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Psychiatric hospital spaces in Hollywood mainstream cinema: A health communication perspective

Hollywood anaakım sinemasında psikiyatri hastanesi mekânları: Sağlık iletişimi perspektifinden bir inceleme

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Abstract Each film contains information that contributes to architecture visually and intellectually, creating a foundation for discussion on the design and perception of space. Cinema is a powerful field of representation that offers narrative aesthetics and can shape perceptions of health through spatial design. The representation of institutional spaces such as psychiatric hospitals in cinema reflects not only the physical but also the social and psychological layers of meaning. This study examines the spatial representations of psychiatric hospitals in Hollywood in the context of health communication. In this context, five Hollywood films were selected, and elements such as location, form, lighting arrangements, interior fittings, and material-color-texture characteristics of psychiatric hospitals were analyzed using the thematic content analysis method. In the study, it has been observed that psychiatric hospitals are generally represented as isolated and control-oriented spaces detached from the city; the choice of colors, lighting, and materials used makes the space punitive and relaxing. The findings show that psychiatric hospitals in cinema function as a narrative backdrop and a structure that carries symbolic meanings related to health communication. The study reveals how cinematic representations of space are intertwined with social norms and codes of health communication.

Öz Her film gerek görsel gerek düşünsel olarak mimarlığa katkı sağlayacak bilgiyi içinde barındırmakta, izleyiciyi eleştirel bir okumaya davet ederek mekânın hem tasarlanması hem de algılanması konusunda bir tartışma zemini oluşturmaktadır. Sinema, yalnızca anlatı estetiği sunmakla kalmayıp, mekân tasarımı aracılığıyla sağlık algısını şekillendirebilecek güçlü kavramsal ve duyusal bir temsil alanıdır. Özellikle akıl hastaneleri gibi kurumsal mekânların sinemadaki temsili, mekânın yalnızca fiziksel değil, toplumsal ve psikolojik anlam katmanlarını da yansıtmaktadır. Bu çalışma, sinemada akıl hastanelerinin mekânsal temsillerini sağlık iletişimi bağlamında, eleştirel bir perspektifle ve çok katmanlı biçimde incelemeyi amaçlamaktadır. Bu bağlamda, beş Hollywood filmi seçilmiş ve akıl hastanelerinin konumu, formu, ışık düzenlemeleri, iç mekân donatıları ve malzeme-renk-doku özellikleri gibi unsurlar tematik içerik analizi yöntemiyle ayrıntılı biçimde çözümlenmiştir. Çalışmada, akıl hastanelerinin genellikle kentten kopuk, izole ve denetim odaklı mekânlar olarak temsil edildiği; kullanılan renk, ışık ve malzeme seçimlerinin mekânı zaman zaman cezalandırıcı, zaman zaman ise rahatlatıcı bir unsur hâline getirdiği gözlemlenmiştir. Bulgular, sinemada akıl hastanelerinin yalnızca bir anlatı fonu değil, aynı zamanda sağlık iletişimine dair sembolik anlamlar taşıyan bir yapı olarak işlev gördüğünü göstermektedir.

Keywords Cinema · interior design · cinematic space · health communication · psychiatric hospitals

Anahtar Kelimeler Sinema · iç mekân tasarımı · sinematik mekân · sağlık iletişimi · akıl hastaneleri

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Psychiatric hospital spaces in Hollywood mainstream cinema: A health communication perspective

Cinema is vital as an aesthetic narrative tool and a cultural space where social consciousness and norms are reproduced (Nichols, 2017). In health communication, mass media, such as cinema, are powerful tools shaping viewers' perceptions of healthcare institutions and diseases (Chou et al., 2009; Hoffner & Cohen, 2015). The cinematic representations of mental hospitals stand out as a narrative space where social prejudices and stigmatizing attitudes toward mental health are produced. In literature, cinematic texts emphasize themes of fear, violence, and irrationality, particularly in sensitive areas such as psychiatric institutions (Gabbard & Gabbard, 1999; Öztürk & Sarıman Özen, 2021; Pirkis et al., 2006; Sancak et al., 2015; Wahl, 1995). This situation demonstrates that representations of mental health in the media can affect not only individual perceptions but also the social legitimacy of psychiatric services.

In health communication, reducing stigma associated with treatment is as important a goal as conveying accurate and reliable health information (Rimal & Lapinski, 2009). However, narratives with high emotional impact, such as cinema, sometimes present healthcare institutions as healing spaces, while at other times, they represent them as spatial reflections of social exclusion and control mechanisms (Foucault, 1991a; Rose, 1998). These representations shape the viewer's perspective on mental hospitals and mental illness, serving as a symbolic component of health communication. Although similar themes are explored in Türkiye, cinematic representations of space in the local literature generally focus on individual stories, with the role of space in the context of health communication often remaining in the background (Aydınlı, 1986; Mert & Arslantaş, 2022; Ocaktan et al., 2004). In this context, the spatial representations of mental hospitals in cinema can be read not only as a treatment area but also as a control mechanism that defines the boundaries of social order (Lefebvre, 1992; 2017; Vidler, 2002), within the framework of Foucault's (1991a; 1991b) conceptualizations, such as disciplinary societies and the panopticon (Bentham, 2010). Pallasmaa's (2008) emphasis on the sensory and experiential dimensions of space and Bachelard's (1994) work on the relationship between interior space and imagination provide a theoretical foundation for analyzing cinematic space.

The originality of this study stems from its critical examination of the spatial representations of mental hospitals in cinema within the context of health communication, concerning both local and international literature. Previous studies have primarily addressed mental health representations on narrative (Beachum, 2010; Diefenbach & West, 2007; Eisenhauer, 2008), character-focused (Middleton, 2016; Takvorian, 2024), or discursive bases (Harper, 2005; Lawson & Fouts, 2004). This research focuses on how space is constructed as part of social norms and stigmatization processes. In this vein, the films *One Flew Over the Cuckoo's Nest* (1975), *Awakenings* (1990), *Twelve Monkeys* (1995), *K-Pax* (2001), and *Shutter Island* (2010) were selected, and the ideological, cultural, and social functions of spatial representations were evaluated using the thematic content analysis method. This study aims to reveal the symbolic meanings of cinematic space representations regarding health communication, demonstrating that cinema functions as an aesthetic medium and a platform that reproduces social norms.

Mental hospitals as spaces

Interior design aims to meet users' physical, psychological, and social needs in terms of safety, functionality, and aesthetics (Bozdayı, 2004; Bayızıtlıoğlu, 2009). Since space is produced through social relations and

power networks, it plays a crucial role in the reproduction of architectural norms (Harvey, 2013; Lefebvre, 1992; Soja, 1996). The physical environment directs behavior and emotion; form, color, and texture holistically shape experience (Aydınlı, 1986; Kopec, 2012; Chuang & Chiou, 2009). Therefore, it is recommended that the built environment be organized according to the needs and behavioral patterns of its occupants (Göregenli, 2010).

The size of rooms, window placement, and color usage in hospital interiors are related to the quality of care (Dijkstra, 2009; Jackson & June, 2008). Psychiatric hospitals serve both therapeutic and control functions during the inpatient treatment process (Townley et al., 2008; Yanni, 2007). The ideological dimension of daily routines is established through the use of space (Lefebvre, 2021); institutional architecture makes the tension between freedom and control visible (Markus, 1993) and can reinforce "total institution" mechanisms (Goffman, 1961). As a disciplinary institution, the mental hospital can be understood through the panoptic surveillance logic, where knowledge and power are embodied (Foucault, 1991a, 1991b, 1998).

