Author's final accepted manuscript

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Lay theories and criticisms of mental health news: elaborating the concept of biocommunicability

This article examines how mental health service users/consumers, advocates, professionals and researchers interpret and theorise the impacts of mental health news. It focuses on the following themes: Creating fears about mental illness by focusing on criminal and violent acts; Reinforcing power imbalances by privileging biomedical issues and sources; and Sanitising mental health issues through the selective use of personal narratives. The study draws upon the concept of biocommunicability, which casts light on the performative power of health news in reinforcing ideas and expectations about the appropriate role for different actors to adopt in relation to health knowledge. Previous research on health news has identified biomedical authority, patient-consumer and public sphere as three predominant models of biocommunicability and this article examines how these are bound up with criticisms of mental health news. The findings are related to the 'mediatisation of psychiatric culture' as one of extremes and perspectives from Mad Studies.

Keywords: biocommunicability, journalism, Mad Studies, media criticism, mental health, news

Introduction

Media representations of madness and mental illness have long been of interest to scholars, activists and people experiencing mental distress because of their potential to influence community attitudes and mental health policy (Birch 2012; Cross 2010; Harper 2009).[1] Media representations make mental distress knowable in particular ways and may shape how subjects come to think about and govern their own distress (Cross 2010; Fullagar 2008; Harper 2009). Previous research has found that media portrayals can overwhelm beliefs deriving from personal experience or contact with mental illness (Philo 1996), which is concerning given the tendency for mental illness to be portrayed in association with violence, crime, dangerousness and risk to the community (Allen and Nairn 1997; Beresford 2000, 2002; Blood, Putnis, and Pirkis 2002; Cutcliffe and Hannigan 2001; Rose 2005; Rose 2008; Wahl 2003). However, surprisingly little research has examined what audiences have to say about media representations of mental health issues. This article draws on qualitative interviews with mental health consumers, advocates, professionals and researchers to examine the concerns that characterise their views and ideas about mental health news and its impacts. It seeks to elaborate the concept of 'biocommunicability' in the context of lay theories of media and cultural studies of psychiatry, particularly perspectives on the dominance of risk thinking and the articulation of the 'mediatisation of psychiatric culture' as one of extremes (Blackman 2007; Rose 2005).

Biocommunicability and cultural studies of psychiatry

In their recent theorising of health news Briggs and Hallin (2016) observe that it is a relatively under-researched area in the context of studies on biopolitcs, which following Foucault refers to the exercise of power through the administration of life via populations and bodies (see Rose 2001; Fullagar 2008). This is significant in light of the pedagogical power of health news in transferring biopolitical technologies into 'regimes of governmentality, citizenship, and the production of subjectivities' (Briggs and Hallin 2007, 44). Briggs and Hallin (2016) seek to extend this body of work by foregrounding the central role of media and communication in processes of biomedicalisation

and the construction of particular types of health subjects, such as 'biomedical citizens' or 'unsanitary subjects' (Briggs 2005, 2011). Health news is thus understood as a site through which 'biopedagogies' – instructions on how to be healthy and good citizens (see Harwood, 2009) – are disseminated, and these are central to biopower in terms of aligning the needs and desires of individuals with the imperatives of neoliberal governments in the management of public health. The promotion of biopedagogies in news stories works to legitimise particular ways of making meaning of and responding to one's own and other people's mental health.

Briggs and Hallin propose the concept of biocommunicability to draw attention to the performative power of health news in projecting how knowledge about a health phenomenon 'emerges and circulates and who should attend to it and how' (Briggs and Hallin 2016, 8). Thus, in addition to informing people about health and disease and how to act on them, through the lens of biocommunicability health news is also significant because it 'teaches' people about 'how information is (and should be) communicated' (Briggs and Hallin 2007, 58). Briggs and Hallin have identified three predominant models of biocommunicability in health news: biomedical authority, patient-consumer, and public sphere (Briggs and Hallin 2010, 2016). These models are discernible in the different ways in which health news stories are constructed and the way in which different actors are positioned and addressed. The concept of biocommunicability draws attention to how health news stories variously privilege certain actors as the rightful and authoritative producers of health knowledge while positioning others primarily as its conduits or recipients. In doing so they also project non-knowledge in the form of what counts as ignorance or superstition and thus should be immobilized or otherwise corrected (Briggs and Hallin 2016).

The biomedical authority model posits that people should accept medical information only from their family physician. While it rarely exists in its pure form in contemporary health reporting, Briggs and Hallin (2010, 152) suggest it has a powerful 'residual value' and can combine with other models.

In the context of neoliberalism they suggest its dominance has been usurped by that of the patient-consumer model, which emphasises 'the active responsibility of each individual to rationally maximize his or her own health and wellbeing' and 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 and Hallin 2010, 152; see also Rose 2007). Rather than imagining individuals as passive patients, in the patient-consumer model they are positioned as actively making choices in the absence of their physician. The role of journalists shifts to one of advising consumers about the range of options available to them, thereby disrupting the hierarchy of the biomedical authority model in which journalists are positioned as helping medical authorities communicate biomedical 'facts' to an 'ignorant' public.

