Representations of Mental Health/Distress and Madness in Media and Culture: A Cross-Generic and Contextual Study

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ABSTRACT

Representations of Mental Health/Distress and Madness in Media and Culture: A Cross-Generic and Contextual Study

by Michael John Anthony Birch

This thesis explores representations of mental health, distress and madness in media across a range of genre forms in a two phase mode of study; the first phase examining media genre forms, the second, exploring reception findings and new mental health images made in a production project. Preceding these phases, an examination of contexts influencing the study critically expose the setting for the project: These relate to Media and Cultural Studies research, the changing social world and implications for mental well-being, and the role of media communications in future portrayals. Next, a history of cultural and media meanings of mental distress/madness is charted in literature, theatre and then film, leading to the development of popular meanings of madness. Then, the first phase aims to isolate meaning-making practices in representations exploring the different ways in which factual and fictional forms examine these topics; its focus extends to visualisations, language, forms of address and the role of drama in communications in theatre, film, radio and television. It proceeds by a series of selected case studies and outlines some of the range of portrayals and the cultural roots on which they draw. Next, the second phase incorporates a Media Reception-Production Study in a Community based project. The first part explores responses to a key set of texts read by people in three social contexts: people with experience of a mental health condition, media professional and mental healthcare workers: its aim, to uncover original information about the way in which people with the subjectivity of experiencing a mental health condition are guided by interpretation, and are constituted by, expositional and aesthetic discourses of media representation. The results point to a range of problems for the identity of a person living with experience of mental health condition; other concerns about mental health portrayals were identified by mental healthcare workers and the views of media professionals were also collected. The second stage undertakes a production study employing Community Drama practices across a five day period focusing upon identity and changes to representations. The intention is that the work has an action dimension, producing alternative images and practices, providing useful indications which may be of interest to professionals; encouraging the potentiality for social change for this group.

CONTENTS

Contents i

Acknowledgements.....ix

Author's Note x

Introduction.....1

Chapter One: Media Representations of Mental Health, Distress and Madness 6

1.0 : The Problem 7

1.1 : Rationale and Structure 10

1.2 : Guiding Ideas and Concepts 14

1.2.1 : Representation and Performance Culture 14

1.2.2 : Stereotypes, Stigma and Identity 20

1.2.3 : The Politics of Identity, Social Theory and Problems of Recognition..24

1.3 : Methods Employed In The Study.....27

1.4 : The Personal Voice 29

Chapter Two: Critical Contexts.....31

2.0 : Introduction 32

2.1 : Social Contexts: The Contemporary Situation and Mental Well-Being ..33

2.2 : Media Contexts and Future Mental Health Communications 36

2.3 : Mental Health Contexts: Social Exclusion and Community 39

2.4 : Media Research Contexts 41

2.4.1 : Secker and Platt's Review.....41

2.4.2 : The Cross Study 44

2.4.3 : The Belson and Wober Studies 48

2.4.4 : Philo et al.'s Study 51

2.5 : Conclusions 53

2.5.1 : Seedhouse 54

2.6 : Secker and Platt's Research Review 59

2.7 : Review of The Philo Study.....64

Chapter Three: Historical Contexts For Popular Meanings Of Madness 66

3.0 : Introduction 67

3.1 : The 'Long View' 68

3.2 : Greek Mythology, Drama and Rationality 69

3.3 : Madness, Art and Security in a Developing Modernity 71

3.4 : Securing More Sanity For Modernity.....76

3.5 : The 16th - 18th Century: Transformations in Treatment? 77

3.6 : The Development of Psychiatry 80

3.7 : Anti-Psychiatry: R. D. Laing and Thomas Szasz 82

3.8 : Women and Madness 84

3.9 : Conclusions 86

Chapter Four: Generic Studies 1 - Film 90

4.0 : Introduction.....91

4.1 : Methodology: Analytical Framework 91

4.1.1 : Text Selection, Meaning-Making Choice and Acquisition 93

4.2 : The Significance of Film in Popular Mediations about Mental Health....94

4.3 : Representations of Madness and Mental Illness in Film 96

4.4 : A Short Developmental History 98

4.4.1: From Literature to German Expressionist Film: - Transformations in Meaning-Makings About Mad Characters.....98

4.4.2 : *Dr. Mabuse The Gambler* - Consolidating Madness Through 'The Look' 101

4.4.3 : Universal Studios:- Iconising the Mad Character.....103

4.5 : 1950's Science Fiction and Monster Madness 104

4.5.1 : Neale's Horror Narrative: Enigma and Character 105

4.6 : From *Psycho* to the Contemporary 107

4.6.1 : The 'Not Quite Right' Personality.....107

4.6.2 : Narrative and Fetishism 108

4.7 : Anxiety Characters and Narrative Fear 109

4.7.1 : The Shower Scene in *Psycho* - How We See In Madness What We Know As Mental Illness 113

4.7.2 : Madness As Mental Illness: Simply A Split-Personality - Again? . 116

4.8 : Representing Mental Distress: - *Rainman*, *Family Life* and *Angel Baby* 119

4.8.1 : *Rainman* (1988) Description..... .119

4.8.2 : Analysis: Dramatic Form: Examination of Brotherly Tensions ...121

4.9 : *Family Life* (1971): Description 125

4.9.1 : Form and Thematic Development: Some Dimensions of Significance 128

4.9.2 : Parents as Pariahs 129

4.9.3 : Development Towards Decline 129

4.9.4 : Sin, Control and Responsibility 131

4.9.5 : Advancing Narrative Backwards 133

4.10 : *Angel Baby* (1995): Description.....135

4.10.1 : Analysis : Characters and Relationships as Story:
Dramatic Form in '*Angel Baby*' 138

4.10.2 : Characterising Harry: Themes of Sensitivity and Medication 139

4.10.3 : The Character of Kate: More Therapeutic Sessions 142

4.11 : Unstable Narrative and Character Agencies 143

4.12 : Characters in Fear and An Anxious Narrative:
How We See What We Know As Schizophrenia 145

4.13 : Conclusion 147

Chapter Five: Generic Studies 2 - News and Documentary Form 150

5.0 : Introduction.....151

5.1 : Analytical Considerations: Set and Drama 152

5.1.1 : News Genres and Mental Health 153

5.2 : *ITN News* at 5.40pm 155

5.2.1 : The Studio Mode of Address.....155

5.2.2 : The Location Mode of Address: The Discourse of Eric Macinnes .160

5.3 : *Channel Four News*: Community Care Criticism.....163

5.3.1 : In the Studio Mode: Presenter-Viewer Relations
and The Personality 163

5.4 : In The Location Mode 166

5.4.1 : Reporter in the Field: Robert Parker's Discourse.....166

5.4.2 : Narrative/Exposition Development 168

5.4.3 : Story Synthesis 172

5.5 : BBC Radio News: The *Today* Programme 175

5.5.1 : Mode of Address: - The Opening Segment 177

5.5.2 : Edited Interviews: The Location Mode of Address and Narrative..179

5.6 : Video Diary: *Mad, Sad or Bad* 185

5.6.1 : The Video Diary Form 186

5.7 : Conclusion 193

Chapter Six: Generic Studies 3 - Broadcast Drama Forms.....198

6.0 : Introduction 199

6.1 : *Takin' Over The Asylum* 200

6.1.1 : The Comedy Drama Form 200

6.1.2 : Two Worlds of Madness 201

6.1.3 : Languages of Madness 203

6.1.4 : Characterising Mental Health Conditions and Identities.....203

6.1.5 : Dramatic Circumstance and a Mental Health Condition.....204

6.2 : *The Prisoner of Papa Stour* 210

6.2.1 : Papa Stour as Form 210

6.2.2 : Setting The Scene: The Prisoner of Papa Stour 211

6.2.3 : Developing Dramatic Tension.....212

6.2.4 : Characterising Edwin Linsey and His Condition 213

6.3 : Conclusions 213

Chapter Seven: The Community Project: (Part 1) -
Exploring Response: Reception and Opinion 216

7.0 : Introduction 217

7.1 : Reception Study Methodology 217

7.1.1 : Communities, Groups and Confidentiality 218

7.1.2 : Questionnaire Design 220

7.1.3 : Genre, Media Meaning-Making and Its Interpretation 223

7.1.4 : Analysing Questionnaire Data:
Process, Reduction, Explanation and Theory 225

7.1.5 : Media Text Options and Pilot Study 226

7.2 : Opinions: The Cornwall/Devon Community 231

7.2.1 : Summary 246

7.3 : Opinions: The Hampshire Community 249

7.3.1 : Summary 262

7.4 : The Liverpool Community.....264

7.4.1 : Summary 276

7.5 : Conclusion 277

Chapter Eight: The Community Project (Part 2) -
Exploring Change: Methods, Alternatives and Practices 282

8.0 : Introduction: The Production Phase 283

8.1 : Method and Design:
Drama and Media For Community Development 283

8.1.1 : First Stage: -
Knowing the Body and Making the Body Expressive 285

8.1.2 : Second Stage: -
The Cop in the Head Hypotheses: Mediated Identities and Osmosis 286

8.1.3 : Third Stage: -
Exploring Mediated Oppressions: Metaxis 287

8.1.4 : Fourth Stage: -
Analogical Induction 289

8.2 : Post Production Processes 290

8.3 : Production Process Arrangements 290

8.4 : Alternative Images/Practices: Introduction 291

8.4.1 : The Falmouth Project.....291

8.4.2 : Identity Narrative 1.....291

8.4.3 : Barking Mad Productions 294

8.4.4 : *Extra! Extra! Read All About It* 297

8.4.5 : Plea to Media Producers and William's Address 300

8.5 : The Winchester Project 300

8.5.1 : *News Tonight* - Parody On the Interview Genre Form 300

8.5.2 : Julie's Poem 303

8.5.3 : Roger's Life Narrative 304

8.6 : The Liverpool Study 304

8.6.1 : Identity Narrative 2: *Mark and James* 304

8.6.2 : Daniel's *'Correct' News about Mental Health* 306

8.6.3 : Alan's Narrative 308

8.6.4 : Kim's Story - 'Questions' 309

8.7 : The Media-Mental Healthcare Worker Confluence 311

8.8 : Conclusions 313

Chapter Nine: Conclusions 315

9.0 : Conclusions 316

9.1 : Reflections on Contexts and History 316

9.2 : Media Representations of Mental Health, Illness,

Distress and Madness 319

9.2.1: Horrors from Film History 320

9.2.2: Film Representations of Mental Distress 321

9.2.3 : Representation of Schizophrenia in Television News and Documentary.....322

9.2.4: The Comedy-Drama Form 326

9.3 : The Media Reception - Production Study: Reviewing Response.....326

9.4 : Production Study Images 330

9.5 : New Research and Ways Forward 333

9.5.1 : Language, Media and Mental Health.....333

9.5.2 : Collaborative Research Projects and Community Drama for Media Development 335

9.5.3 : Educational Curriculum Design 337

9.6 : New Media Developments 337

9.7 : Implications for People With Experience of a Mental Health Condition 338

Appendix A.....341

Appendix B.....350

Appendix C.....366

Appendix D.....368

Appendix E 371

Appendix F 374

Appendix G 376

Bibliography 378

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Author's Note

A number of authors in their discussions about issues connected to mental health raise significant warnings about terminology. The work contained in this thesis is no different. Across the field of mental health, terms and their usage are fraught with politically charged meaning, 'mental illness', being one phrase belonging to the dominant discourse of psychiatry, government and the public rather than to people who have themselves experienced a condition. Aware that such terms alienate people with these experiences, the thesis is sensitive to language being an important component in any discussions about mental health issues. Nevertheless, the work begins with such terms as mental health and illness but by way of its intellectual journey it seeks to expose further the problematics of language in this field. Whilst the word 'schizophrenic' is sometimes employed, this term is also identified as problematic by people who have been labelled with it. The word is used, along with other similar categorisations, to highlight the linguistic quagmire (i.e., site of conflict) which constitutes 'mental health' as an area of policy. Therefore, this thesis employs the title it does in order to present 'mental health' as the broad paradigm within which other terms can be located and which it is the purpose of this thesis to highlight as complex and problematic. This particularly so where media communications might have implication for the identity of people living with a mental health condition.

Introduction

Introduction

This study examines representations of mental health, distress and madness in media across a range of genre forms: Its aim is to conduct action research in a two phase programme of inquiry, which has implications for policy amongst healthcare workers and media professionals. Central to the study are concerns about media portrayals of mental health communicating mainly negative themes. Philo (1996) concluded that two thirds of media portrayals referenced mental health to violence, Atkinson (1994), Hyler *et al* (1991) and Vousden (1989), also raising concerns about the social impact of media representations in the UK community and overseas. One in four of the UK population (approximately 15 million people) 'will experience some kind of mental health problem in the course of a year' (Mental Health Foundation, 1999:5), this experience affecting all sections of the community irrespective of class, race, age, gender or sexuality. Of this population, a further one in four (approximately four million people) will resist seeking professional therapeutic advice, the stigma in stereotypes of dangerousness in media portrayals contributing a 'tremendous power in creating and perpetuating discriminatory attitudes towards mental health service-users' Dunn, (1999:43); such stigmatic power discouraging not only their potential rehabilitation but also those attempting to access assistance. Research by Birch (1994), Wahl (1995), Philo (1996) and Cross (2000), proposed a need for change in future mediations. Therefore, the agenda for this research integrates a first phase, focusing upon representation, analysing media meaning-making across a range of genre forms portraying mental health and distress and a second phase employing a

Media Reception-Production Study - including new forms of media meaning-making by people with experience of a mental health condition.

A Two-Phase Study: The First and Second Phases

The aim of the first phase is to study representations focusing upon media meaning-making about the 'unwell subject', cultural knowledge about mental health, distress, madness and power relationships across a range of genre forms. In particular the first phase examines: a) How media forms construct a mental health space; b) How related realities and identities are portrayed; c) What ways language plays a role in organising meaning about mental health; d) How drama plays a significant role in media communications; e) How media forms, non-fictional and fictional, address audience in respect of a range of health and mental health issues. With audience, and also, community, key factors in the study, phase two is introduced with a view to developing further understanding about mental health and also, to move toward the development of new images.

The aim of the second phase is to employ a Media Reception - Production Study. The reception study initially seeks to determine new knowledge about portrayals from people with experience of a mental health condition. In particular, it seeks to discover the ways in which the subjectivities of people with a mental health concern guide interpretation and also, how these subjectivities are in part constituted by expositional and aesthetic discourses of media representation. This part of the study also includes mental healthcare workers and media personnel; these three constituencies each

located in three different communities. The focus of information sought is concerned with cultural knowledge about mental health and the identities of people with related conditions. It also explores the role of drama in constructing meaning in mediations. Next, a production study involving the former group develops new images of mental health in a Community Drama based project. This leads to fresh understanding about mental health and its portrayal in media.

The Study in the Context of Media and Cultural Studies Research

The agenda for the inquiry is also particularly mindful of concerns proposed by two media researchers. Philo and Miller (2001), in their critical review of media and cultural studies research, identify that 'There has been an absence of will to address the real and often brutal power relationships which have transformed our cultural life' (2001:33) across the last few years; indeed, they claim that there has been a related 'intellectual malaise' across disciplines. Part of their argument includes concerns about unduly obscure debates in media and cultural studies, with research wandering up 'dead-ends' (ibid.:4). They argue that the field should not have become trapped in models and paradigms of the 1970's, such as 'ideology'. Consequently, they suggest directions taken by media and cultural studies since then, as being problematic, and needing thorough review; particularly, in the context of a new globalised, market driven ethos, now dominant across the world. Broadly supporting this view, this project recognises the need for media research to focus upon real social problems, to improve knowledge and understanding about important topics for the community and to explore ideas about power in terms of influences and effect. It proposes to do this

through a critical approach, examining meaning-making in media representations about mental health and distress. Since meanings are base units of knowledge (i.e., epistemes), they are integral elements of power in the relationship between a context, a producer and audience. Accordingly, the work is throughout sensitive to the connection between 'meaning' and 'power'.

Chapter One

Media Representations of Mental Health, Distress and Madness

1.0 The Problem

Media Representations of Mental Health, Distress and Madness

> The stigmatisation of those who are mentally distressed has a long history in our culture and obviously predates our contemporary media. It must also be said that the portrayal of mental illness in films, on television and in the press is not the only source of public information and understanding in this area. Nonetheless, media coverage does have an important influence. Our study in this volume of the content of press and television showed that two-thirds of media references to mental health related to violence and that these negative images tended to receive 'headline' treatment while more positive items were largely 'back page' in their profile, such as problem pages, letters or health columns.
>
> Philo *et al.* (1996:112)

Research about people living with experience of a mental health condition evidences cultural marginalization through the requirement to negotiate stigma; this data, raising concerns about the development of their subjectivity. A phenomenological study by Barham and Hayward, (1991) examined the subjective meanings that users of mental healthcare services gave to their experiences in the social world. They identified the following themes in people who had been patients: There were feelings of being; a) excluded from participation in social life; and also being, b) burdened by a cultural freight they felt obliged to carry, and needing c) reorientation toward 'coping' with their vulnerabilities (see Pilgrim and Rogers, 1993:171-2). These qualities of stigma contributed to feelings of marginalization, making them feel reluctant to enter, or re-enter patienthood.

In accord with these findings, *Creating Accepting Communities: The Report of the Mind Inquiry into Social Exclusion and Mental Health Problems* (Dunn, 1999), seeks solutions to stigma and the social exclusion of people with mental health

conditions. After the collapse of the mental institutions and the walls that were once its physical barriers, more evidence about the continuous social exclusion of people with mental health problems reveals economic and social obstructions, hindering inclusion within the community. The key areas impeding the living of a normal life include employment, economics and media. Two studies cited in Dunn (1999), when coupled, provide strong grounds for the fear people with a mental health condition recognise when seeking employment. Link *et al.* (1997) determined that 75% of people with a mental health condition considered that they would not tell a prospective employer about their health condition. Glozier (1998) informed that employers would not employ a prospective candidate with a mental health condition against someone who had another disability such as diabetes. Insurance also becomes a significant issue for people who have had experience of a mental health condition. Rather than people who are in need being supported, instead they are seen as being a financial liability.

