

The Culture of Mental Illness: *Better Call Saul* and American Psychiatry

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Psychiatry has not always been a science which relies on cultural heritage. In fact, in many practices across the world, psychiatry is seen as medicinal and broken down into symptoms, labels, and treatments. For instance, the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5), is a tool used by medical professionals to define and classify mental disorders in order to improve diagnoses, treatment, and research. Although including contributions from an international community, this tool is framed by a US-American view on mental illness. It often neglects the patients' emotions and experience with the disease and may lead to an incomplete picture of the patient's illness with problematic consequences regarding both the diagnosis and treatment (Gray 1). There has been an increased effort on the part of many anthropologists and psychiatrists alike to work toward a more comprehensive understanding of the cultural influences on mental illness. These influences are depicted in the filmic work *Better Call Saul* (2015 & 2017) which takes place within the US and strongly represent how mental illness is popularly viewed

there. This popular view of mental illness dictates how the character called Chuck develops throughout the program, thus giving a valuable perspective on the cultural influence on psychiatric treatment in the US.

Cultural aspects of mental illness are rooted in implications of specific terminology that are used to describe mental illnesses and their symptoms. The terms used to describe a mental medical condition—for example, illness, sickness, or disease—already imply discussions of distinct features from the beginning of treatment seeking. The choice of one term over another has different implications of meaning: (1) illness is the human experience of symptoms and suffering in general, (2) sickness is the concern a medical practitioner would address to treat, and (3) disease is a term denoting feeling unwell without any local or medical connotations (Kleinman 3-6). The understandings of the terms and the associations individuals have with them are based on our individual cultural backgrounds. The way symptoms are discussed is influenced by culture because their meanings be-

come truths and natural occurrences through a cultural system projecting them onto the world (Kleinman 10). For example, if I wake up with a headache I may contribute that symptom to be the result of dehydration and drink some water, whereas someone who grew up in a culture where a headache was a symptom of poor circulation may address the symptom with a heart medication instead.

These conventional terms and associations we have for illnesses manifest themselves in certain idioms of distress which are also culturally influenced and demonstrate knowledge of the body and self in relation to each other in our lifeworlds (Kleinman 11). In addition to the symptoms, emotions are also cultural knowledge, and the way a person interprets their body is culturally influenced because our bodily experiences are informed and molded by social meanings which then become internalized; therefore, culture is a part of the mental faculties which may be altered due to a physical or mental illness. Health care professionals, specifically Dr. Samrat (2016) and Dr. Jadhav (2016), who have taken these cultural facets into account, have found that addressing them and including them in the diagnosis and treatment of mentally ill patients can impact the patient–doctor relationship and improve the treatment and experience of the patient. Not only is

culture relevant to the practice of diagnosing and treating patients in a healthcare environment, but it is also essential to forming the social interpretation and representation of mental illnesses. To elaborate on this point, a discussion of how the portrayal of mental illness in popular media contributes to psychiatry’s dependence on cultural influence is of the utmost importance.

For such a discussion, selected scenes are taken from the American Movie Classics (AMC) series titled *Better Call Saul*, which follows the life of lawyer Jimmy McGill. Mental illness in this series is presented through the character Chuck, who, at the beginning of the series, is deemed to be of sound mind as his illness is purely physical, but whose reception is transformed as a result of his illness being irrefutably categorized as mental, a dichotomy common in the US (Mehta 14). The shift in his reception among other characters in the series brings out essential facets of the US–American psychiatric view.

Better Call Saul takes place in New Mexico, US. Next to James (Jimmy) McGill, many other of its main characters are lawyers, such as his brother Charles (Chuck) McGill and Chuck’s law partner Howard Hamlin. Chuck suffers from electromagnetic hypersensitivity (EHS), which increasingly impacts his life throughout

the series. He lives in a house with no electrical components or batteries, all visitors must remove their watches and other battery-powered devices when visiting him, and he seldom leaves his house. Chuck is accommodated at work by all lights and electrical devices being turned off and removed from colleagues and offices where he will be working. He also has tailor-made suits which are lined with so-called “space blankets”; their use being to insulate Chuck from the electromagnetic waves interfering with his body. In one of the first scenes of the series in which his condition is discussed, Season 1 Episode 5: *Alpine Shepherd Boy*, Chuck has been admitted to the hospital after a neighborhood altercation. He is surrounded by and attached to electric devices, as is normal in an emergency setting, and unresponsive to all external stimuli. His eyes and mouth remain open; he is ‘locked in’ his body. Jimmy begins shutting things off and tries to explain his brother’s condition to the doctor who comes into the room with a security officer:

“He’s allergic to electricity! . . . All these lights and machines, you might as well throw him into a microwave. . . . Look, I know how it sounds. It’s real. . . . anything with a battery in it, he can’t have it near him.” (“Alpine Shepherd Boy” 00:21:04-00:21:50).