The patient-consumer model encourages a view of health as less an issue relating to the body politic and more a commodity of the individual consumer who is obligated to seek information relevant to their 'risk factors' (Briggs 2011; see also Conrad 2005). It also emphasises health as a commodity of the individual consumer and is often seen in lifestyle journalism and human interest stories, the popularity of which is increasing as news organisations shift toward market-driven models of practice. The free circulation on the internet and in media accounts of biologically-based discourses about mental distress, which often involve celebrities promoting such a paradigm, also means that people are less dependent on direct interactions with mental health professionals for understanding their experiences in these terms (Blackman 2007; Fee 2000).

The public sphere model of biocommunicability recognises health as a contested, contingent and firmly political concept and positions and addresses media audiences/publics as first and foremost engaged citizens. The 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, 157) suggest this model

is about creating 'public flows of information that enable citizens to weigh in on public policies and government compliance with them'. A public sphere orientation is similar to civic-oriented health journalism (see Hodgetts et al. 2007; Hodgetts 2012) in as much as health issues are connected with society and news stories emphasise shared responsibility. Social movements and their allies may figure prominently in this reporting in that they seek to situate mental health issues in a wider social, political and economic context (see Briggs and Hallin 2010). This model competes with powerful medical, pharmaceutical industry and popular cultural narratives in which mental distress is often individualised and disconnected from social, political and economic conditions.

In this article I draw upon biocommunicability as a useful heuristic device for thinking about the construction and reception of mental health news. In doing so, it is useful to consider McCurdy's (2011) research on lay theories of media, which he describes as understandings that concern 'the functions and motivations of news media; how news media operate, what drives them, and theories concerning how the logic of news influences the representation of reality' (McCurdy 2011, 622).[2] McCurdy suggests the concept 'affords a means to consider how media-related knowledge informs not only the consumption of news by *audiences*…but, at the same time, how such knowledge may inform or underwrite the ways that social movement actors conceptualize and present their actions to the media as *news sources*' (McCurdy 2011, 621). The internalisation of assumptions about what makes news, for example, could lead actors to structure and frame their media-oriented practices accordingly (McCurdy 2011). This work resonates with Briggs and Hallin's (2016) concept of 'biomediatization', which manifests in the understanding that health news is 'co-produced by journalists, biomedical professionals, public relations professionals, social activists, and many other actors', whose activities are increasingly concerned with or addressed to the logics and practices of media (Briggs and Hallin 2016, 206).

This study conceives lay theories of media as being bound up with models of biocommunicability. For example, criticisms of media from medical professionals (as well as some health communication scholars) often project biomedical authority and concern themselves with the 'accuracy' of media portrayals as measured against the 'facts' of biomedical science or epidemiological data. Hallin and Briggs (2015, 86) describe this as the linear-reflectionist perspective, which 'privileges biomedical perspectives as providing authoritative representations of medical subjects and objects, and subordinates journalism to the role of circulating this pre-existing knowledge'. From this perspective media criticism may centre on challenging journalistic practices that involve some form of deviation from this privileged circuit of communication.

In contrast to the linear-reflectionist perspective, scholarship in the area of cultural studies of psychiatry is more oriented to reading psychiatric knowledges against the grain (Lewis 2006). This orientation is equipped to 'identify the processes through which bio-psychiatric discourse is accepted and rejected, and the complex processes of translation through which consent and resistance are manufactured, lived and enacted' (Blackman 2007, 20). It recognises that the mental health field is characterised by contested knowledge and comprises actors with a range of competing interests and orientations to biomedical psychiatry and mental health services. Proponents of postpsychiatry and Mad Studies, for example, challenge taken‑for‑granted assumptions about who are the 'experts' in mental health and what constitutes authoritative knowledge in the mental health field (Bracken and Thomas 2005; LeBlanc and Kinsella 2016; LeFrançois, Menzies and Reaume 2013; Lewis 2006). This approach is also receptive to the oppositional social movement and research of consumers/survivors/ex-patients (see Crossley 2004; Landry 2017; Morrison 2005; Rose 2017) whose orientations to psychiatry, and media, may differ markedly from those of health and medical professionals as well as organisations within the mental health field. Like the disabilities movement, one of major goals of the evolving c/s/x movement and Mad Studies scholarship and activism is to transcend theories and approaches to madness and

distress that have traditionally been owned and controlled by clinicians, academics and bureaucrats (Beresford 2002; Beresford and Russo 2016; Jones and Brown 2013; Morrison 2005; Sweeney 2016; see also Barnes 2002; Glasby and Beresford 2006).