If cultural practices and discourses marginalize people suffering from mental health conditions, then the study by Philo *et al.*, (1996) and an unpublished study by Birch (1996a), evidence further, how some media portrayals can impact upon subjectivity. Examining personal and media narratives of illness, the latter study informed how participants operated careful social management in their everyday life. One related:

> *I am not a person who inspires fear in others. I am well-liked by a number of elderly neighbours, though I have always been careful not to let them know of my diagnosis of schizophrenia. To the best of my knowledge, I am not known as a "nut", a "nutter" or a "psycho" (to quote the term used in THE STAR).*

Writing the following response to the same text, he continued:

> *THE (unspeakable) STAR: Terms such as "nuts", "nutters" and "psychos" are in their ignorance and prejudice equivalent to racist terms such as "wogs". The media use of the latter would rightly lead to an outcry and public bodies would take action against such racism and yet, where the mentally ill are concerned, THE STAR get away with it.....I am fragile and very fallible, but I have tried to do a little good---I have been a volunteer gardener for the elderly, a member of the college charities committee, for a year a Community Service Volunteer with adults with learning difficulties, a volunteer home tutor teaching English ..... Most schizophrenics are far less fortunate through no fault of their own. If a schizophrenic can be lucky, I am such a one.*
>
> Birch, (1996:15)

In the study undertaken by Philo *et al.*, another person complained:

> *You are constantly getting bombarded by images that have nothing to do with the illness at all and just reinforce these negative images that are around and.... The whole field of mental illness is being discussed in a climate of ignorance and fear.*
>
> Philo, (1996:107)

Also in this study, other findings illuminated how people suffering from the condition of schizophrenia felt about their mental state *before* and *after* they became distressed. One respondent identifying his condition, described where he had first encountered stigmatic knowledge about it.

> *When I was told I was schizophrenic, I was very intimidated by it - I thought I was some sort of monster. I didn't actually feel like a monster, but when they said I was schizophrenic, I just couldn't believe it.... It's just such a hell of a word, you know and it's got a hell of a stigma... My window cleaner asked me 'would you not hit me over the head with the hammer?' - I had to reassure him that 'look mate, I'm not violent' and he was telling the neighbours. It rots you, it just rots you..... Jane Eyre was my mother's favourite programme and I think I got it from her. We watched it faithfully everyday Saturday night. She [a character in the story] was insane and she ran around screaming and shouting and burnt the house down - that instilled real fear in me... They'll burn the house down, they'll stab you, they'll kill you - that's what I thought myself until I realised I had a problem myself.* (User of Services, Glasgow)
>
> Philo, (1996:111)

Clearly, the first quotation (by Philo, at the beginning of this section) produces resonances with these users, the problem of cultural marginalisation perpetuated in media portrayals of mental health, distress and madness; communicated through stigmatising themes of dangerousness. If, as this evidence indicates, meanings of stigma produced in cultural and media discourses are deeply embedded in the lived experiences of people with admitted mental health conditions, then further questions are raised about how its pejorative power influences other people in the forming of their sense of self and identity; particularly people who suffer from a neurotic health problem such as anxiety (approximately 2.8 million, Mental Health Foundation, 1993:11) or people with depressive conditions who account for one in six of the population (Mental Health Foundation, 1999:6). Also, anorexia nervosa, identified as the third most 'chronic illness' in teenage girls, is most likely to affect women rather than men by a factor of 12:1 and bulimia nervosa will affect 1-2% of women in the UK (ibid.:1999:6-8); these figures constituting major sections of the community. If concerns are then raised about how this significant number of people with mental health conditions perceive their own subjectivity in pejorative media portrayals and which constrain subjectivity, then, the need arises to seek out what these people make of media portrayals; to determine alternative ways in which mental health can be portrayed in media.

1.1 Rationale and Structure

In light of the argument above, the existence of stigma inhibits the lives of people experiencing a mental health condition and raises questions as to how new media

discourses about mental health could better portray this group; transforming stereotypes of dangerousness for new portrayals, replacing stigma with new knowledge about mental health. Further study could seek new information from a range of texts providing useful data for the development of new media portrayals of mental health. This could be augmented by solutions produced by people with experience of a mental health condition, facilitating alternative media texts. Therefore, the rationale for this study is to seek information through textual analyses across a range of forms, non-fictional and fictional, and through the inclusion of a range of groups. The aim is to find out what the groups make of portrayals in a reception study; and then, to develop alternative representations in a production process. This would lead to knowledge and understanding, and pointers for policy; helping media to make new meanings of mental health for culture and society.

As a way forward toward achieving these project ideas, the following structure is followed. The next chapter 'Critical Contexts', first examines the development of the new communications revolution and its mental health implications for the social subject. It also explores in what ways change may affect the already negative coverage, asking questions about future portrayals: Will the 'new media' revolution facilitate new knowledge and understanding here? Critically reviewing previous studies, four are selected for special examination. The context of reception studies is also addressed with a view to developing a further rationale for this project. Aware of these factors, the project moves forward carefully to look at the views of Seedhouse (1998) in work about mental health promotion. If, in mental health circles,

definitions of mental health involve promoting understanding can be proven to be problematical, then we also need to examine similar definitions stemming from mainstream media in a critical light. Therefore, some broader issues within media and cultural studies research are also examined (Philo & Miller, 2001).

Chapter Three, Historical Contexts, examines Popular Meanings of 'Madness' across the several hundred years, tracking the cultural settings within which ideas of 'madness' and its relationship to 'mental illness' have been produced. Questions of fear and anxiety are examined alongside issues of social difference, identity and perceptions of the 'normal': The work of Roy Porter, Michel Foucault, Denise Jodelet, R. D. Laing, Thomas Szasz and Elaine Showalter is examined.

Then follow the first of three chapters under the heading of Generic Studies. First, in Generic Studies I, Film is introduced and its significance in popular mediation of mental health. A historical and generic review of fictional meanings about madness and its making is followed by two selected case-studies about mental illness (*Angel Baby* and *Family Life*). Following this chapter, Generic Studies II examines non-fictional meaning made in radio, television and documentary television, looking at broadcast examples. In Chapter Six, Generic Studies III focuses upon Broadcast Drama examining two small case-studies; a radio drama and a television comedy drama. Each chapter is accompanied by an introduction to medium-specific factors in the analysis.

Chapter Seven is the first of two stages and outlines the methodology for the study and its Community Project: The first phase focuses upon Reception and Opinion which involves the selective citation and analysis of collected data from three groups of people in three geographical spaces. In Chapter Eight, the Community Project continues with Alternatives and Practices presenting accounts of practical work undertaken with groups. Production ideas behind alternative practice are presented in the context of the work of Paulo Freire (1970) and Augusto Boal (1979) complemented by critical commentaries from a range of authors.

The Conclusion in Chapter Nine, summarises and develops thesis findings. It is intended that through this developmental structure, new knowledge and understanding may be learnt, shedding light not only on how portrayals could be developed but also providing useful advice for policy.

1.2 Guiding Ideas and Concepts

A number of concepts contribute to the thesis and are now introduced in a sequence of subsections. These include stereotypes generated by media representations and stigma, contained in depictions. Following on from these notions, the politics of identity is explored in the lived experience of a person with a mental health condition. Questions are raised about representational differences and similarities with those identity politics found in new social movements already located around gender, race, sexuality. In addition, ideas about the role of drama in meaning-making are examined, building upon ideas proposed by Raymond Williams about drama in dramatised society. Complementing these themes, methodologies in the thesis are also broadly examined, laying foundations for further details in each chapter's analytical framework. Finally, a personal voice is introduced.

1.2.1 Representation and Performance Culture

In this thesis, representation and performance culture in media are also key concepts. A range of different representations facilitate insight into the different ways in which meanings about mental health and distress are portrayed in various mediations. In connection with representations, drama is also an important element for both the textual analysis and later, the reception-production study.

Stuart Hall notes that, 'representation is the process by which members of a culture use language (broadly defined as any system which deploys signs, any signifying system) to produce meaning' (1997:61). In this study, this includes the sign systems of language, image, music, sound and sound effects. In a constructionist approach

linked to that of Calhoun, the study broadly examines the making of mediated meanings forged between three different points: 'what we might broadly call the world of things, people, events and experiences; the conceptual world - the mental concepts we carry around in our heads; and the signs, arranged into languages, which 'stand for' or communicate these concepts' (ibid.:61). Hall re-employs his notion of codes from 1980, in his essay about the *encoding* of meanings/signs at the production stage and their *decoding* at the reception stage.

Consequently, at the encoding stage, meaning-making about mental health potentially includes numerous media personnel interpreting and helping construct meanings; many of these borrowed from perceptions about mental health taken from culture and society. Central to this project is not only what these meanings <u>are</u> but also, <u>how</u> they are communicated; it is the 'how' of the meanings that we see/hear/read, that can play a major part in <u>what</u> is known through them - the forms in which meanings are located which provide major bearings on how they may be interpreted. As O'Sullivan *et al.* inform, the term representation also refers 'both to the process and the product of making signs stand for their meanings' (1994:265). Therefore, in a textual product, representation includes the ways in which significations in image, sound, music, language and special effects are <u>organised</u> through signifying <u>practices</u> into texts and in the symbolic systems which can supply ideas about who and what we are and, who and what we can become; positioning us as subject. Representation, Woodward notes, through its cultural processes can also suggest answers to questions of collective or individual identity about: 'who am I?; what could I be?; who do I

want to be? Discourses and systems of representation construct places from which individuals can position themselves and from which they can speak' (1997:14).

It is with these latter points in mind, that this work is aware of how people in culture will interpret meanings made in texts or as Hall has put it, *decode* them. Therefore, representations of mental heath, distress and madness are taken from knowledge resident in our society and culture are processed and in the second instance, are organised into signs standing for concepts we have about them. Knowledge produced into media forms has implications for the relationships audiences have with them and it is the relationships between mental concepts and signs about mental health, distress and madness which lie at the heart of 'representing' in this thesis. It is when these two systems are linked that they constitute representations.

Therefore, we must have two systems to be able to make sense of a sign: A conceptual map in which correlations can be made with a topic such as mental health and a representational system into which resemblances of mental health issues can be fitted. In making sense of meanings through signs, the relationship between referent and sign requires a degree of clarity or, as Hall puts it, if, 'the relationship between the sign and its referent becomes less clear-cut, the meaning begins to slip and slide away from us into uncertainty' (1997:20). It also follows that for Hall, making-meaning depends on codes which we all recognise but which, because they are always in a state of flux, change and move within a culture; codes are always changing. If in the context of mental health issues, there are significant uncertainties as well as

difficulties when the referent has quite small relationships, with things actually to do with mental health, it is further complicated by codes where the work of myth is a significant factor in media representations.

If, according to Barthes (1972), a denotative signifier is the first order of signification and refers to the relationship with its referent, there is no deeper value associated with it; it is quite simply what it is. However, in the second order of signification where, connotation and myth reside, a connotation occurs when a denotative signifier contains a level of evaluative meaning. It generates and integrates new value, this, only meaningful to people in the cultural system who know the value system in which it is placed. With regard to myth, Barthes notes that it is a meta-language:

> It can be seen that in myth there are two semiological systems, one of which is staggered in relation to the other: a linguistic system, the language (or modes of representation which are assimilated to it), which I shall call the *language-object*, because it is the language which myth gets hold of in order to build its own system; and myth itself, which I shall call *metalanguage*, because it is a second language, *in which* one speaks about the first. When he reflects on a metalanguage, the semiologist no longer needs to ask himself questions about the composition of the language-object, he no longer has to take into account the details of the linguistic schema; he will only need to know its total term, or global sign, and only inasmuch as this term lends itself to myth.
>
> Barthes, (1972:114-5)

Thus, when a meaning relative to issues about mental health/illness is communicated, a chain of mythical concepts are mobilised which, in a culture, will be recognised and accepted in relationship to the concept of mental illness; that of dangerousness being one commonly taken-for-granted. It follows that Foucault's statement about mental illness applies here. That:

> mental illness was constituted by all that was said in all the statements that named it, divided it up, described it, explained it, traced its developments, indicated its various correlations, judged it, and possibly gave it speech by articulating, in its name, discourses that were to be taken as its own.
>
> Foucault, (1972:32)

In this way, myths include a range of meanings triggering notions of dangerousness and subsequently, meanings taken as obvious but which in actuality, are far from accurate. This project contends that performance culture in contemporary media assists the development of myth at the expense of understanding about mental health.

Ideas about dramatising meaning stem from a range of writers including, Raymond Williams; in particular, his essay *Drama in a Dramatised Society* (1989). These ideas about drama develop through themes including 'dramatic performance culture' in a 'media dramatised world'[1].

Alan O'Connor, in writing the introduction to the book *Raymond Williams On Television: Selected Writings*, informs how Williams argued about Strindberg's desire for the moving image in a time when theatre was unable to deliver such a technology but that then (writing in 1974), television, following film, extended drama to millions of people in their homes. Williams continued, arguing that what we now had in television was, 'drama' as a habitual experience, so much so, it was a basic need. His argument, I contend, must now be widened not only with the further inclusion of

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[1] I am grateful to Vic Merriman at the Dublin Institute of Technology for discussions around this idea and its development.

radio, film, the Internet and print media but also, with a review of 'drama' itself as a new notion, an evolved concept with a currency gaining greater diversity and value today. Discussing the contribution made by Williams' two themes of naturalistic drama and the extension of drama to a majority popular form, O'Connor notes that:

> the conventions and forms of television drama, [are] now raised to an everyday need, the continual dramatic flow that attempts to link viewers-and sometimes does-also involves the dramatisation of state power, the advertising of commodities, and, most critically, the dramatisation of political representation, as in political speakers "who speak for Britain". It is against this dramatisation of consciousness that Williams speaks out.
>
> O'Connor (1989:XV)

In the contemporary moment, drama has become a more sophisticated tool in media forms and this, in my view, is what William's is proposing, not just in fictional genres but also non-fictional. Today, a range of genres produce performance cultures. In this *media dramatised world* the 'flow' of cultural forms communicating about a *knowable world* has increased and with it, the complexities of social boundaries about 'arranged versions' of what Williams raised questions about; in what the world is, what political wills want to make it.

My point in referring to this idea is to raise yet another but related one, which Tulloch (1999) writes about in his book, *Performing Culture*. Here, he draws on Marvin Carlson's (1996) notions of 'formal performances' and 'everyday performance', exploring the relationships between these two points. His points of interest however, differ with my own in so far as I am not necessarily interested in high culture but media culture and how it, in its formal performances, attempts to reflect everyday life; this,

in a world where the relationship between the media institution(s) and its audience has become a frenetic battle to capture vast, and by vast I also mean valuable, audience numbers. Therefore, at a general level, the work focuses upon 'drama' and its use in performance culture as a process of representing, because Williams noted that 'Drama is a special kind of use of quite general processes of presentation, representation, signification' (1989:7). It is a tool - essentially of enactment - employed to communicate to people in their everyday lives, in the form of the everyday language through the codes and conventions of a form accessible to the cultural norms at a given time; it is what Williams called the dramatisation of consciousness itself (1989:9). These representations include codes and conventions of dramatisations about our everyday social practices and embody considerable significance since they are 'our ways of seeing and knowing' *our everyday world* in formal performances and which change only when our relationships with them alter. Thus, this thesis proposes that we experience drama as a fundamental part of social knowing and because of this, critical attention to it is needed.

1.2.2 Stereotypes, Stigma and Identity

Research (cited above) about media mental health portrayals reveals the generation of stereotypical themes about dangerous identities in people with mental health conditions, presenting a range of attributes removed from specific identifiable qualities associated with these people. These stereotypical meanings are derogatory and discriminatory, offering essentialist qualities about identity, and are strong in their

negativity. Broadly, media meanings made about people with mental health concerns mobilise knowledge content about them as potential killers; as part of an 'outlaw culture'. As findings in the studies (cited above) show, these stereotypical representations tend toward occlusion of their actual identity. The first person cited (see above) sees the need to implement the management or as Goffman terms it, 'cover' (1963.125) of identity from public view seeking instead to maintain a hold on disclosure about an important side of his identity. Language is identified as the key element in media naming the health group from which his experiences are medically typed but which are labelled in a way which is abusive and demeaning. The parallel he draws of racism with what is essentially a healthism, raises significant pointers about how necessary regulation is in the case of tabloid media: How do a group of unwell people who are depicted as violent to others, continually killer-like, respond to such stereotypes when in fact, they are more likely to be harmful to themselves. If these stereotypes are offensive, then questions are raised about how the community of people with mental health conditions read and are constituted by them.

The very dimensions of these stereotypes of dangerousness are extreme. The parameters constituting their nature are detailed to the extent that, in tabloid news (print and now television) they maintain a propensity for gore and horror. These pejorative portrayals work to mobilise moral panics through set characteristics about mental health. Their temporality has such magnitude that the stereotype itself has, across history, become an ossified complex of meanings difficult to disentangle, this, in part, due to the regularity with which they have been communicated. This

regularity helps to evolve myths about mental illness through equivalencies of it with the nebulous concept of 'madness'. In such communications, the development of myth has aided the promotion of stigma, 'othering' individuals through stereotypical qualities from privileged perspectives and serves to maintain meanings that are the antithesis of mental well-being.

