

# TRANSCRIPT – IPIS001 Does Your Favourite Film Pass the Fanon Test?

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Aurora Brown and Intersectional Psychology acknowledge the traditional owners and custodians

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of country throughout South Africa, and their connections to land, water and community.

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We pay our respects to their elders past and present, and extend that respect to all Indigenous

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00:00:24,640 --> 00:00:26,480

people listening today.

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Intersectional Psychology

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Intersectional Scenes Episode 1

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Does your favourite film pass the Fanon Test?

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Hello and welcome back to Intersectional Psychology, the podcast that explores psychology's role

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in promoting social justice. I'm your host, Aurora Brown. I'm a Registered Counsellor in

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Cape Town, South Africa. And I am also someone who often rolls my eyes at the depiction of

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mental health on TV and in films. And related to that, today we are embarking on a new and

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exciting journey for this podcast. But first, how are you? What is going on?

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I find that what helps manage my fear and anxiety is spending time in community and

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00:01:50,720 --> 00:01:59,760

getting involved in activism and local organising. Look out for ways to get involved in your community.

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You can also support the Triangle Project or the Palestine Children's Relief Fund,

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which are two causes very close to my heart. Whatever you do, we are all in this together.

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Intersectional Psychology is made possible with and by your support.

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Thanks to everyone who supports the podcast on Patreon. Your subscription gets you bonus episodes,

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00:02:35,200 --> 00:02:38,800

extended cuts and other goodies.

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00:02:39,680 --> 00:02:45,840

As an independent media creator, I really appreciate your support.

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But now back to the new project I mentioned for this podcast. I am launching a periodic series

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called Intersectional Scenes, where my guests and I will dive deep into a piece of popular media –

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films, TV shows, maybe even music and books – to analyse how it represents mental health,

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therapy, psychologists, and crucially, the marginalised communities who are so often

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harmed or misunderstood by these portrayals. To launch this series, in this episode I want

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to introduce a new and critical tool that we'll be using for mental health representation in media.

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It's a five-point evaluation system I've developed called the Fanon Test. And yes,

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it's named after Frantz Fanon, the psychiatrist, the revolutionary and a pioneer of decolonisation

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and postcolonial studies. In this episode, we'll explore why this kind of analysis is so desperately

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needed and how media representations directly impact our collective psyche – the collective

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unconscious, if you will – and real-world stigma. By the end of it, I'll have walked you through what

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the Fanon Test is, why it matters, and how you can use it to evaluate what you're watching.

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But first, let's get into the psychology of media itself.

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Media shapes minds: The power of representation. Why it matters.

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To understand why we need a tool like the Fanon Test, we first have to acknowledge that

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media is never just entertainment. It's a matter of psychological and social consequence.

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As Stuart Hall reminded us, representation is not simply a reflection of reality,

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but a construction of it. It's how we make sense of the world and our place in it.

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What we see on screen tells us what is quote-unquote “normal”, what is “dangerous”, what is

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“heroic”, and what is “monstrous”. It trains us into judging who deserves empathy.

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Psychologists have studied this for decades.

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Gerbner's enduring 1973 cultivation theory tells us that media cultivates our worldview.

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Watch enough jingoistic movies or copaganda TV shows and you'll start believing in the value

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of war and punitive justice. Social learning theory explains how we copy behaviour from

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what we see on screen. Not just kids learning karate moves from *Power Rangers*,

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but adults learning who deserves compassion and who doesn't. And research confirms this.

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One major review by Sanson and colleagues show that portrayals of violence, crime,

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and especially mental illness shape our perceptions in powerful ways. When the media

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overrepresents crime by people with mental illness, audiences internalise the idea that

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people with psychiatric diagnoses are dangerous, even though they are far more likely to be victims

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than perpetrators. Think about it – for many people, their primary exposure to concepts like psychosis,

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dissociative identity disorder, or even a simple therapy session doesn't come from a textbook

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or a lived experience. It comes from a movie like *Split* or a TV show like *The Sopranos* or *Hannibal*.

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Other studies show that portrayals of psychologists and therapy directly affect

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whether people seek help. If the shrink on TV is unethical, bumbling, or exploitative,

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surprise, surprise, people in real life are less likely to trust therapy.

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And when characters who seek help are mocked as weak, audiences internalise that too.