Jimmy is successful in removing or turning off all electric devices in

Chuck’s room. The doctor, Dr. Cruz, wants to commit Chuck to the hospital for 30 days of psychiatric observation. Because Jimmy is Chuck’s brother, she claims that Jimmy can make that decision on behalf of his brother, with or without Chuck’s consent. At that point in the conversation, Chuck emerges from his unresponsive state by reacting to the doctor’s suggestion. He then proceeds to explain his condition to Dr. Cruz stating that “it’s not a situation, it’s a condition” (00:23:45-00:23:48). When prompted about the symptoms he experiences, Chuck lists a burning sensation on his skin, sharp cold pain in his bones, muscle fatigue, blurred vision, and nausea, among others. He also explains that his first experience of the symptoms took place about two years ago, which leads to the following conversation:

Dr. Cruz: “Two years, that’s a long time to live with discomfort.”

Chuck: “Oh, there it is. You think I’m crazy.”

Dr. Cruz: “I never said that.”

Chuck: “No, you didn’t, because you’re very polite. But you think it, otherwise you wouldn’t be talking about commitment.”

Dr. Cruz: “You find that idea distressing.”

Jimmy: “Who the hell wouldn’t.”

Chuck: “I find it inappropriate for a person suffering from a physical condition. Anyone who’s spent more than a few minutes with me knows that this isn’t some sort of delusion. . . . Have you ever seen me exhibit any

sign, any sign whatsoever, of mental illness? (She shakes her head, no) See? If I thought for one second that you could cure me, believe me, I'd jump at the chance. But, with all due respect, psychiatry doesn't have the answers."

(00:24:47-00:25:43)

Meanwhile, Dr. Cruz walks to the foot end of Chuck's bed and turns on an electric panel. Both she and Jimmy see it, but Chuck does not, nor does he react to the electric stimulus in any way. She asks to speak with Jimmy outside the room and attempts to convince him to have Chuck admitted for psychiatric evaluation by trying to prove that Chuck is a danger to himself and/or others. Jimmy refuses Dr. Cruz's pleas, saying "untie him, I'm getting him out of here" (00:28:47-00:28:50). The scene concludes when Chuck's partner at the law firm, Howard Hamlin shows up at the hospital. He tells Jimmy, with whom he does not have a good relationship, that he has "talked to the D.A. [Defense Attorney for the firm], and he absolutely will not sign off on any commitment papers. This is a physical condition, not a mental one. Chuck is of sound mind, I think we can all agree on that" (00:29:26-00:29:36).

This scene brings up two essential points when considering mental illness from a US-American societal, medical, and legal perspective. Firstly, and most obviously, it points to the

mind-body dualism: Chuck is adamant from the start that his condition is purely physical. To consider his mental state as relevant to or influencing the situation he finds himself in is a misguided assumption. Indeed, this view is put forth by Jimmy, who remains unconvinced after Dr. Cruz re-starts the bed's electricity and also by Howard and the D.A. for their firm. They have even gone so far as to refuse Chuck's commitment without visiting him first because they know his condition is purely physical. Within this scene, all of these individuals act within the mind-body dichotomy, presupposing that the mind and the body are two separate entities with different principle natures—the body to control physical manifestations and the mind to remain independent of the physical (Mehta 14). This dichotomy is also practiced in medicine, particularly in the US, where disease is seen as a biological change or deviation caused by a physical or chemical event and with physical and/or chemical manifestations (Mehta 14). The portrayal of the characters in this scene and their adherence to this process of thought is reflective of the culture it is meant to display: US-American. This mind-body dualism is perpetuated through the use of the DSM-5, which prescribes to this notion (Raese 1), and is also extended to the US-American medical consciousness through many media outlets, such as

AMC, which portray characters who believe in this dichotomy as the norm. Furthermore, it is important to indicate that EHS is not an illness recognized by the American Psychiatric Association, and therefore does not appear in the DSM-5. Additionally, several investigations into proving that the symptoms sufferers of EHS experience are triggered by exposure to electromagnetic fields have been unsuccessful (Rubin et al. 1). This could be a reason why Dr. Cruz repeatedly pushes Jimmy to reconsider committing his brother for further tests.