Studies conducted since the mid-20th century have shown that mental hospitals were generally located outside cities, in isolated areas, and that linear plan types were preferred (Yanni, 2007). This settlement pattern transformed the space into an othering area geographically and culturally, reinforcing the isolation of individuals from society at the spatial level (Low, 2017; Sennett, 2014). Lefebvre (2017) evaluated these exclusion processes as an ideological extension of the production of social space. Tuke's description *of the Retreat* (1813) emphasized the contribution of a home-like, warm atmosphere to treatment, forming the precursor to patient-centered design (Bristow, 2009).

In mental hospitals, the interior space is the environment with which the patient has the most prolonged contact; materials, light, color, and texture each produce psychological effects (Pallasmaa, 2024). Modern spatial designs often convey feelings of anxiety and surveillance through aesthetic forms (Vidler, 2002). Studies have shown that privacy, a sense of belonging, and security support recovery (Satcher et al., 2012). Single rooms, natural light, and soft colors increase patients' feelings of peace and control (Augustin et al., 2009; Hunt & Sine, 2015). Spatial forms also influence perception; curved shapes evoke a sense of relaxation, whereas angular structures evoke a sense of tension (Mahmoud, 2021). All these design parameters reveal the physical healing process and the ideological dimension of the space. As Foucault (1991a) states, architectural space is an instrument of power that involves not only treatment but also surveillance and norm production. Therefore, mental hospitals are multi-layered institutions where healing and disciplinary processes are intertwined. The representations of this multi-layered structure in social memory are constructed through visual culture, with cinema serving as the medium of transmission. In most films, mental hospitals are depicted as dim, cold, and labyrinthine, reinforcing the impression of oppression, threat, and exclusion (Hyler et al., 1991; Pirkis et al., 2006; Stout et al., 2004). Thus, space is not only a construct but also an actor that produces perceptions and norms related to healthcare; design also makes power relations visible.

Cinema and mental hospitals

Spatial arrangements related to mental health are not merely background elements in audiovisual narratives, such as cinema; they are carriers of meaning production. Cinema, as a cultural space where social consciousness and norms are reproduced, can shape attitudes toward institutions (Nichols, 2017). In health representations, viewers' assessments of illnesses, healthcare professionals, and institutions are often constructed through media images; mass media is increasingly becoming a central source of information on psychiatric issues (Abroms & Maibach, 2008; Wahl, 2001).

Health-themed films influence health thinking through dramatic narratives (Wakefield et al., 2010); this places an ethical responsibility on the portrayal of health images in cinema (Chory-Assad & Tamborini, 2001). However, the portrayal of psychiatric institutions and disorders is often exaggerated and stigmatizing (Byrne, 2009; Wedding & Niemiec, 2014); depicting mental hospitals as gothic and threatening spaces fosters fear and exclusion (Gabbard & Gabbard, 1999; Hyler et al., 1991; Pirkis et al., 2006) and may reinforce insecurity (Stout et al., 2004). Ultimately, representational practices can directly influence the intention to seek services and the level of stigmatization associated with them.

Cinematographic representations of mental hospitals should be evaluated as ideological, cultural, and historical productions beyond their narrative function. Throughout the 20th century, in Hollywood, the coding of people with mental health conditions as dangerous and unpredictable reinforced stigmatizing images (Rose, 1998). Media and health communication studies demonstrate that these representations influence perceptions, health policies, access to treatment, and the legitimacy of psychiatric services (Pirkis et al., 2006; Sieff, 2009). The goal of health communication is to provide accurate information and reduce stigma (Pré & Overton, 2023); however, cinema, especially among young people, can perpetuate prejudices, weaken the desire to seek help, and reproduce institutional narratives of fear (Wahl, 1995). Therefore, the analysis of spatial representations provides a platform for ethical and social debate.

The health communication literature frequently emphasizes that mental health representations in the media can lead to stigmatization, exclusion, and misinformation at both the individual and societal levels (Hoffner & Cohen, 2015). Cinema stands out as one of the most powerful representational spaces, producing influential figures in the collective imagination regarding mental health. The construction of mental hospital interiors in cinematic narratives can be evaluated not only as a matter of spatial aesthetics but also as a product of ideological choice. In this context, a systematic analysis of how mental hospitals are represented in cinematic spaces and the consequences these representations have for health communication will fill an essential gap in media studies and the discipline of health communication.

Aim and methodology

The main objective of the study and the methodological approach adopted are explained in this section. First, the Aim subheading presents the research questions and their relationship to the theoretical framework, followed by the Methods section, which details the sample selection, data collection, and analysis process.

Aim

This study examines the spatial representations of mental hospitals in cinema films from a health communication perspective. To understand how societal perceptions of mental health services are shaped through the media, this study examines how the interior designs of mental hospitals are portrayed in cinema. Specifically, it examines whether institutional spaces assume ideological functions beyond aesthetic preferences and which social norms, power relations, and cultural acceptances are perpetuated through them (Bruno, 2018; Lefebvre, 1992). This study examines the role that space plays in this shaping process. In this context, the following research questions are addressed:

RQ1. How are mental hospitals spatially positioned in films?

RQ2. What symbolic codes are conveyed through the physical elements of the environment such as color, light, and materials?

Methods

In this study, the presentation of mental hospital interiors in cinema was examined through mise-en-scène analysis. Mise-en-scène, derived from the theater-based concept of staging, is a visual style tool that explains the arrangement of frame content in cinema (Setyawan et al., 2020). In the context of cinema, it encompasses lighting, costume and makeup, decor and props, and the organization of actors and performances (Bordwell et al., 2024; Gilbert, 2014). According to Bazin (2005), the two fundamental principles of filmmaking are editing and mise-en-scène; mise-en-scène includes elements such as camera placement, lighting, and staging of action that determine the pre-editing order. The placement and movement of elements visible in a shot are considered "everything in the frame" (Monahan & Barsam, 2021); Giannetti (2016) defines this as fluid visual choreography.

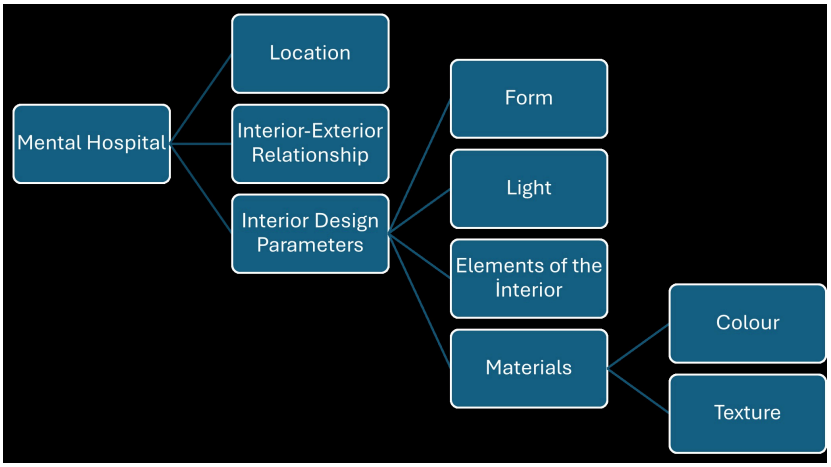
In this study, mise-en-scène was conceptualized through spatial indicators in a manner consistent with the objectives and questions. Taking into account Petrić's (1982) emphasis on pre-shooting arrangement, framing, camera movement, and lens choices were used as descriptive data only to the extent that they clarified the spatial meaning within the frame (Gibbs, 2002). The spatial location and degree of isolation of the institution were analyzed within a comparative framework. Environmental codes such as color, light, and material were also examined; blocking, body language, and object motifs were excluded.

