

Article type:
Review Article



How to cite this article:

Ailani, H., Ronaghi Notash, M., & Laleh, A. (2026). Visualizing Mental Disorders in Iranian Cinema and Its Consequences for Public Attitudes Toward Mental Health: A Semiotic Analysis of Fereydoun Jeyrani's Ghermez, Park Way, and Khefeghi. *Foresight and Health Governance*, 3(1), 1-7. <https://doi.org/10.61838/jfhg.47>



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Visualizing Mental Disorders in Iranian Cinema and Its Consequences for Public Attitudes Toward Mental Health: A Semiotic Analysis of Fereydoun Jeyrani's Ghermez, Park Way, and Khefeghi

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ABSTRACT

The visualization of mental disorders in cinema plays a major role in shaping public attitudes toward mental health, psychiatric patients, and treatment institutions. Because media texts actively construct meaning rather than neutrally reflecting reality, cinematic portrayals can either reproduce stigma or challenge it. This qualitative study analyzes the representation of mental disorders in three films by Iranian filmmaker Fereydoun Jeyrani—Ghermez (1998), Park Way (2006), and Khefeghi (2016)—using Stuart Hall's theory of representation, John Fiske's multi-level communication model, and Roland Barthes' semiotics. The analysis indicates a gradual shift from individualized, violence-centered depictions toward more structurally complex portrayals that increasingly highlight gendered power relations, social class dynamics, and institutional labeling processes. However, the recurring emphasis on tragic and violent outcomes still risks reinforcing stigma and fear-based interpretations of mental illness. The paper underscores the need to strengthen health communication discourse and encourage more responsible mental health portrayals in Iranian cinema.

Keywords: mental disorders; Iranian cinema; stigma; health communication; semiotics; psychiatric institutions

Introduction

Media representations significantly influence how societies understand mental illness. Cinema, as a powerful audiovisual medium, does not neutrally depict reality but actively constructs meaning through cultural signifying practices (Hall, 1997). Representations shape collective perceptions of normality, deviance, and psychological difference. Research consistently demonstrates that media portrayals of mental illness frequently emphasize unpredictability, violence, and danger (Byrne, 2009; Signorielli, 1989; Wahl, 1995). These portrayals simplify complex psychological conditions and reinforce stereotypes. Systematic analyses of fictional film and television confirm that negative depictions remain common and may influence

public attitudes and behavioral intentions (Pirkis & Blood, 2006). Stigma theory provides a framework for interpreting these effects. Goffman conceptualized stigma as a socially constructed attribute that discredits identity (Goffman, 1963). Later research demonstrates that stigma operates at interpersonal and structural levels, affecting discrimination, self-esteem, and public support for mental health services (Corrigan & Watson, 2002). Empirical evidence shows that stigma significantly reduces help-seeking behavior (Clement et al., 2015). Internalized stigma further contributes to diminished quality of life and treatment engagement (Livingston & Boyd, 2010). Contemporary global research emphasizes that stigma remains a major barrier to mental health equity (Thornicroft et al., 2022). Within Iranian cinema, psychological disturbance is often embedded in narratives of family crisis, patriarchal authority, and social control. Mental illness frequently functions as a symbolic site where gender, morality, and institutional power intersect. However, systematic semiotic analysis of mental disorder representation across the work of a single filmmaker remains limited. This study examines three films by Fereydoun Jeyrani—*Ghermez*, *Park Way*, and *Khefeghi*—to analyze how cinematic codes construct meanings of mental disorder and how these meanings may shape public attitudes toward mental health.

Literature Review

Foundational media research shows that mental illness is often portrayed as associated with violence (Byrne, 2009; Signorielli, 1989; Wahl, 1995). Wahl demonstrated that fictional media frequently construct mentally ill characters as dangerous (Wahl, 1995). Signorielli identified persistent links between mental illness and deviance on television (Signorielli, 1989). Byrne confirmed that media coverage tends to privilege danger narratives while neglecting recovery (Byrne, 2009). Pirkis and Blood's systematic review found that fictional portrayals are frequently negative and may influence stigma and help-seeking (Pirkis & Blood, 2006). Stigma theory further explains these patterns. Goffman described stigma as a mechanism of social discrediting (Goffman, 1963). Corrigan and Watson conceptualized stigma as involving stereotypes, prejudice, and discrimination (Corrigan & Watson, 2002). Clement et al. demonstrated that stigma reduces help-seeking intentions (Clement et al., 2015). Livingston and Boyd showed that internalized stigma is associated with poorer mental health outcomes (Livingston & Boyd, 2010). Thornicroft et al. emphasized that stigma reduction requires multi-level interventions (Thornicroft et al., 2022). From an institutional perspective, Foucault argued that psychiatric knowledge is intertwined with power and discipline (Foucault, 1973). Media portrayals of psychiatric institutions may reinforce or critique these power dynamics. Representation theory provides an interpretive lens. Hall conceptualized representation as meaning production (Hall, 1997). Fiske proposed three levels of analysis—reality, representation, and ideology (Fiske, 1990). Barthes' semiotics demonstrates how narrative codes generate layered meanings (Barthes, 1966, 1977).

