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The Obligation to be "Normal": Mental Disability, Stigma and Shame in Cassavetes' *A Woman Under the Influence*

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Abstract

In this article, I discuss the concept of "normality" in relation to mental disability. By means of a hermeneutical analysis of John Cassavetes' film, *A Woman Under the Influence*, I examine the stigma surrounding psychiatric conditions such as bipolar disorder and the way in which this stigma affects people with such conditions.Many films and TV series depict psychiatric conditions in a highly stigmatising way, encouraging stereotypes and prejudices about what is supposed to be normal and what is considered abnormal. Cassavetes' film offers a far more realistic and interesting portrait of a person with a psychiatric disorder. The protagonist, a housewife and mother of three children, is a neurodivergent person who behaves "differently." The main source of her problems, however, is not her neurodivergence per se, but rather the way those around her, especially her husband and family, try to force her to be "normal." The film shows the violence (both verbal and physical) that people with psychiatric disorders can face when their environment cannot cope with what they perceive as their abnormality. The purpose of this article is to argue that a hermeneutical analysis of Cassavetes' film can give us greater insight into the subjective dimension of psychiatric disorders such as bipolarity, as well as the stigma attached to them. By investigating normality and mental disability using a cinematic representation, I aim to demonstrate how a "health humanities" approach can contribute to a better understanding of the subjective and existential dimensions of psychiatric conditions.

Keywords

normality, mental disability, bipolar disorder, stigma, hermeneutics, John Cassavetes

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This article is about the concept of "normality" in relation to mental disability. By means of a hermeneutical analysis of John Cassavetes' film *A Woman Under the Influence*, I examine the stigma surrounding psychiatric conditions in general and bipolar disorder in particular, as well as the way in which this stigma affects people suffering from such conditions.

In what follows, I start with a brief methodological note, explaining how a hermeneutical approach can provide insight into the subjective dimension of psychiatric conditions. I then discuss the concept of normality, in particular how it relates to mental health issues. After briefly summarising the problems with the way in which mental health issues are often represented in films, I introduce Cassavates' film as a far more realistic and interesting portrait of a person with a psychiatric disorder. Based on a close reading of the film, I demonstrate the verbal and physical violence that individuals with psychiatric disorders may encounter when their environment is unable to cope with what they perceive as their abnormality.

The purpose of this article is to argue that a hermeneutical analysis of Cassavetes' film contributes to a better understanding of both the psychiatric disorder that the protagonist suffers from and the stigma she experiences. More generally, by investigating schizophrenia using philosophical ideas and a cinematic representation, I aim to demonstrate how the humanities may contribute to an improved insight in psychiatric conditions. As an example of the "health humanities" approach, the article suggests that a subject-oriented view of psychiatry offers a useful addition to biopsychiatric perspectives.

Phenomenological and Hermeneutical Approaches to Psychiatric Disorders

The way in which psychiatric problems are approached and treated, is closely related to perceptions of what a human being is. Contemporary psychiatry is strongly influenced by a biomedical model that emphasizes (neuro)biological factors in psychiatric disorders and places an important role on psychopharmacological treatment. This biopsychiatric approach comes from the conviction that, before all, humans are material beings with certain (biological, genetic, chemical, neurological, etc.) characteristics that determine their behaviour: Psychiatric problems are believed to be caused by brain conditions such as neurotransmitter- or hormonal imbalances, or by genetically determined neurological conditions.

Recently, however, this view has increasingly been challenged. One of the reasons for this is that the ambition of "the decade of the brain" (the 1990s), namely that of a complete understanding of the correspondence between psychiatric disorders and processes in the brain, has not been realised at all. According to critics, this ambition was unachievable anyway, because humans are more than just their physical properties: They are also self-interpreting beings who are part of a *Lebenswelt*.[1] This is the view of humans put forward in the hermeneutic anthropology of philosophers such as Paul Ricoeur, Charles Taylor, and Marya Schechtman. In line with this view, proposals have been made, both by psychiatrists and philosophers, to give more attention to the subjective and existential dimensions of psychiatric conditions. Psychiatric disorders, they say, are not only about biochemical and neurological processes in the brain, but also about the way people relate to themselves, their experiences and their (personal-, social-, cultural-, etc.) environment. Well-known psychiatrists like the Dutch Jim van Os and the American Bradley Lewis have therefore in

their work argued for a patient-centred approach to psychiatric conditions that recognises that mental suffering is highly dependent on personal and contextual factors. From a more theoretical point of view, the work of, among others, philosopher Matthew Ratcliffe is important. In books such as *Feelings of Being* (2008), he uses phenomenological methods to investigate what it means for patients to live with a psychiatric disorder, discussing, for example, changes in how patients experience time, space, their bodies, and their self-perception.

Whereas biological psychiatry is characterised by a focus on the human body as an object and is aimed at *explaining* disease processes, phenomenology focuses on the patient's subjective and existential experience of his or her condition and thus on a better *understanding* of what it is like to be, for example, in a manic or depressive state. It tries to look from the perspective of a patient rather than from the outside. The phenomenologist searches not so much for *causes* as for the possible *meaning* of psychiatric unusual behaviour, which they refuse to see as merely resulting from some brain defect. This approach is descriptive, comparative and interpretative, aimed at better understanding the patient rather than causally explaining their behaviour.

Phenomenological approaches have recently enjoyed an increasing interest among philosophers, psychiatrists, psychologists and other scientists.[2] Qualitative research methods such as IPA (Interpretative Phenomenological Analysis) and EPR (Existential Phenomenological Research) are built on ideas from phenomenology (describing the way in which the individual experiences his or her situation) and hermeneutics (interpreting the meaning of these experiences). Their focus is therefore on gaining a better understanding of how individual psychiatric patients experience and interpret their condition in relation to their lives and their world. The approach is idiographic (using case studies) rather than nomothetic (aimed at general laws), the underlying conviction being that the careful examination of individual cases, focusing on the way in which psychiatric conditions manifest themselves in the individual consciousness of a particular person within a particular context, can contribute to a better understanding of these conditions. This is in line with the increasing importance recently attributed to experiential expertise as a source of knowledge and, related to that, the interest in less hierarchical and more patient-centred approaches, such as "co-creation" between patients and professionals in diagnosis and treatment.