In the realm of media, previous research has found that people with direct experience of disability and mental distress demonstrate strong resistance to having their experiences talked about by those who have no first-hand experience of it (Ross, 1997). More recent scholarship within the field of Mad Studies has also critiqued the role of the media in promoting particular narratives about mental distress, as well as drawing attention to how organisations may use stories of people with lived experiences to further their 'brand' in times of economic constraint (Costa et al. 2012). Costa et al. (2012, 89) criticise the dominance of biomedical story-telling and the apparent preference for the 'uplifting' narrative that 'with a little hard work and perseverance, you too can be cured'. They suggest such stories are incorporated into neoliberal mental health agendas and sustain the status quo via their endorsement within self-help culture, positive psychology, the media, policy makers and advocates (see also Pascal and Sagan 2016).

The Study

Against this backdrop the current study explores how mental health consumers, advocates, professionals and researchers view media reporting of mental health issues and the kinds of knowledge and personal experiences they draw upon to contextualise and substantiate their views. The data were collected as part of a larger project combining media analyses and interviews and focus groups with journalists, consumers, people working in various roles within the mental health sector, and general community members. The research was approved by the University of Canberra's Human Research Ethics Committee and the majority of interviews and focus groups were undertaken in 2015. A total of 83 people participated, including nine journalists, nine people from advocacy organisations, eight mental health professionals/researchers, 34 consumers, and 23

members of the general community. A range of methods were used to recruit participants, including advertising via mental health organisations and direct email invitations in the case of advocacy organisations, professionals/researchers and journalists.

Interview guides were tailored to each of the participant groups, but all were asked for their views about media reporting of mental health issues and some were asked to respond to specific news reports identified in the media analysis. Media items were selected because they reported on different aspects of mental health issues and reflected different models of biocommunicability or ways of framing mental health issues. They included a range of different sources, from scientists and health professionals to advocates, service providers and people with lived experience. The interviews were recorded and analysed using qualitative thematic analysis, which involved a close reading of each transcript and coding extracts that revealed something of interest about the roles and meanings attributed to the media and specific media items (Braun and Clarke 2006). After each transcript was analysed in this way, a separate document was created in which extracts that dealt with the same codes were inserted, with the process continuing for each of the coded extracts from the transcripts.

Analysis

In the analysis that follows I draw upon participants' accounts to illustrate and discuss the following interrelated key themes: Creating fears about mental illness by focusing on criminal and violent acts; Reinforcing power imbalances by privileging biomedical issues and sources; and Sanitising mental health issues through the selective use of personal narratives. The use of italics in the quoted text is intended to point to the main ideas being discussed.

Creating fears in the community and services by focusing on criminal and violent acts

Media reports linking mental illness to violence and crime were identified as a particular concern among participants because of their detrimental impact on community attitudes, mental health policy, funding, services and individuals experiencing mental distress. These criticisms formed around criteria of newsworthiness, which was often connected to the imperative of news organisations to 'grab attention', with drama taking precedence over values such as educating the public or challenging stigma. Media portrayals in which mental illness or a history of mental health service use is used to explain violent behaviour were a common target of criticism. There was a strong sense of disbelief and frustration that this practice continues, as can be seen in the following comment from a mental health researcher:

> …the extent to which *they still regurgitate stories about the violent mental patient, it's just pathetic*. So if there's a violent incident and someone's ever been in contact with mental health services, that's all you need to know. Ex- mental patient killed somebody today. […] *And that just shows what we've always known, these people are weird and dangerous and to be avoided at all costs*. That is very irresponsible and if you think about -I think it's the group - the last great - you talk about *it's the last great human rights issue*. (researcher)

This researcher, whose background was in psychology, suggested biomedical psychiatry is in part responsible for the persistence of such prejudicial narratives because it legitimates the idea that people with a diagnosis of mental illness are inferior, that their brains are different from 'normal' or their genes are inferior. A mental health consumer shared these concerns and emphasised the consequences of media stories linking people with mental illness to violence and danger:

> I do think this idea that the *mad, bad and dangerous to know* and the needing to be controlled and *needing to keep society safe from us* results in a lot of pressure on mental

health systems and practitioners to *manage our dangerousness*. And I've been arguing that

leads to massive kind of mismanagement through medication practices and including

coercion, you know. (consumer)

One of the incidents in the media at the time of the interviews was the Germanwings co-pilot

deliberately crashing a plane killing all 150 passengers and crew, whose history of depression was

implicated in his actions and became a focal point of reporting. A person from an advocacy

organisation was critical of the media for looking for the mental health angle and failing to

appreciate the distressing impact such stories can have on other people living with a mental illness,

who she said often contact their organisation in the wake of such reporting (advocacy). Another

consumer/advocate linked the reporting of the Germanwings incident to commercial news values of

sensationalism. She suggested the role of journalists to educate is constrained by commercial news

values that favour bizarre and random acts to pique audience curiosity:

They've got a really prominent, powerful position to educate and be conduits to prevention

and early intervention. But I don't think they see it that way. *They're trying to sell*

newspapers, or trying to sell their news stories, so it's easier to make it sensationalistic and

grab people in inappropriately, than it is to educate. And yet they could be doing both,

sharing the news – I don't think sensationalism is the way to go – but sharing it in a way that

doesn't stigmatise. (advocacy)

There was also a perception that it is difficult to attract media attention to stories of people

recovering from mental illness because they cannot compete with criminal drama. For example, one

consumer/advocate who had largely given up seeking to get local media interest in an annual

community event he organises, commented:

To me it feels like it *doesn't sell papers*, so they're not interested which disappoints me.