The respondent in the Philo study expressed, when he knew he was schizophrenic, '*it's got a hell of a stigma...*' the issue of stigma[2], as significant in relation to social identity; in that it exacerbates the stereotype by reinforcing the initial boundary between an 'in' and 'out' crowd - creating a politics for, and of identity. Goffman, (1963) discusses how disqualification from full social acceptance leads to stigma but unlike many of the physicalised examples, the manifestations of mental illness are usually invisible to the eye. That a person who has a condition is made into a stranger through cultural and media discourses is significant in that for many, the ability to cover unwell mental health is remarkably easy an action to undertake. It does however raise a number of problems.

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[2] Goffman (1963) usefully identifies the Greek origins of stigma, advancing understanding about it, to his time of writing and, for a mostly American context. Here, stigma hold similarities (but also, differences which I hope will become apparent across the thesis and) which I register in the following definition: I want to propose stigma can mean, a mental attribute which is, a devaluation of a social actor's self/identity that causes that person to consider their self/identity to be outside that category within a society as seen to consider itself 'normal' - disqualifying their inclusion to that category. In connection to people with experience of a mental health condition, stigma will mostly be an invisible attribute causing a degree of internalised management of this 'spoiled identity'. It will also be the cause of discomfort for subjectivity, the perceived disruption of relationships with the 'normal' world, a slight on personal characteristics, making them think and feel their self/identity, 'a stranger', 'an outsider' in a process which is, essentially, one of being Othered.

A persons with a condition that might be subject to discriminatory discourses is probably unlikely to reveal such qualities a dominant culture might devalue. As Anthony Giddens relates in *Modernity and Self-Identity*, 'the individual's biographical narrative is of vital importance for feelings of ontological security' (1991:58); simply because discredit and social exclusion in relationships with the social world is naturally to be avoided. Such personal practice leads to an imposed behavioural pattern or 'cover' (as Goffman puts it) which the stigmatised person must address, to be part of the world seen as normal. To be seen as outside that norm is to be seen as inferior and incomplete in identity and lead to the management of an image of the self. From this process, problems occur in the development of a subjectivity that might be formed in a completely different way, had it not been subject to such discriminatory discourses. In short, it leads to a politically difficult situation for the individual to manage on daily basis; it leads to a politics of identity, a fear of being recognised and rejected from what is perceived as the normal part of society and also, of not being able to be recognised as an integral part of the world. Therefore, this work follows a lead from feminist studies in that the 'personal is political' as people only face problems of recognition 'because socially sustained discourses about who it is possible or appropriate or valuable to be inevitably shape the way we look at and constitute ourselves, with varying degrees of agonism and tension' (Calhoun, 1994: 20-21) in society. Ultimately, media representations organise problems of belonging or, to paraphrase Pickering (2001) as he notes in two of his chapters about stereotyping, a politics of belonging and a politics of not belonging; again, a politics for and of identity.

1.2.3 The Politics of Identity, Social Theory and Problems of Recognition

Exploring social theory and the politics of identity, Calhoun (1994) accepts that there have always been differences between people as well as tensions, the issue of identity is at the very core of their discovering who they are. However, facing the new world in which we live has brought what appears to be 'qualitatively' new 'problems of both individual and collective identity and the problems of relating to each other across lines of difference in the modern world' (1994:1); all this, in a period when plurality is a key element of tolerant, multi-cultural western societies. He illuminates that whilst ethnicity and ethnic antagonism are very ancient, genocide like that which has been initiated by forms of nationalism in the former Yugoslavia, is distinctively modern. Modern individualism has placed new demands upon collective identity in the context of global capitalism. Calhoun also identifies democratic structures and processes as key elements which changed the relationships between citizens, evolving notions about identity as a 'product of self-construction, [which] was open to free choice' (ibid.:2 my brackets). Also, the Protestant Reformation, in its thinking, developed individual identity giving it 'new moral and social weight' (ibid.:2). Foucault's disciplines of power are further identified as key in joining 'Problems of individual and collective identity' (ibid.:2) because public discourses shaped policy and modified power over people, qualifying what sort of person could participate in society; who it was okay and not okay to be.

In Calhoun's expositions, modern social theory is also critiqued, the need to develop it identified as key to the further understanding of identity. He argues for the

challenge of 'moving beyond a constraining, either/or opposition of essentialism to constructionism' (ibid.:4), and also for examining why cultural diversity is harder to deal with in the modern discourse of identity than commonplace relativists' rhetorics imply: He proposes a rethinking of the politics of identity with a special focus on 'struggle'. Whilst the way forward lies in awareness concerning approaches to identity historically, Calhoun proposes the inclusion of essentialist reason and notes that by the adding of:

> constructionism and to this dualism we add the possibilities of *both* deconstructing and claiming identities. Moreover, we can see that essentialism itself need not be essentialized, that there are a plethora of claims to "basic" or "root" or essentialised identities that stand on different grounds, that cohabit with different political bedfellows, that open (or foreclose) different insights or coalitions or conflicts... This means paying attention to the agnostic, fractured, problematic aspects of identity.
>
> Calhoun, (1994:19)

Thus, a central focus of this project is the struggle for identity by people with experience of a mental health condition. As Calhoun indicates, 'The politics of identity - politics either starting from or aiming at claimed identities of their protagonists - have to be taken seriously' (1994:19-20). Therefore, in developing social theory, where ideas about identity begin, the study commences its inquiry by placing, a special emphasis on its formation into coherent subjectivity and the attainment of a stable self-recognition.

Problems around identity formation are numerous for a range of minority groups including the homosexual, which David Morrison accounts for in Millwood-Hargrave (1992); presenting accounts about how s/he wants to be recognised rather than

through the hostile definitions by which s/he usually is recognised. Morrison reports from empirical and also theoretical work, that within contemporary culture the homosexual struggles to 'define own sexuality as legitimate in the face of hostile definitions of sexuality' (1992:91). What was wished for by this community was to be able to 'establish for themselves a sense of identity not infected by the imposition of ideas from the heterosexual world that distorted who or what they were' (ibid.:91). Calhoun's understanding about the problem of identity formation also comprehends it in relation to recognition; recognition by others and self-recognition. 'Problems involving recognition - or nonrecognition - by others are integrally related to issues in personal self-recognition' (1994:20). Necessarily, the politics of identity and problems of recognition play a key role for people who have experience of a mental health condition; particularly, in the testimonies cited above which portray them through stigmatising stereotypes. In *Identity and Difference* (1997) Susan Benson examines how representation of Aids and HIV have come to stigmatise the homosexual body when the heterosexual has in fact been more affected. The ensuing mobilisation of moral panic over the fear of infection during the eighties, following from health prevention advertisements that the government thought necessary, served to alienate many in the homosexual community. Shifting to issues of race and of poverty, bell hooks (1994) identifies how contemporary media in the USA usually show negative stereotypes of black American women, seen as lazy and/or dishonest. Talking with students about being poor in America, she learnt accounts of personal feeling about stigma, whilst other students withdrew from expressing their views at all. hooks notes that, 'If to be poor in this society is everywhere represented in the

language we use to talk about the poor, in the mass media, as synonymous with being nothing, then it is understandable that the poor learn to be nihilistic' (1994:169). Clearly, there is a trend in media representations not only of inaccurate portrayals of minority groups but also, a tendency to stigmatise in a way which generates a 'fear of shame-based humiliation' (ibid.:169). This has the effect of diminishing serious discourse about such issues; the representation of mental health issues being yet one more example. Consequently, part of the purpose in undertaking a Media Reception-Production Study, is to focus upon identity giving particular attention to the struggle by people with experience of a mental health condition around identity. It seeks out those discourses impacting upon the subject in his/her struggle to define their individual identity and in the production process, looks for new representations of identity and mental health.

1.3 Methods Employed In The Study

Across the thesis, a number of methodologies are employed. The methodology for the textual analysis integrates a strong focus on genre form sensitive to differences in meaning-making across non-fictional and fictional texts and also, hybrid forms; this first phase answering a set of key questions (see p. 2 above). The analysis of linguistic elements is undertaken along with a focus upon its dramatic communicative components and also those developing from image, sound and music. This part of the work is also careful in its application of key method related terms, following consideration of communicative factors proposed by John Corner in his paper *Codes*

and Cultural Analysis (1998). Therefore, the work relies in its textual study on a balance of description of texts with sustained critical analysis.

In the Media Reception-Production Study, drama is also an integral part of the project. In the Reception Study three groups of people all view the same material and answering questions set in a questionnaire, each from three different communities: This includes people with mental health concerns, media professionals and mental healthcare workers. The intention is to seek understanding about mental health knowledge from each group. A particular focus is to examine how the group who have experience of a mental health condition contest represented identities. Data recorded, is subject to Quantitative Analysis, engaging a Coded system and analysis of body output calibrating the accuracy, fairness and nature of knowledge from media depictions about mental health. The Production Study also employs a 'Community Drama' approach. Through the practices of Community Drama integrating work by Paulo Freire with Augusto Boal's, people with mental health concerns explore new media images in drama processes leading to production. Examining the forms produced, narratives of identity are examined, as part of addressing Calhoun's re-examination of the politics of identity and social theory. This is a return to the founding ideas of the study. Here, emphasis is given to work by Somers and Gibson (1994) in narrative and social identity. The concern is with the ontological character and consequences of narrative - '....stories that social actors use to make sense of - indeed, in order to act in - their lives' Somers and Gibson, (cited in Calhoun, 1994:61).

1.4 The Personal Voice

Introducing a range of authors in her book, *Eloquent Obsessions: Writing Cultural Criticism*, Marianna Torgovnick (1994) notes how their work grew from a core experience influenced by deeply held convictions, long term interests, or problems that had irritated: I reflect that all of these elements have, in some way, influenced me, though most significantly, like many in this world, I have connection with the culture of mental distress through my family and mental health issues in my working career. This has meant that I have come to know at close quarters, what distress can mean. I have also, across my own working career been involved in special education caring for a number of different constituencies such as profoundly hearing impaired children with additional difficulties and also, children termed as 'emotionally and behaviourally disordered'. In both of these groups, there have been a range of mental health conditions central to the reason for the child being 'in-care'. To know that, whatever group is involved has a culturally and media generated stigma to contend with, rallies me toward a problem-solving process. These experiences fuel a desire to 'make things happen - want, more precisely, to make things better' (Torgovnick, 1994:2). Wanting to make a difference, the cultural criticism I write wants to affect some sort of social change. Therefore, the cultural criticism whilst maintaining an objective distance in many parts of its design and execution is one wanting to affect social change through an academic venture. The work is sensitive to the fact that academic genres of knowledge can maintain boundaries excluding the ill and their voice; the unwell can be continually objectified, their contribution secondary to that

of the academic. Subsequently, this work is sensitive to such boundaries and attempts to maintain its academic integrity whilst treating 'the subjective' supportively; thus, at times, the work also includes what I have termed here, the personal voice.

Chapter Two

Critical Contexts

2.0 Introduction

The aim of this chapter is critically to examine four contexts integral to the study, all informing the project in various ways; these contexts are social, media, mental health and media research. The first contextual focus looks at the contemporary moment, examining the changing nature of the contemporary social world and its implications for mental well-being in culture and society: It raises questions about current media portrayals and concerns about future representations. Examined in the context of developing new media industries, the public sphere and public service broadcasting, the key elements of this focus are: How will media meaning-making access a range of voices about mental health issues and make them known in a new media world? This question is raised not only with a view to addressing the implications for mental well-being but also issues concerned with exclusion. With these implications in mind, the Report of the Mind Inquiry (Dunn, 1999) into social exclusion of people with mental health concerns is scrutinised in seeking to identify the parameters of what a preferred community context might be in contrast to the present situation; as a way of considering how media might contribute to inclusivity through their communications. Next, a review of media research studies about mental health provides an examination of a specific context of previous work that contributes to developing the shape and structure of this project. Finally, the work of Seedhouse (1998) is discussed exploring how work in promoting mental health provides useful ways of understanding the meaning-systems at work. The concept of identity is addressed across all of these contexts.

2.1 Social Contexts: The Contemporary Situation and Mental Well-Being

As identified by Philo and Miller (2001) in Chapter One, the last few years have seen the relationships of power in our societies and cultures change considerably. Technological as well as economic influence, indeed, the mutual relationship of each with the other, have helped form a new model of capitalism. Spreading across the globe, this has reached many countries, affecting national and local communities in ways never previously imagined.

Lash and Urry (1987) propose that 'organized capitalism', which *was* the hallmark of western democracies from near the end of the last century until recently, has changed. Whereas capital was concentrated in banks within commercialised centres, new technologies now facilitate the continuous flow of money across the globe twenty four hours a day. Where the state had some control over the economic management of a country, capital now flows in and out of its borders with little governmental control. The company which controlled its development in one country is now a corporation with global concerns. Indeed, these new organisations have changed their spheres of production with two major factors assisting the shift.

In the first instance, large companies which were composed of an organisational form of production and management, mass producing major products on a long production line, have transformed. The centralised management generating an economy located in the factory no longer produces its main product. Instead, previously heavy-industry based economies have been replaced by information technologies, as the main economic force. With old information systems once

necessary for company efficiency upgraded, new technological means now facilitate faster and more effective communications: The speedier transference of information has helped circulation of money and this has led to the second aspect, whereby information is constituted by knowledge in planning and production. Technologies now configure and provide meaning to the flows of information necessary to administer organisation and clear increases in productivity. Many of the tasks are supported by a new service class, servicing the needs of new corporations. Castells argues:

> Service activities mix information processing with the support of production and distribution, the satisfaction of consumer demands, and the management of organisations and institutions of society. Behind the expansion of the service sector, directly in terms of its effects on output, lies the development of the information economy.
>
> Castells, (1989: 136)

Hence the mode of production has come to be known as the *mode of information* as Mark Poster (1990) terms it; where information production is an economy's mainstay.

Across this change a major new class structure has developed and with it, implications for identity. With the decline of the old working, middle and upper classes, the development of a 'service class' sector has occurred. The disintegration of working and upper classes and the development of the new wider middle grouping has meant new class fractions have emerged; this new class being directly dependent upon market forces for employment. Naturally, the cultural space and lives of people have been transformed in real and substantial ways, these structural transformations having significant impact on social identity at local, national and global levels. Whichever way this period is termed, be it post-

modern, late modern or new modernity, the implications for human subjects and their conditions are significant. With the social world in a state of flux, so too, is social identity and subjectivity; these conjoined elements, never fixed but always in a constant project to secure their localised aims, be they economic and/or political. And with these social transformations taking place, it has never been more difficult to ensure the security of identity projects in a turbulent world. For instance, new service class workers will, at the very moment of a serious downturn in the global informational economy, lose their jobs: In 2001, Marconi, Rolls Royce, Nortel have been but a few of a wide range of major corporations affected by global economic downturns. Other information based concerns such as Ericsson and British Telecom, have also become overwhelmed; thousands of workers laid off, at a moment's notice.

With this job insecurity, many people are now more likely to be affected by mental illness, the *Global Burden of Disease* study (Murray and Lopez, 1996) seeing unipolar major depression[1] as the second most popular disease across the world in terms of 'years lived with a disability' by the year 2020. The recent increase in suicide by young men (Mental Health Foundation, 2000) and also, men in general, is reflected in relation to rises in unemployment; these are also affecting the dramatic increase of suicides in the UK farming community. These are just some of the macro social structures occurring and affecting contemporary society - and transforming social life. If social contexts are problematised by major economic

[1] According to Davies, T (ed.) and Craig, T. Unipolar Depression can be mixed anxiety and depressive disorder - with prominent anxiety; depressive episode - single episode; recurrent depressive disorder - recurrent episodes and Dysthymia - persistent and mild "depressive personality" (see Davies and Craig, 1998:25).

and technological transformations in a new capitalist order, what are the consequences at the micro level? For those whose identity and subjectivity may become susceptible to mental health pressures? When media portray two thirds of meanings about mental health as relating to 'dangerousness' (Philo, 1996) in the current social context, there is now a greater need for research seeking new ways of communicating about mental health.

2.2 Media Contexts and Future Mental Health Communications

If these are some of the social changes taking place because of economics and technology, these factors have also influenced media; contributing to significant changes in the media production of cultural forms. Eric Louw (2001), focuses upon concerns about future struggles over meaning and raises questions about precisely where we are going in our new globalised communications network. With culture industries continuing their consolidations of corporate capital through mergers, such as AOL/Time-Warner, and increasingly burgeoning their output of popular forms, the future for meaning-making about mental health across a pattern of rapid commercialization and globalisation remains deeply uncertain. As Louw states:

> Certainly all individuals play a role in making, re-making and circulating meaning. But some individuals or groups have more power than others within the communicative process. People are positioned differently by the power relationships into which they are embedded, and these positions impact the access individuals have to media production and circulation systems.
>
> Louw, (2001:3)

In the contemporary moment, meanings are seemingly made for audiences as consumers, rather than as citizens, targeted for their ability to spend on commodities. For Louw, these groups become 'identity' constituencies in which

global network capitalism mobilises 'lifestyle groups' for niche products to satisfy their formation of self-identity. Attaining the symbols of global capitalism, identities collect their Walkman or Nike sport shoes in order to create their difference with other societal groups; difference being the key to making contrasts. In fact, this difference, is the difference with the mass cultural identity associated in modernity.

> The processes of 'identity formation' via the consumption of commodified cultural forms within global network capitalism overlaps with the commodified cultural production/consumption of managerial-capitalism as described by Adorno and Horkheimer (1979). The only difference is that under managerial-capitalism, 'mass' media generated a 'mass' affirmative culture (i.e. a 'mass' identity), whereas under global network capitalism, niche media generate a mosaic of mini 'niche' affirmative cultures ('niche' identities).
>
> Louw, (2001:151)

It would seem that new media meaning-making mainly recognises those whose identity and formation needs are identifiable as a potentially marketable target, but overlooks constituencies who cannot be qualified in this way. Questions are raised as to what will happen for people positioned with less power and access to media meaning-making systems in future.