Furthermore, the phenomenological analysis of case studies may come from fiction as well as from real life: According to, among others, Bradley Lewis, fictional characters can be, as representations of human experience, highly useful in thought experiments that aim to enhance our understanding of the experience and treatment of psychiatric illnesses. Here, a phenomenological approach is combined with a hermeneutical analysis of works of fiction. For example, in one of his books on phenomenological psychiatry, Lewis uses stories by Anton Chekhov and Chitra Divakaruni to express his ideas and explore hypothetical scenarios for clinical practice.[3]

It is not a question of one view being better than the other: The (nomothetic, quantitative) biopsychiatric and (idiographic, qualitative) phenomenological and hermeneutical approaches may complement one another very well. In fact, the interdisciplinary field of "health humanities" is based on the idea that literature and the arts (as well as humanities disciplines such as philosophy, history and cultural studies) can play a significant role in thinking about illness and health, not as a replacement but as a complement to medical science. In this article, I intend to illustrate this through a hermeneutical analysis of Cassavetes' film.

Normality and Stigma

What is normal? What exactly do we mean when we say that something, or someone's behaviour, is "not normal?" The word (and concept) "normal" dates back to the 19th century, when it was used in a mathematical context.[4] In statistics, the normal is that which comprises the vast majority of the total number of cases, say 95% or 99%. The remaining 5% or 1% is considered the abnormal part. This is a purely descriptive form of normality that in principle does not judge; the normal is simply that which does not deviate (strongly) from the mean.

Today, however, statements like "this behaviour is not normal" or "this person is not normal" usually seem to imply a judgement: One means to say that the behaviour is undesirable or that there is something wrong with that person. Apparently, statements about normality are often normative in nature: The normal is supposed to be good; the abnormal is considered bad and to be rejected. This rejection is often accompanied by stigmatisation: the (figurative) branding of those who are different and thus not normal. The consequence of stigmatisation, as we will discuss in more detail below, is that individuals or groups deemed abnormal become victims of negative stereotypes, prejudices and, in the worst case, social exclusion.

At some point, therefore, a transition took place from the normal as a description of what is to the normal as a prescription of what should be. In his book *Nobody's Normal*, Roy Grinker shows that this transition from normal as the statistical average to normal as the desirable began after World War II (Grinker, 2021, Chapter 8). In the 1950s, a period referred to as "The age of conformity," normality was increasingly seen as desirable, as an ideal to be pursued. Man became, as David Riesman called it in his classic *The Lonely Crowd*, "outer-directed," i.e., seeking approval and acceptance from others and wanting to be like everyone else as much as possible. Of course, this conformity to the normal was highly problematic from the very beginning, because the criteria for what is considered normal are always culturally determined and set by the dominant groups, with all the dangers of marginalisation and stigmatisation that this entails for other groups.

"The normal […] is that which society has approved," Ruth Benedict wrote as early as in 1934: Not nature but culture determines what is normal (Grinker, 2021, p. xiii). Cultural attitudes are changeable, dependent on time and context and therefore what is considered normal is people's work; it is "an endless process of man's self-creation and his reshaping of the world," as Czech philosopher Eva Syristová puts it (2010, p. 277). There was a time when it was considered normal that women did not study and work but took care of the children; that one did not marry someone of a different faith; that one did not have sex before marriage; that the vast majority of people smoked; and so on. For a long time in the US, it was normal for white and black students to attend separate schools. But our views on women, on religion, on people of colour, on sexuality, on illness and health, and on a host of other topics – these views have changed, and today we find the aforementioned past customs utterly abnormal and regard very different things as normal.

A nice example illustrating how problematic and culturally determined notions of what is normal can be is the famous sculpture pair of Norma and Normman, first exhibited at the Museum of Natural History in New York in 1945. The two sculptures, created by gynaecologist Robert Latou Dickinson and artist Abram Belskie, were based on anatomical measurements of about 15,000

young American men and women, and were intended to show what constitutes a normal (and therefore: desirable) human body. What is striking about these images is that their proportions seem odd. The reason for this is that while each part of the bodies shows its statistical average (for example, the average size of the hand and the average length of the arms and legs), those averages for hands or limbs do not necessarily fit well with the averages of the other body traits: combining all kinds of separate averages of body parts into a complete body, turns out to produce a somewhat contrived whole. Comically, then, when a prize was awarded for the best real-life lookalike, it turned out to be very difficult to find a woman whose features matched Norma's well: The normal turned out to hardly exist (Grinker, 2021, pp. 131-132). The story becomes less amusing, however, when we realise that Norma and Normman were inspired by the eugenic work of predecessors such as Francis Galton and Georges Cuvier, in which the "optimal" human body was seen in terms of the white, heterosexual, able-bodied male, and in which non-white, disabled and otherwise different bodies were considered inferior.

The history of Norma and Normman illustrates how perceptions of what is normal are always coloured by a cultural agenda and cultural prejudices. This applies not only to this case about "bodily normality," but also and even more so when it comes to questions such as what constitutes "normal behaviour" and a "normal way of life."[5] In his book, Grinker shows that thinking about normality in the West is strongly coloured by the capitalist system.[6] For capitalism, being normal means first and foremost being productive and consuming. From this, follow the desired characteristics of the normal person: They are independent, autonomous, ambitious, hardworking, economically flexible, and an eager consumer of new products and services. These ideas regarding what constitutes "normal citizens" also have implications for what we consider to be normal mental health and how we deal with mental health problems in our culture, as we will now continue to discuss.

