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Biocommunicability and the politics of mental health: an analysis of responses to the ABC's 'Mental As' media campaign

Abstract:

For the past 2 years during Mental Health Week in Australia, the ABC has dedicated a week of programming across all of its platforms to mental health issues. The 'Mental As' campaign has been widely praised for creating awareness and raising funds for mental health research, while also drawing some strong criticism. This article provides a thematic analysis of a selection of media and public responses to Mental As with particular attention to the following four themes: starting a national conversation; combating stigma; emphasising the political economy of mental health; and resisting restitution narratives. The analysis draws upon the concept of 'biocommunicability' to explore the links between people's responses to the campaign and their uptake or resistance of the subject positions it invited them to adopt. The article seeks to offer some insight into the ways in which media and communication practices can figure in the biopolitics of mental health.

Keywords: biocommunicability; media; media criticism; mental health; mental illness

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Introduction

For the past 2 years during Mental Health Week in Australia, the ABC has dedicated a week of programming across all of its platforms to mental health issues. Named 'Mental As' the initiative has been widely praised for creating awareness of mental health issues and assisting in raising funds for mental health research, while also drawing some strong criticism. This article analyses a selection of responses to Mental As 2014 and 2015, including newspaper editorials, letters to the editor, and online opinion pieces and associated comments. These responses bring into focus important tensions and wider debates concerning the value and impact of different narratives about 'mental illness' and the media's role in promoting them.¹ One clear tension concerned the value attached to its role in raising awareness. Many responses signalled people's appreciation of the ABC for raising awareness and leading discussion and positioned Mental As as playing an important role in informing the public and, in turn, prompting government action with respect to mental health funding and services. Critics, however, argued there was too much focus on 'feel good' narratives and not enough on holding the government to account for lack of services.

The ABC's Mental As week involved broadcasting content across all of its platforms (online, radio and television) and genres. Regular programmes such as *Q&A* focused on mental health issues. Other programmes were specially commissioned, such as *Changing Minds*, a three part series set inside a psychiatric hospital, which explored the experiences of patients. The weeks of programming culminated in *Friday Night Crack Up* and *Saturday Night Crack Up*, respectively, which was a variety style entertainment format involving celebrities from popular commercial television networks and an emphasis on fundraising for mental health research.² Mental As represented a major commitment and investment on the part of the public broadcaster in the context of government cuts to its funding (see Meade, 2015). Those involved in organising it described it as making an important contribution to starting the conversation about mental illness in Australia and seeking to challenge stigma. In promotional material the ABC's Director of Television said Mental As programming will 'challenge stigmas and taboos; promote discussion, support and education; and inspire Australia to donate to mental health research' (ABC, 2014). The Managing Director of the ABC said:

The ABC has an important role in not only reporting national issues but also in leading discussion, debate and community awareness on the issues and challenges affecting Australians.

Mental health is a significant matter affecting many Australians and the ABC would like to engage in a national discussion about this complex and wide-reaching topic. (ABC, 2014)

The slogan of the programming was 'Talk Give Seek' and there was a strong emphasis on encouraging people to talk about mental health issues, seek help and donate money to mental health research. Mental As helped to raise \$1.5 million for mental health research in 2014 (ABC, 2015) and \$365,000 in 2015 (Society for Mental Health Research, 2015).

Biocommunicability and public communication about mental health issues

My analysis of responses to Mental As is informed by 'biocommunicability', which is a concept Briggs and Hallin (2007, p. 58) propose to capture how health news and health communication more broadly 'teaches' people about 'how information is (and should be) communicated' and in the process projects what constitutes appropriate reception, by whom and in what way. Briggs and Hallin (2007, 2010, 2016) propose the concept of biocommunicability to capture the role of public communication in 'biopolitics' (Foucault, 2010; see also Rose, 2001), particularly in disseminating ideas and visions of healthy citizenship and regimes of governmentality, and in the production of subjectivities. They have applied the concept to health news in general and, in bringing this lens to responses to Mental As, this article seeks to offer some insight into the ways in which media and communication practices can figure in the biopolitics of mental health. While the article is focused on responses to a particular type of media campaign in Australia, it engages wider debates and linkages that have been identified elsewhere in relation to media, health policy and neoliberal governmentality (see Crawshaw, 2012; Fullagar, 2008; Teghtsoonian, 2009).