Data collection tool and process

Data were collected using a systematic coding framework developed to capture, organize, and integrate observations derived from the scenario analysis. Within this framework, thematic content analysis was used as a tool for data collection and organization. Thematic content analysis is a flexible yet consistent approach that involves identifying and interpreting recurring patterns of meaning in the dataset (Braun & Clarke, 2006; Guest et al., 2012). It aims to reveal how themes gain meaning within social, cultural, and ideological contexts (Thomas, 2020). A theme is not merely a frequently recurring topic; it is a coherent narrative that produces answers to research questions and is constructed through interpretation (Scharp & Sanders, 2019). In this vein, the theme development process combined superficial coding with in-depth conceptualization; stigmatizing discourses and the spatial construction of the normal/abnormal distinction were evaluated through themes. The analysis was based on the formal characteristics of the space and the cinematic symbolism of its modes of use (Pallasmaa, 2024; Tofle et al., 2003). It structured the themes into three levels: location, the inside-outside relationship, and interior design parameters (Ulrich, 1984; Vidler, 2002).

Figure 1

The analysis parameters



The coding process was conducted in accordance with qualitative research standards while preserving the audiovisual specificity of the films (Neuendorf, 2018). First, all films in the film selection, which will be detailed in the following section, were watched in full. Then, scenes set in mental hospitals were re-evaluated, detailed notes were taken on spatial composition, and time-coded frame references were generated when necessary. The initial coding was performed using a hybrid logic: deductive codes derived from the spatial framework defined at the beginning of the study were used, and inductive codes were added when new patterns emerged during the examination. The code form was updated throughout the process; the definition of each code and the inclusion/exclusion criteria were recorded, and representative screen frames were revised.

Spatial elements were operationalized through observable qualities in the plans (Appendix 1). The color palette is classified based on the perceptual color attributes of hue, saturation/chroma, and scene contrast level (Commission Internationale de l'Éclairage, 2004; Chen et al., 2012). Lighting is coded based on criteria such as the type/position of the light source, light distribution and hardness/softness, color temperature, and shadow depth (contrast/light ratio) (Brown, 2022). Materials have been classified based on the distinction between "domestic" and "institutional/industrial" qualities in psychiatric spaces (Chrysikou et al., 2022; Bodryzlova et al., 2024). Accessibility was assessed through thresholds, control points, and visual cues related to freedom of movement; variables such as decision points, legibility of circulation, and difficulty in orientation were interpreted in relation to the literature on wayfinding in healthcare settings (Baskaya et al., 2004). Furthermore, to discuss how spatial arrangements establish the security–autonomy balance, findings from reviews addressing the relationship between the physical environment in psychiatric services and patient experience and practices such as restraint/seclusion were utilized (Oostermeijer et al., 2021; Weber et al., 2022).

To increase reliability, the dataset was coded independently by two authors; disagreements were discussed to establish consensus-based third coding. Consensus validity and procedural transparency were prioritized over formal coefficients, and records of revisions and resolutions were archived.

Universe and sampling

The universe of this study comprises feature-length fictional mainstream Hollywood films that represent mental hospitals. Hollywood cinema, as a globally circulated mainstream production context, has a comparatively high capacity to standardize and disseminate visual codes (Bordwell et al., 1985; Miller et al., 2005); therefore, it provides a meaningful universe for tracing how institutional spaces become legible through dominant aesthetic conventions and widely shared cultural imaginaries. Cinematic narratives offer powerful sources that represent both individual stories and the institutional spaces in which these stories unfold on a discursive and visual level; hence, the universe is defined in this way (Bruno, 2018; Nichols, 2017). Since disciplinary structures, such as those found in healthcare institutions, are often depicted with ideological and symbolic connotations in cinema, it was deemed meaningful to analyze these representations systematically.

The sample consists of five films selected through purposive sampling, which is justified by conscious contrasts in terms of period, genre, and approach to mental health. The historical span from the 1970s to the 2010s allows for a comparative examination of the transformation of aesthetic preferences and health discourses in the staging of institutional spaces. The films are suitable for examining how spatial codes, such as light, color, material, form, and organization, change in ideological and genre contexts through different approaches, including institutional criticism/anti-psychiatry, therapeutic humanism, the emergence of surveillance aesthetics, and science fiction. Productions with episodic hospital representations were excluded;

criteria such as richness of mise-en-scène, genre diversity, and cultural visibility were taken into consideration. The mainstream Hollywood films included in the sample based on these criteria are as follows:

- *One Flew Over the Cuckoo's Nest* (1975, Dir. Miloš Forman) (psychological drama)
- *Awakenings* (1990, Dir. Penny Marshall) (biography)
- *Twelve Monkeys* (1995, Dir. Terry Gilliam) (science fiction)
- *K-Pax* (2001, Dir. Iain Softley) (mystery)
- *Shutter Island* (2010, Dir. Martin Scorsese) (psychological thriller)

These films provide suitable examples for comparative analysis, both in terms of the differences between them in terms of the period in which they were produced and the various representations of mental hospitals they contain.

Findings

In this section, representations of mental hospitals in the five films included in the study sample were systematically analyzed within the framework of a predefined three-level conceptual analysis scheme: the location of the hospital, the relationship between interior and exterior spaces, and interior design parameters.

Location

The locations of hospitals in the five films are differentiated based on variables that generate a sense of isolation. In *One Flew Over the Cuckoo's Nest*, the hospital is established as a campus in a rural area, surrounded by open fields and lawns; a long approach road connects to a low-traffic road, ending at a single control threshold. There is no commercial or residential fabric in the immediate vicinity; tree-lined strips and fences/walls are used together at the campus boundaries. This separation reinforces the impression that the institution's public visibility is reduced and its internal operations are closed off. This arrangement codes the institution as an area open to management and control rather than service.

In *Awakenings*, although the building is located away from the city center, it does not sever its connection to the urban network completely. Defined by gardens, the campus is seamlessly integrated into a medium-density fabric, featuring service roads and green buffers. Multiple access routes are provided, while entrances are gradually controlled; visual contact with the city is maintained, but patient/pedestrian movement is managed within the campus. Thus, while the space offers a therapeutic framework, it also signals a protective and bureaucratic order.

In *Twelve Monkeys*, the institution is an isolated complex outside the city, surrounded by high walls and fences. Access routes are narrowed; the number of doors is limited; there are no areas open to public use in the surroundings. Service logistics and patient/visitor flows are separated, and even emergency access is concentrated at a single point of entry. Rigid boundaries and flow separation code the institution as surveillance technology rather than welfare infrastructure.

In *K-Pax*, the hospital is situated outside the urban center but has an open campus connected to the main arteries. Landscape buffers and internal roads separate the building islands; there are multiple entrances, but staff, visitor, and service flows are functionally separated. Low-scale fences and natural boundaries create soft thresholds. While a sense of openness is created, the management layer remains invisible.