Normality and Stigma as Related to Mental Health

As we discussed above, what a culture considers normal and what, on the other hand, is deemed abnormal and stigmatised, is changeable and dependent on the historical and cultural context. This is especially true for mental health. For example, Grinker shows how throughout the 20th century ideas about mental health kept changing in relation to war situations: The stigma on mental health problems became much smaller in times of war, only to increase again in times of peace. During and immediately after the First and Second World Wars, and also around the wars in Korea and Vietnam, most people showed understanding for phenomena such as "shell shock," "war neurosis" and PTSD (in different times, different names have been given to similar phenomena). But while mental health problems resulting from the rough-and-tumble of war were to some extent seen as normal while the war lasted and shortly afterwards, that understanding waned again in peacetime, and people then saw these problems more as a sign of psychological weakness or as stemming from a deficient upbringing and family situation.

A second and for our current age very important example of the way a culture shapes ideas about normality and mental health, has to do with the nature of contemporary Western society. As has been argued by numerous authors, the way we think about mental health is closely related to the character of our ultra-competitive capitalist and, in recent decades, neoliberal system. Highly interesting, for example, is the analysis of French sociologists Luc Boltanski and Eve Chiapello in

their *The New Spirit of Capitalism* (2005), in which they describe the emergence of a "new spirit of capitalism." In this new capitalism an earlier criticism, namely that capitalism hinders the pursuit of self-fulfilment by making the worker no more than an anonymous instrument in the service of the production process, has been parried by making that very self-fulfilment a motivating factor in the capitalist production process and in the performance society. "No longer is there to be an antithesis between the motives of the individual and those of the organisation," Boltanski and Chiapello argue; the employer-disciplined employee of the past has been replaced by the self-disciplined employee of today who internalises desired norms (2005, p. 115). Our autonomy has increased, but the price has been high, namely a much greater responsibility for one's own success and, with it, greatly increased stress that threatens our mental health.

According to Foucault in *The Birth of Biopolitics* (1979), we are only seemingly free, for in fact we are subject to a "permanent economic tribunal." By a *biopolitics*, Foucault understands a politics that controls life (*bios*) in all its facets. Such a politics subjects citizens to forms of regulation and discipline aimed at making them conform as much as possible to the standards of what is considered to be normal and mentally healthy, standards which are set by neoliberal axioms and that consider those who do not participate as abnormal or mentally ill. An inability to work and consume is thus the quintessential disease of modernity: Normal (mental) health is understood to mean willingly behaving according to the spirit of the new capitalism. In a culture where to be normal means to be productive, there is little patience with those who are unproductive: They come to be seen as the abnormal, as Sarah Rose argues in her book *No Right To be Idle* (2017), in which she focuses on the disabled.

French sociologist Alain Ehrenberg too, in his 1991 book *La fatigue d'être soi*, considers mental health problems such as depression to be the pathology of a society with a new normativity, the new norm being that of success, self-actualisation and a "happy" consumerism.[7] The normal modern man or woman is an individual such as neoliberal capitalist society prefers to see him or her: a *homo economicus* who is entrepreneurial, competitive, flexible, and consumerist. We are not really free to lead authentic lives, for in reality we are on the leash of what the French philosopher Dany-Robert Dufour calls our new god: the Holy Market. All our desires are constantly fuelled. Dufour characterises the late-modern subject as selfish and hedonistic; we want everything, from houses and cars to all kinds of gadgets and expensive holidays – and so we push ourselves to the limit in our desire to conform with the modern ethos of normality, with disastrous consequences for our mental health and thus well-being.[8]

The problems mentioned are further increased by the presently common medical interpretation of mental health problems as brain diseases for which there are pills, i.e., as individual problems of a biological nature. However, according to authors such as those discussed above, in many cases mental health problems have everything to do with social and cultural environmental factors such as the nature of our competitive and consumerist society. Seen in this way, DSM-5, the international standard for establishing psychiatric diagnoses, is a biopolitical instrument that promotes a very specific form of normality that fits in with our ultra-liberal society: that of an enterprising, competitive and flexible individualist. The DSM-5 is a manual for what is expected from a normal person. The contemporary alliance between biopsychiatry, DSM-5, and psychopharmaca can thus be seen as the biopolitical mechanism used to keep the normal western individual in line. This is contended, for example, in Trudy Dehue's book *De depressie epidemie*

[The depression epidemic], wherein she argues that the availability of pills suggests that human biology can be engineered, implying we as humans are responsible for our own mental health (Dehue, 2008, p. 233).

But in fact there are other ways of thinking about normality in relation to mental health issues, ways that emphasise the impact on mental health of social, economic, cultural and existential factors. Certainly, there may be congenital biological traits that increase the risk of mental health problems, and surely medication can be of great help in times of severe crises, but we should not think about these problems solely in the medical language of disease, since contextual factors such as social isolation, discrimination, poverty, stigma, and neoliberal performance pressure can play a role as well. Furthermore, and related to this, many questions can be raised about the DSM classifications. As, among others, the Dutch professor and psychiatrist Jim van Os argues, we should avoid medicalising mental health problems too soon by labelling them in terms of DSM-5 indications. Rather than always treat mental health issues as illnesses and thus suggest a clear distinction between what is normal and what is not, we may approach them as fluctuations of vulnerabilities all humans have. Considered this way, the difference between mental health and mental illness is seen as a continuum rather than as a binary opposition (Zorzanelli & Banzato, 2020). Van Os thus suggests that the "categorial view" that considers differences between the normal and the abnormal to be qualitative, should be replaced by a dimensional approach that considers these differences to be quantitative and makes no clear distinction between the normal and the abnormal.[9]

Summarising, it is highly problematic to define what is normal mental health through classifications such as the DSM-5, both because mental health is a continuum that defies categorisation, and because it is dependent on all kinds of contextual and cultural factors that are ignored in the DSM. Interestingly, the World Health Organisation (WHO) defines normal mental health as "a state of well being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community."[10] What stands out in this description is, firstly, that it stresses the subjective character of mental health, which is something that cannot be objectively measured, and, secondly, that it defines mental health (positively) as the ability to cope with life rather than (negatively) as the absence of mental disorders.