[…]It's just very hard to get them to engage and come along and do a story on people

recovering from a mental illness, *it's just not sexy*, it's just not sexy and it's not – or it's not,

ooh, someone just got chopped into pieces or carved up or murdered or put in a bloody

boot and set alight or something, just doesn't seem sexy enough for them or dramatic

enough for them. (consumer)

Mental illness tends to be a unique health issue given the existence of a media template of the 'mad,

bad and dangerous' offender, which in many ways is not easily accounted for in the three models of

biocommunicability Briggs and Hallin have identified in health news. Stories concerning the harm

and violence inflicted on consumers, including as a result of services and treatments, struggle to

compete with those in which they are perpetrators. This may reflect and reinforce the continuing

presence of the biomedical authority model of biocommunicability in mental health news.

Reinforcing power imbalances by privileging biomedical issues and sources

Several participants expressed a critical orientation to biomedical psychiatry and what they

perceived as the media's role in promoting the medicalisation of mental distress. This was at times

connected to the abovementioned concerns as when, for example, an advocate referred to reports

linking violence to people going 'off their meds', a message she suggested could feed public support

for forced medication. She expressed frustration with the continuing dominance of a biological

approach, despite the availability of alternatives to medication and psychiatric services:

So what I'm talking about there is that most people in the community, because of what

they're exposed to through the media is that having a mental illness is fine because you can

take your medication and everything will be okay. *And you hear this played out over and*

> *over again that if somebody behaves aberrantly, they must be off their medication*, as if the medication fixes everything for everybody. (advocacy)

This advocate linked media reporting that emphasises medication and the medical model to the majority of government funding going to those areas – 'beds, drugs and psychiatrists'. It was also seen as ignoring stories about how medications, health professionals and services may be failing and even exacerbating people's distress. For example, a consumer observed that 'media doesn't want to undermine the authority of psychiatrists'. She also related this to stories attributing violence and murder to people being off their medications, and drew upon her own experience with medication effects to emphasise the possibility that medications may contribute to such outcomes because of how they make people feel and change their thoughts. Of this she touched on the effects of medicalisation in combination with common assumptions about media effects:

> …but *I don't think the media wants to engage in controversies* and talk about these issues because *they see it as dangerous if people don't do what their doctor tells them to do*. […] But it is extremely irresponsible and it plays into this thinking of "are you on your medication?" because most people aren't actually afraid for you; they're afraid for themselves. That might not be very fair of me to say but there is a lot of fear as well. (consumer)

The critique of power imbalances being reinforced by the media's privileging of biomedical issues and sources also emerged in some participants' responses to a TV news story, which reported on new research findings that MRI scans can tell whether someone is going to respond to antidepressant medication. The news presenter introduced the story like this:

> Australians are the world's second biggest consumers of antidepressant medication with almost one in 10 of us taking them daily but that number could be cut in half thanks to a *remarkable new test* developed by researchers right here in Sydney. (Seven News, 21 August, 2014)

The sources included the scientist responsible for the study, the CEO of Headspace (a youth mental health service) and a person who had been prescribed antidepressants, a male university student referred to as 'one of the 50% of sufferers who received the wrong medication'. While the journalist described the results of the trial as 'stunning', participants used terms such as 'hype' and 'sensationalism' in criticising the 'breakthrough' framing as typical of the practice of 'tantalising' audiences with new research findings that often have little practical application. In her response, one consumer described it as a 'technology can save the day story' and also expressed concern about the way it positioned people with a mental illness diagnosis as an economic burden:

> I mean certainly just to your man on the street you're seeing *prescription, brains, chemists*. You're seeing – but I think even when I saw it the first time, I – the thing that I found very problematic was that it ends with how much it costs to buy drugs and taxpayers and how much it can save the economy. So *it reinforces that idea that we're a burden and a cost* and whether that's through buying drugs for us or paying us social security payments where tax payers have got a stake in this. (consumer)

This story framing was critically seen as playing into the government's agenda of isolating particular sections of the population as a burden on the mainstream taxpayer. A participant from an advocacy organisation commented, 'You gotta love the language' in reference to the journalist's use of the word 'gouging'. He argued:

The real issue and it's sidestepped always in those stories is who writes the scripts - *we're not going to take on the doctors*, so it's the poor patient who is at fault with this and we're going to catch the patient and *we're going to scan them and catch the patient* and stop them from "gouging" money out of our system. (advocacy)