The facility on *Shutter Island* is an island accessible only by boat; the sea, rocky shores, and steep slopes act as natural barriers. Access is reduced to a single control point at the pier; there are no alternative routes,

and storm/wind can interrupt continuity. Nature reinforces the image of a closed institution, and limited contact creates an atmosphere of uncertainty and lack of control.

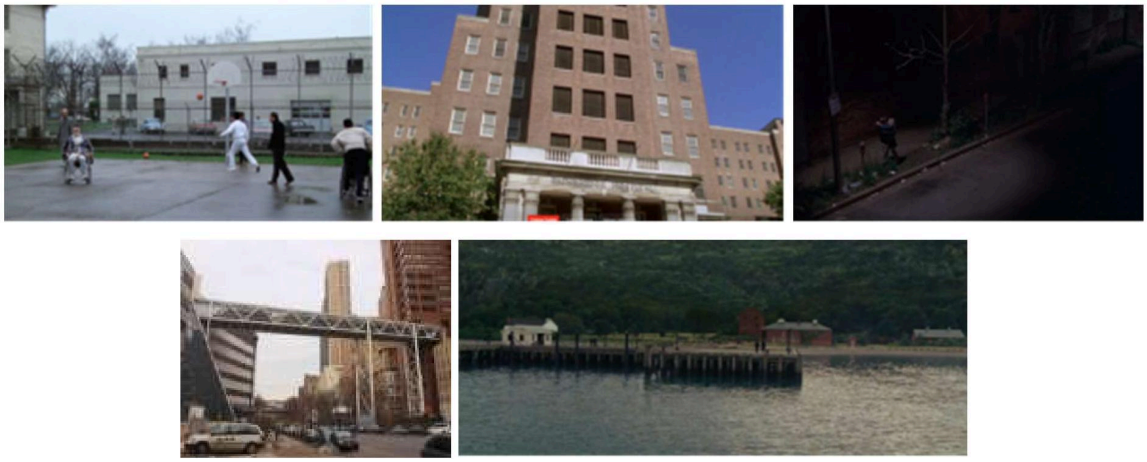
In these examples, the degree of isolation produces a spectrum that establishes perceptions of permeability and accountability: the long approach and single threshold in *One Flew Over the Cuckoo's Nest*; the strict security boundaries in *Twelve Monkeys*; the limited contact with the city and softened campus plan in *Awakenings* and *K-Pax*; and the natural barriers that cut off access in *Shutter Island*. The positioning and access scheme determines how the institution is coded between 'treatment' and 'preservation/control;' reduced permeability codes the aesthetics of control, whereas limited urban connection codes the aspect of care that is linked to publicness. Thus, spatial positioning is directly linked to the production of stigmatizing or healing meaning (Hoffner & Cohen, 2015). This framework transforms spatial permeability into an indicator that directly determines the institution's legitimacy in terms of health communication in cinema.

Figure 2

Location of hospitals

(One Flew Over the Cuckoo's Nest - Awakenings - Twelve Monkeys

K-Pax - Shutter Island)



Interior-exterior relationship

The relationship that spaces establish with their external environment is clearly differentiated through visual access and physical access. These two axes directly influence the narrative tone of isolation, care, or surveillance by determining the degree of continuity between the inside and outside.

Although windows are present in *One Flew Over the Cuckoo's Nest*, the line of sight is shortened at most points; openings are positioned at a high parapet level, some are reinforced with bars, and glass surfaces are framed in a way that does not convey a sense of continuity. Exiting to the outside is tied to specific time intervals, with locked doors and attendant supervision. Thus, the outside world remains a 'possible but distant' possibility; the interior reads as a controlled living unit rather than a therapeutic space.

In *Awakenings*, wide-open windows offer visual access to gardens and walkways, providing a medium- to long-range view; simple security reinforcements are also visible in certain areas. In contrast, access to the garden is carried out through a limited number of doors, with timing and staff approval; the hallway-door-garden sequence forms a series of controlled thresholds. This construction stages a model of 'managed openness' that preserves the soothing contact with nature while tying autonomy to bureaucratic conditions.

In *Twelve Monkeys*, windows are high up and mostly barred; visual information about the outside environment is fragmented and brief, sometimes showing only the sky or a nearby wall surface. Use of open

space is limited; access to the outside is staggered by a lock/key system and security checks at some doors. The fragmentation of vision increases disorientation; reducing passage to security procedures adds risk management discourse to the language of treatment.

In *K-Pax*, large windows bring the garden view inside, allowing for the simultaneous achievement of transparency and security through solutions like reinforced glass. Visual continuity extends to the medium-long range through the continuity of the landscape. Physical access is regulated by scheduled hours, accompaniment, and limited door use, resulting in a distinct corridor-control point-garden sequence. While therapeutic contact is supported, the presence of control as a 'dosing' management layer remains visible.

On *Shutter Island*, windows are small, high, and barred; the outside is visible mainly in limited sections of sea, rocky shore, or inner courtyard walls. Use of the outdoor space is strictly controlled by single entry/exits and intense protocols; transitions are operated through multiple thresholds. Even the natural environment is perceived as a threat; access, dependent on boats and weather conditions, restricts both movement and information flow, generating uncertainty and paranoia.

In these five examples, visual access varies according to window position and obstructing elements; physical access varies according to the number of thresholds, level of control, timing, and the requirement for an escort. As visual continuity increases and transitions are managed by reasonable rules, natural light, orientation, and the healing contact with nature are strengthened; as the view becomes fragmented and thresholds become heavier, the feeling of surveillance and closure becomes dominant. Thus, the way the internal-external relationship is established not only describes the role of the space in the narrative; it also reveals the institution's ethical-political profile in terms of health communication (Liwinski et al., 2025; Wood et al., 2013).

Figure 3

Interior-exterior relationship of hospitals

(One Flew Over the Cuckoo's Nest - Awakenings - Twelve Monkeys

K-Pax - Shutter Island)

Form

The examined spaces reflect a design logic that prioritizes function and safety, integrating the organization and form of the space. The plan geometry, massing, openness ratios, and fixture configurations are arranged to increase staff visibility and access to patient areas. Orthogonal plan schemes are typically established with a linear corridor backbone, nurse/security station nodes, common-use spaces, and a hierarchical

arrangement of room clusters. This establishment fosters institutional discipline through space by standardizing the visibility, accessibility, and intervention triad.

In *One Flew Over the Cuckoo's Nest*, the open-plan standard room is in direct visual contact with the nurse's station in the glass partition. The station is positioned to dominate the main movement area and the entry-exit thresholds; the rooms are linearly arranged along the corridor. Rectangular windows, sharp frames, and linear lighting reinforce the grid effect, operating as a form of continuous surveillance through transparency.

Awakenings features a dominant center-periphery layout, where common areas are located in the center, with rooms surrounding them. Long, two-way viewing corridors flank the nursing station, creating a series of rectangular doorways that form a threshold sequence. Unadorned finishes and sharp-edged equipment subordinate privacy by linking the rhythm of care to the station's field of view.

In *Twelve Monkeys*, the compartmentalized and enclosed layout merges with an industrial aesthetic. Frequent thresholds segment corridors; metal grilles, heavy doors, and narrow peepholes sharpen the security aesthetic. Exposed plumbing and air ducts transform the upper zone into a technical network; the space operates like a measurable circulation logistics system.