Representation of Mental Health in Films

Those who suffer from mental health problems often experience a second problem as well: that of stigma. We will now look at the way in which public media like films often cause or enhance the stigma of psychiatric conditions by negatively influencing the perception of mental health issues and ideas about (ab)normality. In order to do so, we first give a brief overview of some stigma-related terminology.

In his seminal work on stigmatisation, sociologist Erving Goffman (1963, p. 4) distinguishes three groups of possibly stigmatised people: those with physical deformities (for example, obese, handicapped or facially disfigured persons); those who belong to a specific group (an ethnic group, a religion, etc.); and those who are perceived different in character (for example, those who have

some addiction or a mental condition such as autism or psychiatric problems). Theorists of stigmatisation distinguish between *beliefs*, *feelings,* and *behaviour* (Link and Phelan, 2001):

- *Stereotypes* constitute the cognitive aspect that captures the perceived characteristics of the group (and thus a *difference*), for example: "those with a mental health condition often exhibit weird and possibly aggressive behaviour."
- These stereotypical images lead to *prejudices* with negative emotional connotations, such as pity, disgust, or fear, for example: "I am afraid of people with a mental health condition because they can be dangerous."
- Subsequently, stereotypes and prejudices often lead to stigmatising *behaviour*, such as discrimination: "I avoid people with a mental health condition and do not want a residential group of them in my neighbourhood."

The process of stigmatisation leads to the group in question being considered as stained, or as abnormal and inferior people who are merely a burden to society. Sometimes they are even blamed for their condition, and often they face rejection and exclusion. On a personal level, the stigmatisation of mental illness causes feelings of exclusion and loneliness and the possible denial and/or hiding of the illness. In the worst case, the stigmatising experienced is internalised (*self-stigma*), leading to lower self-esteem, reduced confidence in one's own abilities, a feeling that the situation is hopeless, and, as a consequence, a worsening of the problems. In all this, *shame* plays a key role: the (unjustified) feeling of not meeting social norms, of being inadequate and incompetent, of having oneself to blame for one's misery, and the resulting greatly diminished sense of personal dignity and self-respect. Stigma and the feelings of shame that come with it often extend to the direct environment of persons with mental health problems, for example parents, husbands or wives; this is called *stigma by association*.

What is the source of stigma in general, and the stigma on mental health in particular? The answer is that it often results from *public stigma*: stereotypical representations of people with mental health conditions in public media such as newspapers, television programs, movies, games, series, novels, etc. Such portraits are overwhelmingly negative; in many films and other media portrayals, persons with mental health conditions are either violent or very weird characters.[11] Familiar examples include the horror film genre, which regularly follows a pattern in which a psychiatric patient is released or escapes from an institution, and then emerges as a psychopath and (serial) killer: think, for example, of films such as *Halloween* (1978), *Friday the 13th* (1980), *A Nightmare On Elm Street* (1984) and *The Silence of the Lambs* (1991).

Besides the murdering psychopath, there are several other stereotypical portrayals of mentally ill individuals, such as the seductive but messed-up *femme fatale* (e.g. in the films *Betty Blue* (1986), *Fatal Attraction* (1987), *Black Swan* (2010) and *The Neon Demon* (2016)); the multiple personality disorder (the DSM-5 now calls this "dissociative identity disorder") afflicted with (part-time) murder (such as *Dr. Jekyll and Mr. Hyde* (1941) and *Psycho* (1960)); the devil-possessed lunatic (for e.g., in *The Exorcist* (1973)); and the "lunatic with the mad gaze" (as in the many films about Dracula and Frankenstein).

Of a very different kind is the television series *Monk* (2002-2009), in which the main character, a detective with OCD and several phobias, actually benefits from these in his detective work, so that his disorders are both a curse and a blessing. A similar example in which someone with a mental

disorder (in this case, schizophrenia) excels intellectually is the film *A Beautiful Mind* (2001), about the brilliant mathematician John Nash. Incidentally, the downside of such portrayals is a certain "romanticising" in which the "benefits" of mental disorders (such as higher intelligence or creativity) are exaggerated and/or the emotional and social price paid is underplayed.[12] This is also the case, for example, in the series *Homeland* (2011-2020), in which the main character is a woman with a bipolar disorder whose brilliant achievements are only possible when she is off medication. The series has received praise for credibly showing how a person with bipolarity can function normally and even excellently in society most of the time but has also been criticised for its stereotypical portrayal linking genius and madness.

Research has shown that negative images like the ones mentioned above can create or reinforce audiences' biased attitudes towards mental health conditions.[13] The media therefore undoubtedly play a very significant role in creating and maintaining the stigma on mental health conditions. On the other hand, this role can be a positive one as well: For example, while many films are full of stereotypes and prejudices, there are also examples of films that present a realistic portrayal of mental health conditions, thereby counterbalancing stereotypical images and thus destigmatising. Examples include John Cassavetes' *A Woman Under the Influence* (1974), which we will discuss below, and more recent films such as *Girl, Interrupted* (1999) and *Silver Linings Playbook* (2012), which depict bipolarity and depression in a credible and non-biased way.