Theoretical Framework

Hall's Theory of Representation

Representation is the process through which meaning is constructed through signifying systems (Hall, 1997). Films encode meanings about mental disorder that audiences decode within cultural contexts.

Fiske's Communication Model

Fiske's three-level model—reality, representation, ideology—allows examination of how cinematic techniques construct social meaning (Fiske, 1990).

Barthes' Semiotics

Barthes identified narrative codes that generate symbolic meaning (Barthes, 1966, 1977). Visual motifs such as confinement, darkness, and color may construct associations between mental disorder and danger.

Methodes

This study adopts a qualitative research design based on textual and semiotic analysis. The aim is not to diagnose fictional characters clinically, but to examine how cinematic discourse constructs meanings of mental disorder and how these meanings are embedded within broader cultural and ideological frameworks. Qualitative textual analysis is particularly appropriate for this purpose because it allows for close reading of narrative structures, visual symbolism, character development, and institutional representation.

Corpus Selection

The corpus consists of three feature films directed by Fereydoun Jeyrani:

- *Ghermez* (1998)
- *Park Way* (2006)
- *Khefeghi* (2016)

These films were selected through purposive sampling. The selection criteria included:

- (1) explicit or implicit portrayal of psychological disturbance;
- (2) sustained engagement with themes of domestic conflict, gendered power, or psychiatric institutional authority;
- (3) production across different decades, allowing diachronic comparison of representational shifts.

Together, the three films span nearly twenty years of cinematic production, making them suitable for examining potential changes in representational strategies over time.

Analytical Procedure

Data collection involved repeated, systematic viewing of each film. During initial viewings, general narrative themes, character arcs, and institutional settings were documented. Subsequent viewings focused on identifying scenes that explicitly or symbolically depicted:

- psychological instability or behavioral disturbance
- labeling or diagnostic discourse
- power asymmetries within family structures
- representations of psychiatric institutions
- visual motifs associated with danger, confinement, or secrecy

Field notes were taken after each viewing. Scenes were transcribed descriptively, focusing on dialogue, camera movement, lighting, spatial arrangement, color symbolism, costume, and sound design. Rather than quantifying occurrences, the analysis prioritized interpretive depth and contextual meaning.

Theoretical Orientation

Interpretation was guided by three complementary theoretical frameworks. First, Stuart Hall's theory of representation (Hall, 1997) provided the overarching epistemological foundation. Representation is understood as the production of meaning through signifying practices. Thus, mental disorder is analyzed not as an objective condition but as a culturally constructed meaning encoded through cinematic discourse. Second, John Fiske's multi-level communication model (Fiske, 1990) structured the analysis into three analytical layers:

1. **Reality level** – behavioral codes, speech patterns, and social interactions presented as “natural.”
2. **Representation level** – technical codes such as framing, lighting, editing, sound, and mise-en-scène.
3. **Ideological level** – broader cultural assumptions concerning gender, authority, normality, and deviance.

This layered framework ensured that visual and narrative elements were examined in relation to larger social meanings. Third, Roland Barthes' semiotic framework (Barthes, 1966, 1977) guided the identification of narrative and symbolic codes.

Particular attention was paid to hermeneutic codes (mystery, ambiguity, concealment) and symbolic codes (confinement, darkness, color contrasts) that contribute to associating mental disorder with threat, secrecy, or institutional control.

Trustworthiness and Analytical Rigor

To enhance analytical rigor, interpretive consistency was maintained through iterative comparison across the three films. Themes identified in one film were re-examined in the others to detect patterns, contrasts, or shifts in representation. Reflexivity was also maintained throughout the analysis to acknowledge the interpretive role of the researcher within representation studies. This methodological approach enables a structured yet interpretive examination of how Iranian cinema visualizes mental disorder and how such visualizations may contribute to broader cultural understandings of mental health.

Findings: Film Analyses

Ghermez (1998): Violence and Paranoia

Ghermez constructs psychological disturbance primarily through behavioral codes of suspicion, jealousy, surveillance, and escalating aggression. The male protagonist's paranoid traits are not explicitly diagnosed within clinical language; rather, they are encoded through everyday interactions marked by distrust, possessiveness, and coercive control. At the level of "reality," as described in Fiske's framework (Fiske, 1990), paranoia is signified through patterns of interrogation, constant monitoring, and accuser speech. These behaviors are presented as intensifying over time, creating a narrative progression from emotional instability to physical violence.