In *K-Pax*, the semi-open plan is defined by therapeutic clusters at the center and rooms around the perimeter. Stations at intersections provide wide viewing cones; curved furniture edges and oval surfaces within the orthogonal shell enhance the welcoming feel. Large windows facing the garden reinforce the healing tone, while the separation of flows maintains managerial oversight.

At *Shutter Island*, the corridor system is graded according to security levels. Heavy masses and thick walls combine with narrow, high corridors; small, high windows and deep sills create a niche-like interior world. Barred secondary frames and multiple thresholds not only represent the closure regime but also make it palpable.

In general, orthogonal geometry, rectangular openings, sharp corners, and control nodes located at intersections produce a standard typology (Pallasmaa, 2024). In *K-Pax*, softening the interior fittings raises a 'healing' tone, while in *Twelve Monkeys*, industrial components and the massing in *Shutter Island* reinforce the stamping/enclosing perception. Thus, form transforms the healthcare space from a simple backdrop into an ethical-political narrative tool that answers the question 'care or preservation?' through the viewer's gaze, orientation, and circulation.

Figure 4
Form of the interior
(One Flew Over the Cuckoo's Nest - Awakenings - Twelve Monkeys
K-Pax - Shutter Island)

Lighting

Lighting is established through the combined use of natural and artificial sources; the distribution of light, color temperature, perceived light level, surface reflectance, and shadow depth vary significantly between films. These variables determine not only the visual atmosphere but also the narrative reading of whether the space produces a 'healing touch' or 'surveillance and closure.'

In *One Flew Over the Cuckoo's Nest*, daylight entering through large windows during daytime scenes spreads diffusely due to the high reflectivity of light-colored walls and ceilings. The medium-high parapet level and rectangular opening ratios produce homogeneous illumination in the viewing plane while limiting the formation of harsh shadows on the floor plane. In artificial lighting, linear fluorescent systems placed on the ceiling plane provide a cool-white tone (approximately 4000-5000 K); rhythmic repetition in corridors and common areas creates a sense of continuity with low shadow contrast. Maintaining the same system in low mode during nighttime operation limits the use of personalized accent lighting. Ultimately, the lighting reinforces a sterile and uniform institutional feel; the continuity of visibility enhances the sense of controllability.

At *Awakenings*, large windows increase daylight intake; the openness ratio on surfaces facing the garden and walkways creates a medium- to long-range light zone. The open ceiling and cream/white walls reflect and homogenize the light; non-glossy floors reduce reflection. In artificial lighting, linear fixtures recessed into the ceiling or surface-mounted provide general illumination in the neutral-warm range (approximately 3500-4100 K); more frequent spacing is seen in examination areas for a higher horizontal light perception. The linear light band in corridors supports orientation; tone differences are kept low during transitions from daylight to artificial light. This design creates a relaxing atmosphere while making the structured organization of maintenance visible through light levels 'dosed' according to function.

Natural light entry is limited in *Twelve Monkeys*; the high position and barred nature of the windows reduce the light entering to narrow, directional strips, producing sharp light-shadow boundaries. In artificial lighting, in addition to fluorescent lights, projector-type or cage-protected industrial fixtures create local 'islands of light;' the color temperature tends to be cool. The low reflectivity of metal and concrete surfaces increases the depth of shadows; bright areas remain limited. Increased vertical light at door-lock control points signals centers of authority; minimal but directional light maintains orientation in nighttime scenarios. Directional light and deep shadows heighten feelings of uncertainty and threat, positioning the space more as a stage for security protocols than for treatment (Brown, 2022).

Daylight usage is prominent in *K-Pax*; large windows and openings facing the inner courtyard provide high daylight contribution in common and therapeutic areas. Light-colored, matte surfaces limit glare and enhance diffuse distribution. In artificial lighting, ceiling fixtures and wall sconces/floor lamps are used together in the neutral-warm range (approximately 3000-4000 K); continuity is established between general illumination and low-level local lighting. Therapeutic rooms favor lower intensity and soft shadow transitions; fixtures are recessed near windows to balance the overlap of daylight and artificial light. This layered lighting produces a humane and soothing tone; however, programmed transitions and functional settings also make visible that comfort is managed within an institutional framework.

Shutter Island receives limited daylight through small, high-set windows; deep niches and railings confine light to narrow sections. Ceiling lights and wall sconces mainly provide dim general lighting; even yellowish tones (approximately 2700-3200 K) do not produce a soothing effect due to deep shadows and narrow visibility. In long corridors, the wide spacing of fixtures interrupts the continuity of light; vertical illumination is kept low at cell/room entrances; protected fixtures are noticeable in high-risk blocks. The

dimness combined with dark surfaces makes orientation dependent on local sources at thresholds; this systematically fuels feelings of uncertainty and paranoia (Sun, et al., 2025).

In general comparison, the effectiveness of natural light is determined by the window-to-wall ratio and interior surface reflectivity; the fixture type, the use of diffusers, and the color temperature range determine the perceived tone of artificial lighting. Combinations of large openings and open surfaces, especially in *Awakenings* and *K-Pax*, create a more diffuse, directionally supportive atmosphere that is open to 'healing touch.' In contrast, limited natural light and directional/cold or intermittent lighting, as seen in *Twelve Monkeys* and *Shutter Island*, highlights the logic of risk, control, and closure. In *One Flew Over the Cuckoo's Nest*, homogeneous and cold-toned general lighting normalizes institutional routine and maintains continuity of visibility. Thus, light not only makes the space visible; it also functions as a primary narrative component that determines how the viewer sees, what they read as normal or threatening (Brown, 2022).

Figure 5

Light of interior

(One Flew Over the Cuckoo's Nest - Awakenings - Twelve Monkeys

K-Pax - Shutter Island)

Elements of interior

In this section, furniture, fixtures, and structural elements used in interior spaces have been evaluated based on their degrees of rigidity/flexibility and their capacity to allow for individual privacy. The differences observed between the films show that furnishings function as a 'behavioral architecture' that shapes not only comfort but also the repertoire of everyday behaviors and internal power relations within institutions.

In *One Flew Over the Cuckoo's Nest*, the ward layout is dominant: metal-framed single beds are arranged in parallel and at regular intervals in multi-person dormitories. Limited bedside tables/side tables are seen at the head of the beds; large rectangular tables and fixed or semi-fixed row-type seating elements are located in common areas. The placement of the television on the console and the square/rectangular game tables focuses shared activities in specific areas. The counter surfaces under the glass dividers and the high counter planes at the nurses' station spatially emphasize the administrative centers. This composition minimizes the possibility of personal expression; parallel bed grids and large communal tables reduce privacy while facilitating supervision. Thus, the furnishings establish an expectation of conformity and obedience rather than treatment at the level of everyday use (Augustin et al., 2009).

In *Awakenings*, fixed benches, straight-backed row seating, and portable chairs are found together in rest and care areas. Wide spaces are left for wheelchair and stretcher use; medical service carts, IV stands, and

wheeled equipment bases are constantly in circulation. Metal bed frames are positioned in a grid pattern within the ward/room; intervention space is maintained between them. Metal-legged tables, medical waste bins, and simple storage units are found in examination areas. Fixed seating, waiting, and resting areas are linked to predefined points, regulating the institutional rhythm; portable chairs only allow for small-scale tactical choices. While this flexibility increases comfort, it does not allow for dividing the space, creating private corners, or establishing personal boundaries; autonomy largely remains within the institutional framework while visibility persists.