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That's what psychologists call self-stigma – the belief that you're somehow “less than”,

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for asking for support. Work by Maier and colleagues in 2014 shows that this is a huge

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barrier to people seeking help. If every character on screen who sees a therapist is depicted as a

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trope like the “manipulative genius”, the “violent monster”, or the “pathetic loser”, why would anyone

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want to be one of them? These portrayals have real-world effects. I've included links to

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research in the show notes, and these references spell this out with stark clarity. Media portrayals

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significantly influence individuals' beliefs and understandings about health and illness,

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diversity, and difference.

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The paradox is striking. Audiences are fascinated by mental health stories. From

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*Frasier* to *Good Will Hunting* to *Euphoria*, we eat this content up. Yet many people still

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hesitate to seek help for themselves, partly because of the very portrayals they've absorbed.

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It's like we're hooked on the drama but allergic to the dignity – or maybe the vulnerability.

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It takes humility and courage to seek help.

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And let's be clear, this doesn't affect everyone equally. Intersectionality

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reminds us that when you're already marginalised by race, gender, sexuality, or disability,

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these stereotypes land harder. They reinforce existing prejudices and amplify existing barriers

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to care. As Nairn and colleagues argued in 2006, the harm of consistently distorted and

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stigmatised depictions is compounded when the person with a mental health condition

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is also Black, queer, transgender, or disabled – groups that are disproportionately represented

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as villains. The media often engages in what Pumla Dineo Gqola calls the “othering of bodies”,

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scrutinising and dehumanising those who exist at the intersection of multiple marginalised

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identities. But media doesn't just influence laypeople, it also shapes the perceptions of

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professionals and informs health promotion strategies. When our cultural stories about

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mental health are rooted in stereotype and sensationalism, our entire societal response

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00:11:41,120 --> 00:11:50,400

is stunted. We prioritise individual, medicalised, pathologising solutions over

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00:11:50,400 --> 00:11:58,240

understanding the systemic oppressive forces – the racism, the patriarchy, the colonialism –

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00:11:58,240 --> 00:12:07,200

that are so often at the root of collective mental distress. So when I say media matters,

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I mean it literally. Representation can harm or it can heal. Ethical, accurate, intersectional

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representation of mental health is public health. This isn't just about getting the facts right,

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it's about justice. It's about challenging what Ignacio Martín-Baró called the "institutionalised lies"

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that maintain social inequity. It's about decolonising our imagination.

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Introducing the Fanon Test

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So what do we do about this? How do we move from being passive consumers to active critical

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interrogators of the media we consume? You might already be familiar with the Bechdel Test,

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also known as the Bechdel Wallace Test. It started in a 1985 comic strip by Alison Bechdel,

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who credits her friend Liz Wallace with the idea. And the more progressive evolution of the test

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asks just four simple questions about a film: One, does it have at least two women or people

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of marginalised genders? Two, do both women have names? Three, do they talk to each other?

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And four, is the conversation about something other than a man – and preferably something

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significant to the plot? The Bechdel Test has become extremely influential and has inspired

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many adaptations, from the Mako Mori Test, the Kumbalangi Test, and Johanson Analysis of Gender

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Representation, to the Vito Russo Test for the representation of LGBTQIA+ identities,

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the Riz Test for representation of Muslims, and the DuVernay and Latif Tests for the representation

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of marginalised ethnicities in media. The Bechdel Test is not a perfect measure of feminism on screen –

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plenty of terrible films technically pass. But the point of the Bechdel Test is bigger than

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the checklist. Tests like the Bechdel Wallace Test or the Duvernay Test gave us language to critique

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gender and racial representation. It's a way of naming the patterns that we see,

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showing just how often women or people of colour are erased or flattened in storytelling.

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When I thought about starting this series analysing pieces of media, I thought there must be a

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similar sort of framework for the representation of mental health. But there wasn't. Or at least I

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00:15:52,400 --> 00:15:59,440

couldn't find one. So I've developed a new test – the Fanon Test for Mental Health

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00:15:59,440 --> 00:16:09,520

Representation in Media. Instead of focusing on gender, it zooms in on the presence and the quality

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00:16:09,520 --> 00:16:18,640

of mental health representation. It's not a checklist of perfection, it's just a tool for

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00:16:18,720 --> 00:16:28,560

accountability and a way of asking better questions. And why name it Fanon? Because

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00:16:28,560 --> 00:16:37,760

Frantz Fanon wasn't just a revolutionary thinker, he was a psychiatrist and a leader in the field

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00:16:37,760 --> 00:16:46,800

of post-colonialism from Martinique in the West Indies. His work, particularly in *Black Skin, White Masks*

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and *The Wretched of the Earth*, exposed how colonialism damages mental health

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00:16:55,920 --> 00:17:02,320

and how racism and oppression live in the psyche, as much as in politics.