The study (a six-year trial involving 250 patients) did not need to be linked to reducing the rate of antidepressant use in Australia, and the decision to frame the story in this way was interpreted by many participants as suggesting there is something wrong with being on antidepressants. While several participants recognised over-medication as a problem, many were sceptical of the link posited between the trial results and a reduction in antidepressant use. They also readily identified entities other than consumers that could just as easily have been put in the frame in terms of rates of antidepressant use, such as those prescribing the drugs and the lack of government investment in alternative supports such as psychotherapy. Similarly, the role of pharmaceutical companies in promoting antidepressants to doctors was conspicuously absent. In a story the length of 1 minute 47 seconds, the 'depression sufferer' spoke for a total of five seconds, saying 'When I was on the antidepressants it was more I was null and void of any emotion really', the researcher spoke for 13 seconds, and a mental health advocate for four seconds. This left ample time for the journalist to construct a script akin to that used by neoliberal governments around catching welfare 'cheats', with scientists assuming the role of aiding the government and taxpayers against burdensome antidepressant users.

It is useful to contrast this news story and responses to it with another TV news story shown to participants, which was praised for its positioning of a person with lived experience. The story, broadcast during Mental Health Week (SBS, 5 October, 2014), was introduced by the news presenter saying that while mental illness is so common there is a still a stigma associated with it and that 'health professionals hope Mental Health Week will start to change attitudes'. But the story's main

source was a young man, Sebastian, who described his general feelings of malaise, sleeplessness and thoughts of self-harm. The reporter later mentioned that he was able to 'beat his depression' and is now helping others to do the same through an educational program. The patient-consumer orientation was evident in the presenter's reference to the message during Mental Health Week as that of 'encouraging Australians to take ownership of their own mental health and wellbeing and look for signs in those around them'. The journalist said the advice is to talk to someone and ask for help and at the end of the story the news presenter urged those who may be distressed to call Lifeline.

It is interesting to note that Sebastian was positioned as a knowledge producer in this story and the advice he provided was not centred on biomedical, professional authority. For example, he said:

> We need to get the level of empathy to increase rather than sympathy. To empathise with an individual with a lived experience about what they're going through and then – and *help them to get the level of support that they need and act as a friend, not as a professional*.

In responding to this story, a journalist/consumer recognised the time constraints on TV news and praised the way in which it 'tapped into much more of the consumer viewpoint'. She added:

> *I think the human side of it*, and the lookout – look out for symptoms that could be pretty subtle, it could happen to anybody, but there is help. Look at me, I'm better. Like, I'm – I've moved on […] But it didn't – yeah, *it didn't talk about medications at all*. So it was just a very generic, help is available. (journalist/consumer)

Another participant from an advocacy organisation also responded positively to Sebastian's suggestion that people try to find a friend rather than necessarily consulting a professional

(advocacy). What is interesting about these responses is that they seem to value the way the story did not privilege medical understandings or treatments but was more generic in encouraging empathy and peer support. A representative of a mental health organisation and a mental health professional were included but, if anything, their comments were provided by way of backing up what the consumer had to say. He was positioned as the knowledge producer and given the most airtime of all the sources, which contrasts the previously discussed MRI story in which professionalised modes of help-seeking were emphasised and the quote from the 'depression sufferer' was used to support the journalist's decision to frame the trial results as a 'breakthrough' for antidepressant users. And, as we saw, participants reacted against what they saw as that story's positioning of people taking antidepressants as a burden on the taxpayer. Their responses revealed how the antidepressant prescription issue or problem, as it was presented in the story, could have been framed in a very different way and one that would arguably be more resonant with a public sphere model of biocommunicability by, for example, emphasising the prescribing practices of doctors or the marketing practices of pharmaceutical companies. Had it adopted a patient-consumer model it might have made some reference to alternatives to antidepressant medication or included a case study commenting on the significance of this new research to them. Instead, scientists were positioned as the producers of new knowledge that could 'cut in half' the number of antidepressants prescribed by being able to predict whether a person is going to respond to medication. While this could benefit consumers, it was its potential to benefit the health budget that made it news.

Sanitising mental health issues through selective use of personal narratives

The final theme concerns participants' views about the inclusion of people with experience of mental health issues in the media. All the TV new items shown to participants included such a case study and, while there was unanimous agreement that this was an important way of humanising mental health issues, participants also expressed some concern about how personal narratives could function to sanitise mental health issues. This was connected to news media tending to focus on

certain types of narratives and 'talent', a practice in which mainstream mental health organisations were also seen as complicit in seeking to garner 'positive' media attention. There was a perception that such case studies tend to involve people who are young, attractive, recovered, compliant with biomedical authority and/or celebrities. There was some cynicism towards the focus on celebrities coming out with mental illness. For example, one consumer/advocate saw this in part as a way of showing that it can happen to anyone, but he said from his experience people gained more from seeing people who are 'living an average life' and with whom they could more easily identify.