Louw also presents the concept of the public sphere as facing a new and complex dilemma in a period of globalisation. Exposing how new global media and the World Wide Web are in the process of shaping a new global sphere or even, several public spheres, the current concept is made more perplexing: Quite what the nature and shape of the public sphere(s) will look like is open to debate. Public service broadcasting is also examined in relation to commercialisation. His critique gloomily suggests that governments in contemporary Western societies usually

operate in alternations between political parties and that, 'Governments are unlikely to select board members who do not conform to the dominant discourses of their society, and 'appropriately' selected board members will, in turn, select 'appropriate' managers' (2001:46). He states there will be a continuation of commercialization affecting institutions like the BBC, where they must acclimatise to market conditions in the independent sector. Whilst this is a global point of view, Paddy Scannell, in Edward Buscombe's edited book (2000), *British Television*, explores public service broadcasting, reflecting upon impending implications for the UK. Re-examining the Peacock Report (1986) he notes how it 'has redefined broadcasting as a private commodity rather than a public good' (2000:59). More seriously, he goes on to say about the audience, as individual consumers that:

> in the media universe of the next century as envisaged by Peacock, [*consumers*] will choose what they want and pay for what they get. But consumers are not equal in their purchasing power. The privatization of informational and cultural resources may well create a two-tiered society of those who are rich and poor in such resources. Such a development would undercut the fundamentally democratic principles upon which public service broadcasting rests..... In the political climate of today public service broadcasting may seem a concept that has outlived its relevance.
>
> (ibid.:59, my italics)

Whatever crises are occurring in modern day media, it is evident that communications about mental health are problematic and that dangerous stereotypes could potentially endure, if not, increase. Whilst lack of knowledge may well have been the reason for the disturbing statistic discovered in the Philo study, new media institutions should, nevertheless, reflect more adequately the complexity of society and the needs of its cultures. Therefore, with regard to future struggles over media meaning-making, this research, as part of its action

purpose, includes people who have experience of a mental health condition in media production processes: People who, positioned by the power relationships, would not normally get access to media production systems. This group, as well as media professionals and mental healthcare workers also constitute a community examining dominant media meaning-making about mental health in a reception study. This chapter's focus now turns to the MIND Inquiry (Dunn, 1999).

2.3 Mental Health Contexts: Social Exclusion and Community

As cited in the first chapter, the studies by Pilgrim and Rogers (1991) and Dunn (1999), highlight the need for social inclusion of people with mental health concerns. Across the MIND inquiry, social inclusion and community are a key focus, people with mental health concerns and the need for their identity to be recognised as members of the community, are a central report themes.

By way of seeking a clearer vision about how 'inclusion' might be achieved, the MIND inquiry employs four versions of community proposed by Miller and King (1999); in order to identify which one would better facilitate inclusion. The models include a) exclusive diversity, b) inclusive diversity, c) required inclusion and d) voluntary inclusion. The first model is constituted of a 'diverse range of social exclusive groups' in society. The second exemplar similarly views society as constituted of diversity rather than being homogeneous. Where the first example sees social groups like people with mental health concerns developing their own positive self-image and self help groups advocating their own way forward, in contrast, the second model sees people fostering 'interdependence between people and diverse groups' (1999:49). In particular, it recognises that:

> some members of the community will be able to pursue their preferred lifestyles, but that others may lack the resources to do so and need help, both from other groups and from the state. It also recognises that diversity can lead one group to discriminate against another, and that the state needs to intervene both to foster diversity and to arbitrate over conflicts.
>
> (ibid.:49)

The third model of required inclusion is one in which the state produces opportunities for inclusion and determines the moral code of community. In a very state organised and state 'values' oriented approach, it also 'promotes policies that limit the impact of the excluded upon the included' (ibid.:49). The last model of voluntary inclusion accepts the homogeneity of a society to which everyone should want to belong. In becoming separated from society because of their own lack or skills deficits, this model sees the excluded group mobilising their own inclusion.

In completing the quest for information, the consensus of data in the MIND inquiry points toward the idea of inclusive diversity and to quote from Miller and King, a model of society which recognised the related-ness of society's parts as:

> more real, and diversity a feature of all parts of all communities rather than that of specific groups. It views inclusion as the interdependence of people and wishes to exploit the potential to be gained by people working together. However, it does not assume that this will always occur naturally but believes it must be continually fostered.
>
> (ibid.:64)

Across the entire range of data taken, the need to recognise in identity the 'absolute and equal value of every individual' (ibid.:50) was discerned because inquiry participants felt that, once labelled by the term 'mental illness', they were 'implicitly and explicitly' devalued. Clearly, inclusion in the community through diversity was important but recognising individuals as equal and valued was a key and integral element. I now move to a review of media research contexts. The themes from the contexts above are kept to the fore, in an examination asking how

previous studies might contribute to media recognising value and equality in people with mental health concerns, whilst also contributing to communications that facilitate an inclusive community.

2.4 Media Research Contexts

> Cultural representations and media power matter... Media representations can literally serve as a life-line in the face of suicidal despair, or constitute a powerful barrier to seeking help. Cultural debate and intervention must include engaging with the production, content and reception of such messages.
>
> Kitzinger, (cited in Philo 1999:17)

As indicated in Chapter One, the study is mindful of two concerns relative to media and cultural studies research: It is sensitive to ideas about media influence and power in representations and seeks interventions in portrayals for community development. With a number of research studies about media and mental health accomplished across the last forty years, a general review of studies is first offered. Then a selection of previous research studies indicating positive elements in portrayals are examined with a view to identifying not only how these studies might usefully inform this research but also to tease out potential problems in theory and method by way of developing research seeking new representations. This is not an aim frequently found in the current literature.

2.4.1 Secker and Platt's Review

Secker and Platt (in Philo *et al.* 1996), offer a critical review of a range of projects. In their chapter '*Why Media Images Matter*', two sections of research are explored: The first, examines how British mass media portray mental illness and investigates media image content and its impact on beliefs and attitudes; these

include the Day and Page study (1986, in Canada), which rated tone and ideology in newspaper reports; Appleby and Wessely's (1988) research which examined responses to reporting after the Hungerford tragedy in which a man took 15 lives; the long term project by Signorielli (1989) which examined prime-time drama across sixteen years; Wober's study (1991, discussed below) that looked into a national sample extracting perceptions of the extent and quality of mental illness coverage; the Steadman and Cocozza project (1977-USA) which was designed to assess the impact of media coverage on beliefs and attitudes; Domino's study (1983-USA) which assessed student's beliefs and attitudes after examination of the film, *One Flew Over The Cuckoo's Nest*; and Wahl and Lefkowitz (1989-USA) whose aim was examine the impact of a television film based on a real incident. The second, reviews previous research studies into the impact of media images on public attitudes and beliefs and includes MacLean (1969) who studied beliefs and attitudes whilst, MORI (1979), examined issues of relevance to employers; the Dept. Of Health (1993), which like the MacLean study focused upon beliefs and attitudes; Brockington *et al.* (1993), attempted to assess the impact of community care by comparing beliefs and attitudes in areas where community-based mental health services have been developed; Hall *et al.* (1993), used vignettes to discover what respondents considered about behaviour of a person associated with mental illness; Huxley (1993) also, attempted to assess the impact of community care by comparing beliefs and attitudes in areas where community-based mental health services have been developed. These studies show how little is known about the part media plays in shaping public beliefs as there is a scarcity of research assessing the impact of media images, either positive or negative, on beliefs and attitudes. With a purpose to supply some contextualising data to determine the significance

of the research, their aims were to 'provide a systematic analysis of the way in which British mass media portray mental health issues' and 'to develop research methods which would allow us to explore the complex processes involved in the interpretation of media messages', (Philo *et al.*, 1996:17). Focusing mainly on the formulation of public beliefs and attitudes about mental health, most, if not all of the studies centre on the understanding of negative issues; of questions linked to dangerousness, crime and risk, whilst few provide more positive data or perspectives (see tables of these studies at the end of this chapter).

However, providing little in the way of positive data, these projects do not reveal media coverage holding the potential for acting as positive indicators. Few studies proactively seek information to facilitate change around a social-mediation problem. Consequently, the following analysis explores selected studies which have suggested media could be positive in impact and, following Kitzinger's proposition, examines representation in studies with a view to intervention in production, content and reception. Commencing with a recent research project by Cross (2000), two reception studies are examined from Secker and Platt's review: One is by Belson (1967), the other by Wober (1989). Also, two approaches by Philo (1996, one reception study), whilst addressing mainly negative issues about media mental health coverage, are examined as they uncover useful pointers. These last three studies broadly follow work examined in an early published paper of mine (Birch, 1998), projects which in different ways contribute via their research character to inform the study.

2.4.2 The Cross Study

The study by Cross (2000) examines the public character of television and the different ways in which it works as communication. Undertaking a case study of British current affairs programmes dealing with mental health issues, the exploration of form and content are key areas of focus. Separated into two parts, the first section examines television as the 'pivotal medium' of the public sphere where there is opportunity for a vocal space for all citizens. This principle does however, run up against tensions which the study seeks to illuminate in the next section. The second part explores what it terms as 'shortcomings in this system' in relation to the 'expert' versus 'lay peoples' access to a public voice in matters about mental health. Informed by previous experience as a psychiatric nurse, Cross argues that the promise of postmodern rhetoric about new levels of participation has not materialised and that British television's treatment of mental illness has not facilitated understanding because of the continuation of hierarchies of knowledge. Whilst the study raises some useful points in the area of mental health and the community, it also raises pertinent questions about media portrayals and the need for producing research information which will inform media policy.

Exploring populist television, representations of mental illness and mental patients, Cross concludes with two reasons for undertaking his case study. First of all, because mental patients are the archetypal 'other' and assist mobilisations of a televisual 'us'. Secondly, because he sees people with a 'condition' to be widely judged as communicatively incompetent, posing problems for 'radical populism's ambition to give a voice to the marginal and to deconstruct prevailing stereotypes of the 'other'' (2000:293). Cross further concludes that contemporary

representations should be placed in the context of a major shift not only in 'community care' but in the broader institutional settings too. He cites three points: First, that with the disappearance of the old asylums, the mentally ill person becomes more easily accessible for the programme maker whereas previously, this was difficult if a person was placed in an institution. Second, the notion of otherness has been reinforced in contemporary everyday experience whilst the number of people with mental health conditions in the community has increased. Third, the decentring of medicine and psychiatry as the main expert opinion about mental health has facilitated other views from different professionals, making available other perspectives.

Examining mental illness in relation to the broader themes of radical populism and public knowledge, Cross then proposes implications for the future of television mediation about mental health issues. Reflecting carefully upon greater accessibility to former patients he considers the 'kinds of analysis' television should undertake 'in order to underwrite the 'citizens' rights of access to knowledge about mental health/illness' (2000:294). Presenting the question: *What sort of knowledge about mental illness and mental patients do we get from radical populism?*, he states there is now a greater uncertainty about what counts as 'authoritative comment' and 'desired' balance; with a greater number of people made available for access by television producers. The video diary *Mad, Sad or Bad?* is raised as a positive example but simultaneously is presented as a point of concern regarding the type of knowledge it contributes to the public. For Cross, a degree of scepticism should be applied because there is no certainty that corrections and balances in content are carried across to the viewing public:

Precisely what is communicated as knowledge to the viewing public is not clear as it is a subjective diary rather than a coherent analytical project. Cross notes:

> It is precisely *because* self-representational formats only generate analysis/interpretation at the situational level that we must be sceptical of any claim that they offer a 'corrective' to whatever 'distortions' ones believes constricts a comprehensive explanation or understanding of the issues raised by individual diarists.
>
> Cross, (2000:295)

He argues for a balance in representational forms, there needing to be a 'lived experience' along with historical and cultural discourses; where the accessed voice and the expert are <u>both</u> available. Whilst Cross hopes for an ethnographic depth combined with critical inquiry, he also proposes that scholars can be included in groups who might assist the development of television forms about mental health. Despite criticisms, he points to the general widening of voices beyond that of the psychiatrist, as a useful way forward.

In the analysis of television form, he proposes this can be looked at along three dimensions; visibility, legitimacy and hierarchy. Visibility refers to what is shown and who gets to speak? In his analyses, people with schizophrenia are judged to be made visible as victims against the expert psychiatrists, spoken for and on behalf of rather than given a direct voice. In a talk show, they are given a voice only to present their discourse within a medical model of mental illness rather than as <u>users</u> of community care services. The *Video Diary*, in contrast, provides a surety of authenticity in the voice of the schizophrenic. The question of legitimacy - whose views are given credibility and respect, and whose are denied it - is here resolved temporarily in favour of the schizophrenic's own account. In a *Panorama* example, the representation of two people with a mental health condition denies a

sympathetic hearing as they are seen as incoherent and also, incompetent. A contrasting example of *Horizon* is treated with greater sympathy, where people with schizophrenia are given freedom to speak about their conditions as well as medical professionals; these rather qualify the importance of listening to the schizophrenic. Hierarchy is about whose views are given credence in setting the agenda and prescribing terms of debate. In one programme, although it appears as if the voice of the black mentally ill person is being heard, it is within the framework of a traditional hierarchical structure which privileges the voice of the psychiatrist. In another programme, the testimony of a black counsellor is apparently arguing for community care as an appropriate arena but once again, the discourse of the psychiatric profession frames the contribution.

The study by Cross is limited in a number of ways. First, its value is restricted with regard to the current affairs form it examines. Cross does however conclude that future research needs to be extended to fictional forms; widening the context with which to critically evaluate media portrayals about mental health (this is examined below). Secondly, confirming the importance of visual images and the future of media reliance on the image in connection with what Cross terms 'commercial populism' is certainly helpful. However, a range of other media and how they contribute to the spread of knowledge about mental health are neglected. The study could have been extended by examining relationships with other media such as current affairs web-sites. In addition, the public sphere is not examined enough. Whilst, *the contemporary public sphere* (2000:34) is addressed, the influences of the world-wide-web upon it are not. Also, whilst the selected group of people were an important focus, the study could have been widened to include

people with no experience of hospitalisation. Finally, the employment of a balanced range of people contributing to programmes was a useful suggestion but what the 'lived experience' of people with mental health concerns alone might produce in a media production process is left unexamined.

2.4.3 The Belson and Wober Studies

Belson (1967), examined the impact of one television documentary series screened in 1956 for the BBC, entitled *The Hurt Mind* on viewers' ideas and attitudes about mental health issues. Six programmes covered a range of perspectives connected with mental illness, particularly perceptible causes and different methods of attending to them. Wober, (1989) examined the effects of a Channel Four Mental Health 'campaign' between 1st October to 21st November in 1986; twelve programmes were broadcast including three entitled, *Living With Schizophrenia*. The main study intention was to 'discover something about the attitudes of viewers towards people with mental health problems or disturbance, and to see what kinds of attitudes relate with viewing more, or less of the set of programmes' (1989:3).

Each method took account of demographic variables of age, gender and class but utilised different approaches to extracting data. In Belson's method, after respondents had viewed the second, third, fourth and/or fifth programme, special recruiting procedures[2] drew together large groups (45 people) in one large room for questioning by a single interviewer. Viewers and non-viewers of the series

[2] Belson's recruiting procedures are lengthy and detailed. For a more specific account, see *The Impact Of Television* (1967:13-26 and 76-77)

were invited without foreknowledge of study content and asked to write down answers to questions without discussion. Questions aided three purposes: First, 'whether or not it was necessary to spend program time in correcting images and in softening attitudes' Belson, (1967:76); second, that 'they should identify the kinds of information that most lacked (with respect to type, causes and treatment of mental illness) so that the effort to inform them might be most efficiently focused' (ibid:76); and finally that 'they should help the producer to avoid showing things especially upsetting to the viewer' (ibid:76). Wober's methodology involved respondents from a Broadcasters' Audience Research Board panel of viewers based on a nationally representative sample. Keeping a diary, respondents recorded answers to a list of questions in a booklet along with other questions about television. Statements supplemented by questions worded in a positive and negative sense to balance for 'leading' opinion were presented. The first statement was about 'attitudes towards mental ill health: the mentally ill'; the second, 'attitudes towards mental ill health: social closeness'; the third about, 'attitudes towards mental ill health programmes: identification and effects'. Measurements were applied, also calibrations linking the variables informed further critical findings.

The studies by Wober and Belson produce useful lessons in methodology about 'social context' and 'genre'. However, unlike the Cross study, which focused on current affairs form, all of their procedures seem unaware of formal properties. The critical division between fictional and non-fictional texts and the knowledge properties that stem from each is a point raised by John Corner (1991) in a paper

examining the problematics of 'public knowledge' in new audience studies. Here, he critiques previous television research, advising that critical attention should be focused on the difference between fictional and non-fictional programming. Being sensitive to differences between the 'public knowledge' and 'popular culture' projects allows for the development of understanding about social knowledge across forms. The latter project is concerned with patterns of taste and pleasure focusing upon a range of genres like soaps and dramas but mainly those associated with entertainment. The former focuses upon the dissemination of information into the public sphere and is concerned about what people know and how they came to know it. Corner warns that the distinction between the two projects should not be understood as being clear cut, as currently, the protean nature of genre lends itself to a hybridisation between forms. If the distinction is followed:

> too emphatically, to mutual exclusion, it undoubtedly has the effect of reducing the richness and intellectual reach of analysis; but some allowance for divergent concerns may be a necessary prerequisite for achieving optimum linkage.
>
> Corner, (1996: 284)

This study is also aware about the critical approaches in 'situating' acts of viewing. Toward methodological development, Corner raises awareness about the *social relations* of viewing. Researchers must ask 'what are the social relations of viewing?' and be aware of these factors in the research design; going beyond demographic variables in order to understand the 'complex structures and processes which might bear on the *sociality* of interpretative action' (1991:278). Accordingly, the project is aware of different venues and their potential impact because in developing social relations, Corner identifies 'variations in disposition and 'cultural competence' which occur *within* as well as between the conventional sociological categorizations' (1991:278). Types or experience categories of

occupational groups like mental healthcare workers and media professionals who are a part of this study are therefore afforded careful attention.