Cassavetes' Film A Woman Under the Influence

The film *A Woman Under the Influence* offers an extremely interesting case study for examining the issues discussed above: normality, mental health, the stigma around what is considered mental illness, and the way those involved deal with perceived "abnormality." The film, released in 1974 under the direction of independent filmmaker John Cassavetes and starring Gena Rowlands (Cassavetes' real-life wife) and Peter Falk (best known for his role as Inspector Columbo), had an extremely difficult genesis.[14] If Falk had not paid half of the production costs out of his own pocket, it could never have been made and, even after its making, there was still a long way to go. Cassavetes could not find a distributor, so he approached film houses and festivals to get the film screened and later distributed it himself. It premiered at the New York Film Festival in October 1974, almost two years after its shooting. Not long after that, the film finally started attracting attention. When well-known and bipolar actor Richard Dreyfuss, in an appearance with Peter Falk on the *Mike Douglas Show*, described the film as "the most incredible, disturbing, scary, brilliant, dark, sad, depressing movie," and added that he "went crazy. I went home and vomited," the ball really started rolling and the film became an artistic as well as a commercial success.[15] It received Oscar nominations for best actress and best director. By now, the film has achieved classic status and is considered one of the best ever when it comes to the representation of mental health issues. In the following paragraphs, I will discuss and analyse the film; below I begin with a brief summary of the story and some of its most crucial scenes.[16]

The story is about housewife Mabel (Rowlands) who appears to suffer from some mood disorder, probably bipolarity (formerly called manic depression), although this is not explicitly mentioned as such. Mabel is married to Nick (Falk), who is foreman of a crew of construction workers. They have three young children. From the moment we see Mabel, we notice she is a little different, a bit eccentric. She does not sit still for a moment, talks incessantly and makes busy movements, even

when she is alone. She is on medication and drinks too much. Ordinary things can be a colossal task for her, like picking up the children from the bus after school: She's way too early, keeps running up the street to see if the bus is coming, starts jumping up and down enthusiastically when it finally arrives, and runs rather than walks home with the children. What is especially striking about Mabel is that she is somewhat socially maladjusted: She has problems understanding social situations and social norms and often acts in unconventional ways. She desires to do things "right" and tries terribly hard but tends to overdo it. Her emotional reactions are often exaggerated and her behaviour in general is frequently over the top. For example, when Nicks takes his crew home after a job in town, she makes spaghetti for everyone and things seem to go pleasantly, but soon Mabel behaves a bit all too warm and cordial toward Nick's colleagues: She hugs one and asks him to dance. As another example, when some kids come over to play, Mabel gets so absorbed in the game that in no time everyone is running wild and half-naked through the house.

From what we see, there is no doubt that Mabel and Nick love each other. When it is just the two of them or among themselves with the children, things usually go pretty well, but as soon as others are around, problems arise. Nick is extremely sensitive to the eye of the outside world, to social expectations. Above all he wants everything to be normal, and therefore he easily gets upset when Mabel goes a little crazy or inappropriate in front of others and he cannot control her. At the dinner with his team, he lashes out terribly at her when she gets too intimate with one of his colleagues. After the playdate gets out of control, it all becomes too much for him. He is ashamed of Mabel in front of his ever-present mother and the father of the children who are visiting, and in desperation calls family doctor Zepp to have him assess Mabel's mental health. Nick's bossy mother talks down to the doctor: "This woman is crazy!" she shouts. She is genuinely concerned for her son and grandchildren, but very harsh with Mabel: "You give him [Nick] nothing!" she cries, "You're empty inside!" Partly because of her influence, doctor Zepp eventually decides that Mabel poses a danger to herself and those around her and is admitted to a mental institution.

Six months later, Mabel returns home. Everyone is happy to have her back, but no one really empathises with her; all expect she is now normal again. The whole family sits around the table to celebrate her return, but Mabel, still very fragile and unable to tolerate so many people around her, feels highly uncomfortable. Nick and the others try to force Mabel to be happy and join the party, but she simply cannot. She asks several times for everyone to leave, because she wants to be alone with Nick and the children. Eventually the visitors leave, after which Nick, out of frustration over the failed party, has another outburst of anger. Mabel mutilates herself out of desperation, Nick hits Mabel, pandemonium ensues with screaming children, but finally they all reconcile. Although we do not know whether things will get better for them and may fear nothing has changed (ominously, the phone rings in the final shot, signaling the continued interference of the outside world; however, they ignore it, which may be a good sign), the film ends relatively peacefully and optimistically, Mabel and Nick preparing for bed in a friendly atmosphere.[17]

I will now analyse some crucial scenes in the film in somewhat more detail, distinguishing between Mabel's and Nick's perspective and focusing on the aspects of normality, stigma, and shame.

Mabel's Perspective: Shame, Self-stigma and Trying to be "Normal"

Mabel is constantly trying to please everybody; she wants very much to conform to everyone's wishes, to be normal, to do as one expects from her. Above all, she wants to be a good wife to Nick and a good mother to her children. The reason she sometimes behaves a bit weird is that she wants to do things all too well and therefore tends to exaggerate. For example, she so badly wants Nick's guests to have a good time that she praises them for their good looks and goes on to sing and dance with them, which the others (especially Nick) find embarrassing. "I was trying to be nice" (00:40:44-46), she says after the dinner party ended with Nick's outburst, "I love those guys. I love 'em. I love anybody you bring in the house, Nick. I want 'em to feel comfortable" (00:41:14-23).

Even in front of the children, Mabel constantly feels insecure. She wants to be a good mother but doubts she can. "Hey, listen, can I ask you kids a question about me?" she asks them, "When you see me, you know, do you feel... 'Oh, I know her. That's Mom?' Or do you ever think – I mean, do you ever think of me as, uh – as, uh, dopey or mean or – or, uh…" "No, you're smart, you're pretty... you're nervous too," the kids reply (00:55:00-26).

In her efforts to be a good mother, Mabel exaggerates as much as in her attempts to please Nick's guests. In an agonising scene after school, she plays with the children, and two more playmates arrive with their father, Mr. Jensen. Mabel puts on music, Tchaikovsky's *Swan Lake*, and urges the children to act the dying swan: "Come on, girls. Die for Mr. Jensen. Come on" (00:59:03-06). While Mr. Jensen finds this all a bit strange and doubts whether he dares to leave the children with Mabel, the phone rings: Nick inquires if everything is going well there. "It's working," Mabel answers, "It's working. Listen, I'm a great mother. I not only – I not only love our kids... I love the Jensen kids, I love Mr. Jensen. Ah, they're all wonderful. They're beautiful" (00:59:38-55).