Some participants were critical of what they perceived as consumers' stories being made to fit into the pre-existing agendas of journalist or organisations. For example, one consumer observed:

> … my experience has been they'll go to an organisation and say, "oh we want someone to talk about say post-natal depression, you know. Can we have a – we want to find a mum, you know." And you know, I – I – I get emails that are pretty specific, "we – we're looking for someone who's had this, this and this but actually they've made a full recovery and now they're back at work or something." *So there can be a very specific framing around who they want to speak to*. They might not want to hear someone who's story is oh yeah, they had this happen and then they've been discriminated against and can't get back into the work force or they haven't found a mother's support group or whatever it might be. (consumer)

Another consumer suggested 'there is a lot of manipulation' and 'times when the media gets the story they want, or the story that the services want them to get'. In keeping with these concerns, one person from an advocacy organisation suggested the limited range of narratives and voices promoted by some organisations and seen in the media can result in a *safe* representation that does not do justice to diversity and can be just as problematic as portrayals that elicit fear and wariness:

Some of the things that you also see – and it's media, but it's also the way that you see organisations promote themselves in the media, which is this kind of image of a person who's very depressed. *And they portray them as being not at all scary, as being really frail and really grateful and really compliant.* You see that over and over where what they're trying to do there is to, I think, probably counter some of the negative discrimination from the perspective of people with a mental illness are to be feared in some way, *but they do that by making the person a total victim*. That's all they are, is a victim. They're no threat to anybody and they can't even lift their head up let alone - - -

KH: They're passive and – yeah.

Totally passive, yeah. So that's the other portrayal, that in itself, of course, is concerning, *that we're safe if we don't have an opinion* or if we don't lift our head up or if we're so depressed that we just sit in a corner and try to be invisible. […] *They pick out the consumers that talk the talk as other large organisations do as well.* (advocacy)

In association with concerns such as these some consumers were wary of the way their own stories could be used to serve an agenda that may be oppositional to their aims by undermining their agency. One elaborated with reference to her personal experience on the dangers of the editing process and the way in which the 'non-compliant' aspects of a person's experience may make journalists and organisations reluctant to position them as knowledge producers:

If I say something like, "you know, at the moment I have found that some medication is helpful for me." And I'm comfortable with taking that and *they snip that part of my conversation* and then they don't hear the part that says, "But you know what, there's been times when I've been on three medications and it was actually myself that talked to my

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psychiatrist about my concerns about the long term impacts of one of them in particular."

"And it was my positive risk taking that eventuated in me coming off various medications."

I: Mmm. Yeah, which is a really important message, yeah.

Important. And they might also not put on the part that says, you know, "Some of my experiences, especially as an advocate, has been researching the history of certain medications and how they've been produced and marketed and how I have really deep concerns about people making informed choices." "And – and I'm very aware of the physical health implications of particular drugs." "And even though I do," – and there's a particular drug that most psychiatrists would suggest that I take every day and even though I'm happy to have it in my box of tricks I don't take it every day. (consumer)

The above is a rich account, not of a passive patient or victim experiencing a linear recovery journey with the assistance of medical intervention, but of a consumer actively and critically managing her health and medication regime, including challenging health professionals about it, and of advocacy and research that is integral to her lived experience.

Research with Australian journalists has found that case studies of people with lived experience are a valued source and an important means of humanising mental health issues (Holland, 2018). But personal narratives can be used in different ways in news stories. For example, the SBS news story discussed earlier was praised for the way in which Sebastian was positioned as a knowledge producer in a way that disrupts the deficit approach of the biomedical authority model in which patients or the lay public are imagined as primarily recipients, or ignorant, when it comes to health knowledge. In this context, it is interesting to consider another TV news story shown to participants and their responses to it. The story included a young man, Travis, who had suffered from depression

and anxiety and was now encouraging other people to seek help. The hook for the story was recent

celebrity suicide deaths (Loren Scott and Charlotte Dawson), as the news presenter said:

> Well it's been hard to avoid all the headlines about celebrities who have been struggling
>
> with depression but despite all the publicity, it seems that *young people are still ignoring*
>
> *calls to seek help* for the crippling condition. (Ten News, 28 March, 2014)

Implicit in this framing is the idea that celebrity experiences would or should affect the help-seeking

behaviours of young people, but that the latter are not playing their part in that they are 'ignoring'

incitements to seek help. The story's case study, Travis, said 'It's okay to be mentally – to be

mentally ill. You don't have to be happy all the time. You don't have to be amazingly successful'. The

journalist provided some statistics to support the central theme of the story: '60% of young people

feel constantly worried or moody but only 12% seek professional help'. The story focused on the

celebrity angle, interviewing two young male lifeguards from the television programme *Bondi Rescue*

who are reportedly 'joining the campaign to help lift the stigma', and listing names of recent

celebrities who have died by suicide or suffered depression.

