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MADNESS, MEDIA &

MENTAL ILLNESS:
A SOCIAL CONSTRUCTIONIST

APPROACH

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ABSTRACT

Background

Depictions of mental illnesses in the mass media have been analysed and criticised for more than forty years with little improvement, and that has serious implications for the ongoing efforts to destigmatise both mental illnesses and those who suffer from them.

Aims

- To examine media depictions of mental illnesses within a social constructionist framework.
- To identify why media depictions take the form they do and to indicate ways in which such practices may be more effectively addressed.

Method

Items chosen from factual media genres were subjected to discourse analysis. This form of analysis attends to the preferred meaning of the items and how that meaning is constructed within the item. Exemplars of such analysis are contrasted with the content analyses more commonly performed on media materials before reporting analyses of items from everyday media reports and of materials that were expected to be less stigmatising.

Results

Irrespective of the form of analysis it is found that media depictions of mental illnesses are dominated by representations of dangerousness, criminal violence, unpredictability, and social incompetence. The same features were found in a destigmatisation documentary and a series of backgrounders on mental health services, in both of which madness was utilised to create interest and drama. It is argued that these characteristics occur because media personnel, like most laypersons, represent mental illnesses as forms of madness.

Conclusions

- That my social constructionist analysis is able to account for the lack of change in media depictions over forty years.
- That the preference for a public mental health approach to destigmatisation is misplaced because it is unable to address the fear generated by lay understandings of mental illnesses.
- That the attempt to avoid conflation of the person with the disorder in Diagnostic and Statistical Manuals beginning in 1980 was an inadequate step in an appropriate direction in that it sought to remind clinicians that a mental disorder does not make a person non-human.
- The thesis findings are interpreted as showing that destigmatisation requires a new way of depicting mental illnesses, one that privileges the individual's experience and their ordinary humanness.

[349 words]

PREFACE

Introducing the author

I am a long-time employee of the University of Auckland and among the various identities I claim are those of community activist and critical social psychologist. As an anti-racism activist in the 1970's I looked to my discipline for effective help in coming to grips with systemic racism in a colonial society. The concepts and analyses most widely accepted within social psychology such as; attitudes, roles, communication networks, and persuasive communication, were both too rigid and too distant from the immediacy of everyday life to contribute to social and community activism. I have regularly reflected on that experience but, although there are significant implications for social psychological studies of the mass media, I have not sought to include such reflections in this thesis. Concurrent with the research project within which I have located my thesis, I have had experience of being a speaker for and consultant to "Like Minds, Like Mine" (New Zealand's national destigmatisation project). Less than a year after registering for my PhD I was invited to become the New Zealand member of the Advisory Board for the Rosalynn Carter Mental Health Journalism Fellowships, a component of the Mental Health Program of the Carter Center (Atlanta, U.S.A). Those experiences have strengthened my commitment to contribute to the destigmatising of mental illnesses.

Introducing the thesis

My goal for this thesis is to map the contested terrain of mental illness and I choose the image of mapping deliberately because there are strong parallels between the practices of mapping and the discursive assertion of power over a realm of human experience. As pointed out by Associate Professor Nick Perry during supervision, mapping – the process of representing one reality by another – is a powerful metaphor for the social construction of realities. My mapping is accomplished primarily through an analysis of depictions of mental illnesses in 'factual' items - news, backgrounders, and documentaries - in New Zealand print and television media. As I limited the thesis to the factual genres I have relied on other researchers' findings for my ability to demonstrate relationships between factual and fictional genres.

For me the most appropriate way to think about my commitment to destigmatisation is to regard it as another aspect of ongoing community activism. In the same way I regard the larger research project that has continued during my PhD as a related form of activism. That larger project, for which I was the Principal Investigator, was titled *Discursive resources used in talking about and understanding mental illness in New Zealand* and has been supported by the Health Research Council [HRC 98/052 and HRC 97/31]. As Principal Investigator I was responsible for designing and carrying out analyses of depictions of mental illnesses and mental health in both fictional and factual media genres. It was from those analyses that the research team identified discursive resources available to New Zealanders for speaking or thinking about mental disorders.