A second essential point of interest is the association of EHS as an illness with danger, fear, and stress. This scene establishes that Chuck has been out of the office for 18 months, yet he is reluctant to admit the reason for his absence. The reluctance of Chuck, Jimmy, and Howard to discuss mental illness as a possibility results from the cultural belief in harsh consequences for those labeled mentally ill. People who are mentally ill are often thought to be unstable and dangerous by those who are not, and the majority of the US has adopted a “not in my backyard” response to attempt to keep the mentally ill far away, both physically and socially (Link et al. 1328). This scene thus exposes many features of American views on mental illness, including popular causes, pre-

ferred treatments, and a general overview to how mental illness takes place inside the mind and not within the body. It also illustrates the cultural context, similar to US-American psychiatric tradition, without changing Chuck’s own interpretation of what he is himself experiencing and feeling, both physically and emotionally.

The second scene takes place when most of the characters still maintain that Chuck’s illness is a physical one; they believe that his mind has not been affected other than by having to cope with the manifestation of physical symptoms. Jimmy, on the other hand, has since adopted the opinion that his brother’s illness is a mental one with additional physical symptoms which Chuck only believes to be in his mind, and which he intends to prove in court, by calling his brother as a witness in his own disbarment hearing. The scene begins with everyone in the courtroom turning over their electronic and battery-powered devices to the court clerk to accommodate Chuck as he appears on the witness stand. Chuck arrives with Howard and collides with a man, Huell Babineaux, in the stairwell. Chuck enters the courtroom and is sworn in, after which the questions begin with the attorney representing the state of New Mexico’s Bar association, Mr. Allen. He asks Chuck about his mental faculties because he sounded “unhinged”

on the recording presented as evidence. Chuck responds that he was play-acting and had exaggerated his illness to make it sound believable. He continues to explain his illness, EHS, and describes it as an illness that only affects him physically, in the form of discomfort and pain (“Chicanery” 00:15:06–00:32:25).

When the time comes for Jimmy to cross-examine him, he asks Chuck about the illness and Mr. Allen objects to his line of questioning, arguing that: “We discussed the physical allergy, not a mental disability” (00:40:14–00:40:17). Jimmy is allowed to continue his questioning and proceeds to gather details from Chuck about the symptoms he experiences due to his EHS as well as the reasons for and forms of his reaction to certain objects. Chuck explains that “[t]he farther away it is, the stronger the source needs to be to have an effect” (00:44:07–00:44:11) and concludes that if something electronic got close to his skin he would feel it. Jimmy continues to question him about his sense of electricity and requests that he points out the spot where he senses the highest level of electricity inside the room. Chuck inquires as to whether Jimmy has something in his pocket, which he does. Jimmy takes out his cell phone and shows the courtroom that it is without a battery and merely meant as a trick. The scene continues with Chuck pleading with

Jimmy as to how he can prove to him that his illness is “a physical response to stimuli. It's not a quirk” (00:45:35–00:45:40). Jimmy then lets the entire courtroom in on his real trick. He had paid a pickpocket to plant a fully charged battery on Chuck over an hour and a half previous to his testimony and all along Chuck had felt nothing. When this is proven to be true to the courtroom by Jimmy inserting the battery into his phone and the display reading a full charge, Chuck stammers no, and his lawyer moves to submit “that Mr. McGill's mental illness is a non-issue. If he were schizophrenic, it wouldn't take away from the fact—” which Chuck interrupts, chuckling “I am not crazy!” (00:46:27–00:00:46:35). At this stage, he begins ranting to himself, raging on about Jimmy ruining different points of his life in excruciating detail for about five minutes before he looks to all those present in the courtroom and realizes, in silent shock, that they are staring at him in disbelief for having finally seen that it was, in fact, a mental illness all along (“Chicanery”).