A consumer described this story as 'really bad' and 'terrible'. Part of her criticism was about the lack

of useful information, but she also criticised it for equating not being happy to being mentally ill and

reacted against the comments made by an advocate in the story that signs to look out for may be

people 'starting to isolate or withdraw themselves'. She responded by asserting her personal

experience of being isolated by other people when she has not been in a good mood. Her comments

also suggest some frustration with the way in which the person with lived experience was included:

> In that length of time a person talking about his own experience didn't give you any insight
>
> whatsoever. What was his case, what was his challenges, what did he feel, what was it like,

nothing of that. […] Just I was depressed and I spoke out about it; that's all it was. *And it's also it's not focusing on what other people can do.* It's still not focusing, *it's all about putting it back on the person*. I took responsibility and I spoke out. How does that help somebody in the position at all? *Does it suggest things that you can do, approaches, anything; it doesn't do that.* (consumer)

The story presented a hybrid patient-consumer and biomedical authority model of biocommunicability. While it positioned individuals as personally responsible and having the ability to assert control over how they respond to their distress, it was framed in a way that emphasised that young people are not taking advantage of the help-seeking options available to them. This is therefore a story about 'biocommunicable failure' (Briggs and Hallin 2016), for which young people are positioned as responsible and maligned for 'suffering in silence'. Together with the consumer's comments selected for inclusion and the conflation of statistics on being worried with being in need of professional help for 'mental illness', this story worked to endorse biomedical authority over mental health issues and obscure the many social, cultural and economic factors that may contribute to young people's distress and ability to take up the role of an active patient-consumer.

Discussion

The three themes identified in this study capture some key concerns that characterise participants' theories and criticisms of mental health news and I have sought to offer some observations about how they intersect with models of biocommunicability. The first theme centred on the concern that news media continues to treat mental illness as a spectacle that happens to 'monstrous individuals' against whom 'we, the public' must be protected (Rose 2005, 17; see also Rose 1998). The 'othering' that this kind of reporting entails was understood as being motivated by the commercial imperatives of news and values such as sensationalism. It was criticised for reducing people experiencing mental distress to risky subjects to be managed and controlled, with detrimental impacts for how people

are treated within services and the community. At a broader level, the seemingly regular reproduction of such narratives arguably compromises the patient-consumer and public sphere models of biocommunicability in mental health news. For example, it potentially restricts the space available for listening to both recovery-oriented stories as well as stories more oriented to activism and exposing injustices within the mental health system, including the risks and harms people can experience as a result of services and treatment (see Busfield 2004). As one mental health researcher suggested, it is difficult to have 'any sensible debate' until the stereotype of people with mental illness as violent is overcome. Indeed, prejudicial narratives about mad people (i.e. that they are violent or incapable of rational thought) can lead to a form of 'testimonial injustice' wherein their capacity as legitimate knowledge holders is discredited (LeBlanc and Kinsella 2016, citing Fricker 2007).

Against this backdrop, participants in the study also recognised the tendency of news media and some advocacy organisations to favour narratives at the other extreme in the form of 'good as new' (see Wagner 2000) stories of people recovering with the assistance of biomedical technology and/or as a result of their own active help-seeking, taking themselves as a particular type of subject and assuming the role of patient/consumer advocate encouraging others to do the same. There was a view that health professionals had a vested interest in the linear straightforward narrative of recovery with the assistance of the medical profession (i.e. getting sick, getting help, getting well) and that there was little space in the media for consumers who disagree with their diagnosis or do not comply with medication. These concerns were evident in the second and third themes, in particular, where participants criticised the privileging of biomedical issues and sources and the potential for recovery-oriented narratives to have their own distorting effects, including a sanitised rendering of experiences of mental distress and the complex social, political and economic dimensions of it.

To make sense of the perceived dominance of themes of violence and danger and biomedical authority in mental health news, it is useful to consider Rose's (2005) discussion of the dominance of risk thinking in the context of biological psychiatry and Blackman's (2007) articulation of the 'mediatisation of psychiatric culture' as one of extremes. At one extreme we are presented with the violent 'insane killer' or 'mentally ill killer', an object of danger and a threat to society, while on the other are those positioned as objects of hope and sympathy (Blackman 2007, 13). Drawing upon scholars such as Rose (2005), Blackman argues the predominance of biological psychiatry keeps this ambivalence in place in that it is positioned as the authoritative discourse that can calculate risk and danger. But, as Blackman also notes, assessments of risk are not so much linked to the disease process as to 'the individual's ability to take themselves as a subject and object of medical discourse' (Blackman 2007, 13). Thus, risk and danger may be imputed to those who refuse to view their experiences as signs of disease and illness and who do not comply with biomedical treatment.