Briggs and Hallin identify three predominant models of biocommunicability (biomedical authority, patient-consumer, public sphere), which designate different assumptions about how health knowledge is and should be produced and circulated, who should attend to it and in what way. The *biomedical authority* model describes a hierarchical 'circuit of communication in which medical knowledge is produced by specialists and transmitted to

patients by their primary-care physicians' (Briggs & Hallin, 2007, p. 51). This model rests on and promotes biomedical facts and expertise and, while medical discourse persists as a powerful presence in media representations of mental health issues, Briggs and Hallin (2010) suggest the biomedical authority model has been eclipsed to a large extent by that of the *patient-consumer* model in the context of neoliberal governmentality. While often working in conjunction with biomedical authority, this model allows more scope for individuals to pursue alternatives to biomedicine from the host of therapists, advisers and counselors who participate in the government of health, life and risk (see also Rose, 2001). This model tends to encourage a view of health as more a commodity of the individual consumer than an issue relating to the body politic and it addresses the lay person as a rational actor who is 'an active seeker of information, which he or she is expected to gather, sift, evaluate, and use to make health choices' (Briggs & Hallin, 2010, p. 152).

In contrast to biomedical authority and patient-consumer models, the *public sphere* model imagines audiences as citizens and situates health as a contested, contingent and firmly political concept. This model disrupts lay/professional hierarchies and assumes that there is debate within the medical community, the corrupting forces of political and economic interests exist within it, and the public has a right to observe and judge it. Briggs and Hallin (2010) suggest social movements and their allies may figure prominently within this model in that they often challenge biomedical authority and patient-consumer models by situating health issues in a wider social, political and economic context. They may expose the limits of biomedical authority and neoliberal governmental ideals by privileging understandings of mental health issues that recognise social and critical public health perspectives.

Thus, in addition to being a source of information, narratives and recommendations, this article considers public communication about mental health issues as sites through which expectations about the roles of social actors involved in and affected by mental health issues are conveyed. Accordingly, people's reception of such communication may be informed as much by what is said as by the way in which messages cast them in a particular role or subject position that they may experience as enabling or constraining. Biocommunicability therefore provides a useful lens for illuminating how appraisals of Mental As were shaped by the kinds of subject and viewing positions it invited audiences to adopt or inhabit by virtue of their reception and participation.

The Study

The analysis provided in this article is part of a larger study of Australian media reporting of mental health issues, which is examining newspaper (print and online), television and online news and opinion sites. The following texts have been selected for closer analysis because they take the Mental As campaign itself as their main focus or as the catalyst for discussing mental health issues during Mental Health Week:

‘The ABC of improving mental health’/‘ABC’s Mental As program healing and inspirational’ [online version] (Editorial, *The Sydney Morning Herald*, 2014, October 11)

‘Talk about mental health for a change’ (Editorial, *The Age*, 2014, October 11)

‘Mentally ill need services, not an ABC feel good week’ (Razer, *Daily Review*, 2014, October 14)

‘What the ABC’s “Mental As” campaign needs to get right’ (Stewart, *Junkee*, 2014, October 7)

‘Not so nice: Razer on ABC’s guileless Mental Health Week’ (Razer, *Daily Review*, 2015, October 5)

These commentaries provide quite different readings of Mental As, making it possible to focus in some depth on the tensions between them. We can see, for example, differences in the rather passive and sedate tone of the newspaper headlines compared to the more combative and concerned tone of the commentaries by Razer and Stewart, both of whom have written publically of their own personal experiences of mental health issues. Where available, comments in response to these texts on the websites or Facebook pages of their publishers have also been examined, and so too have letters to the editor about Mental As.

Helen Razer, a journalist, author and former ABC broadcaster, whose work is published across a range of media outlets, has arguably been the most vocal public critic of Mental As. Razer’s journalism often focuses on media issues, campaigns and programs and she often writes and speaks on mental health issues. This includes a 1999 book, *Gas Smells Awful: The*

Mechanics of being a Nut Case, about her own experiences of anxiety, depression and contemplating suicide. Razer's observations about Mental As prompted wider discussion and found resonance with some viewers and disdain from others. For example, Razer's 2014 article prompted 55 responses with a fairly even break down of those expressing agreement and disagreement with her views. Her 2014 commentary was also posted on the Facebook page of Crikey.com.au where the majority of commenters supported the ABC's initiative and criticised Razer, while a few shared her views. Razer's critique of Mental As 2015 prompted 118 responses, with far more commenters sharing than disagreeing with her views. Erin Stewart's article prompted six comments, the majority of which generally agreed with her views. It is also interesting to note that an article published on the ABC website during Mental Health Week, 'Mental As: Challenging the narrative that full recovery is realistic for all', referenced Stewart's article and discussed the importance of a diversity of narratives (Cockburn, 2015).³

The thematic analysis of responses to Mental As involved a close reading and comparison of these texts with particular attention to the kind of language and rhetorical devices used and the clusters of meaning attributed to Mental As, which are organised and described as themes. The themes identified and discussed are the result of my engagement with the different views of Mental As available in these texts and the responses they generated. The analysis is both grounded in the data and informed by the concept of 'biocommunicability' to examine the kinds of subject positions and narratives they show people accepting or resisting, on what grounds, and with reference to which particular aspects of Mental As. The analysis is structured around the following four themes: starting a national conversation; combating stigma; emphasising the political economy of mental health; and resisting restitution narratives.