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00:17:04,880 --> 00:17:12,080

Fanon understood that mental health cannot be separated from the power structures that shape

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00:17:12,080 --> 00:17:20,080

our lives. Naming this test after him is my way of grounding it in that legacy.

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00:17:22,960 --> 00:17:29,600

Now the goal of the Fanon Test is not to dismiss media that fails it,

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00:17:30,160 --> 00:17:37,040

but to use it as a starting point for a deeper, more intersectional conversation.

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This is the heart of our new *Intersectional Scenes* series on the podcast.

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Breaking down the five scales.

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The Fanon Test consists of five scales, each with one question contributing one point,

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leading to a total score out of five. But remember, the score is just a gateway.

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The real value is in the discussion that each point generates.

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Each scale of the test is also named after a thinker who has contributed profoundly to

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decolonising and intersectional approaches to mental health and society.

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00:18:36,000 --> 00:18:40,640

So here are the five scales.

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Firstly, we have the Cooper Scale, named in honor of the South

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African psychologist, anti-apartheid activist, and former political prisoner, Sathasivian Cooper.

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The question for this scale is, "Are mental health phenomena depicted and named with clarity?"

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This is the basic literacy test. Does the media get the facts right,

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00:19:16,160 --> 00:19:21,360

or does it use mental health as a vague, spooky plot device?

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00:19:21,600 --> 00:19:26,720

Does the story identify the psychological root of a character's behavior,

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00:19:26,720 --> 00:19:35,360

or does it ignore the fact that someone might be struggling with grief or depression or addiction,

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and instead just throw around labels like "unreliable", or a "Debbie Downer", or "psychotic",

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as if that explains everything?

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00:19:48,480 --> 00:19:55,040

A point on this scale means the portrayal is accurate, and avoids sensationalism.

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00:19:56,400 --> 00:20:04,880

Zero is a film like M. Night Shyamalan's *Split*, which grotesquely misrepresents and

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misidentifies dissociative identity disorder as a pathway to supernatural, violent abilities.

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00:20:14,720 --> 00:20:23,280

And don't get me wrong, I enjoy the campiness and twist endings and batshit banana soup of

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00:20:23,280 --> 00:20:30,560

M. Night Shyamalan's films just as much as the next horror girlie, but I can still critique

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the psychological elements when his films go completely off the rails. And that's the point

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00:20:37,280 --> 00:20:47,040

of the Fanon Test – not to dump on our favorite films and TV shows, but to be critical of them.

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Secondly, we have the Hill Collins scale, named for the groundbreaking Black feminist scholar

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Patricia Hill Collins, who gave us the concept of “controlling images”. The question is,

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"Are characters shown as whole people beyond their diagnosis or stereotype?"

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This scale fights against reductionism. Are characters with mental health conditions

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00:21:20,320 --> 00:21:28,800

defined solely by their illness existing only to be a victim, a monster, or a lesson for the

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00:21:28,800 --> 00:21:38,400

protagonist? Or do they have desires, relationships, a history, and agency that exist outside of their

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diagnosis? Can a character with depression also have a career, a family, a sense of humour?

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Or are they reduced to the depressed one? Or even worse, the depressing one?

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A point on this scale means the character is a complex human being. Zero means they are merely a plot device.

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Thirdly, we have the Crenshaw scale, named of course after the legal scholar Kimberlé Crenshaw,

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who coined the term "intersectionality". The question for this scale is, "Does the story

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acknowledge and challenge the intersecting systems of power shaping mental health?"

