that those with mental health conditions are a burden to society has been maintained by a long history of mass media portrayals (Gerbner, 1980; Nairn & Coverdale, 2005; Signorielli, 1989; Wahl, 1995; Wilson, et al., 1999). Though *Monk* includes quite a few humorous and touching scenes which serve to reveal Adrian Monk's endearing characteristics, the constant recurrence of out-of-the-ordinary behaviors, juxtaposed with the irritability or eye rolling of supporting characters, can just as easily transform his characterization from quirky genius to social burden. Some scenes express this in ostensibly small ways, accentuating Monk's antisocial characteristics. For example, in “Mr. Monk and the Earthquake,” Monk instantly takes all the fun out of a game of charades because his extra sensitive powers of reasoning allow him to guess the charade correctly after less than a second. Although the subsequent comment by Sharona would appear to be flattering, she delivers it in a tired, irritated tone: “He can tell what you’re thinking just by how you’re sitting in your chair” (Breckman, Scharpling, & Shankman, 2002). Rather than trumpeting the intelligence of her boss, this comment laments Monk’s annoying inability to turn off those instincts, relax and have a good time.

Monk’s obsessions and compulsions irritate and test the patience of other characters quite frequently. One example from “Mr. Monk and the Very Old Man,”
shows us that Monk cannot bear to sit in a chair with tassels. It bothers him so much he has to announce it during a meeting in the mayor’s office. When Captain Stottlemeyer eventually switches seats with him, Monk realizes he is still unhappy because he cannot be next to his assistant, Sharona. He then asks Captain Stottlemeyer to switch with Sharona, but notices immediately that this new chair is too slippery. He stresses his discomfort by nearly sliding to the floor a few times. When he tries to indicate his predicament to Sharona, she interrupts and tells him to “just stand up” (Dratch & Trilling, 2003). Monk succeeds in irritating the entire group and interrupting the progress of the meeting. The humor in this scene is based largely on irritation that becomes larger than life; turning what should have been a somber, professional meeting into something more closely resembling a slapstick routine. The overall result of the scene is that it characterizes Monk as uncontrollably self-centered and unable to function without irritating the entire group. These kinds of traits have often been applied to those with mental illnesses, as revealed by previous media studies (Gerbner, 1980; Nairn & Coverdale, 2005; Signorielli, 1989; Wahl, 1995; Wilson, et al., 1999), and serve the purpose of perpetuating stereotypes.

The instances of Captain Stottlemeyer’s irritation with Monk are too numerous to capture. One incident, however, involving Monk’s interruption of the flow of police activity, is representative of the tone of many of the exchanges. In “Mr. Monk and the 12th Man,” when Monk is supposed to be engaged in identifying a suspect in a police lineup, he becomes overwhelmed with the compulsion to make sure the suspects are tidy and in order. As the suspects are labeled by number, he tells suspect #1 he has lint on his
jumpsuit. Then, when #1 starts to fumble for it unsuccessfully, Monk calls out “#2, can you please help #1?” (Angeli & Zinberg, 2003) After that, he asks #3 to change places with #2 and becomes obsessed with the line having an equal amount of space between each suspect. Captain Stottlemeyer, as a representative of authority, has no patience for Monk’s exasperating interruptions and he finally sends him away.

Monk’s needs, which often take the form of unreasonable demands, are perceived to be burdensome not only by those in his inner circle but also by peripheral characters in his community. For example, in “Mr. Monk and the Paperboy,” in the scene right before Monk’s paperboy is murdered, a more experienced paperboy tells a new one the exact method in which Monk’s paper must be delivered.

Paperboy: “No, this is Mr. Monk’s. You can’t throw it . . . No, not that paper. It’s wrinkled – the other one, it’s smooth. . . No. You have to leave it at the door. Did you leave it on the center of the mat?”

(Breckman, Conrad, & Fresco, 2004)

The detail with which the instructions are relayed infers that the paperboy has been regularly pestered by Monk about the minute details regarding his delivery. Though the paperboy shows no irritation during this explanation, the urgency in his voice and his knowledge of what is unacceptable reveal traces of the struggles he must have had with Monk.

Still other peripheral characters indicate their irritation with dramatic protest. “Mr. Monk Meets the Playboy” begins with Sharona applying scissors to Monk’s hair and Monk directing, “Not too much off the top, just an eighth of an inch (Kreig & Di Cello,
Monk then reveals that even his barber avoids him when he complains to Sharona that every time he goes to the barber shop he finds it closed. Monk’s dry cleaner has similar issues with the demands placed upon her. Instead of avoiding him, however, she confronts him directly, often shouting her disapproval of him at the top of her lungs. “Mr. Monk and the 12th Man” begins with Monk waiting for the dry cleaner to open for the day, showing him as an inflexible, irritating customer ringing the bell over and over while insisting that since it is exactly 10:00 the door should be open. The dry cleaner expresses her frustration with Monk at the end of the episode after Monk discovers that he and the suspect share the same dry cleaner and she is pulled in as a witness. Even though the man is suspected of mass murder, the dry cleaner has kinder words for him than for Monk.

Dry cleaner: He’s a good customer. You come back anytime, Mr. Babcock.

Lieutenant Disher: Ma’am, he just killed 11 people.

Dry cleaner: Well, he’s still a good customer. Not crazy like that Mr. Monk over there (Angeli & Zinberg, 2003).

The fact that even a mass murderer appears to have less trouble than Monk in winning the approval of some members of his community strikes a humorous, yet revealing chord. Though these scenes are softened with humor, they exemplify the extent to which the text constructs Monk to be irritating, demanding, and a burden to those around him.

Dependence. Closely linked to the cultural ideology of social burden is the myth that those with mental illnesses are dependent on others for their care and livelihood. While there are numerous instances in which supporting characters complain about
Monk, airing their irritation or felt burden, the strongest indication of his inability to function independently is the constant presence of Sharona, his assistant and caretaker in the first two seasons. Though her relationship with Monk is explored above as one that fosters identification and acceptance, her constant assistance not only indicates his dependence but also emphasizes the myth that those with mental health conditions are in a constant state of illness, replicating the ideology present in many characterizations, such as those researched in past media studies (Gerbner, 1980; Nairn & Coverdale, 2005; Signorielli, 1989; Wahl, 1995; Wilson, et al., 1999).