Starting a national conversation

Mental As was seen by many as emblematic of the ABC's continuing importance and symbolic power in the context of government funding cuts. For example, letter writers said: 'It showed why our ABC is so relevant and important' (DelPrete, 2014) and, 'It's yet another reminder of why we all need to defend our ABC against the Abbott government cuts' (Boyce, 2014; see also 'Readers applaud ABC's Mental Health Week'; Giuffre, 2015; Hopgood, 2014). Editorials in both *The Age* and *The Sydney Morning Herald* also strongly praised Mental As for making the nation take notice of mental health issues and referenced the

largely hidden or undiscussed ('whispers', 'hushed tones') nature of mental illness to underscore the important work of the ABC. The play on words in *The Sydney Morning Herald* ('The ABC of improving mental health') editorial attributed a therapeutic value to the ABC's programming and also cast Mental As in a particularly influential role with respect to changing people's minds about mental health issues. It opened by emphasising the 'inspirational' nature of the programming:

Australia occasionally experiences an epiphany about what really matters. This week has been just such a time.

Thanks to the ABC, mental illness has emerged from the dark and entered the hearts of anyone who has seen or heard the inspirational programs in the national broadcaster's Mental As campaign.

This description invokes a momentous occasion in the nation's consciousness, with the use of 'Australia' functioning rhetorically to include all readers in the 'epiphany'. Prior to this point the implication is that Australians have been preoccupied with unimportant or trivial matters, of which mental health has presumably not been a part. This sets 'mental illness' apart and positions those affected by it as 'others' in relation to those who are considered part of the editorial's audience. The editorial projects a patient-consumer model of biocommunicability in which both recipients of Mental As and readers of the editorial are positioned and addressed as actively learning strategies for maintaining mental health:

Thanks to Mental As, now we know we have to work at keeping our minds fit for life.
Thanks to the generosity of spirit of patients and family, now we know that sufferers of mental illness are just like us.

The idea that 'now we know' more about mental illness than we did is repeated throughout the editorial for rhetorical effect, and the editorial concluded in this way:

As ABC managing director Mark Scott says, almost every family and household will encounter mental illness in some way.

Yet we don't have a conversation about it. We need to talk. Mental As has been a great conversation starter.

The use of 'we' here works to construct the audience for Mental As and this editorial as those who do not, but must, talk about mental illness. This could be seen as a form of discursive erasure, as it fails to recognise that many people *are* talking and have been for some time.

The Age editorial ('Talk about mental health, for a change') also emphasised the role of talk in engendering change and suggested that talking about mental health issues would be a change to the current state of affairs. It opened by introducing stigma removal as an important goal of discussions during Mental Health Week:

The long and difficult national project to remove the stigma surrounding mental illness took an important step forward this week. As Australia marked Mental Health Week, many people were openly, vigorously and informedly discussing mental illness and how it directly affects them. It was an uplifting experience, not downbeat.

Broadcasts and public forums, many hosted by the ABC, all helped draw the conversation about mental health out of the dark corner, where it too often resides, and into the light. This is to be applauded because, while mental illness is remarkably common in our community, it is for the most part still discussed in whispers.

This somewhat idealised description of stigma removal as a 'long and difficult national project' framed Mental As, in particular, as the culmination of a coordinated national effort. The last line of the first paragraph offers an interesting appraisal of Mental As that appears to presuppose that talking about mental illness would necessarily be 'downbeat' or that the programming might have been less worthwhile or as integral to removing stigma had it not been 'uplifting'. These observations about the tempo and emotive aspects of the programming are taken up later in reference to criticisms of Mental As.

Some respondents to Helen Razer's commentaries on Mental As also applauded the ABC for taking the initiative and spoke positively about raising awareness to educate the public. For example, the following comment from Sebastien emphasises the appropriate role of the ABC

as a conduit for discussion and awareness raising as distinct from that of a mental health service provider:

The ABC is a public broadcaster – not a health provider – operating on an amazingly razor thin budget. The commitment to discussion, awareness and frankly breaking down taboos was astounding. I'm perturbed and surprised that anyone could possibly be critical of this. (comment on Razer, 2014)

Sebastien's display of astonishment and disbelief that 'anyone could possibly be critical' of Mental As is significant because it renders criticisms of Mental As, and those who express them, absurd or inferior while positioning Mental As itself as a taken for granted good to be valued by society. In doing so it positions supporters of Mental As in the role of privileged producers of knowledge about its social and political value relative to those who refuse to inhabit a viewing position of gratitude, increased awareness or inspiration, for example. The following comment from Gayle also implies that any and all discussion is good:

We all want better mental health services. How do we achieve this? By making mental illness a more prominent and openly discussed part of our society. How do we do THIS? By having a week of programming on the ABC aimed at reducing stigma and inciting conversation. Yes, some of the programming is naff and often entirely unrelated to what people living with severe mental illness are experiencing. But we have to start somewhere. (comment on Razer, 2015)

This view rests on an assumption prevalent in public discussion of mental health issues; that they are not talked about and talking is good. While Gayle concedes its disconnect from the material realities of a particular group, this is overridden by her final observation that 'we have to start somewhere' and that the media's role in reducing stigma and sparking conversation is a critical requirement for improving mental health services.

