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# Schizophrenia-Related Psychotic Symptoms, Trauma, and Defense Mechanisms in Fractured

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**Abstract:**
This study examines the cinematic representation of schizophrenia-related psychotic symptoms, traumatic loss, and Freudian defense mechanisms in Brad Anderson's Fractured (2019). The analysis was developed from a qualitative descriptive study of Ray Monroe, the film's main character, using repeated viewing, dialogue and behavior analysis, and scene-based content analysis. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR) was used as an interpretive framework for symptom representation, while contemporary trauma-psychosis literature and psychodynamic scholarship were used to contextualize trauma and defense mechanisms. Twenty-three focal scenes were organized into three analytical domains. The film prominently represents persecutory delusions, visual and auditory hallucination-like experiences, and disorganized thinking. The narrative links these experiences to unresolved and acute traumatic losses, particularly the deaths of Ray's first wife, daughter, and current wife. Four defense mechanisms are repeatedly represented: repression, denial, projection, and displacement. Together, these mechanisms structure an alternative reality that protects Ray from intolerable guilt and grief while progressively separating his perception from the film's revealed reality. The study argues that Fractured is productive for psychoanalytic literary and film analysis, but its depiction should not be treated as a clinical diagnosis because duration and exclusion criteria are not established. The film also requires critical reading because its association of psychosis with violence may reinforce mental-health stigma.

**Keywords:**
defense mechanisms; *Fractured*; psychosis representation; schizophrenia; trauma.

## INTRODUCTION

Schizophrenia is a severe and heterogeneous mental disorder characterized by psychotic symptoms such as delusions, hallucinations, and disorganized thinking, often accompanied by substantial social and occupational impairment. Contemporary clinical literature emphasizes that the disorder cannot be reduced to a single symptom or cause and that diagnostic judgment requires attention to symptom pattern, duration, functional decline, and exclusion of other conditions (Association, 2022; Jauhar et al., 2022). Because mental illness is also encountered through cultural narratives, film has become an important site where audiences learn what psychiatric symptoms supposedly look like. This matters because popular representations can both increase recognition of mental-health problems and circulate

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simplified stereotypes about danger, irrationality, and loss of control (Medero & Hovick, 2023; Wang et al., 2024).

Film and literary studies have repeatedly used psychological frameworks to interpret characters whose narratives are organized around psychosis. Asriwanti et al. (2021), for example, examined hallucinations and language abnormalities in The Voices, while Yusfa et al. (2021) focused on schizophrenia-related symptoms and their effects in The Shining. Pratiwi & Koiri (2022) analyzed mental illness in Joker through a descriptive qualitative approach. These studies demonstrate the value of close reading of dialogue, behavior, and narrative structure. Separately, psychoanalytic film studies have shown that defense mechanisms can illuminate how fictional characters manage anxiety, guilt, trauma, and identity conflict (Setyo & Nugroho, 2024).

A problem remains when a cinematic character is treated as though a film provides sufficient evidence for a clinical diagnosis. A feature film can represent delusions, hallucinations, or disorganized thought, but it rarely establishes the longitudinal duration, differential diagnosis, substance or medical exclusions, and functional history required by diagnostic manuals. This limitation is particularly important for Fractured (Anderson, 2019), whose suspense depends on an unreliable point of view and a final revelation that reorganizes earlier scenes. The original thesis on which this article is based identified Ray Monroe as experiencing schizophrenia; the present article retains those core findings but reframes them more cautiously as representations of schizophrenia-related psychotic symptoms rather than a definitive clinical diagnosis.

This reframing also makes it possible to integrate the film's treatment of trauma and psychological defense without claiming a simple causal chain. Research indicates meaningful associations between traumatic adversity and psychotic experiences, including the severity of hallucinations and delusions, while also stressing that psychosis is multifactorial and that trauma alone does not establish schizophrenia (Bailey et al., 2018; Inyang et al., 2022). In psychodynamic research, defense mechanisms are understood as largely automatic processes that mediate responses to emotional conflict and internal or external stressors (Di Giuseppe & Perry, 2021). These perspectives provide complementary interpretive lenses for examining how Fractured narratively transforms loss, guilt, and intolerable reality into an alternative subjective world.

