Mental Health Illness in the Media: An Analysis of "A Beautiful Mind"

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The movie begins with the protagonist, John Nash, starting graduate school at Princeton. He is awarded half of a prestigious scholarship – the other half goes to his rival, Martin Hansen. Nash was always bad in social situations, and fearful that his intelligence would go unrecognized; as a result, the stress of being among so many published classmates causes him to lose his grip on reality. He transforms into a paranoid schizophrenic when he starts to have hallucinations and delusions for more than a month (American Psychiatric Association, 2013). This psychotic break is exacerbated by his ongoing narcissistic personality disorder and possible schizoid personality disorder.

Nash has exhibited what could be schizoid personality disorder throughout his life. Stuart defines this in her 2013 Psychiatric Nursing book as, “A psychiatric condition in which a person has a lifelong pattern of indifference to others and social isolation.” Nash demonstrates this by casually telling others how he does not like people, and they do not like him. Nash’s first hallucination, Charles, comes into his life to help him socialize. Later, another hallucination in the form of a girl also functions as a social surrogate. These hallucinations allow Nash to socialize in a way that does not put him at risk.

Nash has a great sense of his genius and need for recognition. “People with narcissistic personality disorder have fragile self-esteem, driving them to search constantly for praise, appreciation and admiration…problems occur when people do not gain the status they think is deserved” (Stuart, 2013). The first blow to Nash’s self-esteem is when he is forced to share a scholarship with Hansen. Even when Nash is later given a coveted position at MIT, he feels his work is mundane. Then, the government asks him to break a Soviet code, and he finally feels that he is doing something worthy of his mind. Therefore, he creates another hallucination so that he can continue to utilize his unique talent as a natural code breaker.

William Parcher, a hallucination of a Department of Defense agent, allows Nash to use his talents for recognizing patterns to locate and stop a bomb. Parcher disapproves of Nash’s marriage, feeling that Alicia will threaten this “mission”; later, he coerces Nash to keep working by threatening his and his wife’s safety. When Alicia finally realizes that Nash is behaving oddly, she calls Dr. Rosen to have Nash committed. It is during this time that Nash is forced to face his delusions and hallucinations and begins taking medication. Nash no longer hallucinates; but, he is fatigued, cannot concentrate, and cannot have intercourse with his wife. Because of these symptoms, he stops the medication. When he starts to hallucinate again, his hallucinations are angry and violent: Parcher yells at him to kill Alicia because she “knows too much.” After this breaking point, Nash and Alicia agree to work together to help him conquer his illusions.

The rest of the movie consists of Nash’s efforts to master his hallucinations as if they are a math problem that he can solve logically, and his later recognition as a Math genius. He goes back to Princeton to ask Hansen, the now department head, for a job at the school. Charles screams at Nash to, “Tell [Hansen] you’re a genius!” Nash resists this demand and ultimately settles into his new life. He begins to teach and then is nominated for, and receives, the Nobel Prize. This is a very poignant moment for Nash as he realizes he is finally receiving the recognition he deserves.

This movie depicts a very different mental health system from the one we have today. It emphasizes the role of psychiatrists, de-emphasizes the role of nurses, and does not even touch on social workers or group facilitators. First, Dr. Rosen has the authority to essentially kidnap Nash, taking away his autonomy in a way that would not be currently allowed: this is detailed later in the essay. Second, Dr. Rosen tells Alicia how Nash should be treated. Now, the patient and his or her family would be given more education about the disease, possible treatments, and side effects. Third, nurses are depicted merely as support staff; whereas, currently they have a more therapeutic role with patients. Fourth, they used insulin shock therapy to treat Nash, a dangerous treatment that has since been rejected. Current treatments would utilize pharmacology as well as psychotherapy, social skills training, family interventions, side effect monitoring and management, and lifestyle education (Stuart, 2013).

The professional boundaries demonstrated in this movie are not very therapeutic. The doctor is shown talking to Nash somewhat therapeutically only once at intake, and then he is shown literally and figuratively standing over Nash as he receives his insulin shock treatment. There, too, he steps over what we would consider a professional boundary today, telling Alicia what treatments Nash needs without discussing alternatives. The doctor assumes a more paternalistic, authoritative, and less therapeutic role.

Nash’s personality disorders and paranoid schizophrenia affect many social and occupational aspects of his life. As mentioned above, Nash’s schizoid personality disorder and narcissistic personality disorder significantly impairs his “interpersonal relationships and other aspects of functioning” (Stuart, 2013), as evidenced by his lack of close friends, his apparent indifference to social isolation, bravado about his own genius, and fragile self-esteem. Nash is unable to flirt effectively with women, and has difficulty bonding with his classmates. Despite these difficulties, Nash still appears to be able to function in school and later in his work at MIT’s Wheeler lab, for a time. However, the delusions and hallucinations become demanding and violent, intruding on his life. At this point, Nash starts focusing entirely on his paranoia - his work and relationship with his wife suffer.