Sharona is almost always present in situations where Monk is introduced to new characters. In this way she also functions as a commentator, explaining Monk’s behavior. Her explanations in these instances often take on the voice of the burdened caretaker who answers for and defends her patient/boss. For instance, when the two enter a room full of people in “Mr. Monk and the Psychic,” Sharona explains why they are headed for the perimeter of the room: “We can stand over there. We don’t like to be touched” (Breckman & Parisot, 2002).

In the same episode, she is not only commentator but champion, rising in Monk’s defense against the skepticism of Lieutenant Disher.

Lieutenant: So, what does he uh leave the house like twice a week now?
Sharona: What kind of question is that? Huh? He leaves the house all the time. He’s not disabled. He just gets a little anxious about . . .
Lieutenant: Every single thing (Breckman & Parisot, 2002).
This exchange opens the question as to what disability actually means and whether or not Monk can be considered disabled. Sharona speaks with the knowledge that Monk was previously house bound for over three years. Therefore, from her perspective, disability is relative. However, Monk is clearly shown to be disabled by his own fears, obsessions and compulsions. At one point in “Mr. Monk and the Very Old Man,” he begins to list them in order as he teeters on a tabletop waiting for a missing snake to be found: “...germs, needles, milk, death, snakes, mushrooms, heights, crowds, elevators...” (Dratch & Trilling, 2003). Though unfinished, the list is already quite inclusive, revealing that numerous fears debilitate Monk in every area of his life, beginning with his number one fear: germs.

Monk’s fear of germs inhibits his participation in human relations as basic as the shaking of hands. Sharona explains and defends her way around Monk’s handshakes as well, taking care of him to the point of carrying around the only brand of wipe he will use and having it at the ready when a germ-filled hand comes his way. Even strong compassion for the person whose hand he shakes cannot conquer his aversion. In “Mr. Monk and the Psychic,” Monk’s tears of sympathy for a fellow widower instantly turn into tears of regret at offering him his hand and he desperately signals for help from Sharona. She has already started scrambling for a wipe when Monk indicates he needs more.

Monk:  No, no, no! Bathroom! Bathroom! I need to wash!

Sharona:  Try upstairs – try upstairs!

Monk:  Did you see that? It was a two hander!
Sharona: I saw it – just don’t make a scene (Breckman & Parisot, 2002).

Monk’s repulsion to the gesture of shaking hands may be the strongest symbol of his disability. It creates conflict, misunderstanding, and hurt feelings on the part of others in almost every episode. Though a few people he meets are oblivious to his hand wiping ritual, most at least give it lip service, and some are deeply offended. For example, in “Mr. Monk and the Marathon Man,” an African-American man working for the marathon happens to be the last of a group of coworkers to be introduced to Monk. When Monk reaches for his wipe, the group takes the action as a racist snub, which requires a defense of his motives. After the man reacts and asks, “You got a problem with me?” (Breckman, Scharpling, & Davidson, 2002). Sharona, in caretaker mode, is quick to defend, saying, “Oh no, he does that to everybody” (Breckman, Scharpling, & Davidson, 2002), a response that is not believable to the group and causes difficulty throughout the episode.

Sharona’s explanation, though made in the spirit of helping Monk out of a tough situation, is also presented in a tone which makes it plain that she, who has witnessed so much of it, knows more than anyone how unacceptable Monk’s behavior can be. Sharona’s job is complicated because she is needed by Monk to supply the wipe which will inevitably lead to hurt feelings, for which she then tries to apologize or rationalize.

In her capacity as caretaker, Sharona is masking Monk’s inability to take care of himself. In American culture, someone who cannot physically or emotionally take care of himself or herself and must rely on the services of another for that purpose is considered disabled (Thomas, 2004). The text does not directly address – except in medication references in “Mr. Monk Goes to the Asylum” – whether Adrian Monk’s illness is
understood to be physiological or purely psychological. This is an omission which may or may not be purposeful. However, obsessive-compulsive disorder is one of the major mental health conditions referenced in DSM-IV that is known to be successfully treated with medication along other treatments, including cognitive behavioral therapy (Hollander, Kaplan, & Cartwright, 2000; Steketee & Nishith, 1995). If the treatment aspect of Monk’s condition were evidenced as being accepted or effective in the text, the dynamics of the series would likely be much different.

In order to highlight some of the cultural attitudes about mental illness, treatment, and recovery represented in the text, a discussion of characteristics of the patient, survivor and consumer models of identity are provided below and supported with characteristics and attitudes found to be exhibited by Monk and supporting characters.

Attitudes toward Illness and Treatment

*Patient, Survivor, and Consumer*

As discussed previously, identity constructions of patient, survivor, and consumer have been found in the discourse of those with mental health conditions when describing attitudes toward treatment (Speed, 2006). These descriptions are dependent on personal experience and the stance an individual takes with respect to the dominant ideologies concerning his or her condition. These identity constructions are also viewed as composites since an individual’s discourse could easily reflect more than one model of identity. It is also possible that an individual may embody more of the attitudes, values and characteristics of one identity construction than the others. The following discussion addresses an analysis of Monk’s relationship to his condition and the connections
between attitudes toward treatment as expressed in the text and how they relate to patient, survivor and consumer discourses.

Recovery. The cumulative impression one takes away from viewing the first two seasons of *Monk* is that Adrian Monk is trapped within his diagnosis of obsessive compulsive disorder and will never be well. Though the series website states that he is making gradual progress with the help of his therapist (USA Network, 2008a), he will never be free from his debilitating symptoms because the entire premise of the show, including its comedic appeal, is based upon his illness. In addition, as far as treatment is concerned, Monk’s visits to his psychiatrist serve the function of plot over therapy, since Monk prefers to discuss his unsolved cases in lieu of talking about his problems. Further, Monk’s need for the constant assistance of a nurse to attend to his daily needs is a representation that accentuates his paralysis. Since Monk’s illness provides the comedic devices that generate material for the characters around him, alleviation of symptoms through medication or effective therapy would be counterproductive to the comedic appeal of the text.