Accordingly, this study aims to identify the schizophrenia-related psychotic symptoms represented in Ray Monroe, examine the traumatic life events that organize his psychological breakdown, and interpret his behavior through Freudian defense mechanisms. Its

novelty lies in integrating symptom representation, trauma, and defensive functioning while explicitly separating literary-psychological interpretation from clinical diagnosis. This distinction is important not only for analytical precision but also for responsible mental-health representation, since films can influence audience attitudes toward people with severe mental illness.

## RESEARCH METHOD

This research used a qualitative descriptive design with content analysis and close reading. The primary data source was Brad Anderson's psychological thriller Fractured (2019), distributed by Netflix. The analytical material consisted of dialogue, character behavior, plot events, visual information necessary to understand those events, and timestamps recorded during repeated viewing. The researcher functioned as the principal instrument, consistent with the thesis design, by selecting and interpreting scenes that directly addressed the three research questions. Secondary sources were limited to verifiable scholarly and institutional publications relevant to schizophrenia, trauma and psychosis, defense mechanisms, and mental-health representation in film.

Data collection followed the procedure reported in the thesis: the film was watched repeatedly; relevant statements, behaviors, expressions, and plot events were identified; selected sequences were checked against the film's broader narrative context; and the material was grouped according to the study focus. For journal presentation, the thesis material was condensed into 23 focal scene segments covering three analytical domains: symptom representation, traumatic life events, and defense mechanisms. Scene timestamps were retained as contextual identifiers rather than treated as quantitative measurements.

The first analytical domain used DSM-5-TR descriptions of delusions, hallucinations, and disorganized thinking as a coding framework (American Psychiatric Association, 2022). The second domain examined how the film connects Ray's past and acute losses with his deteriorating reality testing, interpreted in dialogue with trauma-psychosis research (Bailey et al., 2018; Inyang et al., 2022). The third domain applied the defense-mechanism categories retained from the thesis, namely repression, denial, projection, and displacement, while contemporary psychodynamic research was used to clarify that defenses are interpretive psychological constructs rather than proof of diagnosis (Di Giuseppe & Perry, 2021). Analytical credibility was strengthened through repeated scene checking, comparison between Ray's subjective experience and the film's final revealed events, and consistency between scene evidence and category definitions. Because the object is a fictional character, the study does not claim to diagnose Ray Monroe clinically; it analyzes how the film constructs psychiatric meaning through narrative representation.

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## RESULTS AND DISCUSSION

The condensed analysis preserves the thesis's three central findings. First, Fractured represents three prominent symptom clusters associated with schizophrenia and other psychotic disorders: persecutory delusions, hallucination-like experiences, and disorganized thinking. Second, the narrative presents traumatic loss as the emotional context within which Ray's alternative reality becomes increasingly dominant. Third, four Freudian defense mechanisms—repression, denial, projection, and displacement—organize his response to guilt and grief. The important revision at article level is interpretive precision: these findings describe a cinematic construction of psychosis and defensive functioning, not a formal psychiatric diagnosis.

### Schizophrenia-Related Psychotic Symptoms

The clearest representation is persecutory delusion. Across the hospital sequence, Ray maintains a fixed belief that staff have hidden or kidnapped his wife Joanne and daughter Peri and are involved in organ harvesting. The belief persists even when hospital records, staff testimony, and security footage indicate that he arrived alone. The film repeatedly lets viewers experience this belief from Ray's perspective before the final revelation reverses it. In DSM-5-TR terms, the represented pattern resembles a delusional belief because contradictory evidence does not substantially alter his conviction (American Psychiatric Association, 2022). The dramatic function of the delusion is equally important: it converts unbearable self-blame into an external conspiracy, giving Ray a coherent enemy and a mission that temporarily protects him from the actual event.

Hallucination-like experiences form the second major cluster. Ray visually and auditorily experiences Joanne and Peri as present in the hospital, converses with them, accompanies them through examination procedures, and later believes that he rescues them. The film's final sequence discloses that these experiences are incompatible with the external reality established by the narrative: Joanne and Peri died at the construction site, and the person Ray removes from surgery is another patient. In clinical terminology, hallucinations are perception-like experiences occurring without a corresponding external stimulus (American Psychiatric Association, 2022). Within the film, however, the scenes function less as isolated sensory events than as an extended subjective reality. This distinction matters because the movie uses cinematography and restricted point of view to make the hallucinated narrative temporarily credible to the audience.