The decision to access discursive resources through the media was influenced by the ready availability of relevant materials and, more importantly, the non-reactive nature of those data. In social research the possibility that the researcher's questions or measures influence the responses must be seriously considered. Media materials, as they are not produced in response to research questions cannot be influenced in such ways, a highly desirable characteristic (Speer, 2002). Concern that research procedures may be reactive must be addressed if social constructionist research is to make significant contributions to the ways in which our society understands human and social processes. Other concerns that could undermine those contributions are that analyses merely reflect the subjective interpretations of the researcher. The primary response to that concern is to require researchers to be reflexive, to scrutinise their own theorising and interpretation in the same ways that they scrutinise their primary data. All attempts to be reflexive require researchers to acknowledge their standpoint, the perspective from which the research is undertaken. That is what I intended to do when introducing myself as one committed to effective destigmatisation of mental illnesses, and in identifying the thesis as a mapping of a contested terrain.

The particular form of discourse analysis I use in this work has its roots in work Tim

McCreanor and I did on Pakeha[1] constructions of Maori-Pakeha relations in talk (McCreanor, 1993a, b; Nairn & McCreanor, 1990; 1991). That research was motivated by the need to develop a more adequate means of describing how Pakeha make their dominance in a modern post-colonial society invisible to themselves and to the indigenous people who were colonised (Wetherell & Potter, 1992). The theoretical foundations of that form of analysis, and its development are described in Chapter 1. Re-reading our earlier discourse analyses of media materials (Allen & Nairn, 1997; Nairn, 1999; Wilson, Nairn, Coverdale & Panapa, 1999a, b) reminded me both that my initial emphasis had been to identify the discursive resources utilized in constructing mental disorders, and that I wanted to describe how the resulting depictions were deployed. Those dual foci remain in the thesis but are now harnessed to destigmatisation and a concern to develop a more functional way to understand the continuing depiction of those with a mental illness as a dangerous threat to the community.

However it is not sufficient merely to reveal one's partialities when the analyses are readings of media materials by members of the research team. Other researchers are generally critical of the construction of mental illness(es) as fearsome and the rather routine use of such constructions in mass media materials. Reading of our articles (Coverdale, Nairn & Claasen, 2000; 2002; Nairn, 1999; Nairn, Coverdale & Claasen, 2001) shows that we share that critical stance. Reflecting on both bodies of work, ours and those of other researchers, in the context of the thesis, I now consider that the critical stance contributes to the fruitless stand-off between mental health professionals and media personnel about how mental illnesses are, or should be, depicted in the mass media. Discourse analyses of media materials, together with critical appraisals of international research (Chapter 2), shaped my efforts to develop a more adequate account of those disagreements between mental health professionals

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[1] Pakeha is the term in Te Reo Rangatira (Maori) for non-Maori settlers in New Zealand. In the context of Te Tiriti o Waitangi (the Treaty of Waitangi, 1840) all non-Maori are Pakeha. In modern usage the word refers to non-Maori of European origin, particularly those from the U.K. Self-applied, Pakeha asserts a political identification with Maori as tangata whenua (people who are the land) and their rightful participation in the governance of this country.

and journalists. The resultant account is a mapping, a description of how and why the contending parties represent the same family of experiences – mental illnesses – in such different ways.

When I registered for the PhD I was not as clear about my perspective on the work or how to organise my thinking and findings as I now am and, for those gains, I am indebted to many colleagues but especially to the members of our collaborative PhD group. Rosanne Black, Ingrid Huygens, Mitzi Nairn, and Tim McCreanor have encouraged, cajoled, criticised, and helped in big and little ways to bring this body of work to completion. Thanks to each of you and best wishes for your projects. I am grateful for your help in this journey and for enabling me to make a good job of a complex and important piece of research.

To my supervisors Associate-Professor Nick Perry and Dr Nicola Gavey, thank you for being willing to take me on and for variously prodding, listening sympathetically, and encouraging me to consider other angles. As a fellow academic I have appreciated your collegiality and willingness to take a relatively hands-off approach. Finally, a heartfelt thankyou to Jo Briggs who struggled with Microsoft Word on my behalf to create a layout that was both readable and attractive. If the result is still hard to digest that is my responsibility.

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