Resistance to medical treatment. One of the rare references to Monk taking medication occurs in “Mr. Monk Goes to the Asylum.” In this episode, the detective is forced by the antagonist, a murderous psychiatrist, to take medication in an attempt to dull Monk’s keen facilities of perception. In an interview on the subject, series creator Andy Breckman reports that the medication does not cure him, but that instead “he pays a price” (Oldenburg, 2004). Instead of having therapeutic value, medication is used in this episode as a weapon by those in authority, i.e., hospital staff, to subdue and take
advantage of patients. While in this case the patients happen to be potential witnesses to a crime, the misuse of medication in the hands of authority can be viewed as an extension of the metaphor of control of those with mental illness. However, if medication is seen as the means by which those with mental illnesses are able to rid themselves of the debilitating symptoms of their disorders, the anti-psychiatry ideology which informs the identity construction of survivor serves to preserve the status quo. Though anti-psychiatry ideology arose in opposition to the dominant ideology (Sedgwick, 1982), and on the surface appears to be in opposition to the dominant ideology, it actually serves the interests of stigma by disempowering the individual and reducing his or her options for wellness.

Monk’s refusal to take medication is another indication that he is partially aligned with the survivor model, which includes denial of illness and resistance to treatment (Crossley, 2004). In “Mr. Monk Goes to the Asylum,” the survivor characterization rises above the others. The hospital where Monk has been committed is presented as the modernist construction of a mid-20th century asylum, outdated both in its appearance in the episode title and in its overt representation of the forced treatment of mental illness within the text. Aside from contributing to the foreboding nature of the plot, it is unclear what purpose is intended by the outdated portrayal, but the outcome is stigma of both the treatment facility and its inhabitants. Because of this, the survivor characterization of Monk, rebelling against abusive staff and resisting medication, makes sense in this context.
Control over treatment. While bearing some of the characteristics of the patient model, such as dependence, Monk departs from this identity in his resistance to medication. He shares this quality with the identity construction of survivor. However, his attempts to control his own treatment signify that he also bears attitudes in common with the mental health consumer identity. Though visits to his therapist play an important role in Monk’s life, the emphasis is on his dependence on routine and not a passive commitment to a doctor. In fact, the text shows that Monk takes on a very active role with his therapist. In “Mr. Monk and the Sleeping Suspect,” when Dr. Kroger tells him he will be gone for two weeks Monk complains, “I need somebody to talk to. It takes me eight months to break in a new therapist” (Schaefer & Levine, 2003).

This comment reveals the extent to which Monk has been in control of the direction of his therapy from the beginning. Though actions such as Monk’s stakeout of Dr. Kroger’s front porch, waiting for his return, show him to be dependent and lost without his therapist, he takes control by choosing his own method of therapy. In Dr. Kroger’s absence, Monk talks to someone he can trust and does not have to train – a man in a coma. It is an interesting choice, and the resulting one-sided conversation shows Monk to be much more open with his feelings with his “new” therapist than he ever is with Dr. Kroger.

Distrust and fear of treatment. One reason the consumer identity does not aptly describe Monk is because he appears to deny the medical model of illness embraced by those who relate to the consumer perspective. If the text sanctioned this type of treatment, it would be showcased in a positive light, highlighting personal control. Instead, the only
example of medical treatment in the first two seasons occurs in “Mr. Monk Goes to the Asylum,” where the thought of being out of control on medication in such a place is a frightening thought. When Monk is forced to take the medication against his will, the effects of his loss of control are made visible with a point of view shot, showing his vision blurring, and his body wavering and ready to lose consciousness. However, one characteristic Monk does share with the consumer identity is the desire to exercise control over his circumstances. Though the survivor identity shares Monk’s strong will, the identity construction of survivor is formed more out of the rebellion against power than the active assertion of control. Monk understands and exhibits control over his environment on a daily basis. If he could be convinced that sustained treatment did not have to mean losing control or losing part of his extraordinary identity, there is evidence he would be more likely to choose his care as a consumer than have it thrust upon him as patient. Evidence of the importance of choice to Monk can be found in the realm of his obsessions and his idiosyncratic preference for particular name brands – including his purchase of 5040 bottles of Sierra Springs water at the end of “Mr. Monk Goes to Mexico.”

Choice. The representation of Monk as a consumer is analyzed by Johnson (2008) within the frame of capitalism. Though the identity of mental health consumer goes beyond capitalist ideals, their common name indicates that there is a connection. One characteristic they both share is the value of choice. Since Monk expresses strong preferences, having choices available is important to him. He is often paralyzed, however, when confronted with options because his many obsessions, compulsions, and
phobias make decision making complicated. He experiences difficulty in situations ranging from the serious to the inane. On the lighter side, in “Mr. Monk Goes to the Circus,” a clown solicits him to throw an orange to him in the midst of a juggling act. Monk freezes out of his fear that an imperfect throw will ruin the act and cannot decide when to release the orange. Finally, in utter frustration, he unintentionally flings it at the clown’s face. Under more serious circumstances in “Mr. Monk Goes to Mexico,” Monk’s decision to go without water when he cannot have his trusted brand shows that his symptoms interfere with rational decision making to the point of being life threatening. Monk’s continual inability to make important choices in the text is a reflection of the same dominant ideology constructed in the patient identity: that those with mental illnesses are not able to make their own decisions.

Coming to a single conclusion as to whether Monk’s character is constructed as patient, survivor, or consumer is complicated. As explored above, a number of instances bring out the survivor in Monk, while there are still significant traces of the influence of patient and consumer ideologies. This combination of competing characteristics is testament to the polysemic nature of television and the fact that there are competing ideologies influencing the text.

Denial: Not Like the Others

The construction of Monk as exceptional, as introduced in the discussion of the genius myth, sets his character apart from both the dominant group within our culture and those marginalized with mental health conditions. “Mr. Monk Goes to the Asylum” includes numerous examples which highlight the disparities between Monk’s
identification with his condition and that of the other patients in the hospital. His character is contrasted humorously with those of the other patients, emphasizing Monk’s unique qualities while demeaning the other patients and showing them to be mentally deficient and infantile. Though their presence in the asylum is constructed in the text as unjust, this is a response to the manipulation and oppression of a corrupt psychiatrist and not because they are deemed worthy of better care. Instead, the patients are characterized to be deserving of institutionalization due to their antisocial behavior and inability to take care of themselves. Monk, by contrast, is portrayed as a hero in this situation and is the only patient deemed worthy enough to rebel. Monk’s roommate and resident tour guide is portrayed as a pathological liar, while members of his therapy group are branded as defective either emotionally or intellectually. For example, a female patient is portrayed as emotionally out of control and a male patient said to exhibit regular symptoms of psychosis is childlike and unintelligent in expression. The absence of patients, besides Monk, with normal outward appearances in this setting perpetuates the stigma of both the venue for mental health treatment and the recipients of care. While it may make sense to the creators of a comedic text to highlight the humor in the tragic circumstances of the asylum residents, the behaviors exhibited by the patients remain in line with stigmatizing stereotypes.