These interpretations appear to attribute a public sphere model of biocommunicability to Mental As, with the public broadcaster being positioned in the role of bringing discussion of mental illness out of the dark and into the light with the expected outcome that this will prompt governments to do something about it. It is significant that some of these responses to Mental As discursively erased people who *are* talking about mental illness, instead imagining

the audience for the campaign as the 'us' being referred to in expressions such as 'now we know that sufferers of mental illness are just like us'. In as much as such responses are grounded in the assumption that people are not talking about mental health issues, the presence of any such media campaign or attention is understood as being in the public interest. Thus, what is particularly revealing about these responses is the significance they attribute to Mental As in starting a conversation and the lack of attention to the substance of that talk.

Combating stigma

In the body of *The Age* editorial the importance of Mental As was contextualised and legitimised with statistics to highlight the number of people affected and the impact of mental illness on the community and the public health system. This supported the tone of exasperation that mental health continues to be 'one of the most underfunded and underserved areas of the Australian health sector'. In accordance with a public sphere model, *The Age* editorial had a strong advocacy tone that highlighted the many obstacles that prevent people from getting support, not least systemic factors that are outside their control. In doing so, it appeared to challenge the suggestion that simply being made aware will mean that people will be able to access the services and support they need; hence, challenging the patient-consumer model.

However, it was Helen Razer's 2014 critique of Mental As that most clearly observed and challenged this model by highlighting the limits of awareness raising and talk about combating 'stigma' ('Mentally ill need services, not an ABC feel-good week'). She opened this commentary by observing an apparent paradox involving the ABC and its week of programming. She described a radio interview with the ABC's Managing Director, Mark Scott, in which he discussed the importance of funding for the public broadcaster to contribute to discussions about mental health issues:

The corporation's most senior employee was able to speak to the need for talk on what most everyone agrees is an urgent health concern and the need for funding to the kind of broadcaster that airs such talk.

She contrasted this with the issue of funding to mental health services, in her view, barely being raised during Mental As. The main discursive strategy Razer used to critique Mental

As was to contrast the symbolism of awareness raising with the material reality of one of its main projected outcomes; people seeking help. Razer made this observation of the Mental As programming:

The only Awareness needed is that there is “no stigma” in the commonly diagnosed mental illnesses like depression and anxiety that we are constantly talking about not talking about. Personally, I don't give a shit if there is “no stigma”. I do, however, give a shit that there is not adequate treatment.

Razer was critical of the suggestion that mental health issues are not talked about, suggesting that it is ‘one of our preferred objects of journalism’. Positioning herself firmly within this space, she reflected on her own past writing on mental health issues: ‘We must, I said to my shame, Raise Awareness’.⁴ She observed that the ‘overwhelming advice’ provided by writers and broadcasters during Mental As was for those who do not have mental illness to try to make the effort to understand those who do, in response to which she emphasised that the understanding of others, while important, pales when compared to material assistance and treatment.

By way of contrast, as mentioned, *The Age* editorial acknowledged that awareness raising was not enough, but it also appealed for people who do not have personal experience to be understanding of those who do, and returned to the idea of community stigma in its closing paragraph:

This year's Mental Health Week did more than foster conversation about illness. It emphasised the need for empathy, and for each of us to seek knowledge about mental illness so that we might understand the nature of mental fragility rather than stigmatising it. (*The Age*, 11 October, 2014)

In referring to the need for ‘each of us’ to acquire knowledge *The Age* editorial addressed an audience who presumably lacks knowledge that would lead them to understanding rather than stigmatising mental illness. The message is that it is the duty of ‘us’ (the audience being addressed) to actively seek knowledge about it, which assumes an audience that both lacks knowledge and experience of mental fragility and thus is likely to be perpetrators of stigma.

In contrast to these deployments of stigma, Razer construed the apparent reluctance of the ABC to talk about particular issues or experiences as a form of censorship, albeit unwitting, and suggested there appeared to be a *stigma* attached to having such expectations of the broadcaster:

There may be after this week broadly lauded as “healing” and “inspirational” a reduced stigma attached to mental illness. But there is, it seems, a “stigma” in expecting the national broadcaster to engage with the facts of the poverty that creates mental illness and the poverty of nationally funded services to treat it.