Even when Mabel returns home from the hospital and is still extremely fragile, she is constantly trying to adjust to the expectations that others have of her. "I'm very happy to see my family," she says, "Do I look pretty, Dad?" (01:57:26-37). As vulnerable as she is, and as emotional as it is for her to see the children again after such a long time, she still does everything she can to control herself and not to spoil the party of her return for the others. She strains to talk, tells a joke, and in between repeatedly asks Nick "How am I doin?" (02:05:46-50).

Mabel's self-stigma is so immense that she is willing to completely eliminate herself just to be the way Nick wants her to be: "Nicky, tell me. Just – Nicky, don't be afraid to hurt my feelings. Tell me what you want me to – how you want me to be. I can be that. I can be anything. You tell me, Nicky" (00:42:39-52).

Nick's Perspective: Violently Enforcing "Normality"

Nick is a textbook example of someone burdened by stigma by association: He is highly ashamed of Mabel's behaviour, extremely sensitive to the gaze and judgment of others, and cannot bear it

when he finds that people think his wife is weird. When his colleague Eddie makes an allusion to Mabel's strange behaviour, Nick says: "Mabel's not crazy. She's unusual. She's not crazy, so don't say she's crazy" (00:08:03-10). What Nick wants most of all is for everything to be normal. But he knows this simply is not the case. "You see, there's something wrong with her," he admits in a moment of candour to Eddie, "she's not like a normal person" (00:08:23-28). Nick struggles terribly with Mabel's otherness, does not know what to make of it and does not want others to see it.

As we watch, we gradually find out that Nick really only has one way to deal with the situation: verbal and physical violence. Every time Mabel behaves strangely in front of others, he quickly loses his patience. When Mabel acts somewhat weird and overly cordially at dinner in front of Nick's colleagues, one of them calls out: "Hey, Nick, guess what she is," and then says in Italian that she is crazy (00:28:23-28). Nick tries to ignore it, but his annoyance and embarrassment slowly build. Then when Mabel starts praising one of the colleagues for being so handsome and says she wants to dance with him, Nick cries "That's enough" up to four times, until finally he barks at her, "Get your ass down!" (00:37:02-29). Mabel is visibly shocked by this outburst, she sits down, everyone falls silent and the guests leave shortly thereafter.

A second situation in which Nick is overwhelmed by feelings of shame is when he comes home in the company of his mother during Mabel's playdate with their own and Mr. Jensen's children. It is pandemonium: Pulled out clothes are lying around everywhere, the children run through the house, one of them is naked, and Mr. Jensen is angry with Mabel for the mess into which everything has degenerated. Nick is highly ashamed in front of his mother and Mr. Jensen, cannot bear the fact that things can never go normal at his house for once and loses all control over himself: He becomes enraged and slaps Mabel in the face. "See what you made me do? Huh?," he yells at her (01:04:22-24). He sends Mr. Jensen and his children packing, calls the house doctor Zepp, tells him to come immediately, yells at his mother who is upstairs with the kids "Just stay there, or I'll kill ya!" (01:06:40-43), and snaps at Mabel: "You're gonna be committed. Goin' to the hospital until you get better" (01:07:01-06).

Moments later, Dr. Zepp arrives. Mabel feels trouble coming up and resists, but her opinion no longer matters. "Doctor. Doctor, aren't you gonna give her a shot?," calls out Nick's mother (01:14:21-24). "This woman – This woman has to go!," she cries, "Think of the children! This woman can't stay in this house anymore! You can't stay here!" (01:15:41-54), and somewhat later: "This woman is crazy! She's crazy!" (01:16:46-50). Although her attitude stems from genuine concern for her son and her grandchildren, we strongly sense the inability of Mabel's environment to cope with her otherness. "Mabel, we're trying to help you," Nick's mother cries (01:14:30-33), but more than helping her, everybody wants above all to normalise her: Institutionalisation should make Mabel normal again.

Once Mabel is admitted to the psychiatric hospital, Nick's embarrassment increases further. "I heard you had some trouble at home," says a colleague, but Nick absolutely does not want to talk about it, nor does he want to have it talked about behind his back: "Cut it out. I don't want anybody discussing my affairs. Is that clear?" (01:24:26-38). When jokes are made about "Mabel being in a nuthouse" and co-workers teasingly whisper "Please don't say nothin' about Mabel," Nick

suffers a terrible tantrum and seriously injures a co-worker by pushing him down a hill (01:25:00-01:28:08).

When Mabel returns home six months later, Nick takes it for granted that she is completely "cured" and normal again and organises a welcome home party – more for the image to the outside world than for Mabel herself, who is still far too vulnerable for such a crowded meeting. At the last minute, everyone is sent away by Nick's mother, who realises that Mabel cannot yet handle this. Nick shows no empathy whatsoever: "I thought it was a good idea," he says, "Cause I think friends are a good idea. And good times are a good idea" (02:02:24-31). Eventually it becomes a welcome home party with only family, but even that is too much for Mabel. She is still extremely fragile and tense; it is clear that she is barely coping, that she cannot handle all that family around her, but Nick takes a forced "all is normal again, so it's party time today" attitude.

When Mabel gets very emotional with her father, Nick is ashamed of her: He cannot bear to see Mabel behave differently than he and the family, who thought she would be cured, expected. He takes her aside for a moment and becomes angry at her. Their little conversation is highly enlightening to both Mabel's and Nick's attitudes (01:58:57-02:00:38):

Nick: I'm with you. There's nothing you can do wrong.
Mabel: I don't know what to do.
Nick: There's nothing you can do wrong.
Mabel: I don't know what you want.
Nick: I just want you to be yourself. This is your house. – The hell with them! Up theirs! The hell with them!
Mabel: I don't know what to – I can't.
Nick: Just be yourself. Be yourself.
Mabel: Can't.
Nick: Be happy. Come on. [They return to the others]
Nick: All right. Everybody in the dining room. We're gonna have a party. Let's enjoy ourselves.