Although Monk experiences a break from reality in this episode, the text continues to indicate that he is of a different sort than the other residents. Again, his uniqueness supports the myth of that Monk is one of a kind and his companions in the asylum are of the regular mold of discarded lunatics. While the text makes clear Monk
does not belong in this setting, the fate and worth of the others suffers by comparison. Their circumstances appear to be part of the baggage we take from the text in exchange for the positive portrayal of Adrian Monk. Even if it is made clear that their circumstances and treatment are not acceptable, the characterization of the pathetic mental hospital resident is taken for granted.

The cumulative results of the analysis provided above regarding the construction of Adrian Monk’s identity are helpful in the following discussion of his place within the hierarchical structure of society. This analysis is based on the dramatistic cycle outlined by Burke (1969) and draws on textual references, including many of the descriptions provided above.

Monk’s Struggle in Hierarchical Culture

Order: Acceptance and Rejection

In Gusfield’s (1989) *On Symbols and Society*, Kenneth Burke asserts that the hierarchy structuring our society is the “source of order and rejection” within it (p.33). Identification, addressed earlier in this analysis in terms of its ability to persuade toward acceptance of the marginalized, is also one of the greatest keepers of division. Inherent in the process of identifying with some is the fact that others will be excluded. “Relations between groups, between classes, between the powerful and the powerless” are ordered and controlled through such identifications and divisions (Gusfield, 1989, p. 33).

Stigma can be understood as the attempt to control the ordering of relations in the hierarchy by influencing perspectives about individuals and groups. The most obvious way the text emphasizes both control and stigma is within the behavior of Adrian Monk.
This does not include positive control of his symptoms, however, which would ultimately benefit his quest for acceptance within the hierarchical structure. Instead, the text focuses on Monk’s attempts to gain control over what he perceives to be an uncontrollable and fearful environment. Monk’s attempts to control his surroundings manifest as outward symptoms of his condition, accentuating his otherness and stigma. For example, his obsessions with order, routine, and cleanliness interact with his anxiety and phobias which are then managed with compulsions such as using a wipe to sanitize germs after a handshake, buying a closet full of suits in exactly the same style and color, and pursuing a cobweb or crooked picture frame with the same diligence he would an unsolved crime.

To a large extent, Monk’s obsessions are magnified versions of treasured values of the dominant culture. Furthermore, his devotion to the service of controlling crime signifies his usefulness within society. However, the lack of control Monk has over his condition while using his talents in the service of the community places the values and interests of the culture above Monk’s needs as an individual. While Adrian Monk’s presence at the center of the text deserves recognition as part of a movement toward more constructive television portrayals of those with mental illness, the marginalizing themes accompanying this portrayal serve to keep those with mental illnesses in their designated place on the societal hierarchy.

Guilt

In the weekly drama that plays out in Monk, Adrian Monk is preoccupied with the guilt of his fall from the societal hierarchy. After the death of his wife and his subsequent breakdown, he was removed from the police force. In the life of the series thus far, Monk
no longer enjoys a secure place on the social hierarchy as a detective on the police force. His failure to regain that position is a stigma, the outward symbol of his rejection. Though still a star detective, he now occupies a place on the margins as a consultant, which provides neither the stability nor the official acceptance of the traditional hierarchy.

One episode in particular, “Mr. Monk Goes to the Carnival,” involves Monk’s intense struggle to rejoin the police force and regain the legitimacy he has lost. At one point it appears he has a chance to regain his position through a procedure that includes a fairly straightforward interview before the police review board. However, the task of concentrating on questions appears to be more than Monk can handle as he becomes increasingly distracted by irritating obsessions (crooked blinds, a small water spill, and a missed shot at a wastebasket) throughout his questioning. Identification with the character is encouraged through camera angles and editing, which provide the audience with Monk’s point of view and result in a near first-person emphasis on the intensity of his irritations. Apart from identifying with the protagonist, however, there is a conflict of interest in this scenario: rooting for Monk’s reinstatement would disrupt the status quo of the series. The premise of the series, which thrives on Monk’s guilt and drive to be accepted, would not hold if Monk were allowed to rejoin the police force in a mainstream capacity. Therefore, when it is time for his ally, Captain Stottlemeyer, to vouch for him before the review board, Monk becomes the scapegoat whose desires must be sacrificed so that the real redemption in television may occur: the survival of the series.
Within the hierarchical structure inherent in both the text and society, the Captain enforces the ideology that Monk is not ready to rejoin the force. This may be understandable because Stottlemeyer witnesses Monk’s capitulation to the symptoms of obsessive-compulsive disorder on a daily basis. However, the Captain also knows from his successful solving of the toughest cases every week that Monk is well equipped to perform the duties of detective. When pressed, however, he cites Monk’s inability to conform to the restrictive structure of the hierarchy. Dreading the confrontation with Monk, who has confidently suited up in his uniform to await the board’s decision, the Captain must tell his crestfallen friend that he could not recommend reinstatement because he could not testify that Monk’s fellow officers could depend on him under fire. The outcome of this exchange signifies that Monk, a representative of the marginalized, is not legitimized within the traditional hierarchy or, by extension, within the dominant culture. As long as the outcomes of Monk’s personal struggles serve to redeem the purpose for the series and not his personal goals, the guilt Monk experiences as the result of his static position in the hierarchy, and the struggles that accompany it, are forecast to continue.

Struggle with symptoms. Monk’s struggle with obsessive-compulsive disorder is central to his struggle within the hierarchy. As a result, his symptoms serve an important function in the process of identification within the text and in the realm of cultural myth. As mentioned above, Monk’s obsessions are magnified versions of values sanctioned by the dominant culture, such as cleanliness and order. Though these ideals are compatible with the dominant ideology of American culture, extreme overachievement in either one
of these categories signifies pathology. This is where much of the humor of the text finds expression. Situations that would make Monk extremely uncomfortable, like a stint in jail ("Mr. Monk Goes to Jail"), a trip to Mexico ("Mr. Monk Goes to Mexico"), or an airplane ride ("Mr. Monk and the Airplane") are prime set-ups for humor about Monk’s phobias and over-the-top reactions to uncontrollable circumstances. For example, to mitigate his fear of the drinking water in Mexico he totes 5,000 bottles of water in his luggage, along with the other supplies he believes he needs to survive, including his signature wipes. When his supplies are stolen, humor turns to desperation and one witnesses the extent to which Monk is enslaved by his symptoms, opting for thirst and starvation in lieu of accepting food or water that is outside his realm of comfort, even if that means rejecting water bottled from the same source as his trusted brand.