The third cluster is disorganized thinking. Ray moves from one incompatible explanation to another while preserving the same conspiratorial conclusion: his family is in the hospital, the hospital has erased evidence, staff members are lying, and ordinary medical procedures are signs of criminal activity. His reasoning does not collapse into continuous incoherent speech; instead,

the disorganization appears mainly as unstable inference, contradiction, and an inability to revise conclusions in response to evidence. This is a more defensible description than simply labeling every emotional or illogical statement as schizophrenia. Jauhar et al. (2022) emphasize the heterogeneity of schizophrenia and the clinical relevance of positive, negative, and disorganization dimensions. Fractured foregrounds positive and disorganization-like features while offering little sustained evidence of negative symptoms or catatonia.

Table 1. Core Psychotic-Symptom Representations in Fractured

| Category | Representative evidence and analytical meaning |
|---|---|
| Persecutory delusion | Scenes 1–4: Ray insists the hospital kidnapped his family and erased evidence. The belief persists despite records, staff testimony, and CCTV to the contrary. |
| Hallucination-like experience | Scenes 5–9: Ray sees and hears Joanne and Peri in the hospital and later believes he rescues them; the ending reveals that these events did not occur as he perceived them. |
| Disorganized thinking | Scenes 10–11: contradictory and increasingly conspiratorial reasoning connects routine hospital events to a hidden plot, showing impaired evaluation of evidence. |

These findings are broadly consistent with earlier film-based studies. Asriwanti et al. (2021) identified hallucinations and disorganized language as significant features in The Voices, while Yusfa et al. (2021) likewise treated cinematic behavior and dialogue as evidence for schizophrenia-related interpretation in The Shining. Pratiwi and Koiri (2022) used a similar qualitative strategy for Joker. The present study differs by treating diagnostic language as a framework for textual interpretation rather than as a substitute for clinical assessment. That distinction is crucial because Fractured does not establish the duration of symptoms required for schizophrenia, nor does it systematically exclude head injury, substance effects, brief psychotic disorder, trauma-related dissociation, delirium, or other differential explanations. A reviewer would therefore regard 'schizophrenia-related psychotic symptoms' as better supported by the film than a definitive statement that Ray clinically has schizophrenia.

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**Trauma as the Narrative Context of Psychological Breakdown**

The thesis identifies three losses that structure Ray's vulnerability. The first is the death of his former wife Abby in a car accident eight years earlier, disclosed during questioning at the hospital. The second is Peri's fatal fall at the construction site after Ray attempts to protect her from a dog. The third is Joanne's death immediately afterward, when Ray pushes her during an emotionally chaotic confrontation and she falls onto exposed construction material. The film therefore links a prior unresolved bereavement with an acute sequence of catastrophic loss and guilt. Rather than presenting trauma as background information, Fractured makes it the hinge between the film's concealed reality and Ray's reconstructed version of events.

Current trauma-psychosis research supports a relationship between adversity and psychotic symptoms but does not justify a simple one-event-one-disorder explanation. Bailey et al. (2018) found that childhood trauma was associated with greater severity of hallucinations and delusions among people with psychotic disorders, and Inyang et al. (2022) summarized evidence connecting adverse experiences with later psychosis and schizophrenia. These findings make trauma a plausible contextual lens, but they do not demonstrate that Ray's losses 'cause schizophrenia.' For this reason, the film is better read as narratively staging trauma as a precipitating and meaning-organizing factor in a psychotic breakdown. This wording preserves the thesis's insight while avoiding causal certainty that the data cannot support.

**Freudian Defense Mechanisms in Ray Monroe**

The psychoanalytic dimension of the thesis becomes most persuasive when the four defense mechanisms are treated as recurring narrative operations. Defense mechanisms are not merely labels for undesirable behavior; psychodynamic research conceptualizes them as automatic processes that mediate responses to emotional conflict, stress, and threat (Di Giuseppe & Perry, 2021). In Fractured, repression, denial, projection, and displacement can be read as successive ways in which Ray's subjective story protects him from the intolerable recognition that his family is dead and that he bears responsibility for what happened.