2.4.4 Philo *et al.*'s Study

Both users and non-users of mental healthcare services were included in two separate inquiries. The main aim of the non-user study was to inquire into people's expectations about what they would see via media as well as their understanding and memory of particular styles of output. It also examined the interpretative processes by which beliefs and attitudes develop. In an exercise of 'writing the news' for two printed news media, around one positive 'achievement' story (a former patient achieving status as one of the top five learners in Scotland) and one associated with dangerousness (later disclaimed by the newspaper used as the source), non service-users were asked to develop their own story from a given newspaper headline. Another process of 'writing the dialogue' for a fictional programme *Coronation Street* drew out members' own ideas, creatively calling upon a range of responses relative to dialogue, character and plot structure. Given only photographs, members had to reproduce dialogue around a mentally ill character called Carmel. Six focus groups (of approximately ten people) broadly representative of earning levels, job and housing class or type for the area of the west of Scotland, were randomly chosen. Each group's sessions were divided into three specific phases: First, a group was divided into smaller units of two or three people, and given exercise work in writing either a news report or the dialogue for the fictional programme. The exercises were identified as having an important function, facilitating a collective activity in which people could begin to express their own ideas in a relatively informal way; an attempt to produce 'natural'

responses in people. Second, a series of answers to questions that focused on belief about mental illness and the sources of such beliefs was sought. Third, individuals were later interviewed in-depth about their own answers. Two questions were constructed for these exercises but there were also other questions designed as indicators of sources of beliefs about mental illness. One question looked at what new kinds of media content might look like with three others inquiring as to how content might relate to the development of belief.

The second part of Philo's research was a nation-wide service-user interview study at drop-in centres; carers sitting in on discussions. In small groups, sensitively approached discussion opened out issues exploring media images and their stigmatising nature. Highly structured and open-ended questions inquired about change in user belief and attitudes *before* and *after* diagnosis of unwell mental health; the focus was 'public attitudes to mental illness and the sources of information which underpinned people's beliefs and emotional responses' (1996:106). Inquiries also sought reaction to their condition as well as reflection about new personal beliefs. Confidentiality, the most important qualifier in undertaking this study was maintained in terms of name, date and place of interview. Such an interview study is crucial to understanding service-user interpretative processes about both *what* 'meanings' they read in media messages about mental health/illness and *why*. Central to Philo's findings were identity and difference (see Philo, 1996:108-111). Although this study did not directly engage with these concepts, this project seeks clarification about them, facilitating clearer recognition of user 'life-worlds'.

The work by the Glasgow Media Group is both creative and useful but its outcomes largely suggest reinforcement of previous findings and concerns; fears that the social impact of media representations on service-users *are* a worry, worthy of yet more consideration. Therefore, in seeking new understanding and development around the development of media portrayals, this project recognises there are contradictions between media research methods and people with mental health conditions. To paraphrase Maria Mies (1993) in her work, there is a '*contradiction between the prevalent theories of social science*, media *and methodology and the political aims of those in* the mental health movement' (Mies, 1993:66, my non-italicised words), particularly those who want to be free of the shackles of stigmatisation. Accordingly, the shape and structure of this study's design takes note of the limitations covered above. I address these themes further in Chapter Seven.

2.5 Conclusion

This examination of contexts has shown that the contemporary period is one of major transformation in which there are major implications for mental well-being; illuminating the need for a research seeking new information about representation development. Furthermore, the chapter has noted that with significant change also occurring across media, the need to discover how to develop media representations of mental health that facilitate community inclusion is imperative; this, ideally being led by people who themselves have experience of a mental health condition. After exploring a range of projects focusing on positive data, fundamental indications point toward study that is cross-generic. They also

suggest the need for a range of study participants, if contributions are to reveal the critical information needed for informing change in policy. Finally, in addressing these contexts, the study also learns from useful advice about the promotion of mental health by David Seedhouse (1998). Whilst this thesis does not purport to be a mental health promotion project, such work engaging with the complexity of meanings, includes information which might usefully inform this study. Consequently, this chapter concludes with a look at how prior promotional approaches to mental health representation may provide useful bearings for the project.

2.5.1 Seedhouse

Seedhouse (1998) argues that any would-be mental health promoter must answer three questions in helping to inform understanding about mental health as a vital component for a balanced and healthy well-being. The questions posed are: What is mental health? How can mental health be promoted in this situation? Is this strategy ethically sound? I propose that because of the purpose of this study, this chapter be concerned only with the first question, which I now examine.

Employing a fictional, though not unusual actual case study, about a young man *Peter Murray*, Seedhouse usefully lays out a social exposition of the subject's personhood, contributing a sense of realism. Aged 22, his family has Scottish ancestral roots along with the Ngati Whatua tribe of Aotearoa; the family can pass as pure Caucasian and live as European New Zealanders. Whilst Peter has difficulties, with a history of small-time thieving and unemployment after leaving school (which he detested), he spends time with other Maori mates complaining

about the pakehas (foreigners), smoking cannabis, drinking and watching TV. One night after watching *Once Were Warriors* (a passionate story about the harshness of Maori life), Peter downs a considerable amount of alcohol and after donning his Maori shirt, heads downtown filled with anger about the treatment of Maori's. Booming out at *haka*, he squares up to a high street electrical store and after smashing its window, promptly destroys the televisions on display. Cut and bleeding from the broken glass, he finds the police have arrived. After restraining him from his delirious state, they take him to hospital. After waking up from his sedation in the hospital, he has no idea where he has been, what he has done and is extremely upset. His actions are perceived as needing a psychiatrist. Is he someone who might have benefited from mental health promotion?

In critically examining the first question Seedhouse presents two concepts of mental health in an attempt to facilitate understanding about mental health promotion. There is the 'mental illness' theory of mental health (that proposes mental health is the absence of the symptoms of mental illness) and the well-being theory of mental health (that mental health is positive well-being). Both have deficiencies which are thoroughly explored and lead to the putting forward of 'A Better Way'. Seedhouse offers the 'Foundations Theory of Health' as he proposes a way of helping Peter so that mental health promotion can be 'theoretically coherent, practically useful and socially responsible' (ibid.:6). This study views this approach as useful in helping to understand the complexity of media mental health meanings.

Answering the first question above, it is proposed that in the mental illness theory of mental health there are two deficiencies: 'the assumption that clinically defined symptoms of mental illness are the only indicators of a person's mental health' *and* 'the belief that mental abnormality is an uncontroversial notion' (1998:6). That this approach has difficulties for promoting an understanding of Peter's mental health can be related in two judgements. The first identifies that the 'assumption that mental illness symptoms are the only indicators of mental health is strikingly inadequate' (ibid.:6); the second confirms that 'The belief that mental abnormality is an uncontroversial notion is equally groundless' (ibid.:6). Each of the two positions are devoid of analytical exposition and yet, these type of meanings are ones which regularly surface in media. Rightly, these are exposed and identified as conceptually barren.

In examining 'the well-being theory of mental health', Seedhouse suggests it means precisely this; that you are mentally healthy if you have well-being. Identifying two deficiencies he states that there is 'ambiguity over the meaning of positive well being and related terms' and that 'the assumption that the promotion of particular interpretations of positive well-being is morally uncontroversial' (ibid.:7). For the well-being theorist, there are difficulties in these approaches. First, it is possible to 'keep the notion of mental well-being ambiguous (which is what most writing on the well-being theory of mental health promotion does)', or 'define it specifically' or, 'permit subjects to define it for themselves' (ibid.:7). Seedhouse conveys that the first simply reinforces the status quo, whilst the second, makes 'assertions of value, and will inevitably make practical recommendations of the type: Peter should, the government should, Peter's

family should, and so on' (ibid.:7, taken from Downie *et al.* 1990). The last choice runs the risk that Peter will specify in a way that, a promoter of mental health will be unable to agree with. A number of variations on this are possible but not preferred, as Seedhouse proposes his foundation theory developed upon his conceptual analysis of meanings of mental health. Useful to mental health promotion and helpful to media understanding, this chapter is nevertheless too small to warrant full exploration here, but the foundations theory itself is suggestive. The key aspect of this theory is that it shows, not only the complexity of meanings about mental health but also, that such health is connected to physical life and to the social. That people can become ill from excessive use of drugs is not just a mental health perspective but also social; since its activity is a socialised one. Clearly, 'mental health' in its promotion is considered as something in relationships with physical health and the social world. Seedhouse proposes a holistic approach which brings mental health into connections with other factors and media accounts could learn from this approach. Just as Seedhouse proposes, the precise relationships with other connecting aspects require illumination for successful communicating about mental health.

If these conclusions and advice are suggestive, indicating possible ways forward in communicating about mental health, then previous studies (as presented by Secker and Platt, (1996:5-17), see below) also illuminate why it is necessary to map out ways they have examined media and mental health contributing to understanding about this research field. The following tables illustrate not only the approaches of the studies but also the trajectories they take toward the discovery of data eventuating in a situation of no social change. This is not say that these studies do

not have their uses in providing useful social data, or that their intentions were never valid. They most certainly are. However, this project recognises a media and cultural studies research need to focus upon a real social problem; to improve knowledge and understanding about an important topic for the community and to explore ideas about social change in the general context of a group's existence. Only by examining meaning-making in media representations about mental health, distress and madness will units of knowledge be exposed as integral elements of power in the relationship between a context, a producer and audience. In order to do this effectively, a viewing of how research projects have evolved as a way of facilitating information but not change is addressed and the number of studies illuminating themes of dangerousness, will, I think, be self evident.

2.6 Secker and Platt's (1996) Research Review, Methodologies examining mental illness ..... '*Beliefs and Attitudes About Mental Illness*'

Study	Location	Sample	Aims	Method	Miscellaneous
MacLean, (1969)	Edinburgh	500 people	This was a straight forward attempt to examine beliefs and attitudes.	Used statements asking respondents to indicate the extent of their agreement or disagreement about beliefs and attitudes. Developed her own statements in two pilot studies.	
MORI, (1979)	National Study	2000 people	To determine issues of relevance to employers and others who might make charitable donations to mental health causes.	This was based mainly on straightforward structured questionnaire with one or two open questions.	
Dept. Of Health, (1993)	National Study	2000 people	This was a straight forward attempt to examine beliefs and attitudes.	Used statements which asked respondents to indicate the extent respond as their agreement or disagreement about beliefs and attitudes.	Developed from American CAMI or Community Attitudes to Mental Illness.
Brockington *et al.* (1993)	Worcestershire	2000 people	To appraise the impact of community care by comparing beliefs and attitudes in areas where community-based mental health services have been developed in those areas.	The researchers used statements which asked respondents to indicate the extent of their agreement or disagreement about beliefs and attitudes in responses.	
Hall *et al.*, (1993)	Worcestershire	2000 people		The researchers used case vignettes in combination with fixed response or open-ended questions. These vignettes were adapted from an American study.	Used vignettes in which the investigator gave the respondent a written description of behaviour associated with mental illness. The respondent was then asked questions about the person whose behaviour had been described.
Huxley, (1993)	North of England	154 people	To assess the impact of community care by comparing beliefs and attitudes in areas where community-based mental health services had developed in those areas.	The researchers used case vignettes in combination with fixed response or open-ended questions but here, Huxley constructed his own materials.	Used vignettes in which the investigator gave the respondent a written description of behaviour associated with mental illness. The respondent was then asked questions about the person whose behaviour had been described.

Methodologies examining..... ***Media Content And Its Impact On Beliefs And Attitudes***

Study	Aims/Description	Method	Outcomes	General Comments
Day and Page, (1986)	Two researchers rated 103 newspaper reports about people described as mentally ill examining them for 'tone and ideology'.	Rated newspaper reports in tone and ideology about people termed as 'mentally ill'. The representations which arose were then compared with Canadian psychiatric hospital admission statistics for 1984.	Mental illness misrepresented in reports, schizophrenia by 77% compared with a hospital admission rate of 37%. These were in addition to negative assumptions, implicit portrayals of a homogeneous, parasitic group with no positive identity. Dangerousness and unpredictability were also among the main characteristics portrayed.	Studied media content in relation to mental health issues.
Signorielli, (1989)	Week long samples of prime time networked drama were compiled annually for a period of 16 years.	Critical Analysis	Analysis revealed characters who were portrayed as mentally ill were likely to be depicted as violent and as victims more than any other character type. Portrayals leaned toward bad rather than good and dramatic plots represented half the mentally ill characters as failures. Those considered normal were rated as one fifth of the cast. This was closely related to a perceived inability to obtain or hold down a job.	Studied media content in relation to mental health issues.
Wober, (1991)	Information was collected from 2000 respondents in a nationally representative panel of television viewers to examine perceptions of the extent and quality of coverage of mental illness.	Respondents answered questions in a diary accounting for the week ending 20th Jan. 1991.	Wober determined that UK television representations of mental illness were largely positive. Documentaries, one off plays and dramas were identified as dealing 'extensively and sympathetically' in representing mental illness. Veracity was seen as high in such texts along with news programmes. Sitcoms dealing with the topic did so on a minority of occasions with one quarter of respondents perceiving an unsympathetic depiction. In this form, veracity was seen as a low in equivalence to soaps.	Studied media content in relation to mental health issues.

Media Content And Its Impact On Beliefs And Attitudes cont'd

Study	Aims/Description	Method	Outcomes	General Comments
Steadman and Cocozza, (1977) USA	Examined public perceptions of 'the criminally insane' and to explore how these perceptions might be related to media coverage.	Random sample of 413 householders made up the study and were asked to identify the extent to which a series of statements applied to 'most people', 'mental patients' and the 'criminally insane'. They were also asked if they could recall news coverage concerning someone who was criminally insane.	Two Findings: a) Underlying concepts used to distinguish between 'mental patients' and 'most people' were dangerousness and unpredictability. Where the 'criminally insane' were concerned, these concepts fused so that unpredictability became part of people's conceptualisation of the danger posed. b) 42% of those identified as criminally insane on the basis of media reports were mass murderers or assassins of presidents and other public figures.	S&D point out .... that from a law perspective, such perceptions of the criminally insane are inaccurate. In fact, those defined as criminally insane have committed crimes against property or minor offences while only 14% have ever been accused of murder, let alone convicted, at the time research was undertaken.
Domino, (1983) USA	Looked into the impact of *One Flew Over The Cuckoo's Nest* on college students.	The researcher administered a questionnaire before the release of the film in order to access attitudes among a sample of 146 students. The questionnaire was re-administered three months after the release of the film between those students who later saw it and those who did not.	After the release of the film, however the attitudes of the students who had seen it were significantly less positive than the attitudes of those who had not.	Designed to appraise the impact of media coverage on beliefs and attitudes.
Wahl and Lefkowitz, (1989) USA	Examined the impact of a television film based on a real incident involving a man who was committed to a mental hospital and who murdered his wife while on a day pass.	The researchers showed film to 86 psychology students. Simultaneously a control group of 19 students viewed a different film featuring murder but not mental illness. After seeing the films, students were asked to complete a standardised questionnaire based on the CAMI inventory.	A significant correlation between films seen by students and communicated attitudes. Those viewing the film featuring mental illness as well as murder saw greater need for hospitalisation and stated more negative accounts about community care than the other students and communicated less sympathy for people suffering from mental illness and more concern about their potential dangerousness. It was acknowledged by researchers that they didn't evaluate students to begin with. Additionally, other significant and influential variables on findings such as age and gender were not examined or controlled for. Also, students' attitudes were assessed right after the films. It is possible that the findings reflect a momentary response to the target film which would have dissipated over time.	Designed to appraise the impact of media coverage on beliefs and attitudes.

Media Content And Its Impact On Beliefs And Attitudes **cont'd**

Study	Aims/Description	Method	Outcomes	General Comments
Appleby and Wessely, (1988) UK	Examined responses of the reporting of the Hungerford massacre by a man, Michael Ryan, who took the lives of 15 people before then committing suicide. Three months before the massacre Appleby and Wessely performed a survey looking into public attitudes to mental illness.	A sample of 965 people were requested to indicate the extent to which they agreed or disagreed with the three following statements: a) 'mentally ill people are likely to be violent'; b) 'people who commit horrific crimes are likely to be mentally ill'; c) 'people suffering from mental illness should be encouraged to live in the community'. Two weeks after the massacre at Hungerford, the researchers repeated the survey with another quota sample of 998 people. A further six months on the same survey was repeated.	The first outcome: Fewer respondents agreed with the first statement than disagreed but responses to the second were more similarly divided. 47% agreed, 43% disagreed. Despite this, 57% agreed that the mentally ill people should be encouraged to live in the community, 21% disagreed. The second outcome: A marginal difference in responses to the first and third statements but the second statement about the link between mental illness and the perpetrators of horrific crimes increased critically to 54%. Accepting inconclusively the exact part played by media in the evident shift in attitudes, the researchers suggest that this almost certainly played a large part. The third outcome: No significant differences between any of the statements obtained prior to the massacre.	Designed to assess the impact of media coverage on beliefs Efforts should be made to encourage more positively contextualised media coverage and attitudes.

Media Content And Its Impact On Beliefs And Attitudes **cont'd**

Study	Aims/Description	Method	Outcomes	General Comment
Belson, (1967)	To examine the impact of a documentary series about mental health issues on viewers' attitudes.	A sample of 800 people were involved, including some had seen at least one of the documentaries and a sample who had not. Invited to attend a meeting they completed a series of tests. Controls on pre-existing differences within groups was addressed.	People who watched the programmes were to some extent more knowledgeable about mental illness and more confident about the effectiveness of treatment. There was also an expressed willingness to, in some ways, associate with former or current patients employment would not be offered. Also, mental illness was judged as not something to keep quiet about and they expressed feelings of sympathy for the social group. Belson identifies a number of small differences in groups but that the series had a mainly positive impact.	
Wober, (1989)	Attempted to examine the impact of more positive coverage (for the IBA). The study drew on information obtained from an audience appreciation survey during October and November 1986 when Channel Four broadcast 12 programmes designed to be educational and informative.	At the end of the year, the questions were designed to address the impact of the series were included in the audience survey.	Wober reports that viewing of the programmes was associated with more of a willingness to be with someone who had been in psychiatric hospital but not with other attitudes towards people suffering from mental illness. Wober acknowledges, these finding do not prove a programme viewing effect, as no information was available about respondents attitudes before the Channel Four campaign. However, he concludes the that the campaign had a positive effect.	