Struggle with acceptance. Showcasing Monk’s eccentric behavior on a regular basis within the text reinforces the dominant ideology that those with mental illnesses are abnormal, while simultaneously illustrating Burke’s (1969) concept of consubstantiation, or shared substance, between Monk and viewers of the series. In this way, Monk’s behavior generates humor that originates with identification. For example, many American citizens share Monk’s distrust for the Mexican water supply. Most people, however, would find a way to adapt to an unfamiliar brand of water, and would not go to the extreme of bringing supplies for their entire stay. This contrast generates humor through exaggeration, which becomes pathological in its display.

One reason why mental illnesses are terrifying to many is because they involve an exaggeration or distortion of normal human emotions, behaviors and neuroses. Therefore,
in the space between acceptable and pathological there is room for self doubt in the fear that everyone is susceptible. Additionally, the mythical representations of these illnesses on television have embellished their frightening and seemingly uncontrollable characteristics (Cross, 2004; Foucault, 1967; Gerbner, 1998; Lang, et al., 2006; Pirkis, et al., 2006; Ritter, 2006; Wahl, 1995; Wahl, 2003; Wilson, et al., 1999). Myths that are circulated about mental illnesses make them extremely frightening and difficult for individuals to accept if diagnosed. The manifestation of denial due to stigma leads to struggles against medication and treatment.

Monk’s denial manifests itself quite plainly in both his and supporting characters’ opposition to the label of disability. First, in an early episode, “Mr. Monk and the Psychic,” Sharona rapidly defends a rude insinuation by Lieutenant Disher that Monk is unable to leave the house, with the emphatic reply, “He leaves the house all the time. He’s not disabled” (Breckman & Parisot, 2002). The stigma of illness and disability is a strong theme in this early episode since Monk is just getting back into the workforce and proving himself is essential to his survival. The theme of disability becomes prominent again near the end of Monk’s second season in “Mr. Monk and the Missing Granny” when it appears there is a chance for Monk to be reinstated to the police force, but only if he files to get his job back under the Americans with Disabilities Act. Though Monk is clearly motivated to be accepted back into the hierarchy of the police force as an affirmation of his self worth, his negative reaction, “Am I disabled?” (Toplyn & Bill, 2004), reveals his attitude that the stigma of disability would be too high a price to pay, even for the position he most desires to hold. Captain Stottlemeyer, as a representative of
the establishment, tells Monk that he understands he wouldn’t want to get his “badge back on a technicality” (Toplyn & Bill, 2004). With this comment, the Captain confirms that admitting disability would be a poor decision on Monk’s part, emphasizing another aspect of its stigma: that many people within this hierarchical culture consider the label of disability to be an unfair leveling of the playing field.

Resistance to medication in the face of pathological symptoms runs counter to the dominant consumer ideology of American culture. In this age of direct-to-consumer pharmaceutical advertising, fueled by a medical model dominated by corporations, some individuals have been known to rebel against what they consider to be the over-drugging of the population, viewed alternatively as a cop-out or a form of psychiatric control (Foucault, 1967; Rubin, 2006; Schaler, 2004). Still others view the medicalization of mental illnesses to be a positive construct that removes stigma and places it in parity with other physical illnesses (Arney & Rafalovich, 2007; Jamison, 1995b; Sedgwick, 1982). Adrian Monk’s resistance to medication appears to be caused by the denial of the severity of his condition. This attitude is a normal reaction to any illness, and is especially common among those who suffer from the stigma placed on mental illnesses (Anwar, 2007). Because this attitude is widely shared, it may serve as a point of identification between Monk and viewers, validating the rejection of medical treatment. This attitude is also influenced by the dominant myth in American culture that one should pull oneself up by the bootstraps when suffering in this way, instead of using medication as a crutch.

Consequently, there are conflicting messages about medication within dominant culture: one that pushes it and another that it pushes away. Monk’s decision to reject medication,
though appearing oppositional on its face, is strongly influenced by the dominant myth that it is possible to handle the effects of a mental illness with strong will alone. The result of Monk’s rejection of medication within the text serves to validate this myth, thus perpetuating his illness in the service of maintaining the status quo.

The humor found in the constant focus on Monk’s debilitating yet comically framed symptoms is the main vehicle for the theme of constant illness. The myth of perpetual illness is closely connected to the contingent myths of social burden and dependence, all of which feed into long-standing stigma which equates evidence of treatment with permanent illness, inviting struggle and denial.

Transformation

As noted in the above discussions, myths and ideologies surrounding those with mental health conditions remain strong within the text. Stigma can be like the monster in a horror movie which, even though it is destroyed over and over through a variety of means, still finds a way to come back to life. Burke (1969) writes that the only way to bring about the transformation of a way of thinking is the symbolic killing of it.

One attempt at change within the text is the portrayal of Monk as a heroic genius. However, this portrayal does not accomplish the mortification of old stigma. Instead, as mentioned above, it relies on the myth that Monk is exceptional within the population of those with mental illnesses. This does not put old ideas to rest, but merely exempts the rest of the marginalized population from sharing in the positive characteristics of Monk’s portrayal.
The myth of Monk as exceptional is also dependent on others with mental illnesses serving as scapegoats. This reference is explained through a separate analysis of Monk’s hospitalization in “Mr. Monk Goes to the Asylum.” Within the plot of the episode, it can be asserted that Monk’s solving of the crime and the capture of a murderous psychiatrist leads to his redemption in the form of freedom from the asylum. However, the cultural drama within the text involves Monk’s relationship with the other patients in the asylum. In terms of identification, the patients in the asylum are limited by the roles they have been designated to play. Though their stereotypic and infantile behaviors appear to fade toward the end of the episode, the portrayal of patients as passive and incompetent victims interferes with audience identification and instead serves to justify marginalization. In contrast to these patients, Monk’s character represents someone with a mental illness who is integrated – as much as his symptoms will allow – into society. The obvious delineation in the text between Monk and other patients makes a clear statement that not everyone deserves even partial inclusion. Therefore, in Burkean terms, Monk’s fellow patients in this episode serve the function of scapegoat in Monk’s personal quest to conquer the guilt of difference. The doctor in this episode, a symbol of medical treatment, has also been sacrificed for the good of the patients. In terms of hierarchy, the text expresses maintenance of the status quo, enabling Monk to regain his somewhat insecure position. Though the fate of the other patients in this episode may be improved by the capture of a murderous doctor, their status does not rise above their one-dimensional representation.
A slightly more effective attempt at transformation can be found in the relationship Monk holds within society. Since past portrayals of those with mental illnesses have been based largely on fear (Wahl, 1995), placing Monk in the context of safety and security in his position as crime fighter and protector of society serves to help redirect the fear of earlier portrayals of those with mental illnesses. Instead, the fear of mental illness is internalized in the representation of Monk’s phobias and his fear is projected outward. Therefore, instead of reproducing fear of those with mental illnesses, Monk’s portrayal shows that it is the person with mental illness who is afraid. However, the emphasis on Monk’s suffering from phobias represents a form of self-mortification. The text focuses on Monk’s illness and perpetuates it so that his incapacity remains. In this way, the transformation from thinking about Monk as someone to be feared to someone who is afraid still retains the myth of incapacity of those with mental illnesses.