Razer's use of stigma not only problematises assessments of the programming as healing and inspirational, but also problematises stigma as she applies it in reference to her views about the ABC's Mental As programming. As was reflected in an earlier comment from Sebastien, she invokes the idea that challenging the value of the campaign appears to be an unpopular position – one that people are not willing to publicly voice and, hence, her description of such a position as having a ‘stigma’. This she contrasts with the unproblematised use of the ‘stigma attached to mental illness’. I would suggest this discursive move works to highlight the wider possibility that stigma has become an overused and under-explained rhetorical device in public discussions of mental health issues, which is a theme that has wider resonance. For example, a letter to the editor from a person identifying themselves as a ‘long-time sufferer of periodic severe depression’ also questioned the frequent references to the term:

I find the constant use of the word stigma in stories about mental illness frustrating. The prevailing wisdom seems to be that society is still uncaring and needs to have entrenched discrimination towards the mentally ill drummed out.

He said this has not been borne out by his own experience of people being sympathetic to his struggles and he argued, while education is important, ‘the innate goodness of ordinary people who do not stigmatise should not be underestimated’ (Witford, 2014). In this context, an argument could be made that imagining and addressing audiences as victims or perpetrators of stigma or ignorant and in need of awareness about the reality of ‘mental illness’ perpetuates an ‘us’ and ‘them’ scenario that is ultimately counterproductive to encouraging greater recognition and understanding.

As we have seen, considerable value was attributed to Mental As in contributing to public deliberation on mental health issues, particularly in the context of assumptions about the otherwise scarce nature of such discussion. However, for other commentators, the government's inaction in relation to improving mental health service delivery and funding provided the more important context within which to interpret Mental As. In that light, criticisms invoked its reluctance to discuss and critique the neoliberal governmental environment in which people experience mental distress and that also lends itself to a patient-consumer model of biocommunicability.

Emphasising the political economy of mental health

Razer's commentaries on Mental As were critical of its encouragement for people to seek help because of the presupposition that help is available. In doing so, she and some respondents to her commentary emphasised what might be described as the political economy of mental health (i.e. challenges such as lack of frontline services for people in mental distress; ailing standards of care and support, particularly within the public system; and the fact that mental illness disproportionately affects those less well-off). While acknowledging that media awareness raising can go hand in hand with the provision of services, she imputed a special role to the ABC:

This is not to say that the compassion and awareness promulgated by the ABC, and nearly all other media outlets, is in a zero-sum battle for primacy with material services. One can have both. But the ABC, the nation's biggest employer of journalists, has a responsibility to report not only what "you" can do to "fight the stigma" but what government isn't doing to treat the symptoms and causes of mental health. And what it isn't doing is a lot. (Razer, 2014)

Further to this Razer argued that much of the Mental As programming 'focused on the individual's responsibility in the matter of mental health'. Coupled with its focus on urging the wider community not to be stigmatising, she argued this amounts to letting the government off the hook. In this regard, Razer's criticisms could be seen as a reaction against the programming's positioning of its audience as active consumers, with all the resources and assumptions of choice and control that this connotes, when many people are actually constrained by material realities in their ability to take up this subject position. Underpinning

Razer's argument is a concern that this kind of positioning not only does a disservice to people experiencing mental distress and in need of support but also to the sophistication of public discussion and debate around mental health issues.⁵

In 2015 Razer again criticised Mental As for the emphasis that it placed on the importance of being nice to people who are mentally unwell and the lack of attention to what she described as 'social policy programs that might actually stop people from becoming mentally ill in the first place'. The crux of her argument, as in 2014, concerned the relative positioning and responsibility of individuals and policymakers with respect to addressing failures of mental health services. The following injunction quite clearly articulates the tension between patient-consumer and public sphere models of biocommunicability:

...stop presenting individuals as the principal architects of illness and recovery. Stop this make-believe that institutional reform is much less important than lovely people. Stop supposing that we need stuffed emotional vine leaves to save a nation from its SSRI habit and start assuming that those of us who are stakeholders in this nation and its health are actually patient enough to talk a little policy. (Razer, 2015)

I suggest Razer can be seen here as endorsing a public sphere model in that she challenges the emphasis on the individual as the locus of mental distress and its alleviation and draws attention to the importance of institutional reform. Also, while the reference to the nation's 'SSRI habit' may appear flippant, in the context of the remainder of this comment, I interpret it as a reference to the need to imagine the public as a little more sophisticated in their own ideas and wisdom when it comes to mental health (i.e. positioning citizens, including herself, as 'stakeholders'). This is indicative of a public sphere orientation in drawing attention to questions about how mental health is impacted by our social environment, including government systems and policies, with evidence of increasing numbers of people using antidepressants offered rhetorically by way of illustration. This argument addresses and indeed constructs an audience who is capable of questioning and reflecting on the antecedents of the apparently increasing use of antidepressants.