2.7 Reviewing The Philo *et al.* Study (1996:45-81)

Content Analysis of Media Coverage of Mental Illness in News Reports, Fictional Television and Popular Magazines.

Study	Aims/Description	Method	Outcomes	General Comments
Philo, et al, 1996	To show dominant messages which are communicated about mental illness across a variety of fictional and non-fictional media. <u>Non-Fictional</u> Looked at the use of news stories, use of headlines, at how central characters and their actions are portrayed. <u>Fictional</u> Story lines examined, structure of plots looked at and how they operate in relation to dramatic action. Explored relationships between characters; who are victims or villains.	Content Analysis of both fictional and non-fictional stories about mental illness in which reference to people with mental health problems are reported or shown. Three dimensions constitute the content analysis: 1st: The identification of explanatory or interpretative themes. 2nd: The examination of the manner in which the theme is developed in a specific context. 3rd: The assessment of the frequency with which different themes appear.	Grouped categories, five in total: 1). 'comic' images; 2). violence/harm to others to others; 3). violence to the self; 4). prescriptions for treatment/advice/recovery; 5). criticisms of accepted definitions of mental illness.	Language a problem in that a wide range of material is resident in everyday discourse

Philo *et al.* Study: The Media and Public Belief (1996:82-104)

Study	Aims/Description	Method	Outcomes	General Comments
Philo, et al, 1996	The main aim/purpose is to test people's expectations of what they will see in the media as well as their understanding and memory of particular styles of media output. The function of socio-economic groupings (see General Comments) was to examine the processes by which beliefs and attitudes develop in different social contexts.	Focus groups were structured, broadly representative of income levels, occupation and housing type of this area. They were divided into three specific phases. 1st: A group is divided into smaller units of two or three people. These work on exercises which consist of writing a news report or the dialogue for a fictional programme (i.e. a soap opera). The exercises have an important function of facilitating a collective activity in which people can begin to express their own ideas in a relatively informal way. Philo's study attempted to produce in people 'natural' responses, an attempt 2nd: Each group answers a series of questions which focus on beliefs about mental illness and the sources of such beliefs. 3rd: Each person is interviewed in-depth about his or her own answers. The texts include; a soap opera (*Coronation Street*) and two printed news media, one positive story, one negative. The sample was randomly chosen.	For more detailed examination of material see Philo, (1996:82-104). People can be greatly influenced by media messages. The Philo study explores this quite clearly at a number of different levels. Media are important sources of information and can generate strong emotional responses in viewers and readers of texts. Media reinforce key elements of social cultures which they themselves create Personal experience was a much stringer influence on belief than media content	The first two elements of the methodological techniques generate a great deal of data, but it is also positive that some group members may not wish to divulge sensitive information in a group context.

Chapter Three

Historical Contexts for Popular Meanings of 'Madness'

3.0 Introduction

Established in previous chapters is the problem of media representations about mental health and the case for needing new portrayals: This is, in part, due to a social and cultural history from which media take meanings of madness[1] ladened with stigma; literally centuries of degrading meanings developing a complex of notions that now block exposition. Otto Wahl (1995) explores such notions in a range of forms including advertisements, cartoons, films and American television shows: Greg Philo provides an array of words and phrases, as well as media portrayals, associated with mental illness and health (see Philo, 1996 and also, pages 119-121). Subsequently, the aim of this chapter is to survey a history of cultural settings within which ideas about 'madness' have evolved, to capture a sense of their developing social character. By examining questions of social difference, identity, perceptions of 'normality' and also issues of fear and anxiety, the intention is to expose contexts from which contemporary society and culture have come to generate popular meanings about madness. Necessarily, a selection of cultural representations are also included in the examination as these inform the next chapter which examines, among other things, at how film came to variously portray madness. Several authors explore madness and historical contexts and subsequently, the work of Roy Porter, Michel Foucault, Denise Jodelet, R. D. Laing, Sander L. Gilman, Thomas Szasz, Elaine Showalter and Andrew T. Scull is examined in this chapter.

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[1] By madness, I mean in this chapter a disruption to 'the 'normal' social functioning of an individual, leading to strange and unpredictable behaviour' (Jary & Jary, 1991:364).

3.1 The 'Long View'

Located within historical contexts, cultural meanings about madness have, over time, become popularised in a range of genre forms, developing a complex of interconnections in images, dramatisations, scientific and artistic practices. Providing a rich vocabulary of supportive descriptions and mental landscapes, these contexts exist from before the biblical period to the contemporary, constructing social meanings which Gilman (1982:xi) argues, 'we have learned to see' in representations. He then raises the question: 'How do we learn to see?' (ibid.:xi). Employing an early example from The Bible, Gilman looks at how we learn through Nebuchadnezzar about his madness, that he was, 'driven from men and did eat grass as oxen, and his body was wet with the dew of heaven, till his hairs were grown like eagles' feathers, and his nails like birds' claws' (Daniel 4:33). Via exposure to such language we learn to conceptualise 'a meaning' constituted of broad connections with mental illness. Be they mobilised in language, image or sound, we learn to know of such meanings in various stereotypes. As Gilman notes:

> We learn to perceive the world through those cultural artifacts which preserve a society's stereotypes of its environment. We do not see the world, rather we are taught by representations of the world about us to conceive it in a culturally acceptable manner. It is not merely flora and fauna, sunset and seascape which are seen through the prism of culture. We also see man in his infinite variety through the filters of the stereotypical perspective.
>
> Gilman, (1982:xi)

Thus, historical contexts and cultural representations provide a range of meanings through which knowledge content about mental health has flowed, mostly referencing

mental illness stereotypes[2] associated within the descriptive tag of madness. Culture has generated ill-understood knowledge about mental health which then, as a particularised projected meaning, has been recorded in a media form before being projected[3] back into culture; where it has evolved as stereotypes[4] across time. Other exemplars which have significant implications for how we know about madness exist prior to the Bible.

3.2 Greek Mythology, Drama and Rationality

Porter (1987a) notes that during the classic period, the Greeks started looking at madness, trying to understand how it arose; trying to produce explanations. Examining Greek mythology and Homer, their narratives reveal 'archaic attitudes' towards madness; there is no sense of them appreciating the inner-self and reflecting upon difficult experiences social life can present. Rather, as Porter records, 'Homer's Heroes are instead more like puppets, players at the mercy of forces essentially from Beyond and beyond their control: gods, demons, the fates, the furies' (1987a:10-11). These characters are acted upon by forces out of their control and which mysteriously impact from above. Mad identities, if initially heroes who had abilities in performing actions, are the receptors of strange communiqués in dreams

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[2] I mean by stereotype here, an inaccurate, fixed value of attributes which are discriminatory and impoverishing not only about the identity of people with mental health conditions but also their condition.

[3] I mean here, centripetal and centrifugal meanings which are part of the cultural ingestion and projection of meanings between media, its culture and society (see Corner, 1995:5).

[4] In his study of stereotypes, Michael Pickering advises an approach as that taken here, where it is useful to understand not only 'the concept of the stereotype historically, but also to understand the *content* of stereotypes historically - to bring the repressed historical dimension of stereotyping back into the light of its analysis in the present' (2001:8).

from the god, the outcome being the hero's deterioration into madness. In a real sense, these social identities are special and their madness, magical in quality and causes, far removed from any identifiable mental condition.

Later, in the fourth and fifth centuries, Greek philosophy placed a strong emphasis on rationality; this, a key quality to civilised human beings needing to understand themselves through self-knowledge. Reason and unreason helped address the concept of madness but only served to render it more precisely, rather than 'solve' its problems. Following Bennett Simon (1978), Porter informs that medicine was one tradition whilst drama, art and theatre were others attempting to explain madness. In medicine, epilepsy, which had always been seen as a sacred disease, was subject to theorisation by the Greeks. It became a physicalised problem, rather than an effect from something emanating from above; it was 'a product of the regular powers of nature' (ibid.:12). In drama, the genre of tragedy began to bring forward appreciation of the inner-self that had previously been inaccessible. Civil wars of the mind in new heroes revealed internalised tensions for a public to witness in dramatic performance but in processes that were cathartic rather than seeking solutions through change. Unfortunately, as Porter usefully points out, 'Classical thinkers thus defined - but did not solve! - the problem of madness for future ages by elevating *mind*, by valuing reason, order and cosmic intelligibility so highly' (ibid.:12): And if Stoic philosophy illuminated the irrational as a focus of problems, then Plato's further confirmed the rational had the 'rightful sovereignty' (1987a:11) over the irrational. Thus, this historical moment produced a way of perceiving the world through a mode of

differentiating between the rational and irrational. Most importantly, through this division, there developed not only ways of thinking about madness as something estranged but also of 'knowing' what was socially 'normal' and 'abnormal': And this way of thinking has lasted until now.

3.3 Madness, Art and Security[5] in a Developing Modernity[6]

Throughout the period prior to the Renaissance, the mad wandered the countryside of Europe and were located above the leper in the social hierarchy, who were housed in leprosariums. Law dictated containment for this social group in France, when Louis VIII established them in 1226, (Foucault, 1961). England and Scotland also had 220 lazar houses but toward the end of Middle Ages such institutions became bereft of lepers, as the problem disappeared. The vacant positions were duly filled by the mad, such places taking in small groups of people considered as disturbed. These people were not only located in static physical structures but also in ships on rivers, these portrayed in literature and artistic works depicting the *Ships of Fools*. However, in the new age of modernity, such cultural representations 'made strange' notions about the mad and madness.

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[5] I am grateful to Mick Dillon at the University of Lancaster for this idea, introduced in his module, 'Security and Modernity' in the MA Cultural Studies. Broadly, the interrelated themes of danger, desire, insecurity and security connect with the modern world where political struggles culminate in attempts to secure the human being because they may appear to endanger. Thus, these beings may include 'the mad' and who may appear to pose some sort of threat to national security and who became subject to confinement.

[6] I mean by modernity here, that period commencing close to the Renaissance when, the development of new economies and societies gave rise to new ways of accomplishing actions. In a multitude of ways, structures began to impose themselves in society and so, this was the beginning of modernity that was, arguably, continuing into the last century.

Through such works as Sebastian Brant's literary work, *Narrenschiff* (1494) and Bosch's *Ships of Fools* (circa 1498), the mad began to be looked upon as deviant. The *Narrenschiff*, a mythical depiction of the mad being transported in boats, reflected a situation of its time. According to Foucault, towns and cities, especially in Germany, were for a long period wanting to rid themselves of wandering mad persons. Traversing the countryside, they were free to roam but in urban areas, they were marginalised to the outskirts: 'Frequently, they were handed over to boatmen: in Frankfort, in 1399, seamen were instructed to rid the city of a madman who walked about the streets naked...' (1961:8).

Bosch's *Ships of Fools* was not connected to Brant's novel but as Linfert (1971) notes, to a Netherlandish poem from 1413. Precisely where its scene is located and what it means, is open to a multiplicity of meanings. If anything, it only makes for confusion, as Linfert informs:

> Everything becomes a sign alluding to something else: the swimmers, the fool on the mast, the man losing his dinner overboard, the one who crawls about in the bottom of the boat with a huge jug on a cord and over whom a woman is leaning - none of them can be taken as literal and real.
>
> Linfert (1971:68)

In the setting of the picture, the characters and scene only serve to bewilder. The ship is the only stable signifier, itself floating in a fluid substance but as Linfert notes, 'there are others in the picture, whose only message seems to be "that where ignorance is bliss, 'Tis folly to be wise" ' Linfert, (1971:68). The characters appear to be free-floating signifiers as the mad and fools have 'no base, no ground to stand

on: everything is in flux, the outcome unsure' (ibid.:68). Here, any notions of normality are evacuated, the meaning in the image one of containment which appears to be taking place. Religion, in the form of a monk and nun are centrally located with those mad positioned around them. For Gilman, the work communicates 'the moral failings of society, a society seemingly adrift in its madness' (1982:45) but certainly, marginalisation and confinement are making physical and symbolic boundaries. Ideas about the mad, are in effect being taken to a new social position, of being made into 'strangers' and various genre forms would evolve these positions with Breughel's the Elder's *Dulle Grete* and much later, in William Blake's image of Nebuchadnezzar in 1795. During the period in which Bosch painted, mainly between 1480 and 1516 (when he died), his work went against the grain of other artists; most stayed in alignment with the Church's views. The late fourteenth century in Europe was a period which Huizinga (1987) describes as highly disturbed, as the Black Death continued intermittently from its commencement in 1345. People lived in fear, not just from disease but from soldiers, who would rape and pillage. Nobles would please themselves in exploiting peasants without hindrance from any legal quarter. The Church also dubious in its affairs, was particularly corrupt and cruel to peasants. It further extended 'borrowed' ideas which 'had always been part of medieval folk culture', (Harris, 1995:42), about the evil of the world and re-cycled them for the same audience; so as to sustain its own maintenance of power. If the location of God and evil was confusing, then, the Church, whilst considered holy, contributed yet more bafflement through its teachings: But to contradict it, was to invite trouble. As Harris notes, Bosch was someone who believed the physical world was completely

evil, created and controlled by Satan; Jesus, personified by light in a darkness devoid of spirituality, is either 'ignored or attacked' (ibid.:49). Thus, Bosch's depictions of madness were perplexing in the *Ship of Fools*, most likely because of the power of religion. Visualisations of 'depictions of transportation' increased across the fifteenth century, but as Foucault observed, it was within this cultural setting that the face of madness was to beginning to haunt the imaginations of the West.

In a new period of modernisation, new buildings were to house the mad out of sight, but through their very construction, the structures of thinking removing the mad physically, also displaced ideas about madness from rationalising minds. Andrew Scull, in his book, *Museums of Madness* (1979), signals a changing response to the needs of the mad during the Renaissance. As the very existence of social and economic life changed, so too did the way of dealing with those deemed mad as exclusion was instituted as the way forward. The development of a single national economic market and a centralising political system, led 'to the development of a state-sponsored system of segregative control' (1979:48). The idea of authority structures imposing order and containment for those who appeared to need it, became prevalent. Scull notes that as early as 1403-4, Bethlem was the only specialised housing for mad people; it housed only six mad and three sane patients. However, this small number was set to increase, accruing in total as society modernised: 'In 1632, for example, it was reported to contain twenty-seven patients, and in 1642, forty four' (cited in Scull, 1979:19, taken from Jordan, 1960:189-90). Thus, modernity began stratifying, ordering and structuring not only society but also

perceptions of 'normal' in the social world. The identities of those deemed mad began to be occluded, the nature of their social belonging, a political risk that authorities seemed unwilling to take.

As the Tudors (1485-1603) and Stuarts (1603-1714) reigned across a rise in the population, transformations in working practices and commercialization created not only new social groups searching for work but also greater needs for security. Plays such as *The Shoemakers' Holiday* by Thomas Dekker, shouldn't be treated as accurate[7] in portraying social and economic life in the Elizabethan period (1558-1603) but it provides useful indications of 'changes' taking place. Craft guilds employed apprentices to learn their trade in ever developing economic structures, these working conditions contributing to a need for festive holidays where plebeian celebratory culture could often become unruly. Fear about behaviour that might unbalance the social 'norms' grew, leading to new ideas about confinement. If this was broadly the case in England, in France, it was further advanced when, in 1580, as Emanuel Le Roy Ladurie (1979) imparts, there was a popular uprising at the annual Carnival at Romans but with dire outcomes for its participants. In a period where new regulations and taxes were but a few of the elements contributing to an oppressed existence, peasants, artisans, labourers and some bourgeoisie, formed a resistance to the then dominant culture. However, catching wind of the intended rebellion, a coalition of other bourgeois and aristocratic groups massacred the uprising. Although, as Michael

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[7] See notes by D.J. Palmer (Ed.) on the play in *The Shoemakers' Holiday* (1975:xx) published by A.&C. Black, London, W.W. Norton, New York.

D. Bristol (1985) notes in his reflection upon Le Roy Ladurie's work, that this was an isolated example, it communicated symbolic warnings to other European countries. A localised response to people considered broadly as deviant developed, culminating in new institutions: Bethlem was later augmented by Bridewell, (a house of correction in 1555) and inhabitants of both institutions rose.

3.4 Securing More Sanity for Modernity

In France and England, more projects securing sanity developed with the introduction of yet more new buildings. In 1656, the King of France proposed that several hospitals were opened in the provinces and Hôpitaux Généraux were built in thirty two cities. Shortly after opening its doors, the Parisian Hôpital Général 'contained six thousand persons, or around one percent of the population' (1961:45) and there commenced a state drive toward the confinement of those deemed mad. As the middle ages progressed, they were condemned under the label of 'idleness' (Foucault, 1961:58) and in the 16th-17th centuries, were shut away: 'It was in this period that they began to 'confine' or 'intern' them, along with the entire population with whom their kinship was recognised' (Foucault, 1961:58). Modernity was, it seems, in a political struggle of securing itself from identities it considered a threat. As Scull notes, during this period, with a rising commercialised agriculture, there was 'spawning a volatile 'army' of vagrants, beggars, and idlers, no longer needed on the land. And the threat these groups posed to the power of the central royal authorities was heightened by the still precarious nature of the latter's control..' (1979:20). In England, the confinement of people considered unwell in mind occurred away from

urban centres, in the local parishes. Scull notes, that under the Poor Law Act of 1601, a secular rather than religious responsibility took care of those in poverty - and this included those deemed mad. Approximately 15,000 managerial projects became involved, regulating this heterogeneous group. Other institutions similar to Bridewell, such as workhouses, were built but according to Foucault, 'were destined to greater success' (1961:44). Porter however, disagrees with Foucault's figures (see Porter, 1987b:8) for England (and Europe) discerning that if such a period of confinement existed, it did so, not during the Georgian period (1714-1830), but after it. Whilst Porter dismisses talk of a 'system'[8] as misleading (ibid.:8), in a greater sociological context, modernity was further imposing structures upon developing practices that were both systematising and ordering in nature. There followed a greater differentiation[9] of people with mental health conditions from the community amidst an increasing context of social stratification and consequently, perceptions of the 'normal' increased with the so-called 'mad' being locked away; <u>understanding</u> about 'mental health' sealed up with them.