Still more valuable in its potential to achieve transformation is the use of identification in the text. As expressed previously in this analysis, identification with Monk is achievable on more than one front. Two of the main pathways to identification with his character are through shared emotion and relationships. These opportunities for identification serve as vehicles for intimacy and understanding in much the same way as the discourse of self disclosure. As a result of the many avenues for identification provided in the text, we get to know Adrian Monk as a loving husband and friend who shares many of our emotions, including humor, compassion and the pain of loss. This humanizing characterization represents the transformation of many of the one-
dimensional stereotypes that have been produced in television representations which have neglected to include the points of view of individuals with mental illnesses.

For example, the good natured ribbing of Monk or even direct complaining that takes place within close relationships has a different meaning in the text than shared irritation among characters or ridicule and intolerance exhibited by outside community members. The familiarity of close relationships confers a certain privilege to make fun of oddities and symptoms. In the spirit of friendship or acceptance, the appropriation of stigmatizing language allows laughter to lighten an otherwise heavy burden. In contrast, scorn expressed in the absence of such understanding is representative of the power of ignorance to discount the worth of individuals with mental health conditions.

Still, the construction of identity is more complicated than identification with positive characteristics. Also explored above is the fact that the text includes a large amount of stigmatizing myth and ideology along with Monk’s humanizing characteristics. Although these myths and ideologies are widespread, it may be that the more we get to know someone through identification the less power is held by stigmatizing constructions. The following example provides textual support for this assertion.

In an earlier examples describing Monk as a social burden to the community, an exchange was described from “Mr. Monk and the 12th Man” in which Monk’s dry cleaner expressed a preference for a mass murder suspect over him. In the last part of the scene, however, Sharona comes to Monk’s defense, illustrating the difference between the attitudes of someone who knows Monk well and those of the greater community. The dry
cleaner begins with a reference to one of Sharona’s many ex-boyfriends, this one a deputy mayor:

Dry cleaner: Hey, I saw your boyfriend on T.V. last night. Kenny Shale. He’s a good man. I like him.

Sharona: Yeah? Well, I like Mr. Monk better.

Dry cleaner: No! Mr. Monk a crazy man.

Sharona: Well, I like him better.

Dry cleaner: No!

Sharona: I do!

Dry cleaner: Stop saying that (Angeli & Zinberg, 2003).

Sharona’s emphatic defense of Monk’s likeability evidences the beginning of a transformation within some segments of American culture in the way people with mental illnesses are viewed. It is important to note, however, that though Sharona is emphatic in her acceptance, the dry cleaner, an acquaintance and representative from the wider community, remains unconvinced of Monk’s worth. In the next scene, Monk tries to bring his laundry in and she locks him out, shouting, “Go away Mr. Monk. No more Mr. Monk. Go away!” (Angeli & Zinberg, 2003) As Monk’s support, Sharona tells him they’ll find another cleaner. This can be taken as a message of hope: that even if Monk does not find acceptance in one area, he should not give up the hope of finding it elsewhere or at another point in time.

As revealed above, in analyzing supporting characters’ attitudes, more positive points of view about Monk are found to be expressed by those with whom he shares a
close relationship, e.g. Sharona’s supportive acceptance versus the dry cleaner’s irritation and anger. Through identification, or the recognition of shared substance, aligning with the protagonist provides a shared perspective (Cohen, 2001). However, competing with identification is the large amount of stigmatizing discourse in the text which reproduces cultural myth and ideology. Still, aspects of the text uphold the assertion that transformation in attitudes about those with mental illness has begun – at least in the segment of the population, as represented by Sharona, with intimate knowledge of someone with a mental illness.

Transcendence

If the rhetoric in the text is to be construed as transcendent with regard to cultural attitudes toward those with mental illnesses, Burke (1966) notes that it must serve to equate the subject with something completely outside the bounds of its traditional meaning. As explored, the dominant ideology in American culture equates those with mental health conditions as burdens to society. Having a mental illness is not socially acceptable; it is perceived as a stigma. Therefore, transcendent rhetoric would completely turn traditional myth and ideology on its head. Granted, a considerable amount of positive characterization can be found in the text through opportunities for emotional and relational identification with Monk. However, in the absence of the introduction of a revolutionary perspective on what it means to have a mental illness in this culture, accepting the character as transcendent is a hegemonic tradeoff: fresh portrayal for stale myth and ideology.
Chapter 5

CONCLUSIONS AND FUTURE RESEARCH

In a scene from “Mr. Monk and the Earthquake,” Monk offers to help Sharona’s sister in the kitchen in exchange for her somewhat reluctant hospitality in allowing him to stay in her home after an earthquake. While alone in the kitchen drying and putting away dishes, Monk becomes distraught at the kitchen’s lack of organization and uniformity: he has found a round plate, while all the others are square. This causes him so much difficulty that he freezes, unable to dry anymore dishes until he finds a solution to this problem. In a panic, he rushes out to the living room where the others are relaxing. He holds up the plate in frustration and pleads, “All the others are square. Should I just throw it away?” (Breckman, Scharpling, & Shankman, 2002).