This second scene illustrates several important concepts of mental illness in American society. Again, we see that the head-body dichotomy holds strong significance to many of Chuck's supporters. They seem to feel, so long as the illness manifests itself in physical symptoms, that his mental

health remains unaffected and therefore he maintains full mental capacities regarding work and personal life. Chuck having no reaction to a battery in close contact with his body until he is made aware of it is enough to prove to those in the courtroom that his illness is, indeed, mental in nature. This assumption that there are characteristics of physical illnesses entirely separate from mental illnesses is incorrect and helps perpetuate the stigma associated with mental illnesses (Kendell 492). Another stigmatized mental illness pulled into the conversation is schizophrenia, and only after it is mentioned by Mr. Allen does Chuck appear to become “unhinged.” The stigmatization of schizophrenia is highly prevalent in American and Western schools of thought (van Zelst 295); it immediately relabels the individual within the preconceived notions of the disease, such as odd speech or paranoid reactions, throughout all aspects of their professional and social life, whether or not the patient has been officially diagnosed (van Zelst 293). We see this stigmatization in the digression of Mr. Allen’s references to Chuck’s condition. In the beginning, he refers to it as a “physical allergy,” then surrenders to the mounting evidence, calling it “Mr. McGill’s mental illness,” before attempting to distance it from schizophrenia. In the end, it makes no difference to the audience, as they end up

convinced that it is, indeed, all inside his head.

To conclude, *Better Call Saul* exemplifies that many stigmatizations and dichotomies permeate US-American culture within filmic portrayals of mental illness. These elements have grown out of Western schools of thought and remain relevant today through the perpetuation of stereotypes in the diagnosis and treatment of patients with mental and physical illnesses. The artificial separation of mind and body, which is consistently demonstrated to be false throughout the series, remains a powerful assumption by many in American society (Raese 1) and plays a strong role in the reception of mental illnesses in every-day life (5), as can be seen in the two scenes of the AMC series *Better Call Saul*. These observations are important when considering how culture influences mental illness, as the two cannot be separated without disregarding a patient, their embodiment, and their experience of the illness they face which are tied to their socialization and cultural background. Acknowledging their experience can greatly increase the psychiatric treatment of a mentally ill patient and lead to a psychiatric system which recognizes the cultural influences illness has on patients, their experience, treatment, and overall health.

Bibliography

- “Alpine Shepherd Boy.” *Better Call Saul*, created by Vince Gilligan and Peter Gould, directed by Nicole Kassell, season 1, episode 5, American Movie Classics, 2 Mar. 2015.
- “Chicanery.” *Better Call Saul*, created by Vince Gilligan and Peter Gould, directed by Daniel Sackhelm, season 3, episode 5, American Movie Classics (AMC), 8 May 2017.
- Diagnostic and Statistical Manual of Mental Disorders: DSM-5*. American Psychiatric Association, 2017.
- Gray, Melvin. “The Limitations of Our Diagnostic Classification: Beyond DSM’s Checklists.” *Psychiatric Times*, 28 July 2012, www.psychiatrictimes.com/articles/limitations-our-diagnostic-classification-beyond-dsm’s-checklists. Accessed 17 Jul. 2017.
- Jadhav, Sushrut. *The Bloomsbury Cultural Formulation Interview*. Performance by Sengupta Samrat, University College London, 10 May 2016, mediacentral.ucl.ac.uk/Play/3081.
- Kendell, Robert E. “The Distinction Between Mental and Physical Illness.” *British Journal of Psychiatry*, vol. 178, no. 6, July 2001, pp. 490–93., doi:10.1192/bjp.178.6.490.
- Kleinman, Arthur. *The Illness Narratives: Suffering, Healing, and the Human Condition*. Basic Books, 1988.
- Link, Bruce G, et al. “Public Conceptions of Mental Illness: Labels, Causes, Dangerousness, and Social Distance.” *American Journal of Public Health*, vol. 89, no. 9, Sept. 1999, pp. 1328–333., doi:10.2105/ajph.89.9.1328.
- Mehta, Neeta. “Mind-Body Dualism: A Critique from a Health Perspective.” *Mens Sana Monographs*, vol. 9, no. 1, Jan. 2011, pp. 202–09., doi:10.4103/0973-1229.77436.
- Raese, Joachim. “The Pernicious Effect of Mind/Body Dualism in Psychiatry.” *Journal of Psychiatry*, vol. 18, no. 1, 2015, doi:10.4172/psychiatry.1000219.
- Rubin, G. James, et al. “Idiopathic Environmental Intolerance Attributed to Electromagnetic Fields (Formerly ‘Electromagnetic Hypersensitivity’): An Updated Systematic Review of Provocation Studies.” *Bioelectromagnetics*, vol. 31, no. 1, Jan. 2010, pp. 1–11., doi:10.1002/bem.20536.
- Van Zelst, Catherine. “Stigmatization as an Environmental Risk in Schizophrenia: A User Perspective.” *Schizophrenia Bulletin*, vol. 35, no. 2, Mar. 2009, pp. 293–96., doi:10.1093/schbul/sbn184.