Although Nash does not receive positive professional therapeutic interventions, his wife demonstrates adherence to the Competence Model. Stuart describes the Competence Model as focusing on “family strengths, resources, competencies, values and empowerment instead of dependency” (Stuart, 2013). Alicia focuses on Nash’s skills, and empowers him to overcome his illness with love and support. Had Dr. Rosen partnered with Alicia from the start, he could have helped her understand the illness better and cope with his psychoses using a Psychoeducational Programs (Stuart, 2013). Instead of empowering Alicia with knowledge, she was essentially left on her own.

Nash’s illness affected his participation in treatment in a couple of ways. First, narcissistic personality meant that he could not accept at first that he was ill: admitting this would have meant that he was not doing the uniquely important work of saving people from a bomb. Second, he believed that he could use his genius at problem-solving to “solve” the problem of his mental illness. In this he was (according to the movie) very successful, as evidenced by scenes later in the movie where he was able to refocus on reality, and even completely ignore his hallucinations.

Ego defense mechanisms are the “first line of psychic defense” operating on the unconscious level to cope with anxiety and ultimately protect the self (Stuart, 2013). Though these mechanisms can be adaptive tools, they become maladaptive when reality is severely distorted (Stuart, 2013). For example, Nash uses Charles as a delusional defense mechanism of denial; his hallucination allows him to avoid disagreeable realities by acting as his friend and confidant to whom he can retreat (Stuart, 2013).

Nash also uses reaction formation, a mechanism that masks anxiety-producing emotions by exaggerating the opposite emotion (Stuart, 2013). Here again, Nash exudes overconfidence and bravado to conquer his insecurities of not being published. His sense of self-doubt and fear of failure emerges when Nash erupts in front of his colleagues after losing a game of Go. Rationalization is another defense mechanism where unacceptable or inappropriate emotions or behaviors are presented in socially acceptable ways with a seemingly logical explanation (Stuart, 2013). As Nash’s paranoid schizophrenia slowly take over his life, he unconsciously creates an elaborate fantasy about his invaluable, covert work with the U.S. government to conceal his obsession of analyzing codes and ambiguities of feeling stuck in a mundane job and family life. His rationalization is so believable that his wife does not question his paranoid behavior until later in the relationship.

As the film progresses, Nash incorporates both suppression and humor as adaptive ego defense mechanisms. Suppression is a conscious effort to exclude materials from the mind (Stuart, 2013). Once Nash recognizes he has an illness, he decides to self-manage his psychosis by suppressing his hallucinations and ignoring their presence. Additionally, he uses humor to cope with schizophrenia later in the film. For example, Nash introduces his imaginary friend, Harvey, catching Sol off-guard and poking fun at his own delusions.

Set in the 1950s, mental health in nursing was just emerging with Hildegard Peplau’s publication of “Interpersonal Relations in Nursing” (Stuart, 2013). Had Nash been treated according to current standards, the nurse would first advocate for his safety and protection. Nash’s paranoia makes him believe that the Soviets are out to silence him; this unhinged belief not only jeopardizes Nash’s wellbeing but also his wife and Dr. Rosen, with whom he gets into physical altercations. It is an absolute priority to ensure the patient is in a safe environment to prevent harm to the patient or to others – to do this the psychosis must first be treated. Nash is injected with thorazine and carried off to the mental hospital where he is initially chained to a wheelchair. These are highly stressful and traumatic experiences. As a nurse, we would support the patient by easing him into a more comfortable environment and limit restraint use.

We would also include mental health assessments to obtain Nash’s baseline and what type of hallucinations occurs in his mind. This allows for therapeutic communication and interventions by increasing awareness of the patient’s hallucinatory symptoms and fostering the ability to discern between the world of psychosis and reality (Stuart, 2013). In the film, it is his wife that confronts his hallucinations and attempts to prove that he is wrong, which is an ineffective intervention for delusion (Stuart, 2013). This emphasizes the importance of patient and family education. As mentioned earlier, we would promote patient and family involvement by informing them what the illness entails, signs and symptoms of crisis and acute phases, medications and side effects, coping strategies, and expectations of the treatment process.

Another important aspect is advocating for patient autonomy. Nurses must listen to the patient’s concerns and address them to the best of our capability. Nash’s biggest fear was not being able to focus on his work and having sexual dysfunction; due to these unwanted side effects from antipsychotics, Nash stops taking his medication and relapses. It is therefore imperative for nurses to be aware of the patient’s needs by providing the most effective therapy and promoting compliance. Patient autonomy is also a critical component of teaching self-management, and integration back into the community (Stuart, 2013). The patient needs to learn to identify behaviors that interfere with social relationships and ways to practice alternative social behaviors in order to function in society (Stuart, 2013). The only way this is possible is for health care providers and nurses to listen to patients and fully involve them in the therapeutic milieu.