3.5 <u>The 16th - 18th Century: Transformations in Treatment?</u>

If the 'places of confinement' stimulated imaginations about the oddities of the mad, then treatments afforded them by doctors, were also bizarre in character. From the Renaissance to the 17th century, treatments varied but one was consistently

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[8] Porter critiques MacDonald, M. (1977) in his book, *Mystical Bedlam: Madness, Anxiety and Healing in Seventeenth Century England* Cambridge University Press, for proposing that there was an 'asylum system', spreading 'throughout the nation' at that this time.

[9] In using the term differentiation, I mean here, that model of it proposed by Scott Lash (1990) in which social stratification occurs between groups in processes of cultural change during modernity.

maintained. *Humoralism*, originally recommended by the Greeks was passed down through the middle ages and beyond. Man was seen as being constituted of four unifying basic elements of the earth; air, earth, fire and water. These embodied, to varying degrees, coldness and hotness, dryness and wetness. The correct balance of these elements produced harmony in the mind as did the four basic vital fluids which were: Phlegm, blood, black bile and yellow bile (or choler). However, three procedures based around deficiencies or excesses of these criteria were seen as treatments to recovery. These operations introduced sovereign remedies for the ill of mind: *Bloodletting*, involved cutting a vein which was thought to introduce and enhance recovery: The *drinking of an emetic*, provoked violent vomiting which was believed to work wonders. In the third instance, the notion of *purging the system* by submission to a laxative was believed to solve mental health conditions. Pathologies were solved in this way until the middle of the seventeenth century with more complex variations available for the rich and quite basic approaches for the poor. Thus knowledge of dealing with madness mirrored its very condition, rendering healers as mad but these images of madness, found 'a medical discourse' even more keen to establish a new face of medicine.

In the eighteenth century, neurology developed creating new methodologies and these developments laid foundations for psychiatry to further reason about mental health conditions: George Nesse Hill and John and Thomas Mayo, expressed the organic nature of mental health problems providing 'graphic evidence of skull damage and brain tumours' (Porter, 1987b:183). However, in the English medical profession at

this time, there were according to Scull (1975:222), three separate components which constituted it: Physicians, surgeons and apothecaries. Each of these occupations could enter the mad-business but with dubious qualification: Physicians could acquaint themselves with a medical degree by way of social connections; surgeons had just separated themselves from the barbers tradition and apothecaries were a wide ranging group of people, potentially, either semi-illiterate or highly competent. Certainly across the new practice of psychiatry, the process of labelling and classifying developed and despite controversy about the diagnoses of doctors, arguments sprang from the new asylums that were to assist, not only in housing the mad but in just a few cases, offering a new quality of care. Madness as an idea, it could be said, was gradually becoming identified as mental illness.

In 1796, William Tuke opened the York Asylum which started as a retreat only for Quakers but later opened its doors to all and became known for its more humane philosophy toward mental healthcare.

> On the outskirts of York, it was designed to be dwelt in as a large private house. Its atmosphere was domestic, and it was run along parental lines. The superintendent and his assistants were the 'family', and a spiritual bond was sought between staff and patients. 'There is much analogy' wrote Tuke 'between the judicious treatment of children, and that of the insane persons'.
>
> Porter, (1987b: 223)

During its early existence purposeful approaches were endorsed by its founders in the management of the establishment. Samuel Tuke was explicit when he said, 'The physician plainly perceived how much was to be done by moral and how little to be done by medical means' (ibid.:223). The new asylum at York represented all that was

positive in the new profession of psychiatry. Resocialisation was seriously attempted with particular direction toward the Quaker religion. Admiration and respect was acclaimed despite the occasional instillation of fear in pursuit of order. However, other asylums were not of the same calibre. Ticehurst and Brislington House, although under similar liberal regimes, provided inferior care with such patients as John Perceval in the 1830s reporting himself treated, 'as if I were a piece of furniture, an image of wood, incapable of desire or will as well as judgement', (ibid.:227). Bedlam in London further extended the notion of imprisonment and separation from society, where the new focus upon the mind was directed toward control, through policing within the 'self'. However, these transformations in treatment were all too rare.

But the very fact that a psychiatric space was being arranged, further encouraged difference between the main body of society and the person with a mental health condition. Social differentiations were also occurring in other parts of society such as in class and also in national identity in relation to foreigners; also myths about blackness and madness were further evolving.

3.6 The Development of Psychiatry

The development of psychiatry and its tendencies to (mis-)diagnose mental illness led to yet more special institutions and hospitals; as madness became a more common feature of everyday life in the 19th century.

> Around 1800, no more than a few thousand 'lunatics' were confined in England in all kinds of institutions; by 1900 the total had skyrocketed to about 100,000.

> In human terms, this increase of perhaps twenty fold means that during the nineteenth century a disturbed person's fate was likely - indeed, ever more likely - to end up as the story of encounters with organised psychiatry; in fact quite specifically, to be the tale of life and death within the asylum, encaged in 'museums of madness'.
>
> Porter, (1987b:2)

Elaine Showalter (1985) identifies that in the Victorian period, England was suffering an epidemic of mental health conditions, the increase of asylums housing an ever escalating population of people. But as Showalter notes, women were casualties of these developments: 'By 1872, out of 58,640 certified lunatics in England and Wales, 31,822 were women' (Showalter, 1985:52); most likely misdiagnosed, as well as mistreated. Men were able to secure a better class of asylum (privately run) but women were relegated to pauper borough and county asylums and a significant fear was generated for women about mental health issues. Porter also notes, 'The Victorian era became the golden age of depression, nervous disorder and breakdown - witness the psychic health of Victorian intellectuals such as John Stuart Mill and Thomas Carlyle ...' (1987b:283). More grandiose structures were built, in some instances, monumental projects: Colney Hatch, with an Italianate façade that was a third of mile in length (see Showalter, 1985:23). But as they were built, so they were filled, at even faster rates (see Porter, 1987a:20). By 1858, as Showalter notes, the madhouse had become 'the asylum' or 'retreat' and according to Dr Edgar Sheppard in the middle of the nineteenth century, the members of such places were amongst the best treated in the land. This view must be balanced by the fact that, patients could still be subject to restraint in numerous unpleasant ways; manacles, body straps, various chairs for securing patients and chains could also be applied. Also,

psychiatrists labelled every anti-social behaviour; including depression or addiction. Those deemed mentally ill, if not physically incarcerated could now became mentally typed through their medical records but precisely what psychiatrists did was never clear (see Szasz 1962:18) but their relationship to the sufferer was one of distance, what Szasz was to term a double standard (ibid.:44) in their duty of care. Toward the end of the nineteenth century, approaches in mental healthcare changed again with psychoanalysis advanced through the work of Freud (1856-1939).

Freud, studying under Charcot, developed a theory of the mind for the treatment of mental illness. Examining the conscious and unconscious around the structure of the id, ego and superego, his developmental theory of personality was useful in seeing human development as processual and socialised. Using talking therapy as a way forward in a dialogue with patients, each of the stages are explored with a view to solving adult behaviour problems. A number of followers took Freud's theories forward including Jung but it was Lacan (1901-81), who further modified his work to new levels in the study of self and identity; evolving what was a problematic, mainly male oriented theory. Altogether, new ways of studying the human being and mental problems evolved but study of the mind, somehow retained an air of mystical distance, this new tradition and that of psychiatry, not readily socially accepted.

3.7 Anti-Psychiatry: R. D. Laing and Thomas Szasz

From within the historical context of psychiatry, perceptions of the 'normal', even precisely what mental health or illness is, became questioned by R. D. Laing (1927-

89) and Thomas Szasz (1920-). Both Szasz and Laing attempted to contribute a new humanism to a psychiatry located in positions of power and mystery. Laing carried out work with people suffering from schizophrenia and tried to unravel the mysteries surrounding the condition in his book *The Divided Self* (1960). Examined in radical ways, it was seen through a new perspective, as a condition that was prophetic and as a rational way of struggling with an irrational world. Removed from traditional psychiatry at the time, it struck a chord within popular culture in breaking away from oppressive shackles of past psychiatric practices. Laing's approach was also not easily accepted by psychiatrists, his work often antagonising them. Radical in nature, Laing would make an impact not only in society but also in media, his work influencing the making of *Family Life* (discussed in the next chapter), a film about a mentally ill woman. Indeed, during this period mental health issues were given good airing: Ken Kesey's *One Flew Over The Cuckoo's Nest* was published and a play was later staged, this travelling across America. However, it took fifteen years from its publication to be produced as a film in 1975, when it also made a significant impact within the cultural setting of its time; a post-Vietnam period which saw a 'make love not war' approach in a popular culture, seeking to express liberation from oppressive governmental discourses.

Thomas Szasz, in his book, *The Myth of Mental Illness* (1962) notes how the concept of mental illness is freely used in media; how famous persons (e.g., Hitler, etc.,) are identified as being mentally ill but without actual evidence qualifying as proof of a condition. Szasz also asks the question: What is mental illness?, whilst showing

it to be inextricably linked to another one: What do psychiatrists do? Critical of his own profession, the work was an important contribution to understanding about mental health and perhaps more importantly, of how psychiatrists operated in their examinations of conditions. In arguing that mental illness is a myth, Szasz proposed that 'only bodies can be ill in a literal sense and that minds can only be sick metaphorically (like economies)', (see Pilgrim and Rogers, 1993:5). Focusing upon psychiatry, he demolishes the main substantives of contemporary psychological thought and asks of his profession what they would do without them and proposes the 'laying the foundations for a process-theory of personal conduct' (Szasz, 1962:18). If psychiatry was critiquing itself and attempting to reflect upon how it might renew its approach, feminism had also become critical of it, Elaine Showalter making a critique of its relationship to women.

3.8 Women and Madness

Showalter (1985) explores English culture, madness and women in her book, *The Female Malady*. She critiques the role of men in psychiatry, in particular, Laing's treatment of one woman, Mary Barnes, and her condition, schizophrenia. Having read *The Divided Self* and been turned down by Anna Freud for treatment, she brought herself to Laing's therapeutic community where she played a key role. A strong and impressive character, she told her own story - rather than it being told for her in an account written along with a contribution from her therapist, Joseph Berke. Consequently, her narrative of illness can be usefully compared with her male

psychiatrist which Showalter highlights; raising points concerning gender and the situation women with a mental health experience.

Both Berke and Laing, leave out certain elements present in the narrative discourse of Barnes. Central to her problems were frustrations other than sexual ones, which Showalter highlights as being missed by Berke; through 'a number of narrow psychoanalytical ideas about femininity and female sexuality' (Showalter, 1985:235). As part of her behaviour was to withdraw into an infantile position, Berke surmised that this was an alternative integration of key psychic functions to a burning sexual desire and frustrations that could not be satisfied; because of guilt she felt about incestuous feelings for her father and brother. Berke usefully got Mary involved in painting and exhibiting her work but incorrectly, in Showalter's view, diagnosed her psychological improvement in way a related to sexuality when the vocational was something clearly prominent in her - which Barnes had written about and apparently defined as 'masculine':

> What Berke sees as Mary's penis envy was rather her envy of male mobility, status, and independence. Ironically, Mary first achieved the success she craved by becoming the "Queen of the Schizophrenics" at Kingsley Hall, the main attraction of a psychiatric theater much like Charcot's at the Salpêtière.
>
> Showalter, (1985:235)

Laing is critiqued for fulfilling a male adventure of 'exploration and conquest - scarcely the reality of Mary Barnes's experience' (ibid.236); boyish ideals which were the stuff of earlier climbing exploits in Scotland. This approach, in trying to help the child-like qualities of her personality was a process which Showalter raises as

problematic. Whilst also subject to critique from academia outside psychiatry, also significant are organisations such as *Survivors Speak Out* in criticising the nature of psychiatric care offered to people with mental health condition. Similar criticisms are offered in Roger *et al.* (1993) with users of mental healthcare services damning of professionals and other carers, one typical example relating '*I feel that I was treated too much as an object rather than a person*' (ibid.:50).

3.9 Conclusion

These contexts and representations indicate a continuity and diversity of meanings about madness which, over an extensive period of time, have ossified in a conceptual complex, itself, difficult to deconstruct. Hence, findings by Philo (1996) and Wahl (1995) of *violence* and *dangerousness* in popular cultural forms such as cartoons, newspapers and films are informed by this significant list of contextual influences. Through the bible, through drama and art, via axiomatic ideas about madness as synonymous with dangerousness and confinement, in a psychiatry criticising of itself and being critiqued (to name but a few of the above examples) - we have learned to see madness constituted as part of a category of mysterious stereotypes. An amorphous mass of connotational and mythical significations with vague boundaries; all of these in a mode of thinking which privileges rational thought at the expense of the irrational. Consequently, meanings about madness, commanded by these diverse influences, have become incorporated into the sediment of culture bearing little relation to the realities of mental health. Subsequently, when a story about *Care in the Community*, an integral element of contemporary society is communicated in news

media or a horror film depicts madness, it is most likely to reference homicide and thus, representations of it, pulling in meanings from a knowledge reservoir of ill-informed understanding about mental health. A distorted concept is communicated for the public imagination, containing a problematic knowledge - a knowing absent of accurate information, communicating about ideas predominantly associated with dangerousness. Such questionable knowledge about mental health is evidenced in an highly interesting study by Denise Jodelet, (1991) who investigated the way local people constructed identities of mentally ill people in a community at Ainay-le-Château, in France. The patients who lived there, in a 'family colony', had done so since 1900. Rather than being confined in an institution they lived as part of family units in the community. However, Jodelet determined they were marginalised through the personally internalised perspectives of local people.

Jodelet reports the population of the community welcomed those 'into its homes whom society normally hides behind walls of an asylum' (ibid.:280) but only permitted 'to integrate an exogenous group without incorporating it' (ibid.:280). Whilst the community gained strength from its actions and system of integration, it also felt it necessary to be a community on the defensive. Social protection may be one way of explaining the community's reaction but so too is a sense of a collectively shared defence in that the group had unified as a social body, mobilised with intent to retain its identity. Examining the manufacture of social representations and their constituents, Jodelet questions how these were 'produced and function within a delimited mental and social space' (ibid.:283) as social communication; as this was

identified as key to the equilibrium of the collective for both well and unwell people. Jodelet went onto discover that at a number of levels, the citizens of the community were fearful of contamination by the patient's mental health conditions and also, fearful of dangerousness. The fear was so great that a taboo surfaced even about patients marrying non-patients. She found that:

> underlying the designation of the signs of the illness, we find a second set of constituents which refer to the values of the group and its lifestyle. Already the position of the pathological, alongside character, in the natural order, standing in contrast to the cultural order expressed by mentality and education, shows the intervention of the normative in the evaluation of morbid disease.
>
> Jodelet, (1991:285-6)

If this was the situation in a colony whose project it was to care for people with mental health conditions, it raises questions about other discourses about madness or mental illness in society at large; for cultures who have no such concern. If, as in this collective experience, internalised schemas convened to consolidate a fear, and a fear based on a supposed infection from the 'mental', they not only marginalised the patients, they did, in effect, marginalise themselves from knowledge and understanding about mental health. This marginalisation was, most likely, learnt through cultural and historical representations in archaic attitudes initiated in narratives - through Plato's philosophy and plays evolving from Homer's model. Through fixed narratives in art and from the medical profession, whose treatments were as much confused as its choice of who were 'unwell' patients, these factors contributed to public and meta-narratives informing this marginalisation; through the constituting of 'mentally ill identity'. Somers and Gibson identify public narratives as:

> ...those narratives attached to cultural and institutional formations larger than the single individual, to intersubjective networks or institutions, however local or grand, micro or macro....Like all narratives, these stories have drama, plot, explanation and selective appropriation.
>
> (see Calhoun, 1994:62)

Metanarratives are '...."master-narratives" in which we are embedded as contemporary actors in social history and as social scientists' (Somers and Gibson, in Calhoun, 1994:63). Thus, these narratives have over time come to inform not only the cultural order, as Jodelet intimates above but also, the media order: Media forms playing a significant role in the continuation of these narratives.

I want now to ask more specific questions about contemporary representation - the meanings of mental health in the media. What are these meanings and <u>how</u> have they been communicated, drawing in point on the historical legacy I have sketched out above. What has been its role in the construction of such meanings? In order to answer these questions, the work now moves to a generic examination of media forms, starting first with film.

Chapter Four

Generic Studies One

Film

4. 0 Introduction

The next three chapters examine representations through a range of communicative forms[1] focusing upon mental health, illness, distress and madness, including; drama, comedy drama, news and a video diary documentary. They are entitled Generic Studies I, II and III. The fourth chapter examines a history of horror forms and three films about mental health conditions whilst Chapter Five studies news programmes and a documentary form. The final study in Chapter Six examines two broadcast dramas.