In *Twelve Monkeys*, the furnishings explicitly become security technology: rigid metal-framed beds, in some units complemented by chain/connection points; seating elements are anchored to the floor in row-stool style. Apart from narrow counter surfaces and small benches combined with metal cage panels, there are no flexible seating groups; furnishings that support everyday socializing, such as play-reading tables or TV corners, are not observed. Hard edge finishes, combined with metal rigidity, create an 'untenable' environment. Sitting, waiting, and lingering are defined not by comfort preferences but by the individual postures permitted by fixed surfaces; the body-object relationship becomes a contact regime designed with surveillance and risk reduction in mind.

Room typologies vary at *K-Pax*; single and multi-person rooms feature metal/wood-look bed frames, bedside cabinets, and portable tables. Common areas feature soft-lined armchairs, two- or three-seater units, coffee tables, and circular/oval table surfaces; bookshelves along the walls and indoor plants distributed throughout the passageways create a domestic tone. Small tables, chairs, and portable seating units are preferred in therapeutic rooms. This set of furnishings creates 'soft privacy' by providing micro-freedoms; however, the layout is limited in a way that keeps circulation open and remains compatible with supervision. Ultimately, flexibility is framed as manageable freedom.

Metal beds and wall/floor-fixed seating elements are common on *Shutter Island*; heavy, immovable tables and fixed row seating are used in common areas. Integrated benches along the walls are found in high-risk zones, closed-window counter surfaces and protected consoles are located in control units, and minimal furnishings are present in isolation units. Heavy and fixed furnishings predetermine behavior and suppress alternative uses. The semipermeable counter arrangement in control units collects information and decisions at the control point rather than equalizing interaction. The minimal set in isolation units narrows the meaningful relationship that can be established with the space, pushing the experience towards an axis of 'endurance.'

In general, the fixtures are defined by metal beds and limited side surfaces at the room scale, large tables and row-type seating in the common area, medical equipment and hanging apparatus in circulation, and anchored elements and connection points in security zones. In *K-Pax*, the combination of plants, bookshelves, and soft seating reinforces the healing/humanizing aspects of reading. In contrast, the fixed, one-way surfaces in *Twelve Monkeys* and *Shutter Island* reinforce a stigmatizing and confining narrative. The choice and placement of fixtures concretely embody the institution's preference for maintenance or preservation through daily usage practices.

Figure 6

Elements of the interior

(One Flew Over the Cuckoo's Nest - Awakenings - Twelve Monkeys

K-Pax - Shutter Island)

Material, color, and texture

Films, materials, and color selections, as well as wall, floor, and ceiling coverings, joinery, and fixture surfaces, were examined comparatively in terms of reflectivity and texture continuity. In *One Flew Over the Cuckoo's Nest*, the walls are painted with white and light beige plaster, featuring a matte or semi-matte finish. The metal bed frames are coated with a single-color industrial paint, while plastic laminate surfaces are used on tables and cabinets. Homogeneous, high-gloss polished linoleum strips are used on the floors; the window frames and interior railings are made of metal. The palette is concentrated in the white-beige-light gray range, with no warm/natural accents such as wood, textile patterns, or botanical elements; the design is minimal. This neutral and reflective language creates a sterile, clinical atmosphere, limiting the possibility of personalization. The light reflections of the shiny linoleum and metal frames make the space measurable and controllable, reinforcing the logic of surveillance (Bentham, 1995).

In *Awakenings*, floors are covered with linoleum/polymer-based flooring; walls feature low-gloss, painted plaster in shades of white and cream; and medical equipment surfaces are standardized with stainless steel/metallic finishes. Metal frames paired with transparent glass dominate doors and windows; simple metal reinforcements are visible in places. The color palette remains neutral, with low-saturation tones, reminiscent of light blue/light green, appearing in certain areas. High contrast is avoided, and matte finishes produce low reflection. While these choices support a sense of calm and confidence, the standardization of metal and the reinforcements maintain an underlying sense of order/control, creating a relaxing yet regulated atmosphere.

In *Twelve Monkeys*, raw concrete surfaces and peeling paint layers are accompanied by painted plaster; worn linoleum or bare concrete is prominent on the floors. Steel cages and wire mesh are used for interior dividers, while small peephole windows complement the heavy metal doors. The palette is characterized by a cold, dark axis; the texture is rough/heterogeneous, with low brightness and reflectivity; there are no traces of warm materials. The combination of raw concrete and cages gives the space an industrial-disciplinary language; the low reflectivity and dark tones increase the feeling of confinement and threat, emphasizing the narrative of preservation rather than treatment.

The combined use of linoleum and carpet in *K-Pax* is supported by wood or wood-look laminate on the fixture surfaces and softened edge finishes. The palette is balanced in a neutral-warm range; the continuity

of natural light is preserved with transparent/semi-transparent glass; reinforced glass meets security needs in some sections. Plants and limited natural textures create a domestic and inviting frame, while security elements remind us that corporate boundaries condition this comfort. Thus, a balanced material language emerges between healing tones and managerial control.

Stone, brick, and painted plaster are used in combination on *Shutter Island*, with the thick wall effect and deep, recessed niches being prominent. The floors are made of stone/concrete or low-gloss linoleum; the furniture combines dark-toned, varnished, heavy wood with metal components. The palette is concentrated on the dark-cold axis; textures are textured, and reflectivity is low. The thick shell and dark tones produce a heavy sense of closure, reinforcing the image of authority and permanence.

In general, there is a clear distinction between a standardized neutral-reflective language and a softer, healing language softened with warm, natural elements. This distinction serves as a direct vehicle for producing stigmatizing/healing meaning in health communication: material, color, and texture convey to the viewer, on a sensory level, for whom and for what purpose the space was created (Sun et al., 2024).

Figure 7

Material, color, and texture of interior

(One Flew Over the Cuckoo's Nest - Awakenings - Twelve Monkeys

K-Pax - Shutter Island)

Discussion and conclusion

Due to the rapid advancement of communication technologies, health communication is increasingly occurring in media environments (Hoffman & Tan, 2015; Wang et al., 2019). In this context, mass media play an important role in disseminating health-related content to a broad audience (Capitão et al., 2022; Ghahramani et al., 2022; Thompson et al., 2011, p. 3). The media can influence the public's attitudes toward health by producing powerful representations of disease diagnoses, treatment methods, health professionals, and health institutions (Chou et al., 2009; Conrad, 2005; Huo et al., 2019; Niederdeppe et al., 2011; Noar & Zimmerman, 2005, p. 26; Viswanath & Emmons, 2006). Therefore, the media functions as both a tool and, at times, an actor in the health communication process. In this study, the representations in question are examined as visual texts that produce the fundamental mechanisms of health communication through space; thus, the findings demonstrate that spatial order is not merely an aesthetic choice, but a public communication channel that shapes mental models of mental hospitals in the public eye.