Resisting restitution narratives

Both praiseworthy and critical responses to Mental As are suggestive of the potential for media portrayals and campaigns to obscure the structural context of mental health issues and

to alienate audiences who do not see their experiences reflected in them. In a blog headlined 'What the ABC's 'Mental As' campaign needs to get right', Erin Stewart (2014) who has been diagnosed with bipolar disorder, described the 'Mental Illness Narrative' and its potential to sanitise public discussion and understanding of mental health issues. Stewart said:

The narrative will talk about the subject hitting some kind of crisis point before they either realise they need help, or a friend or loved one tells them to go get help. Help is (sometimes only eventually) sought in earnest, and relief comes pretty much right after the six-week waiting period for the medications to kick in (or after committing to therapy, yoga, acupuncture, whatever it may be). And they all lived happily ever after, but for the odd down day. (Stewart, 2014)

Here we can see Stewart alluding to narratives that we could understand in terms of biomedical authority and patient-consumer models of biocommunicability, which while promoting different outcomes of help-seeking, are nonetheless unified in her appraisal by their linear narrative style. She argued this type of narrative

...ignores the reality of having an ongoing mental illness; one where the best you can hope for is remission rather than recovery. It also ignores the reality of bad doctors, misdiagnoses, and when the meds simply don't work or cause weird side-effects like lactation. It ignores the fact that some people feel silenced or isolated in the medical system itself.

She asserted that these narratives have just as much 'right to visibility'.⁶ Similar themes emerged in responses to Razer's critiques of Mental As, with commenters expressing frustration with its 'feel good' tone. One argued Mental As is unlikely to have any effect on the mental health budget and also said this of its branding:

I absolutely loathe the warm and fuzzy polka dots that the ABC have decided to sugar coat the branding of 'Mental As' with. Wouldn't want anything reminiscent of the jagged edginess of mental illness itself now, would we ABC? Just the perfect symbol of the form that results when the rough edges are rubbed off. Like the week itself, really. So maybe the branding is appropriate after all. (comment on Razer, 2015)

Another contributor resisted the use, expectation and appeal of the restitution narrative. In line with Razer's argument she expressed frustration with the way in which mental illness is treated as though the 'Politics of Niceness' will cure it. Furthermore, on the implication that people experiencing mental distress are a source of inspiration, she resisted this subject position:

I am not here to make other people feel inspired. I am trying to stay alive with limited access to psychological / psychiatric services. I do NOT need well-meaning friends, family and randoms being "nice" by telling me how I should cope, how I feel, and how I can recover. (comment on Razer, 2015)

Viewpoints such as these are interestingly compared with *The Sydney Morning Herald* editorial, which suggested a relatively straightforward process of recognising a problem and then seeking and receiving help, and *The Age* editorial that praised Mental As for being 'uplifting', not 'downbeat'. *The Sydney Morning Herald* also appeared to devalue seeing people at their low points in favour of a restitution narrative:

Thanks to discussions on radio, we now know that we have to see people, not as they are at their low points, but as their "longitudinal" self: the person they were and the person they can be, with the right treatment now to return them to good health. And thanks to the changing of so many minds, Australia might be more willing to support research into mental illness.

The reference to 'Australia' potentially being more willing to support research, which is linked to the idea that Mental As showed them that with the 'right treatment' recovery is possible, is also of interest in that it works metonymically to stand in for the government, backgrounding its role in funding and putting the emphasis on what it is that individuals must do to improve the lives of people with a mental illness. The repeated references to 'we' in this editorial works to exclude the person with a mental illness from the discussion, as they become an object of the nation's gaze and charity in terms of both understanding and fundraising to support research.

Discussion

It is useful to situate responses to Mental As in the context of Blackman's (2007, p. 13) observation that the 'mediatisation of psychiatric culture' is 'split between those who are constituted as objects of danger and threat and those who are constituted as objects of hope and sympathy'. While evidence shows that media deploy a range of narratives in reporting on mental health issues, the tendency for media to focus on themes of violence, danger and risk in portrayals of mental health service users has attracted considerable concern. It could be argued that the media's track record in this area has lowered public expectations such that the kind of 'feel good' campaign some attributed to Mental As was interpreted as marking something of a momentous occasion in society's acceptance and recognition of mental health issues. In contrast, critical responses to Mental As tended to assume higher expectations of the broadcaster and to challenge the implication that any media campaign is necessarily positive. Harper (2010) has observed that representations of mental illness deemed to be more 'positive' are often underpinned by a mental health awareness agenda and convey messages concerning the importance of medication and talking to others. An interesting finding in regards to responses to Mental As concerns the frustration with its emphasis on awareness raising and the potentially distorting effects of narratives of restoration and recovery. These responses resonate with Blackman's (2007, p. 9) argument that, while narratives of hope and 'insight' can work to offer comfort and reassurance, they can also help to silence other stories which reveal the 'contradictions between hope and the conditions under which it breaks down', as we saw for example in Erin Stewart's article.