"Be yourself," says Nick, but what he actually means is quite the opposite: Behave like we expect you to, be like a normal person. But Mabel does not know how to do that, how to be normal: "I don't know what to do," she says, "I don't know what you want." Again and again Nick tries to force Mabel to be normal through (verbal, and sometimes even physical) violence, out of shame in front of his family, colleagues and friends.

As the family sits down to dinner, Nick persists in his "all is fine" attitude. "Good times from now on. That's what we're going to have," he says, "Things get better and better and better ... and then they get better than that, and then they get better" (02:02:46-58). If there's one thing Nick wants, it is for everything to be normal: "Normal conversation," he says, "Conversation. Weather. 'How are you?' 'Where have you been?'" (02:08:41-54).

But Mabel simply cannot. She is exhausted from all the emotions that befall her now that she has returned home after half a year of treatment. She cannot bear the hustle and bustle of all her family and would prefer to be alone with Nick and the children. "I – I wish – I wish you'd all... go home,"

she says (02:05:05-09), and again: “Listen, I really wish that you would go home, though... because Nick and I. You know, we can’t talk or anything while you’re still here” (02:05:50-59).

But her feelings are not understood. “Oh, we came for a party. We’d like to stay for a party” (02:05:09-13), says Nick’s mother, and Dr. Zepp, who is present as well, also calls her to order: “Mabel, take it easy,” he says, “It’s your first day ... and you’re letting yourself go, and you know that’s not good” (02:06:09-16). Even her own father is unable to stand up for her when she appeals to him: “Dad... will you stand up for me?” she asks, but he pretends not to understand what she means and literally stands up from the table (02:09:38-45).

Eventually, as much as Mabel tries to adjust and act normal, she just cannot bear it anymore. “I can’t,” she says, “Mama, make ‘em go away, please. I can’t do it. I’m so tired” (02:10:36-49). And then they all finally leave. After everyone has left, Nick has another fit of rage. Out of shame for the failed homecoming party, which had to be called off first for his friends and colleagues and then for the family, and because Mabel is still not behaving normally (she hums standing on the couch and injures herself with a razor in what could be a half-hearted suicide attempt), he gives her a hard slap in the face, to the dismay of both Mabel herself and the children. Once again, we see Nick’s powerlessness manifest itself in violence. “I’ll kill you!,” he shouts, “I’ll kill ya! I’ll kill those sons-of-bitchin’ kids!” (02:15:26-39). Nick is not a bad person though: throughout the film, we clearly see he is in love with Mabel and often treats her warmly and tenderly – but he is impatient, cannot handle the fact that Mabel is different, is ashamed of her in front of others, and time and again loses his self-control. In fact, Nick is very real and human as someone with both good and bad traits who is wrestling with his difficult life. He is both tender and violent, both loving Mabel and rejecting her in front of others.

Evaluation

Obviously, Mabel is not like most other people: She is somewhat different and socially unadjusted; in our day, we would call her neurodivergent. In interviews, Cassavates said that she “isn’t really mad,” but “doesn’t know how to interact with others,” that she is simply “not able to blow with the orchestra, to go with the orchestration” (Cassavetes & Carney, pp. 362, 370). She is highly aware of this herself: “You know, I’m really nuts,” she says at one point (02:21:57-59), though jokingly. But although different, Mabel still knows what she is doing and is surely no real danger to herself or her children. At times she is a bit manic, but she is not severely depressed and certainly is not psychotic.

Contrary to what her mother-in-law thinks, Mabel is not a bad mother at all. She is good to her children: although she is often “nervous” (as the children recognise) and tends to overdo it, it is abundantly clear that she loves them and that her children love her. In fact, Mabel mostly is far better with the kids than is Nick, who loves his children too but at times loses all self-control. He regularly yells at them and, as we saw, once he even cries “I’ll kill those sons-of-bitchin’ kids!” (02:15:37). At the beginning of Mabel’s institutionalisation, on impulse, he picks them up from school in the middle of the day and takes them to the beach, where he demands them to “have a good time,” which of course does not work. On the way home he gives them beer to drink, which makes them dizzy and nauseous. On several occasions, for example after the terrible scene at the end of the film, it is Mabel who must calm and reassure the children and put them to bed after Nick

has lost his self-control. In fact, there is every reason to say that Mabel is more mentally stable than is Nick.

Neither is Mabel a bad wife. Quite to the contrary, time and again she expresses her love for Nick. It is impressive how in crisis situations Mabel appeals to the love she and Nick feel for each other and seeks intimacy with him. After he hits her for the first time, Mabel conciliatory tells Nick: "You got embarrassed, and you made a jerk of yourself. That's all. I'm not sore at you. I always understood you, and you always understood me... I know you love me. You and I know [...] I'm not sore at you. I'm not mad or anything" (01:07:15-01:09:23). When Mabel is in danger of being placed out of home, she calls on their love again. "Just let me stay in my house, please," she says (01:20:53-56), and a moment later she tries to formulate the things that are most important to them: "I have five points, Nick. I figured it out, and – They're for me – For us. One is love. Two is... friendship, and three is... our... comfort. And four is... I'm a good mother, Nicky, and – Um – I belong to you. That's it. Those are my five points" (01:17:24-01:18:15).

So it seems the real problem is less in Mabel, who is a loving wife and mother and, in many ways, the one most wise and sane in the family, than in her constantly judgmental social environment. Those around her, Nick in particular, cannot deal with Mabel's neurodivergence. Nick is so obsessed by the expectations of others that he gets upset each time Mabel behaves strangely and he cannot control her. In reaction, he violently tries to normalise her, eventually forcing her institutionalisation, which appears to be neither necessary nor helpful to Mabel.