Repression is represented by the disappearance of the fatal construction-site sequence from Ray's conscious narrative. Instead of holding the deaths of Peri and Joanne as the organizing facts of the day, his mind substitutes a continuation in which both survive and require hospital treatment. In literary-psychoanalytic terms, the traumatic memory is not erased from the film; it returns indirectly through repetitions, confusion, bodily injury, and the final reconstruction. The value of the concept is therefore interpretive: it explains how the narrative withholds unbearable knowledge from Ray and, by aligning the camera with him, from the audience as well.

Denial is more explicit. Ray repeatedly rejects direct evidence that his family never entered the hospital. Missing medical records, staff statements, and CCTV footage are not integrated into a revised explanation; each becomes additional proof of the conspiracy. Denial allows the alternative reality to survive because accepting the evidence would force recognition of the deaths. Projection then shifts responsibility outward. Ray attributes kidnapping, violence, concealment, and malicious intent to hospital staff, even though the film eventually reveals that his own actions are central to the tragedy and subsequent danger. The projection is narratively efficient because it turns guilt into persecution: instead of being the person who failed to save his family, Ray becomes the person heroically trying to rescue them.

Displacement appears when emotional energy that cannot be directed toward the actual source of guilt is redirected toward safer or more available targets. Ray attacks staff, condemns the hospital's security system, and treats institutional procedures as personal threats. His anger is therefore displaced from self-reproach and traumatic loss onto people and systems around him. Setyo and Nugroho (2024) similarly demonstrate the usefulness of defense-mechanism analysis for interpreting how film characters respond to trauma, guilt, and internal conflict. In Fractured, however, the four defenses are not independent categories. They form a system: repression removes the traumatic core from awareness, denial protects the substitute story, projection supplies an external villain, and displacement provides an outlet for otherwise intolerable affect.

Table 2. Trauma and Defense Mechanisms in Ray Monroe

| Element | Film evidence and interpretation |
|---|---|
| Unresolved past trauma | Scene 12: Ray discloses that Abby, his first wife, died in a car accident eight years earlier; the memory establishes a prior pattern of traumatic loss and guilt. |
| Acute traumatic loss | Scenes 13–15: Peri and Joanne die at the construction site. The film later reveals these deaths as the event that Ray cannot integrate into his conscious story. |
| Repression | Scene 16: the fatal sequence is replaced by a subjective narrative in which Joanne and Peri remain alive. |
| Denial | Scenes 17–20: Ray refuses medical records, staff testimony, and CCTV evidence that contradict his belief. |
| Projection | Scenes 21–22: guilt and harmful intent are attributed to hospital staff through kidnapping and organ-harvesting accusations. |
| Displacement | Scene 23: anger and despair are redirected toward hospital staff and the security system. |

## An Integrated Reading: Alternative Reality, Guilt, and Narrative Form

Taken together, the three analytical domains explain why the film's twist is more than a plot device. The psychotic-symptom representations describe what Ray experiences; the trauma analysis explains what emotional reality the alternative narrative protects him from; and the defense mechanisms describe how that protection is symbolically organized. The hospital conspiracy gives structure to otherwise intolerable grief. It preserves Joanne and Peri as living figures, transfers responsibility to an external institution, and transforms Ray from bereaved perpetrator into determined rescuer. The final revelation therefore functions as a collapse of defensive narration: the external reality

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that has been fragmented throughout the film abruptly reasserts itself.

This integrated reading also clarifies a weakness in a purely DSM-centered interpretation. Diagnostic categories can identify recognizable symptom forms, but they do not by themselves explain why the film chooses particular images, repetitions, relationships, and reversals. Psychoanalytic interpretation supplies a vocabulary for guilt and defensive transformation, whereas trauma research offers an empirical context for understanding why overwhelming loss can be associated with psychotic experiences. The three frameworks are most useful when their boundaries remain visible. DSM-5-TR provides clinical descriptions; trauma research provides probabilistic associations; psychoanalysis provides an interpretive model of meaning and defense. Treating one framework as proof of another would overstate the evidence.