Lastly, treating mental health illnesses is a collaborative effort. We must not only work with psychiatrists, but with the entire therapeutic community comprised of pharmacists, therapists, counselors, social workers, the patient, and the family. Oftentimes the focus is on treating solely the patient, yet family members are also susceptible to feeling overwhelmed and anxious with the burden of caretaking. The film portrays an exhausted, frustrated wife who continues to support the family and provide care because she feels obligated or guilty about wanting to leave. It is equally essential to assess the mental health status and coping skills of caregivers, and provide appropriate resources to support their wellbeing as well.

The ethical concept of paternalism holds sway in the film, very much so because paternalism was still normative in the 1950’s in healthcare and only began to be more rigorously challenged in the preceding decade. Paternalism simply defined means acting in a fatherly manner (Burkhardt & Nathaniel, 2008). Role behaviors such as protection, discipline, leadership and benevolent decision-making are the positive aspects of paternalism, yet these same characteristics have a flipside often conflicting with patient autonomy. Moreover, when viewed from the nursing perspective, paternalism conjures up the stereotypical image of the (often-times Anglo) domineering male physician delegating tasks to the submissive, subordinate female nurse (Burkhardt & Nathaniel, 2008).

When we look back at mental health treatments and nursing interventions practiced in the 1950’s, we see practices that strike us as archaic and inhumane. Our protagonist is quite literally abducted by the psychiatric intervention team in public.[[1]](#footnote-1) He is shackled in restraints at the mental hospital and subjected to an insulin shock therapy regimen arranged wholly by his psychiatrist and agreed to by his wife. Nash has very limited opportunities for talk therapy. Indeed, in a few short minutes of the film, we can see that his privacy was invaded, his autonomy disregarded, and he lacked the right to receive treatment in the least restrictive environment as previously mentioned: all of which was very normative in mental health care only sixty years ago (Stuart, 2013).

We can further say that Nash’s public profile and relatively high socio-economic status is what saved him from being institutionalized for life. Later in the film Nash quits his medication regimen and has a very serious relapse; his hallucinations go so far as to tell him to kill his wife. We see the doctor in conference with Nash and Alicia. The doctor’s paternalism is evident again in the scene as he insists that Nash return to the mental hospital and declares that he cannot recover on his own. Nash argues vehemently for his right to tackle his own illness without medication. Alicia miraculously backs him up, and over time he gets better by integrating himself back into the community. If Nash and his wife were *not* highly educated and *not* in the public eye, this treatment option would not have been entertained at all. Mental illness sixty years ago was much less visible; people with severe disorders were housed at rural, state-run institutions away from the community and public sight (Frank & Glied, 2006). A less educated pair would have been coerced to make different choices, and their lives would have been utterly different and destroyed by Nash’s illness. Health equity, then, is another ethical area hinted at by the film.

Kate, Michelle, and Zane worked well together overall in the discussions and writing process for this project. Organizing the writing of this paper and executing the task was truly a group effort with all members contributing and participating in the process; decisions were made via a group vote and making compromises. In the pre-group phase, we clearly defined our primary goal, which was to write an exceptional essay in a timely manner, and agreed that the workload would be distributed equally. Zane offered up the use of her home for our first meeting. We chose a date, decided to view the film individually in advance of meeting, and agreed to discuss the rubric points in detail together. A rough draft would be shared two days later, and a group-edit was conducted via video chat.

During our meetings we showed each other mutual respect and demonstrated a level of cohesion that appeared satisfactory to all members. With regards to the maintenance and task roles we played, Kate’s task role was the questioner, and her maintenance role was that of problem-solver. She asked us (and herself) to consider each question carefully, creatively, and critically from multiple angles. If we hit a snag in communication, Kate would want to set things straight and resolve any difficulties (which were few, because we all really get along and enjoy working together). Michelle’s task role was facilitator and her maintenance role was that of the harmonizer. Michelle created the shared documents that we worked from and kept us from going off on tangents in a cheerful yet effective way. Zane was the evaluator and encourager. The evaluator role is similar to that of the questioner, in the sense that the quality of the work that we were doing was being critically evaluated for its insightfulness. To counterbalance that, Zane hoped to impart a sense of playfulness and encouraged her teammates to enjoy the work.

In closing, we discussed how effectively we worked as a group effort and agreed that each demonstrated equally important capacities in unique ways. This assignment also allowed us to critically reflect on mental health issues depicted in the media, how nurses can make a difference in therapeutic care for mentally ill patients and families, and the ethical dilemmas that still arise today. We hope to incorporate our knowledge of effective collaborative skills in our nursing careers and treat the patient not only on an individual level, but as an integral part of a greater community.

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1. Importantly, only after being surrounded does Nash strike the physician in the face and meet one of the now-required criteria for involuntary confinement of being a threat to others, which validates the action carried out by the team. Being a threat to oneself and not being able to take care of one’s basic physical needs for clothing, food, and shelter are the other criteria that validate involuntary admission. [↑](#footnote-ref-1)