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00:22:32,240 --> 00:22:40,400

This is the core of intersectional analysis. Does the narrative understand that mental distress

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00:22:40,400 --> 00:22:46,320

is not born in a vacuum? Does it connect a character's anxiety to

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00:22:47,040 --> 00:22:55,360

racial trauma? Does it show how poverty, homophobia, or ableism limit access to care,

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00:22:55,360 --> 00:23:02,480

or create distress in the first place? A point on this scale means the story moves

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00:23:02,480 --> 00:23:11,520

beyond an individual biomedical model to a social and political one. The zero means it treats mental

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00:23:11,520 --> 00:23:22,640

health as a purely personal, chemical issue. The fourth scale is the Child's scale, named for

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anthropologist and psychoanalyst E. Kitch Childs, who worked to decolonise therapeutic practice.

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00:23:30,960 --> 00:23:37,920

The question for this scale is, "If it depicts mental health professionals or therapeutic

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00:23:37,920 --> 00:23:46,960

processes, including Indigenous or informal ones, are these represented accurately and respectfully?"

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This scale critiques the portrayal of the quote-unquote "expert" and the process of healing

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itself. Is the therapist an ethical, bounded professional, or a manipulative villain?

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Is therapy shown as a collaborative relationship in process, or just a caricature of a Freudian

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stereotype, a hypnotic interrogation? Are indigenous practices tokenised or exoticised,

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00:24:24,880 --> 00:24:34,240

or are they treated with dignity and accuracy? A point on this scale means the dynamic is based

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00:24:34,240 --> 00:24:44,240

on trust and integrity. The zero is the unethical, coercive therapist trope seen in so many horror

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00:24:44,240 --> 00:24:54,400

films or soap operas. And lastly, the fifth scale is the Martín-Baró scale, named for

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Salvadorian psychologist and pioneer of liberation psychology Ignacio Martín-Baró.

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The question for this scale is, "Does the story invite meaningful engagement with ethical issues

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without reinforcing stigma?" This scale assesses the ultimate impact of the narrative.

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A story can be dark and explore difficult themes, but what is its final message?  
Does it

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generate empathy and critical thought about justice and treatment? Or does it simply reinforce

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00:25:34,000 --> 00:25:43,680

old harmful prejudices? A point on this scale means the story, even if tragic, engages in questions

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around boundaries, institutionalisation, or duties of care, and might challenge systemic issues.

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Applying the test

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Let's take a very brief hypothetical example. Imagine we're analysing a film about a war veteran

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with PTSD. Looking at the Cooper scale, if it portrays flashbacks, hypervigilance, and emotional

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numbness, are these portrayals accurate and are they framed in the context of PTSD?

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Or is it just quote-unquote "angry and violent"? Let's say it does a good job, then it gets one point.

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Next we look at the Hill Collins scale. Is the veteran only a vessel for her trauma?

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Or do we see her as a mother, a friend, with hobbies, and a history beyond the war?

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Let's assume we do, then it gets another point.

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On the Crenshaw scale, does the film critique the military industrial complex that sent her

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00:27:12,480 --> 00:27:22,000

to war in the first place? Does it show the lack of support for veterans? Or does it frame her PTSD

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00:27:22,080 --> 00:27:30,160

as a purely personal battle? If it ignores the systemic causes, then it's a zero.

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00:27:32,080 --> 00:27:40,560

If she sees a therapist, is that therapist shown to be competent and caring or overwhelmed and

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00:27:40,560 --> 00:27:47,120

dismissive? If it portrays a therapist that lives up to their ethical responsibilities

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00:27:47,120 --> 00:27:50,640

and scope of practice, then it gets a point.

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00:27:54,160 --> 00:28:01,040

Finally on the Martín-Baró scale, does the film explore what responsibility the veteran's

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00:28:01,040 --> 00:28:09,040

employer, that is the government, have for her mental health care? Or the duties of society

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00:28:09,040 --> 00:28:16,560

towards veterans? Or any ethical dilemmas encountered in the therapeutic process?

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00:28:18,080 --> 00:28:21,040

If yes, then it gets another point.

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00:28:25,040 --> 00:28:31,280

So, this hypothetical film would score a 4 out of 5 on the final test.

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00:28:32,320 --> 00:28:39,840

It's mostly good on the individual and clinical levels, but it misses a crucial opportunity to

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00:28:39,920 --> 00:28:47,840

engage with the political and systemic causes of trauma. That's the nuanced conversation this

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00:28:47,840 --> 00:28:56,080

test is designed to spark. A way of noticing, naming and challenging the patterns that shape

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our collective imagination.