When the sense of order in hierarchical culture is challenged by the existence of someone or something that is different, the challenge is often met with resistance. Out of the desire to find a neat and tidy place for all of our concerns, we experience discomfort when situations or people do not fall into dominant categories of understanding. If square plates dominate, we throw out the round. If an illness confuses or scares us, there is a strong impulse to shut it away. Those who do not have a mental illness may be tempted to push away a person who has one so they will not have to deal with feelings of fear or discomfort. The person who has a mental illness would also like to deny it, marginalize it, and kill it so that he or she can be normal again. But acceptance is the only way to kill the fear and discomfort that accompanies the experience of mental illness in our culture. Acceptance can then lead to understanding and take power away from myth so that the
people who need and want help will get access to treatment and have hope for recovery. In turn, our culture can begin the long process of recovering from the collective damage done from so much denial and pain.

*Marginal Change*

The text gives little indication that the attitudes of dominant culture will transform into acceptance in the near future. The structure of the text as a series means that it is in the best interests of *Monk’s* production to remain a mechanism of the status quo, preserving the construction of a marginalized character through the reproduction of cultural myth and ideology. Though opportunities for identification are presented which allow for the construction of a sympathetic characterization, Monk remains a symbol of otherness within the text. The constant presence of symptoms (as the outward presentation of stigma) without hope for alleviation reproduces the myth of perpetual illness. Finally, because much of the humor in the text depends upon the continual recurrence of Monk’s symptoms in a variety of situations, perpetuating illness serves an important function to the success of the series.

The frequent difficulty exhibited by supporting characters in discerning the difference between Monk’s social identity and the symptoms of his condition conveys that similar confusion exists within the dominant culture and likely contributes to the reproduction of misunderstanding and myth. If one views the manifestation of symptoms as a constant, it is more likely for Monk’s social identity to be constructed of characteristics representing the myth of social burden. However, if his obsessive-
compulsive symptoms are viewed as treatable, then the likeable aspects of his personality have more of a constructive effect.

Monk's attitudes toward his condition are especially relevant in this examination. As discussed above, he, like many people, holds conflicting attitudes toward his mental health condition. We know, as he says of his talent for recognizing the importance of the smallest details, that he views himself as both gifted and cursed. As mentioned earlier, this assessment infers that his ability is inextricable from his disability. Within that self acknowledgment, a determination is made in the text that remedying symptoms with medication would interfere with his brilliance. This realization pits Monk's success in society against his own health and the neglect of his health, in turn, results in stigmatizing symptoms and behaviors which are constructed as social burdens in the text.

The emotional consequences of Monk's struggle are conveyed in the soliloquy from "Mr. Monk and the Sleeping Suspect" where Monk finally releases the words he has not expressed to another individual: "I'm so tired of being different. I'm exhausted. I'm exhausted" (Schaefer & Levine, 2003).

Although these words reveal a depth of pain not often acknowledged by Monk, they also indicate a readiness for change. This statement appears to be prompted by both his external circumstances and the guilt of being different and his internal weariness from dealing with the symptoms of his condition day after day. While desperation might lead to treatment, Monk resists. Both the dominant ideology that successful individuals must remain strong in the face of adversity and the myth that it is possible to pull oneself up by one's bootstraps when suffering with a mental illness contribute greatly to Monk's denial.
In another assertion of cultural myth, the text portrays medical treatment of Monk’s symptoms as a negative. Treatment is conveyed negatively through both the presentation of Monk’s gift being inextricable from his curse, and by the presentation of mental health settings as alternately impotent, in the characterization of Dr. Kroger, or frightening, in the setting of “Mr. Monk Goes to the Asylum.” The presence of these constructions indicates corresponding cultural attitudes, one relating to the hesitancy of individuals within American culture to accept the fact that they have mental health conditions because of stigma, and the other indicating a cultural mistrust of the recovery model of medical treatment. In the text, medical treatment is seen as a threat to individuality, as represented by equating the expression of symptoms with Monk’s core personality.

As discussed earlier, the text reveals that Monk is hurting. In private, Monk indicates sincere distress because of his condition. Yet, in public, his genius for investigation is seen as tied to the very symptoms he would benefit from treating and neither Monk nor his supporting characters are all that anxious for him to lose this gift. This fear comes from the myth that the act of accepting treatment means admitting defeat to permanent mental illness. As a result, the position Monk holds within the text and society remains static.

Though Monk is still viewed as a burden to those around him and is rejected by the official hierarchy of the police force, he remains an exceptional character and a genius and who generates compassion and humor within the text but who is also seen as a notch above anyone else who has mental illness. However, Monk is very much like many
people who have suffered or who will suffer from a mental illness. Acceptance of the stigma that comes with diseases of the brain is not easy, and believing medication will inhibit or destroy your normal abilities is very common (Doran, 2003). In the past, there has been a great deal of truth behind that belief. However, with the advances that continue to be made, recovery from serious mental illnesses, including obsessive-compulsive disorder, is possible with medication and other types of therapy (NAMI, 2006). Unfortunately, because of Monk’s resistance to medical treatment, his severe symptoms, including periodic psychosis, will most likely continue indefinitely, keeping Monk trapped in his illness. As the protagonist of the series, Monk’s character is responsible for carrying its success to the next season. Therefore, the emphasis on perpetual illness is not a coincidence, but is dictated by the need to preserve Monk’s character and the fear that acceptance and treatment of his condition would interfere with his exceptional qualities and the humor they generate.

The functions served by myth and ideology in the interests of the survival of the series ultimately prevent the appearance of transcendent rhetoric. Instead of representing mental illness as a burden on society that is tolerated only in exceptional cases like Monk’s, where genius is redemptive for the rare individuals who can put it to use, transcendent rhetoric would convert the actual burden and pain into a strength, as mental health consumer advocate Pete Feigal attempts in the following passage: “We carry the insight that from our suffering comes insights into the human condition, gifts to the world that are potentially more valuable than anything we might have offered if our lives had been normal” (1999, p. 1). Although Monk’s characterization appears to reach toward a
new conception of a person with mental illness through the assertion that he is both gifted and cursed, as argued in the previous chapter, it is not a new construction. More importantly, the dialectic of being gifted and cursed does not replace a negative concept with a positive one. Instead, they exist side by side. As Burke states, without "symbolically endow[ing] a person . . . or set of circumstances with a 'new identity'" (Goldzwig, 2003, p. 41), the rhetoric in the text cannot be considered transcendent.

As reflected in the analysis in Chapter 4, many conflicting attitudes and perspectives contribute to the construction of Adrian Monk. Therefore, rather than determine that Monk's portrayal is significantly positive or overwhelmingly negative, the factors described below suggest that the text warrants that it be designated a transitional construction.