In this study, cinematic space is not treated as the backdrop of the narrative; instead, it is approached as a health communication interface that conveys a message to the audience about what kind of place

a psychiatric institution is. Popular films, even if they do not aim to inform directly, can indirectly shape attitudes toward treatment by associating hospital buildings, boundaries, and internal order with particular emotional states. Based on this assumption, the spatial representations of mental hospitals have been analyzed through their physical arrangements and symbolic meanings, and have been evaluated in line with the emphasis on establishing cinematic narrative through space (Bruno, 2018). Despite differences in period and context, the five films primarily portray the hospital as a closed, isolated, and security-focused institution; the axes of isolation and control make the question 'treatment or preservation/control?' visible through location, threshold, form, and lighting.

This reading aligns with the approach that treats the physical and symbolic separation of the modern mental hospital from urban life as a control strategy (Foucault, 2017). Similarly, the concepts of total institution and social barrier are consistent with representations in terms of the institutional organization of everyday life and the reinforcement of separation through spatial distance (Goffman, 1961). In representations, isolation is not a singular practice; it functions as a repertoire producing different shades of meaning, ranging from rural/suburban confinement (*One Flew Over the Cuckoo's Nest*) to an inescapable island regime (*Shutter Island*) and industrial/fortress-like security language (*Twelve Monkeys*).

Hospitals in films are mainly located far from city centers, in rural or semi-rural areas. This distance not only makes access difficult but also serves to separate patients from the rest of society symbolically. However, suggestions that psychiatric centers be integrated into the urban fabric could increase social participation and support the reduction of stigma, but are in apparent tension with this representational repertoire (Curtis, 2010). The institutions depicted in cinema are coded as closed, inward-looking worlds rather than health structures integrated into society.

In this context, in *One Flew Over the Cuckoo's Nest*, the hospital is surrounded by vast lawns, isolated in a rural location cut off from main arteries, intensifying the feeling of seclusion. In *Shutter Island*, the institution's location on an island stages inescapability in its most extreme form. *Twelve Monkeys* leans on the image of an industrial, high-walled 'fortress.' *Awakenings*, located closer to the city, achieves visual/auditory separation with its perimeter walls; *K-Pax*, despite maintaining a connection to the city, reestablishes isolation through its expansive grounds and controlled access. These examples show that the form of isolation produces meaning as much as its degree: the softened campus (*Awakenings*, *K-Pax*) codes both hope and control, while the industrial fortress (*Twelve Monkeys*) and the island institution (*Shutter Island*) reinforce punitive and sinister connotations.

In terms of interior-exterior relations, the landscape theme and controlled access to open spaces are often secondary in most representations of the healing environment literature (Tofle et al., 2003; Ulrich, 1984). High/narrow/barred windows limit visual connection; use of the garden and courtyard is subject to permission and supervision procedures. Thus, the outdoor space is positioned more as a controlled threshold than a therapeutic threshold: the ability to look outside conveys trust and openness. At the same time, the conditionality of going outside produces a sense of protection and authority. Windows, therefore, are not only a source of light but also an indicator of the institution's communication with the public sphere.

In the literature, open-door and community-based psychiatry approaches developed after 1980 suggest that institutions should be more integrated into the social fabric and that the space should be transformed into a therapeutic environment that supports participation rather than isolation (Aydın et al., 2014; Directorate-General for Health and Food Safety, 2017; Kalagi et al., 2018; Thornicroft & Tansella, 2004). However, findings show that cinematic representations reflect this orientation only to a limited extent; they mainly construct the space within the closed institution paradigm centered on surveillance and discipline (Foucault, 1991a, 2017). Therefore, cinema, as a tool that reproduces the image of the mental hospital in social memory,

transforms spatial isolation into a cultural representation pattern. Closed thresholds, linear corridors, barred windows, and cold-toned lighting prepare the ground for the identification of care with a punitive/isolating practice.

In terms of interior organization, disciplinary institutional debates and principles of spatial arrangement and visual dominance find their counterpart in scenes (Goffman, 1961; Hillier, 2007). Central nurse stations, long sightlines, and the linear arrangement of rooms along corridors increase surveillance capacity and limit autonomy. Bars, locked doors, and limited access to open areas transform the architecture into a direct means of control (Foucault, 1991a). Lighting also visualizes this asymmetry: continuous ceiling lights turn the corridor into a surveillance line; rising vertical light at thresholds and stations highlights centers of authority; directional spotlights stage control points.

The centralization of common areas to provide nurses' stations with a wide field of view, the arrangement of rooms in a serial and legible line along the corridor, and the marking of transitions with lock/turnstile-like thresholds facilitate the management of movement and the continuity of surveillance. This scheme is evident in *One Flew Over the Cuckoo's Nest* with its open-plan lounge-station pairing, while in *Twelve Monkeys*, it transforms into narrow, compartmentalized circulation; in *Shutter Island*, as the security level increases, the flow lines are separated by sharper boundaries. The sequential arrangement of treatment-care rooms along the corridor axis in *Awakenings*, as well as the placement of therapeutic rooms in a semi-open layout close to common areas in *K-Pax*, demonstrates that the visibility/accessibility relationship is institutionalized to varying degrees. This organization, which narrows the definition of privacy, reproduces the criticism that individual autonomy is curtailed in favor of managerial efficiency (Goffman, 1961). Thus, form and organization constantly reframe the trust-autonomy dilemma in healthcare communication; the films mainly establish the balance in favor of surveillance.

In terms of formal language and geometry, harsh, angular, and linear forms prevail, contrary to Pallasmaa's (2024) emphasis on sensory space. Sharp wall-ceiling junctions, unrounded furniture corners, and rectangular grids with standardized modulation reinforce institutional distance. While this language appears as functional simplicity in *One Flew Over the Cuckoo's Nest* and *Awakenings*, in *Twelve Monkeys*, industrial harshness and visible plumbing transform it into a shell evoking mechanical discipline. The heavy masses and narrow, high corridors in *Shutter Island* create a formal pressure that intensifies the uncanny spatial tension, as noted by Vidler (2002). In *K-Pax*, round tables and softened edges occasionally intervene, but they do not entirely dissolve the institutional grid. Ultimately, the geometry conveys a visual regime of normative control rather than one that invites warmth.

In terms of lighting, there are apparent contradictions between representations regarding daylight and color temperature (Frumkin, 2003; Tofle et al., 2003; Ulrich, 1984). Homogeneous, cool-white fluorescent light, combined with neutral surfaces, produces a clinical flat tone; the suppression of shadows facilitates observation but reduces sensory depth. In *One Flew Over the Cuckoo's Nest*, although daylight is present, the bars/positioning diminish the therapeutic effect; in *Awakenings*, neutral functionality dominates; in *Twelve Monkeys*, dim and projector lighting heightens the sense of timelessness and risk; in *Shutter Island*, low illumination and directional sources dramatize authority with stark contrast. In *K-Pax*, relatively generous daylight is a sign of hope, but access policies limit therapeutic potential. Thus, light produces not only mood but also the authority-subject relationship (Aripin, 2007; Tomassoni et al., 2015).

The sensory-aesthetic characteristics of the interior largely contradict the principles of a healing environment (Ulrich, 1984). Instead of natural landscapes, warm/natural palettes, and biophilic cues, neutral colors, hard-reflective surfaces, metal/plastic furniture, and sterile decor prevail. This contradiction produces two consequences in terms of health communication: unless healing environment recommendations are visible

in popular representations, the stigmatizing image of hospitals may be reinforced; conversely, the limited homelike cues in *K-Pax* may open a fault line for alternative frameworks (Ulrich, 1991; Schweitzer et al., 2004; Devlin & Arneill, 2003; Karlin & Zeiss, 2006).