Nick does love Mabel; he is attracted to her but is able to express this only when they are alone. Interestingly, when it is just the two of them there is clearly an understanding and warmth between them and Mabel's otherness is not much of a problem anymore. "Wacko!," he cries affectionately (00:40:46) after his colleagues left the house, "I don't mind you being a lunatic" (00:42:02-04). Moments later, they are in bed together. Even in the final minutes of the film, shortly after Nick's outburst of violence, when everyone has left and peace has returned to the house for the moment, the affection between Mabel and Nick returns.

Mabel's reaction to the situation is constant uncertainty, shame and self-stigma. She wants desperately to do well, for Nick, for the children, for her family. She has a sense of worthlessness and tries to assume the personality she thinks she should have. She tries terribly hard, but as a result always behaves insecurely and unnaturally; she is constantly playing a role. She feels hounded by the compulsion to be normal. "Am I a good mother?", she asks her children. "Am I doing it right?", she asks Nick. "Tell me what you want me to be," she says to Nick, "I can be anything." "Be yourself," Nick answers, but that is exactly what he is preventing her from being; Mabel is not allowed to have an identity of her own.[18] She is always trying to please everyone, neglecting herself in the process. Mabel truly is "a woman under the influence": the influence of Nick and, through Nick, the influence of the outside world.

Conclusion

In this article, I discussed *A Woman Under the Influence* as an intriguing example of a work of art that evokes the world of someone with a psychiatric condition. Cassavetes' intense and emotionally demanding film shows us the ways in which a social and cultural environment can

grind people down by squeezing them into the mold of normality. What makes the film so impressive, apart from the level of its acting, is that it feels real and true to life. The approach is not sensational or overly romantic, as it very often is in series and films about neurodivergent characters. Neither is there a political or cultural agenda, a message or morality being propagated.[19] Rather, we get a view of how complex and tumultuous life with a mental health condition can be for both the person involved and those around her, a view that feels both convincing and humane.

More generally, I believe the analysis of Cassavetes' film illustrates the value of a hermeneutical approach to psychiatric disorders such as bipolarity. As discussed in the introductory section, a phenomenological and hermeneutical analysis is a qualitative approach that concentrates on the way individuals as subjects experience their condition and make sense of their lives. Such analyses can be based on case studies from both real life and from fictional stories in novels or films. *A Woman Under the Influence* is an exceptional film that makes us realise that mental health has as much to do with the social and cultural environment as with the brain, forces us to rethink the meaning of normality, and challenges the stigma associated with mental health problems.

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Note

[1] The concept of *Lebenswelt* was used by philosophers such as Husserl and Heidegger to refer to the world of human experience, as opposed to the empirical world that can be scientifically researched. I use the term here to refer to the biographical, social, historical, and cultural factors that form the context of human life.

[2] For a recent discussion, see for example Spencer, Broome, & Stanghellini (2025).

[3] See Lewis (2011), in particular, Chapter 1 ('Listening to Chekhov') and Chapter 5 ('Mrs. Dutta and the Literary Case') for examples of the way Lewis uses fiction in his approach of psychiatry.

[4] As to its etymological roots: the word "normal" comes from the Latin word *norma*, which literally means a carpenter's square used to make right angles. Later, the Latin adjective *normalis* evolved to mean "in conformity

with a rule or established standard." The origins of the word "normal" thus demonstrate that the term is not useful for humans and social relations.

[5] Rosemarie Garland Thomson has introduced the term *normate* for the person who conforms to what a given culture considers normal, for example: white, heterosexual, able-bodied, in good mental health, etc. The advantage of this term is its emphasis on the constructed nature of its identity. Those who are not normate run the risk of being stigmatised.

[6] Grinker, 2021, Chapter 1-4.

[7] Ehrenberg's book is translated as *The Weariness of the Self* (2009).

[8] Ehrenberg and Dufour's ideas are compared and discussed in (Van den Bergh, 2019, pp. 165-168).

[9] See for example Van Os (2003).

[10] https://www.emro.who.int/health-topics/mental-health/introduction.html (Last accessed: September 9, 2026).

[11] See for example Johnson and Olson (2021); Wedding and Niemiec (2014); and Heath (2019).

[12] In his analysis of *A Beautiful Mind*, Mark O'Hara (2019) refers to this phenomenon as 'schizophilia'.

[13] See for example Johnson and Riles (2018); and Riles (2020).

[14] The genesis of the film and the difficulties in financing and distributing it are discussed in: Cassavetes and Carney (2001, pp. 306-378).

[15] The Dreyfuss quote can be found on the website of the Santa Barbara International Film Festival, https://sbiff.org/a-woman-under-the-influence/ (Last accessed: September 9, 2026). The difficulties in distributing the film are discussed in Chapter 7 of Cassavetes and Carney (2001).

[16] In what follows, all time codes refer to Cassavetes (2008).

[17] 'I thought it was an optimistic film in my terms', Cassavetes said in an interview (Cassavetes and Carney, 2001, p. 376). Ray Carney find Cassavetes' work 'stunningly hopeful […] he never gave up on the possibility of possibility' (Carney, 2000, p. 21).

[18] Mabel's problem is that she has no self, Cassavetes said in an interview (Cassavetes and Carney, p. 368).

[19] The film has been interpreted by some critics as a feminist manifesto, an indictment of the way housewife Mabel is oppressed by her husband and family, but to read the film in terms of gender roles seems to miss the point (see for example Cassavetes' comments on this in Cassavetes and Carney, 2001, p. 367). In this respect, it is worthwhile to note that Mabel was a self-portrait of Cassavetes, not of Rowlands. As, among others, Roger Ebert wrote, the key to Cassavetes' work is "to realise that it is always Rowlands, not the male lead, who is playing the Cassavetes role" (https://www.rogerebert.com/reviews/great-movie-a-woman-under-the-influence-1974, Last accessed: September 9, 2026).