*Monk as a Transitional Construction*

From the perspective of the marginalized, Monk's weekly struggle within the text parallels the experience of many people with mental health conditions in American culture who remain the victims of stigma (MHA, 2008a). Cultural myth and ideology make acceptance of mental illness quite difficult. However, due to the depth of Monk's characterization in this text combined with the optimistic outlook on the future status of this population in cultural discourse, Monk's character can be read as a discursive representation of a transition in the cultural views about those with mental illnesses. This transitional identity construction rests on the sympathetic elements created through emotional and relational identification with Monk's character and identification with his struggle. While the presence of a sympathetic construction contradicts the majority of
past portrayals of those with mental illnesses (Gerbner, 1980; Nairn & Coverdale, 2005; Signorielli, 1989; Wahl, 1995; Wilson, et al., 1999), only parts of his characterization are read this way. Therefore the construction of Monk’s identity reflects a partial transition in the way those with mental illnesses are represented on television. The representation cannot be heralded as signifying a transformation in cultural values because the residue of stigmatizing myth and ideology cling stubbornly to the text, sanctioning the survival of marginalization.

Limitations

Three limitations of this study are time, perspective, and the limited quantity of comparative research. With regard to time, it is important to note that this research is conducted on the first two seasons of Monk, exclusively, while the series enters its eighth season in the spring of 2009. Although 28 episodes is a large enough sample from which to glean sufficient data for the present analysis, the time frame is limiting because much can happen in the way of plot development, character development, and cultural influence over the course of five years warranting a reexamination of the findings of this thesis. With regard to perspective, this research is conducted from the point of view of someone who belongs to the marginalized group being studied. As a result, as stated in the introduction, while this researcher’s perspective brings with it credibility and the knowledge of experience, there is a certain amount of bias that cannot be avoided in its presentation. It can only be hoped that an intimate perspective has served to add, rather than detract, from its findings. Finally, with regard to quantity of comparative research, there are relatively few media studies and cultural studies on the identity constructions of
those with mental illnesses originating in the field of communication studies. Because of this, there are fewer precedents on which to rely in the presentation of this type of research.

**Future Research**

The possibilities for future communication research on the general topic of mental health are nearly without limit. The scope of issues which fall into the same subsets as mental health and communication is both wide and largely unexplored. There are many opportunities for discovery especially within the area of critical-cultural study. Although using a critical-cultural approach and the method of textual analysis has been helpful to this particular research, future research could consider a wide range of methods.

The completion of the present study opens up the possibility of approaching the remaining seasons of *Monk* to examine new themes which arising within the text or to research the themes herein in the context of new seasons, episodes and characters. An interesting development in the series occurring within the last few years has been the replacement of Monk’s nurse/assistant, Sharona, with a new assistant. The dynamics of this relationship would be interesting to explore and may also reveal changes within Monk’s character. It would be especially interesting, in the event of *Monk*’s cancellation, to find out, in this liberation from terminal production, if the season finale brings significant change to the identity construction of Adrian Monk.

In addition, using a critical-cultural approach to study the emergence of more recent prime time series could result in valuable findings. This time of change in public policy would benefit from the textual analysis of documents, speeches and other
materials which reflect cultural values, attitudes and beliefs on the subject of mental health. Regardless of what specific question is taken up next, it is important, above all, to make tracks into the largely uncharted territory spanning the study of communication and the critical-cultural study of mental health issues.

Those who embark on this critical journey would benefit from considering both the history of cultural discourse about mental illness and possible paths for the future. The following words emphasize remembrance of the past while embodying a hopeful perspective on the collective challenge of overcoming, and transcending, the stigma of mental illness:

*And we few are left to carry the message and truth about the disease.  
It's a weight that many cannot bear.  
But it's a weight we can carry, are happy to carry,  
are even honored to carry.  
It honors those few who have carried this burden before us,  
and it can sow courage into others' hearts,  
inspire others,  
as we have also been inspired.*

- Pete Feigal (1999)
# APPENDIX

*Monk*: Episode Titles

## SEASON ONE

<table>
<thead>
<tr>
<th>Episode</th>
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<tbody>
<tr>
<td>1</td>
<td>&quot;Mr. Monk and the Candidate&quot;</td>
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<td>2</td>
<td>&quot;Mr. Monk and the Psychic&quot;</td>
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<td>3</td>
<td>&quot;Mr. Monk Meets Dale the Whale&quot;</td>
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<td>4</td>
<td>&quot;Mr. Monk Goes to the Carnival&quot;</td>
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<td>5</td>
<td>&quot;Mr. Monk Goes to the Asylum&quot;</td>
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<td>6</td>
<td>&quot;Mr. Monk and the Billionaire Mugger&quot;</td>
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<td>7</td>
<td>&quot;Mr. Monk and the Other Woman&quot;</td>
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<td>8</td>
<td>&quot;Mr. Monk and the Marathon Man&quot;</td>
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<td>9</td>
<td>&quot;Mr. Monk Takes a Vacation&quot;</td>
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<td>10</td>
<td>&quot;Mr. Monk and the Earthquake&quot;</td>
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<tr>
<td>11</td>
<td>&quot;Mr. Monk Meets the Red-Headed Stranger&quot;</td>
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<td>12</td>
<td>&quot;Mr. Monk and the Airplane&quot;</td>
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## SEASON TWO

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<th>Episode</th>
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<tr>
<td>1</td>
<td>&quot;Mr. Monk Goes Back to School&quot;</td>
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<td>2</td>
<td>&quot;Mr. Monk Goes to Mexico&quot;</td>
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<td>3</td>
<td>&quot;Mr. Monk Goes to the Ballgame&quot;</td>
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<td>4</td>
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<td>&quot;Mr. Monk and the Very Old Man&quot;</td>
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<td>7</td>
<td>&quot;Mr. Monk and the Sleeping Suspect&quot;</td>
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<td>8</td>
<td>&quot;Mr. Monk Meets the Playboy&quot;</td>
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<td>9</td>
<td>&quot;Mr. Monk and the 12th Man&quot;</td>
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<td>&quot;Mr. Monk and the TV Star&quot;</td>
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<td>&quot;Mr. Monk and the Captain's Wife&quot;</td>
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<td>15</td>
<td>&quot;Mr. Monk Goes to Jail&quot;</td>
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