There was a sense of frustration with biomedical authority and patient-consumer models of biocommunicability in some responses to Mental As in as much as they fail to account for social factors that restrict people from being able to help themselves and may encourage a simplified picture of the sources of and solutions to people's distress. For example, the straightforward linear narrative critiqued by Stewart may celebrate individuals taking responsibility for and overcoming their mental health challenges, often with the assistance of some kind of 'expert' intervention, in accordance with the view of the self-enterprising consumer-citizen. Alternative, non-linear narratives on the other hand cast doubt on 'good as new' depictions and their value and resonance not only in the lives of individuals experiencing mental distress but in terms of their impacts on how the public understands responsibility at the level of causes and solutions in relation to mental health issues. Thus, for example, the potential impacts of neoliberal government policies on rates and experiences of mental distress and the failures of biomedical technologies to address it are obscured as

emphasis is instead placed on individuals and communities being informed, attaining mental health literacy and accepting rather than stigmatising mental health issues, with the implication that these are the primary loci of change.

Similarly, while Razer emphasised failures of government funding and lack of services, many of her interlocutors discussed some of the issues and concerns that typically remain on the margins of mainstream discussion in the area, including the dominance of the medical model, and practices of seclusion, restraint and forced treatment. Thus, responses to Mental As, like Razer's and Stewart's, tapped into and provided an important platform for those inclined to share some discomfort about what such campaigns cast light on and what they may simultaneously mask or obscure. Arguably, the privileging of biomedical authority and patient-consumer models of biocommunicability serve the interests of policymakers in neoliberal governmental contexts in emphasising the role of experts and individuals, and largely eschewing the role of governments and social forces, in contributing to and addressing mental health challenges.

Furthermore, consistent with previous research and activist perspectives on media portrayals of disability, some respondents to Mental As challenged promotional claims positioning and inciting audiences to be inspired by people experiencing mental distress (see Ellis, 2015; Ross, 1997; Young, 2012). They raised questions about for whom and what the programming was inspiring, and considered if it was actually a pitying gaze that audiences were invited to adopt in relation to those 'less fortunate' than themselves. Such responses capture the potential for media campaigns to feed into paternalism by positioning people with mental health conditions as passive and in need of, or reliant on, the compassion and understanding of the publics/audiences who are interpellated by them (see Foster, 2006). The discomfort some people described with portrayals of people with mental illness as inspiring is evocative of the idea that media campaigns can be immobilising by making people who may be at a distance from issues 'feel good' about their participation in a media event without having any impact on the kind of structural factors that often underpin and/or exacerbate people's distress. This is consistent with previous research showing that people readily highlight apparent incongruities between media portrayals and campaigns and their own lived experiences (Crawshaw, 2012; Riddle, 2014; see also Ross, 1997; Wagner, 2000) and the appearance of support and the reality of its lack (Spoel, Harris & Henwood, 2014).

Also of interest is the way in which some responses to Mental As glossed the fact that people are talking about mental health issues and have been for some time, whether through autobiographies, social movement activism or media reports, for example. Indeed, the familiar refrain that mental illness is not talked about is telling because it suggests the problem is actually that people are not being listened to. However, this absence of listening and a failure of recognition is frequently (mis)construed as a problem of voice, and in particular of stigma preventing people from talking about mental health issues. Furthermore, incitements to talk tend to put the onus on individuals to bare themselves when an argument could be made that society is not set up as a safe and supportive place for them to do so and thus the outcomes of doing so are by no means assuredly beneficial. If we are to focus instead on listening our attention is drawn away from the responsibility of individuals to share their stories and toward what Dreher (2009, p. 447) refers to as the 'conventions, institutions and privileges which shape who and what can be heard in the media'. This is critical to thinking through factors that enable and constrain a vibrant public sphere for mental health in which diverse narratives are allowed to circulate.

Some responses to Mental As suggest 'stigma' as a construct may also have become a taken-for-granted aspect of society's shared vocabulary surrounding mental health issues and one whose ubiquitous use may be counterproductive. While concerns about the use of stigma may be dismissed as purely semantic, there are ongoing debates inside and outside of mental health about whether 'stigma' is the right word to denote all that it does (see Manzo, 2004; Sayce, 1998; Smith, 2014). While not taking away from the 'reality' of stigma, the findings of this study support the need for further consideration to be given to whether its rhetorical use in public discussion of mental health issues may work to constrain public discussion and shift responsibility away from governments and onto individuals by presenting the idea that it is *their* stigma that causes or is responsible for the failure of governments to act.