At the level of representation, cinematic techniques reinforce these behavioral cues. Confinement within domestic space, narrow framing, and controlled camera movement produce a visual environment of entrapment. The repeated use of red tones—whether in costume, lighting accents, or mise-en-scène—operates semiotically as a symbolic code of danger, rage, and emotional volatility (Barthes, 1966). The home, traditionally coded as a space of intimacy and protection, becomes a site of surveillance and threat. Doors, corridors, and enclosed interiors function as spatial metaphors for psychological restriction and communicative breakdown. At the ideological level, the film critiques patriarchal domination and exposes the vulnerability of women within coercive marital structures. However, despite this critical dimension, the dominant narrative linkage between paranoid traits and violent aggression risks reinforcing the stereotype of the "dangerous mentally ill" individual widely documented in media research (Byrne, 2009; Pirkis & Blood, 2006; Signorielli, 1989; Wahl, 1995). The character's psychological disturbance is primarily communicated through harm and unpredictability rather than through internal suffering or potential recovery. Thus, while the film challenges gendered power structures, it simultaneously participates in a representational tradition that associates mental instability with threat.

Park Way (2006): Social Class, Concealment, and Stigma

In *Park Way*, psychological disturbance is situated within an upper-middle-class milieu marked by concern for reputation, prestige, and social image. Unlike *Ghermez*, where instability is framed as overt aggression, here disturbance is embedded within secrecy and denial. The narrative foregrounds concealment as a central mechanism. Family members suppress disclosure, avoid confrontation, and prioritize social standing over intervention. Through Goffman's framework (Goffman, 1963), this dynamic can be understood as a process of stigma management. The potential labeling of a family member as "mentally ill" threatens collective identity. Concealment, therefore, functions as a strategy to protect social capital and avoid discrediting. At the level of representation, visual codes reinforce isolation: cold lighting, spatial distance between characters, and controlled domestic architecture emphasize emotional detachment. Silence and restrained dialogue further contribute to an atmosphere of suppressed tension. However, as the narrative unfolds, mental disturbance again becomes associated with lethal violence. This progression parallels long-standing media patterns that link mental

illness with deviance and danger (Byrne, 2009; Signorielli, 1989). While the film attempts to portray psychological complexity and familial anxiety, the climactic association of instability with violence may reinforce the perception that untreated mental disorder inevitably culminates in catastrophic harm. Ideologically, *Park Way* expands the interpretive frame beyond individual pathology by highlighting class-based pressures and reputation politics. The film suggests that stigma is not only attached to the individual but also circulates through family and social networks. Nevertheless, by reproducing the violence trope, it risks reaffirming the very stigma it implicitly critiques.

Khefeghi (2016): Institution and Power

Psychiatric authority occupies a central narrative position in *Khefeghi*. The process of diagnosis is not presented as a purely clinical or neutral act; rather, it functions simultaneously as an instrument of care and a mechanism of control. This duality reflects Foucault's argument that medical discourse is inseparable from power relations, insofar as clinical knowledge authorizes certain actors to define normality, classify deviance, and regulate bodies (Foucault, 1973). In the film, the authority to diagnose determines not only treatment pathways but also the legitimacy of personal testimony. The labeled subject becomes positioned within an institutional framework where speech, behavior, and even memory are subject to reinterpretation through psychiatric categories. At the representational level, confinement imagery plays a decisive semiotic role. Recurrent visual motifs—locked doors, narrow corridors, barred windows, controlled lighting, and restricted movement—construct the psychiatric institution as a spatial embodiment of discipline. These elements operate as symbolic codes that associate mental disorder with containment and surveillance (Barthes, 1966). The *mise-en-scène* reinforces ambiguity between protection and imprisonment, suggesting that the institution simultaneously shelters and confines. Through hermeneutic coding (Barthes, 1966, 1977), uncertainty about who is “truly” ill and who holds interpretive authority sustains narrative tension while highlighting the instability of diagnostic truth. Thus, psychiatric space is not merely a backdrop but a structuring device that visualizes disciplinary power. The institution becomes a site where identity is negotiated and constrained, aligning with Foucauldian notions of medicalized social control (Foucault, 1973). While the film critiques institutional authority, its reliance on imagery of confinement and opacity may also contribute to public ambivalence or distrust toward psychiatric systems.