In the furnishing layout, multi-person dormitories, fixed/anchored elements, large communal tables, and row seating constrain flexible usage scenarios. In *One Flew Over the Cuckoo's Nest*, elements of socialization are tied to the axis of surveillance; in *Twelve Monkeys*, fixation and connections appear as a gesture related to the discipline of the body (Foucault, 1991a); in *Shutter Island*, minimal comfort is combined with punitive aesthetics. In *K-Pax*, soft chairs, bookshelves, and plants reinforce the language of closeness and trust but are limited in their ability to erode the institutional framework. The material-color-texture regime similarly clusters toward sterility; in *Twelve Monkeys*, worn concrete/rusty metal produces an aesthetic of industrial decay, while in *Shutter Island*, stone/brick and a dark palette generate weight; unease becomes particularly persistent in these examples (Vidler, 2002). Thus, the sensory memory of the space is established as a repertoire of representations oscillating between the public nature of care and the aestheticization of discipline.

This analysis demonstrates that, as Bruno (2018) notes, mental hospital spaces in cinema serve not merely as a backdrop but as a spatial discourse carrying ideological weight. Aesthetic/typological choices centered on discipline and surveillance dominate at the levels of location, thresholds, organization, form, light, and furnishings. Although *K-Pax* closely aligns with community-based and rehabilitative environment principles, access and control protocols limit this harmony. Thus, representations reproduce stigmatizing codes in varying degrees within the context of health communication; the dichotomies of trust versus fear, accessibility versus inevitability, and care versus punishment are perpetuated through visual language.

Such representations can produce long-term effects on social perception; visual media is a decisive field in the development of viewers' emotions and attitudes (Kuppers, 2011). Repeated images of closed/cold/control-focused spaces can perpetuate prejudices by coding the mental hospital as a punitive and isolating place rather than a therapeutic one. In contrast, increasing positive representations, such as permeable thresholds, visual contact with nature, and warm materials and lighting, can produce results more consistent with the goals of reducing stigma and increasing service utilization.

In conclusion, the study reveals that cinematic representations essentially correspond with historical-institutional models; however, they remain limited in reflecting modern approaches to care and therapeutic spaces. These findings suggest that cinema is a powerful communication channel that can influence perceptions and policies regarding healthcare spaces. They also suggest that psychiatric spaces should be negotiated at the level of design and policy through images circulating in popular culture, as well as clinical practice.

Limitations of this study include the small and purposeful sample size and the fact that it consists solely of Hollywood productions. This choice anchors representations of psychiatric hospitals in a Western-centric industry context, limiting the direct generalization of findings to non-Western cinematic traditions, different healthcare systems, and local cultural conditions. Although the focus was consciously adopted to analyze mainstream images circulating globally in depth, comparative analyses with films, series, and digital platform content produced in different countries should be developed in the future. The method centered on mise-en-scène analysis; cinematographic decisions were used as descriptive secondary data only to the extent that they clarified spatial meaning. Copy quality and accessibility may have limited some detailed readings.

Specifically, for Turkish cinema, it is recommended to make visible patient rights, private consultation rooms, consultation-triage arrangements, and multidisciplinary team operations, rather than normalizing

punitive iconography; and to reflect family participation, the culture of accompaniment, and the continuity between Community Mental Health Centers, home, and hospital in the mise-en-scène. At the language level, preferring expressions such as 'psychiatric clinic/mental health service' instead of 'mental hospital' and establishing a consultation relationship with relevant institutions during the production process can strengthen ethical representation.

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Appendix | Ek

Appendix 1

Spatial elements coding scheme

Coding category (main theme)	Subdimension / code tag	Spatial indicators used in coding	Typical coding values
The hospital's location and spatial isolation	Physical distance from the urban fabric	Distance from the city center; land use in the surrounding area (dense urban / suburban / rural / natural environment); presence of natural or artificial barriers (sea, rocky terrain, forest, wall, fence); number and quality of access routes (single road, bridge, multiple connections, etc.).	High / medium / low spatial isolation
	Visual contact with the city	Visual connection from the hospital area to the city or neighborhood (silhouette, street, housing, public transportation, etc.); whether or not everyday urban activities are visible in the background.	Strong / partial / no visual contact
Borders, control, and security	Border type	The material and form of boundaries (wall, fence, gate, hedge, barrier, etc.); the height and permeability of boundaries (transparent / semi-permeable / opaque).	Open / soft / hard boundary
	Checkpoints	The number and location of checkpoints (entrance gate, information desk, nurse station, etc.); the visibility level of staff, the presence of surveillance tools (cameras, railings, locks, etc.).	Low / medium / high control intensity
Outdoor areas and garden access	Visual access to the outdoor space	The size and location of openings (windows, glass doors, etc.); the proportion of the sky, greenery, and built environment within the field of view; visual continuity between the interior and the garden/courtyard.	Open / restricted / blocked visual access
	Physical access to the garden/courtyard	The number and type of doors opening to the outside; the presence of thresholds (locks, alarms, personnel control); the need for personnel assistance; the size of the area where patients can move around.	Unrestricted / supervised / restricted physical access
Indoor-outdoor relationship	Degree of closure	Wall/window ratio; ceiling height, depth of interior spaces; presence of visual axes connecting interior and exterior spaces.	Very closed / semi-closed / visually open
	Transition zones	The presence and width of transition areas such as corridors, verandas, porches, and halls between interior and exterior spaces; whether transitions are abrupt or gradual.	Sharp / gradual transition between inside and outside
Lighting conditions	Light source	The presence of natural light (windows, skylights, etc.) and artificial light (ceiling fixtures, local lighting); which one is dominant.	Predominantly natural / mixed / predominantly artificial lighting
	The distribution and quality of light	Whether the light is uniform or directional; shadow depth, contrast between light and dark areas; presence of glare or dim areas.	Diffuse / balanced / high-contrast lighting
	Perceived light temperature	Color temperature perceived through light and surface interaction (warm / neutral / cool).	Warm / neutral / cool lighting
Color palette	Dominant color tone	The dominant color family (warm, cool, neutral); the dominance of intense (saturated) or pale (low saturation) colors.	Warm / cool / neutral palette
	The complexity of the palette	Number of perceived different colors; use of accent colors, whether the environment is uniform or varied.	Single color / limited / various palettes

Coding category (main theme)	Subdimension / code tag	Spatial indicators used in coding	Typical coding values
Material usage	Surface hardness/ softness level	Dominant materials (concrete, metal, glass, etc. versus wood, textiles, etc.); the tactile and visual impact of surfaces (hard, smooth, reflective versus soft, textured, light-absorbing).	Use of hard / mixed / soft materials
	Corporate / residential character	The ratio of commercial finishes (linoleum, metal fittings, plastic surfaces, etc.) to residential elements (wooden furniture, curtains, carpets, decorative objects).	Corporate / mixed / residential character
Furniture, placement, and circulation	Furniture density and arrangement	Number of furniture pieces per unit area; ratio of fixed and movable furniture, arrangement along walls, etc.; focus/island layout; presence of a central control point (nurse station, consultation area, etc.).	Sparse / medium / dense; control-focused / interaction-focused layout
	Ease of movement	The width of circulation areas; elements that create obstacles, visibility of exits; patients' ability to move independently, etc. directed movement.	High / medium / low ease of movement