Given that stigma is often invoked in media reports about mental health issues and in practices of praise and criticism directed at media, future research could fruitfully attend to the discursive work that it performs, in whose interests it is mobilised, and the kinds of objects and subjects it produces. The assumption that increasing the public's knowledge of mental illness will lead them to be less stigmatising also raises questions about the kinds of knowledge best equipped for destigmatising mental health issues. Research shows that diagnostic labelling as 'illness' is positively related to perceptions of dangerousness and

unpredictability as well as to fear and desire for social distance (Read et al., 2006; Kvaale et al., 2013). This challenges the implication in much public discussion that there is a correct biomedical knowledge about 'mental illness' that will lead people to be less stigmatising. Nonetheless, one can see how positioning people as needing more correct knowledge about 'mental illness' so they will be less stigmatising arguably feeds the interests of those who are invested in this medicalised model and whose power/knowledge is threatened by challenges to it. In this context, the rhetoric of stigma may be deployed by way of attributing harmful effects to particular kinds of narratives or media portrayals. For example, certain types of narratives may be favoured based on the assumption that they will attract audiences and entice their compassion while those that show people refusing to take themselves as a subject or object of medical discourse or who question the merits of inciting people to talk and seek help may be cast as potentially stigmatising or posing a risk to the public's image of mental health issues, including those who are personally affected and those who are implicated in caring and providing services for them.

Conclusion

This article has drawn upon the concept of biocommunicability to analyse responses to the ABC's Mental As in terms of what they reveal about people's uptake or resistance of the subject positions it invited them to inhabit and adopt. My aim has been to consider some of these different appraisals of Mental As in terms of how they shape ideas and perceptions about mental health issues and about the role and impact of public communication about them. The themes identified capture different dimensions of praise and criticism people directed towards Mental As and illuminate areas of tension between patient-consumer and public sphere models of biocommunicability in media portrayals and campaigns. Among both critics and supporters of Mental As there was little doubt about the importance of media but key tensions centred on the appropriate role for the public broadcaster to play in the public opinion and mental health policy nexus. Supporters tended to assume a fundamental lack of public awareness and understanding that needs to be addressed whereas critics demonstrated their, often acute, awareness to emphasise the importance of material and social change and the media's role in illuminating this.

Within commentary praising Mental As people could be seen to embrace and reproduce its 'feel good' sentiment and inhabit the roles of receptive audience in need of more awareness or voyeurs who have been 'uplifted' and 'inspired' by their mediated exposure to the

struggles and triumphs of people with a mental illness. In contrast, concerns and criticisms of Mental As interpreted its awareness raising as offering the illusion of care and connection that in fact works to sanitise and depoliticise mental health issues in the service of 'inspiring' and 'uplifting' audiences. They variously resisted the subject position of a source or recipient of inspiration or awareness or a victim or perpetrator of stigma, as opposed to citizens with a vested interest in a vibrant public sphere for mental health. Critics also distanced themselves from its perceived focus on individuals taking responsibility for maximising their own mental health at the expense of discussing structural issues. These divergent responses to Mental As are a reminder of the need to be suspicious of overly prescriptive and seemingly authoritative approaches to assessing the quality of media portrayals and campaigns in this area. Future scholarship in the area of biocommunicability could usefully inform and be informed by further investigation of media reporting, media-oriented practices, and interactions between the media and mental health fields more broadly.

Notes

¹ The concept of 'mental illness' is contested and throughout the article I use various terminology including mental distress and mental health issues.

² Both the *Crack Up* nights made it into the top ten highest rating programs on Australian TV on that date (OzTam). All funds raised went to the Society for Mental Health Research, whose President Professor Patrick McGorry was one of the people behind the Mental As initiative. Mental As is due to run again during Mental Health Week in October 2016.

³ This article did not take the Mental As campaign itself as its main focus, which is why it is not included in the main analysis in this article, although in parallel with Stewart's critique it recognises the limitations of one dimensional narratives about experiences of mental distress.

⁴ This is a reference to Razer's 1999 book, *Gas Smells Awful*.

⁵ Throughout the year the ABC reports on the kinds of issues some thought did not receive enough attention during Mental As. Razer acknowledged this in her 2015 commentary but suggested the good work the ABC does throughout the year is trivialised by the 'tears-and-triumph cycle of spin' during Mental As.

⁶ As a postscript to this commentary Stewart explains that after writing it she was contacted by the ABC and given the opportunity to share her experience on radio, including that it took her 13 years to get a diagnosis and 18 months to find the right combination of treatments. This can be seen as an example of listening on the part of the broadcaster, which Stewart said had given her some hope.

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