Discussion

Across the three films, the mode of representation undergoes a discernible transformation. In *Ghermez*, mental disorder is framed primarily through individualized violence, where psychological instability manifests as personal aggression within the domestic sphere. In *Park Way*, disturbance becomes embedded within social class dynamics and reputation management, highlighting stigma as a collective and relational process. Finally, in *Khefeghi*, the narrative shifts toward institutional critique, positioning psychiatric authority and diagnostic power as central mechanisms in defining and regulating deviance. This trajectory reflects a gradual movement from a focus on personal pathology toward a more structural interpretation of psychological suffering, in which social, gendered, and institutional forces are foregrounded. Despite this evolution, a consistent narrative thread persists: the recurrent association between mental disorder and violent or tragic outcomes. This pattern mirrors findings in media scholarship, which demonstrate that portrayals of mental illness frequently emphasize danger, unpredictability, and harm (Byrne, 2009; Pirkis & Blood, 2006; Signorielli, 1989; Wahl, 1995). Such depictions do not merely reflect public fears; they actively participate in reproducing them. Empirical research indicates that repeated exposure to violence-centered portrayals can reinforce public stigma, increase perceived dangerousness, and reduce willingness to seek help or support mental health services (Clement et al., 2015; Corrigan & Watson, 2002; Livingston & Boyd, 2010). Thus, even when a film introduces structural critique, the dramatic reliance on violence may inadvertently sustain the very stereotypes it seeks to complicate.

At the same time, the films' critical dimension should not be overlooked. By exposing patriarchal domination, communicative breakdown within families, and the ambiguities of institutional authority, the narratives challenge simplistic

biomedical reductionism. However, according to representation theory, meaning is not determined solely by authorial intent; it emerges through the interaction between encoded textual codes and audience decoding practices (Hall, 1997). The symbolic and narrative codes embedded in these films—confinement, aggression, secrecy, tragedy—offer multiple interpretive possibilities. Yet within broader cultural contexts already shaped by stigmatizing media patterns, dominant readings may gravitate toward fear-based interpretations. Consequently, the representational shift from individual pathology to structural critique does not automatically translate into stigma reduction. Rather, it produces a tension: the films critique power while simultaneously operating within a cinematic tradition that dramatizes mental disorder through crisis and violence. This ambivalence underscores the importance of examining not only what is represented, but how it is encoded and how it may circulate within public discourse.

Conclusion

Jeyrani's films construct mental illness within intersecting gendered and institutional power frameworks, where psychological disturbance is embedded in dynamics of patriarchy, social reputation, and diagnostic authority. Rather than presenting mental disorder as a purely biomedical condition, the narratives situate it within broader systems of control and inequality. In the later films, particularly *Khefeghi*, this structural dimension becomes more explicit, as institutional discourse and psychiatric authority are foregrounded as sites where identity and legitimacy are negotiated. However, despite this movement toward structural critique, the recurring narrative association between mental disorder and violence remains problematic. When psychological instability repeatedly culminates in aggression, tragedy, or confinement, such portrayals risk reinforcing public perceptions of dangerousness that have long been documented in stigma research. Empirical studies indicate that stigmatizing representations contribute to reduced help-seeking, heightened social distance, and internalized shame among individuals with mental health conditions (Clement et al., 2015; Livingston & Boyd, 2010; Thornicroft et al., 2022). Thus, even critical cinematic texts may inadvertently sustain fear-based interpretations if violent outcomes dominate the representational frame. Responsible mental health representation requires expanding narrative possibilities beyond crisis and catastrophe. Incorporating depictions of recovery, therapeutic engagement, professional ethics, and supportive social networks can help counterbalance entrenched stereotypes. Research demonstrates that stigma reduction is more effective when communication strategies operate at multiple levels, including media discourse, interpersonal attitudes, and institutional practices (Livingston & Boyd, 2010; Thornicroft et al., 2022). Similarly, addressing help-seeking barriers involves not only reducing overt prejudice but also reshaping symbolic environments that normalize care and recovery (Clement et al., 2015). In this context, cinema occupies a significant position within health communication ecosystems. Films do not merely entertain; they contribute to shaping cultural scripts about vulnerability, responsibility, and treatment. By integrating multidimensional portrayals that include resilience and care pathways alongside structural critique, Iranian cinema can both preserve its critical artistic voice and contribute to stigma reduction efforts. Strengthening such representational balance is essential for fostering a more nuanced public understanding of mental health.

Acknowledgments

The authors thank colleagues and academic peers who provided constructive feedback during manuscript development.

Authors' Contributions

Conceptualization: H.A., M.R.N.; Methodology: H.A.; Analysis: H.A., A.L.; Writing – Original Draft: H.A.; Writing – Review & Editing: M.R.N.; Supervision: M.R.N.

Declaration of Interest

The authors of this article declared no conflict of interest.

AI use statement

Artificial intelligence was used only as a language-support and drafting-assistance tool during manuscript preparation. The authors remained fully responsible for the scientific content, verification of references, interpretation of the literature, and approval of the final manuscript.

Ethical Considerations

This study is based solely on publicly available cinematic texts and does not involve human participants. Therefore, ethical approval was not required.

Transparency of Data

No original dataset was generated for this review. All referenced materials are available through the cited journals, publishers, and DOI links.

Funding

The authors declare that no specific funding was received for the preparation of this manuscript.

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