It could be argued that this risk thinking, which is a characteristic of contemporary biopolitics and tied closely to biomedical authority, carries through into media reporting and the media-oriented practices of organisations and professionals in the mental health field with the consequence, to use Blackman's terms, of eliding accounts that speak to the ways in which 'psychiatry, as a technology of hope, breaks down' (Blackman 2007, 13). Criticisms of news media for being reluctant to go into the controversial aspects of people's experiences or undermine psychiatric authority because of concerns that it is dangerous for people not to follow 'doctor's orders' positions news media as complicit with biomedical authority in reinforcing and projecting an image of people experiencing mental distress as vulnerable, 'at risk' audiences, as opposed to knowledge producers, critical media consumers and active participants in the worlds of mental health advocacy, policy, education and services. The idea that people with lived experience are ill equipped to cope with particular narratives (i.e. those about the harmful effects of medication), coupled with the impetus among mental health organisations to elicit 'positive' media attention to mitigate further damage to the

already tarnished image of mental illness, arguably serves the interests of biomedical authority more so than fostering a vibrant public sphere for mental health discussion.

Previous research has shown that lay theories of media often invoke criticisms of the tendency for media to focus on individual incidents and events involving violence, even though they may be isolated, while skimming over considerations of structural violence that many see as integral to neoliberal policies (see McCurdy 2011). Writing in the context of mental health research, Pascal and Sagan (2016, 13) observe that, 'If recovery and coping narratives are perpetuated in the absence of a range of health resources the recovery movement and its allied research unwittingly aligns with the neoliberalization of health care' (see also Landry 2017). Such concerns could equally apply to news media reporting and the media-oriented practices of mental health organisations. They resonate in participants' observations about the predominance of narratives that tend to sanitise mental health issues or privilege biomedical topics, sources and views as those most worthy of news media attention. Some criticisms reflect wider frustrations within the consumer/survivor/ex-patient movement and among Mad Studies scholars about the tendency for individual stories of recovery from dominant understandings of 'mental illness' to obscure more politicised narratives that connect the individual experience to 'collective and structural experiences of distress, inequality and injustice' (Harper and Speed 2012, 22; see also Costa et al. 2012; Morrison 2005).

In articulating their criticisms of media, participants identified issues they believed did not receive sufficient media attention. These included structural privilege and mental health impacts of government policies, the importance of trauma informed care and non-medical solutions (i.e. Hearing Voices approach, peer support), rethinking and challenging psychiatric labels, interrogating the evidence underpinning services, and exposing social justice concerns such as shortened life expectancy, compulsory treatment, trauma and poverty. In expressing such concerns participants positioned biomedical authority over mental health within the sphere of legitimate controversy and

positioned themselves as having expertise in relation to policy, services and treatments in addition to and/or because of their lived experience (see also Holland et al. 2009). However, when subjects continue to be imagined as either victims or villains and where compliance and risk thinking are prevailing features of psychiatric governance and mental health 'care' (Rose 2005) news reporting itself assumes the status of a risk factor if and when journalists or consumers, for example, step outside of the role biomedicine expects of them by adopting alternative and critical perspectives (see also Holland, 2018). It could be argued that this has the consequence of restricting the opportunities for consumers/survivors and their allies to present, and for audiences to listen to, stories of 'resistance and opposition, collective action and social change' (cited in Costa et al. 2012, 96). The discourse of risk, in combination with the dominance of biomedicalisation and professional expertise, also serves as a barrier to the further development of consumer/survivor/ex-patient perspectives in academic discourse (Jones and Brown 2013).

Conclusion

This article has examined some of the ways in which mental health consumers, advocates, professionals and researchers interpret and theorise about the impacts of mental health news. Participants' criticisms invoked news values, sourcing practices and some of the activities of mental health organisations as barriers to what might be considered a more public sphere or civic-oriented mode of journalism. Journalists can perform an important role as intermediaries in pushing the boundaries of dominant discourse about mental distress by tapping into and forming alliances with consumers, activists and scholars who are producing counter-discourses and whose interests and priorities are not represented by mainstream mental health organisations or mainstream media (Holland 2017). This requires moving beyond the idea that people with lived experience are primarily newsworthy when they can be linked to violence or as valuable sources if they are willing to submit to the demands of journalists or advocacy organisations in sharing their personal (typically recovery-oriented) story. Further research into the mediation of mental health issues and the media-oriented

practices of actors in the mental health field could usefully draw upon concepts of

biocommunicability and biomediatization and perspectives from Mad Studies.

Notes

[1] The concept of 'mental illness' is contested and throughout the article I use various terminology including mental distress, mental health issues and madness. Similarly, the language of consumer, while by no means without its critics, is that which is most commonly used in Australia to refer to people with lived experience but terms such as service user, survivor and patient are also used in other countries and contexts and appear throughout this article.

[2] The use of 'lay' in this context is not intended to minimise the importance of such views but to distinguish them from professional or academic understandings of media, though of course each may draw upon the other (McCurdy 2011).

Author's final accepted manuscript

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