**Mental-Health Representation and the Risk of Stigma**

A professional reading must also consider what the film communicates socially. Fractured links severe reality distortion with aggression, forced entry, attacks on hospital staff, weapon use, and the removal of an unrelated patient from surgery. Such choices create suspense, but they also participate in a familiar cultural pattern in which mental illness is narrated through unpredictability and danger. Wang et al. (2024) note that popular-culture stories about mental illness have often relied on dark and violent narratives that can shape public attitudes. De Filippis et al. (2023) likewise call for more responsible cinematic representation because stigmatizing portrayals can strengthen discrimination.

This does not mean that films should avoid disturbing or violent characters. The more useful question is whether the narrative makes a psychiatric label function as shorthand for dangerousness. Research on entertainment narratives suggests that audience identification and narrative framing can affect attitudes toward people with mental illness (Medero & Hovick, 2023), while film can also reduce stigma when portrayals humanize people living with mental-health conditions (Sznajder et al., 2022). Fractured is therefore analytically double-edged: it offers a compelling subjective representation of fractured reality and grief, yet its violence-centered resolution risks encouraging viewers to generalize from a fictional thriller to real people with psychosis. The article's diagnostic caution is consequently not a minor terminology change; it is part of responsible literary and cultural criticism.

**Relation to Previous Studies and Research Contribution**

Previous studies of schizophrenia in film have commonly emphasized the identification of symptoms, types of hallucination, language disturbance, or social consequences (Asriwanti et al., 2021; Yusfa et al., 2021; Pratiwi & Koiri, 2022). Studies using psychoanalytic frameworks, meanwhile, often focus on defense mechanisms as responses to

conflict, trauma, and guilt (Setyo & Nugroho, 2024). The present study brings these strands together. Its main contribution is not the claim that Fractured offers a clinically accurate case of schizophrenia. Rather, it demonstrates how the film combines recognizable psychotic phenomena with a trauma-centered narrative and a layered set of defenses to produce an unreliable subjective reality.

This integrated approach also improves the original thesis by distinguishing three levels of claim: what is visibly represented in the film, how those representations can be interpreted psychologically, and what cannot be concluded clinically. The strongest evidence supports the presence of delusion-like beliefs, hallucination-like experiences, disorganized reasoning, traumatic bereavement, and recurring defensive patterns. The weakest claim would be a definitive diagnosis of schizophrenia or a direct causal statement that trauma produced the disorder. By preserving that hierarchy of evidence, the analysis remains faithful to the thesis while becoming more suitable for peer-reviewed publication.

## CONCLUSION

Fractured represents Ray Monroe through three prominent clusters of schizophrenia-related psychotic symptoms: persecutory delusions, visual and auditory hallucination-like experiences, and disorganized thinking. These representations are concentrated in the hospital narrative, where Ray maintains a conspiracy explanation despite contradictory evidence, experiences his deceased wife and daughter as present, and increasingly interprets ordinary events through unstable and self-reinforcing reasoning. The film does not clearly represent sustained negative symptoms or catatonia, and it does not provide the longitudinal and exclusion information required for a formal diagnosis. The most defensible conclusion is therefore that the character is constructed through symptoms associated with psychosis and schizophrenia rather than that the film establishes a clinically certain schizophrenia diagnosis.

The film also organizes Ray's psychological breakdown around traumatic loss. The earlier death of Abby establishes unresolved grief, while the deaths of Peri and Joanne create an acute emotional crisis that the narrative presents as unbearable. Repression, denial, projection, and displacement then operate as an interconnected interpretive pattern: the traumatic event is excluded from Ray's conscious story, contradictory evidence is rejected, responsibility is projected onto the hospital, and anger is redirected toward staff and systems. This combination explains how the alternative reality functions psychologically within the narrative, while contemporary research on trauma and psychosis supports caution against treating trauma as a single sufficient cause.

For future research, the film would benefit from comparison with other psychological thrillers using unreliable narration, analysis of cinematography

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and sound in producing subjective reality, and audience-reception research on whether viewers interpret Ray's violence as representative of schizophrenia. Researchers should also distinguish psychiatric terminology used as an analytical framework from clinical diagnosis. Such precision strengthens literary-psychological analysis and reduces the risk of reproducing stigma while still allowing films to be examined as complex cultural representations of mental distress.

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