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Looking ahead at *Intersectional Scenes*

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00:29:16,080 --> 00:29:23,920

The final test is a work in progress, a tool for a conversation. It's designed to help us be

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more critical, more engaged and more compassionate consumers of media.

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00:29:30,800 --> 00:29:39,440

Which brings me to what's next. This episode kicks off a new series on Intersectional Psychology

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called *Intersectional Scenes*. In this series, I'll be joined by guests to apply this test

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to specific pieces of media. We'll be putting films, TV shows, maybe even music and books

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through the Fanon test. We'll ask who gets to be whole? Who gets flattened into a trope?

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00:30:05,120 --> 00:30:08,560

And what does that say about the world we're building together?

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00:30:10,640 --> 00:30:16,640

We'll celebrate what the media gets right and rigorously critique what it gets wrong.

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Always through this intersectional, decolonial lens.

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00:30:26,320 --> 00:30:33,680

I don't want this to be a one-way street. I'd love to hear from you. What shows or films should

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we test? Which portrayals made you feel seen? And which ones made you squirm?

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00:30:41,040 --> 00:30:51,200

Representation is never neutral. It shapes how we see others and how we see ourselves.

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Our mental health discourse is in crisis and the stories we tell about it matter.

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They matter for the person afraid to seek help because of stigma. They matter for the communities

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whose suffering is rendered invisible. Thank you so much for joining me for this introduction

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to the Fanon Test and the *Intersectional Scenes* series. To recap, media matters because it cultivates

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00:31:25,120 --> 00:31:33,120

beliefs and behaviours. When it comes to mental health, representation can either dismantle

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stigma or reinforce it. The Fanon Test is one way to evaluate whether a story is doing the work –

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00:31:43,920 --> 00:31:50,240

Naming clearly, portraying people fully, acknowledging power, respecting therapeutic

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00:31:50,240 --> 00:32:02,560

processes and engaging ethically. If you have suggestions for media we should analyse on a

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00:32:02,560 --> 00:32:10,240

future episode, please reach out to me at Intersectional Psychology on BlueSky, Instagram,

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00:32:10,800 --> 00:32:20,560

Facebook, Patreon or on email. My address is intersectionalpsychologypod@gmail.com.

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00:32:22,080 --> 00:32:29,520

Look after yourself and remember, everyone deserves to live with their optimal mental health.

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00:32:30,080 --> 00:32:38,080

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227

00:32:38,080 --> 00:32:44,560

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00:32:51,680 --> 00:33:03,280

This episode of Intersectional Psychology was researched, written, recorded and edited by me,

230

00:33:03,280 --> 00:33:09,680

Aurora Brown. For a transcript of this episode, please see the link in the show notes on your

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00:33:09,680 --> 00:33:17,520

podcast app or go to [intersectionalpsychology.com](https://intersectionalpsychology.com). You can also check the website or the show

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00:33:17,520 --> 00:33:26,560

notes for a full list of references for this episode. A video of this episode with closed

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00:33:26,560 --> 00:33:33,200

captions is available on [youtube.com/@IntersectionalPsychology](https://youtube.com/@IntersectionalPsychology).

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00:33:35,760 --> 00:33:42,080

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00:33:42,080 --> 00:33:49,200

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00:33:49,200 --> 00:33:56,080

You can also chat with me on BlueSky at

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intersectpsych.bsky.social and Instagram, Facebook or TikTok  
@IntersectionalPsychology.

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00:34:06,480 --> 00:34:08,240

But mostly BlueSky.

239

00:34:09,040 --> 00:34:17,760

Aurora Brown and Intersectional Psychology are committed to the Cite Black  
Women praxis.

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00:34:20,800 --> 00:34:28,000

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are not intended

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00:34:28,000 --> 00:34:35,440

to be a substitute for professional mental health advice, diagnosis or treatment.

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I, Aurora Brown, am not able to answer specific questions about individual  
situations.

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00:34:42,880 --> 00:34:48,800

Always seek the advice of your health provider with any questions you may have  
regarding a

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mental health condition. Never disregard professional medical advice or delay in seeking it because

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00:34:56,480 --> 00:35:03,520

of something you have heard or seen on this podcast. If you think you need immediate assistance,

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00:35:03,600 --> 00:35:08,960

please call your local emergency number or any mental health crisis hotline.

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00:35:10,240 --> 00:35:19,440

Everyone deserves good mental health.