4.1 Methodology: Analytical Framework

The methodology for the analysis of mass media texts about 'mental health' focuses upon the interactions between the media's generic forms and the cultural power of people with experience of the mental health conditions constructed in representations: The question is how do a range of forms impact upon the social life of this group through making meanings that serve to support particular relationships of power, either accepting or denying social agency. It raises questions about how image, language, sound and music are selected and organised to construct a mental health space; relationships about cultural realities and identities; how audience is addressed and how language and dramatic elements can play a role in portrayals. Consequently, realisms, stereotypes, performance culture and various dramatic modes and narrative systems constitute key elements in the analytical framework.

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[1] By form it is meant in this thesis, 'the particular organisations of signification which constitute a given item *as communication*' (Corner, 1998:96).

Focusing on genre, the methodology is sensitive to differences in meaning-making across non-fictional and fictional forms (see pages 49-50); the division between these forms and the knowledge properties that stem from each, a useful way of critically determining mental health meaning. Whilst the division is never definite, it makes for a sensible way forward in the analytical framework because, as John Corner advises in his discussions concerning television, here extended to all media covered in this thesis, certain principles (or variations) of grammar apply to both:

> the level of referentiality, modes of address, forms of propositional or more associative, symbolic discourse and the presence or otherwise of television's own representatives (e.g. presenter, host, reporter) serve to mark the two areas out into distinctive communicative realms.
>
> Corner, (1991:276)

Thus, understanding about the patterns of pleasure meanings in fictional texts and those informational in non-fictional, are helpful ways of comprehending the currently protean nature of the generic system.

The analysis is grounded in a balance of description with critical analysis of meaning-making as a social practice. It employs the Barthesian couplet of denotation and connotation; as these are used in conjunction with myth, very much at work in many mental health texts (see Chapter One). In a production process ultimately social in its practices, various personnel help in making decisions not only about what these meanings <u>are</u> but also <u>how</u> they are communicated. 'How' meanings we see/hear/read play a part in <u>what</u> is known through them lead us into understanding about the consequences of representations and the ways in which they can locate and specify cultural identity and mental health realities. Consequently, in studying the social

character of representations, the suggestive work of Stuart Hall (1997) is employed across this textual analysis.

4.1.1 Text Selection, Meaning-Making Choice and Acquisition

Including a range of texts from film, television and radio, the analytical framework is informed by Secker and Platt's (1996) critical review of methodologies (see Chapter Two), the rationale for selection cognisant of a consistency in past research to focus upon what have been negative portrayals. Therefore, this study focuses upon a choice of texts, either sympathetic toward mental health or helpful in the way they depict mental health without stigmatising, as well as portrayals communicating themes of dangerousness, which do stigmatise. This enables a rich selection for the project's cross-generic focus. Thus, the film section begins with an historical analysis of horror, showing how the audience has been addressed through the largely dominant theme of 'dangerousness' and positioning of the stereotypical 'mad' identity. But it also chooses moments in more 'useful' texts communicating in ways which alleviate the burden of stigma. Consequently, theory from Michael Pickering and Sander L. Gilman with regard to identity stereotypes informs the work.

Selected texts from between 1993 and 1998, television and radio exemplars, were chosen by examining the week's schedules ahead of broadcasts and recording programmes through video or radio cassette recorders. If a programme was missed, direct approaches to the broadcasting institution were made. Films chosen were discussed with colleagues at other institutions besides Falmouth before final selection.

Analysis of significatory elements in the languages which produce meanings are augmented by a thematic focus on dramatic communicative components. Also, the question of how drama plays a significant role in communications is another part of the analytical framework differing in its usage between non-fictional or fictional forms.

4.2 The Significance of Film in Popular Mediations about Mental Health

Film carries importance in the popular mediation of mental health because of the wide range of generic and sub-generic formats; either broadly, as in horror films about madness or, in rarer examples, as in the three examined below. Knowledge produced in films has implications for the relationships which audience have with a topic and more generally, it is the relationships between mental concepts and signs about mental health, distress and madness, which lie at the heart of 'representing' in this thesis. Representations here are multiple, to the extent that meanings about dangerousness are intertextually fused through their 'insertion of history (society) into a text and of this text into history' (Kristeva, 1986:39). The opportunity for social knowledge in cultural forms such as film, to (mis)inform as well as entertain, remains significant; the box office for films such as *The Silence of the Lambs* and its follow-ups, clearly the main factor in producerly thinking rather than, say, the idea of reducing social stigma. So, the potential for film-makers to creatively organise meanings about mental health or madness are great, not only in terms of the process of meaning-making but also because of the long life a film holds as an imaginative artefact; shown initially at the cinema in the context of a public place, repeated on television (most likely) within the confines of a home and then, made available either for purchase or

rent on either video or DVD. A film will impact significantly through what Raymond Williams called the 'dramatisation of consciousness' and maintain meanings about its topic across a potentially broad sphere of social life.

Generic Studies I

4.3 Representations of *Madness* and *Mental Illness* in Film

The last chapter argued that social contexts and cultural representations across a broad historical sweep left a diversity of negative meanings about madness, culturally available. Small surprise that in the contemporary moment, mainstream cinema represents *mental illness*[2] mostly within the indistinct category of *madness*[3], meaning-making processes referencing it to realisms[4] of *violence* and *dangerousness*. Selected knowledge content and film form combine, according a naturalness in themes portraying the world of the 'mentally ill' as constituted of the criminal and the mysterious; these depictions arranging pejorative systems of knowledge and beliefs. Otto Wahl (1995:56-86) offers an informative account identifying an array of misselected knowledge content in media 'madness' forms across history. Also recognised are the few films exploring 'mental illness' but which relate to murder;

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[2] Across this chapter, the term 'mental illness' can variably mean 'transitory episodes of anxiety or depression (i.e., neuroses) which interfere with normal daily living through mood changes involved' or, 'psychoses which may require in-patient psychiatric treatment to control the severe changes in mood and behaviour associated with them', (Jary and Jary, 1991:391), these purposefully constructed as real-life behaviours for the public imagination.

[3] In this chapter, 'madness' means nebulous behaviour(s) with vague connections to mental illness about which producers of a media artefact organise significations, portraying it as a disruption of 'normal' behaviour from usual social functions within a person; leading to new, strange, bizarre, unpredictable and even violent actions, these purposefully constructed as more than real-life behaviours for the public imagination.

Therefore, part of the work of this chapter is to alert the reader to the above distinctions, an intention of the following analyses being to reveal differences between each mediation.

[4] The term realism, as John Corner (1992) illuminates in his discussion about its use in television studies, accrues much in the way of confusion and demands an exposition. In this chapter about film, I employ a useful distinction he makes in order to maintain clarity of explanation in depictions: That of thematic realisms, which, in this context refers to the 'normative plausibility of characterisation, circumstance and action (*i.e., the relationship of what a film about mental illness or madness is to reality*) as well as being shaped within particular national and political pressures towards such categories as the 'socially ordinary', or the 'socially problematic'' (ibid.:100, my italics); and formal realisms, 'conventions of staging, directing, acting, shooting and editing' (ibid.:100), i.e., the way a real-seemingness about the look of the world of mental illness or madness is represented.

such as *Silence of the Lambs* (1991) and *Sleeping with the Enemy* (1990). Even more rare are those which specifically identify and explore it sympathetically which Wahl cites as *Gaslight* (1944), *Miracle on 34th Street* (1947), *The Three Faces of Eve* (1957), *One Flew Over The Cuckoo's Nest* (1975) and I add to this list, *Angel At My Table* (1990) and *Fisher King* (1991). Wahl also cites *Rain Man* (1988), a story about two long lost brothers.

In contrast to mainstream cinematic form, two films *Angel Baby* (1995) and *Family Life* (1971), resist dominant representational treatment; their form and content exploring the topic of mental illness, avoiding stereotypical knowledge. *Angel Baby*, a drama-romance genre, tells a story about the loving relationship between two people suffering from schizophrenia and their eventful social circumstance. *Family Life*, a conventional drama, is a probing examination of a young woman's experience of mental health difficulties. Significantly, these films represent a rare sample exploring mental illness, thus making them worthy of analysis. Examining characterisations, narrative and dramatic discourses as constituent elements of generic form, this chapter first investigates *Rain Man* (1988) examining qualities which incorporate it within mainstream cinema and then, *Angel Baby* and *Family Life* looking at how their representations reside outside dominant cinema form. Exploring the three fictions, it analyses the different types of mental illness meaning-making produced making where appropriate, comparisons with those of madness. In seeking these comparisons, I first explore a brief developmental history of meaning-making

about 'madness' in film and the ways in which it has evolved; necessarily, giving significant emphasis to the horror genre.

4.4 A Short Developmental History

Several authors, notably Ross (1972), Tudor (1974), Derry (1977), Wood (1979), Cook (1985), McCarty (1993) and Wahl (1995), explore the origins of the horror genre and its development. Henceforth, this chapter examines broadly the development of generic elements, discursive features and also, a range of theoretical paradigms; its aim is to provide a set of foci from which to examine selected films.

4.4.1 From Literature To German Expressionist Film: - Transformations in Meaning-Makings about Mad Characters

Prior to the 18th century, tales of horror in fairy tale literature focused upon meanings of evil located within mythical animals or monsters - these ideas, developments from Greek mythology (see Chapter Two). McCarty (1993) points out that in these stories animals usually preyed upon humans, generating notions of fear and dread. Robert Louis Stevenson's book *The Strange Case of Dr. Jekyll and Mr. Hyde* (1886) broke with this convention, this literature merging monster-with-man. In the character of Dr. Jekyll, an intelligent man realising pejorative sides to his nature, creates a potion to purge what he views as his own internalised poison. Consuming this intended remedy he accidentally constructs a character with two identities; his other identity, Mr. Hyde undertaking killing actions upon humans. This new character convention, acclaimed by the audience was noted by an actor-manager in America, Richard Mansfield, who 'saw in the dual roles of Jekyll and Hyde the acting challenge of his

career' (McCarty, 1993:14). Playwright Thomas Sullivan adapted Stevenson's book and a theatre production of the story premiered in Boston in 1887 attracting large audiences; this accomplishment, repeated in London in 1888. Unlike the book where Dr. Jekyll's transformation to Hyde is revealed at the end, in the stage production, the metamorphosis was a focus during the play. Thus, mythical meanings established and maintained in literature were dramatised for theatre, Mansfield creatively organising a new credible character for audience imagination. Medicine proved a useful site for media to take problematic themes about humanity and make stereotypical[5] identities; forms of social exorcism which Sander L. Gilman (1988) sees as part of myth-making made necessary by human need to control the world. In this new entertainment form, audience could still recognise aspects of itself in a developing society, these more than real life behaviours here perhaps a wider reflection about the negative side of human nature; but nevertheless something which could be kept contained for exploration in the theatre. However, these dramatic signifiers were to be transformed for the new media of cinema.

Silent film nurtured themes about mad characters and transformations before, during and after World War One. Peter Byrne (1998) identifies several films popular with audiences; some were variations on 'the chase movie' but which framed characters

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[5] I mean by stereotypical here, that characterisation of an identity which, as Michael Pickering puts it, are 'characterisations of others, and as a general process, stereotyping is a unilinear mode of representing them. While they occur in all sorts of discourse, and can draw on various ideological assumptions, stereotypes operate as a means of evaluatively placing, and attempting to fix in place, other people or cultures from a particular and privileged perspective' (2001:47). In this sense, the mad doctor becomes a figure into which all negative fears and things that could be constructed about a doctor, are assumed as part of a group's worst foreboding in a fictional character, so as to have these fears to expelled in the dénouement of a mainstream narrative.

resembling a 'lunatic on the loose' pursuing people. These included, *The Escapees from Cherenton* (1901) by Georges Méliès who also made *Off to Bloomingdale Asylum* in America and in the UK, *Off to Bedlam*. In 1908, *Where the Breakers Roar* by D.W. Griffiths produced a mad character escaped from an asylum which Byrne notes, framed lunacy and dangerousness together. Similar Griffiths films included *Money Mad* (1908), *The Maniac Cook* (1909) and *The Cord of Life* (1909) again framing lunacy and dangerousness together.

Byrne sees a brief respite in demonic views of mental illness but excludes the Jekyll and Hyde films which touched upon madness-as-mental illness. In 1913, *Dr Jekyll and Mr Hyde* with King Baggot playing both roles was one of seven thematic adaptations between 1908 and 1920 (see McCarty, 1993:16). Films like *Trilby* (1915, directed by Maurice Tourneur) and later, *Der Januskopf*, (1920, directed by F. W. Murnau) were versions of the Jekyll narrative also helping to make violent themes. John S. Robertson's *Dr. Jekyll and Mr Hyde* (1920) consolidated the transforming dual-personality through John Barrymore's critically acclaimed dramatic performance but it was *The Cabinet of Dr. Caligari* (1919-20 directed by Robert Wiene) that developed the mad doctor stereotype. Employing techniques from German Expressionism, its artistic values exposing an identity whose high scientific intelligence combined with subconscious instinctual base behaviours; constituting him as a classic version of the 'crazed killer'. A development from this film was *Dr. Mabuse, The Gambler* (1922), directed by Fritz Lang.

4.4.2 *Dr. Mabuse The Gambler* - Consolidating Madness Through 'The Look'

In *Mabuse*, Lang further constructed the enigma of the dual-personality character theme, evolving it through formal image components in the 'look' of madness. Aided by German expressionism and using dramatic codes in facial expressions, Lang employed 'point of view' camera shots portraying a subjective new mad world - an inner mind state that was corrupt and perverse. In the story, Mabuse arranges a stock market collapse and then, a boom, making an immense profit. Moving to extract fortunes from unsuspecting gamblers through use of his psychoanalytical powers, Mabuse's use of disguises are exceptional; privileged through careful camera treatment of facial expressiveness. Fertile significations in 'looks' of madness and visual formal conventions generated a multiplicity of themes about subjectivity, the 'point of view' frame referencing odd realities about the internal world of mad characters.

Focusing on subjectivity whilst also discussing narration, Edward Branigan explores 'how depictions of character subjectivity in film narrative may be related to the spectator's perception of the material on the screen' (1992:142) and this is key to understanding portrayals of characters, in horror images for the public imagination.

> ...the point of view shot - actually *limits* what the spectator can easily know about the character. Though a POV shot may appear simple and straight-forward in comparison with "objective" narration, it actually requires the spectator to hold together a great number of assumptions - corresponding to the descriptive assumptions of *all* of the levels of narration above it - and hence is more restrictive than higher-level narrations. For example, the specific *angle* of view on the object is normally irrelevant to our comprehension of the object in space - any one of several angles would suffice in nonfocalized narration. However, in a POV shot the specific angle of view is importantly tied to the

> attention and awareness of a specific character and thus the angle must be captured and held in the working memory by the spectator.
>
> Branigan, (1992:157)

Point of view shots of Mabuse, his angle of view and unfolding content in his relationships with characters invoked a socially problematic persona with a potent, mysterious power. As he plays with human fates at a series of fraudulent events, deceptions are caught in the framing of his face. On one occasion in a special box at a theatre, views of him are carefully arranged as he hypnotises Edgar Hull, the unsuspecting son of a rich industrialist. In the theatre, Mabuse sits opposite Hull in a theatre box looking at him through binoculars, a darkened area around its double eyepiece revealing this view for audience; this viewing field again reduced by a singular circular opening of Hull's image. As a dancing performance including bizarre expressionistic figures concludes, applause begins and with it, Mabuses' hypnotic gaze falls upon Hull. From an angle of view almost straight-on to Mabuse, his eyes hold a cold stare. One close-up frame capturing in his subjectivity an intense expression of concentration followed by another image revealing Hull suddenly stopping his clapping; suggesting for audience through POV shot that the hypnotism is making its pejorative impact. Another image of Mabuse's stare only serves to compound ideas about his controlling power as Hull feels overcome and leaves the special box to meet with Mabuse. His hypnosis induces Hull to go to 'The Incognito Club' where gambling takes place and also, Mabuse's swindling of Hull. Thus, via the POV shot, visual codings and dramatic actions, Mabuse's 'looks of madness' communicated a consistent behaviour, seen with evil intent and a focused ambition.

Soured with connotational qualities of criminally transgressive behaviours, his mental state is simultaneously seen as impoverished whilst generating mythologies about madness (by displacing the category of mental illness). The formal and thematic attributes of Lang's madness realisms were the very basis for which his reputation was to endure; in particular, with remakes like *Testament of Dr. Mabuse* (1932) and *The 1,000 Eyes of Dr. Mabuse* (1960); both directed by Lang.

4.4.3 Universal Studios:- Iconising the Mad Character

Despite the end of the expressionist movement in the late 1920's, character qualities like those in Mabuse and Caligari evolved in Universal's gothic horrors like *Dracula* (1931, directed by Tod Browning) and *Frankenstein* (1931, directed by James Whale); a period that saw the introduction of sound in 1927, combining with image to create new aesthetic qualities. 'Looks' of madness were soon to be supplemented by language and new special effects. Produced by Carl Laemmle Jnr., ideas for each film stemmed once more from literature - Bram Stoker's 'Dracula' and Mary W. Shelley's 'Frankenstein'. Both films were useful performance opportunities for Bela Lugosi in *Dracula* and Boris Karloff in *Frankenstein*; each subsequently attaining icon status. Inspired by *Caligari*, Whale employed make-up artist Jack Pierce whose facial creation of *Frankenstein* proved very effective. Lugosi's portrayal of Dracula on a staircase in front of a massive spider's web proved so convincing, that with his white face and broken English accent, the performance proved an economic saviour making the Universal company profitable after several failing years. Repetitions and variations of these films and their concepts about madness were remade with sequels

by other producers but Universal's most successful development was *The Bride of Frankenstein*; significant for its dramatic sparking images and noisy machinery. If previously, the 'look of madness' communicated most strongly in the face, then new conventions were about to rivet terror more comprehensively in the non-human image. A set of conventions stabilised in horror form which Murphy catalogues as follows:

> ....men turn into werewolves only but always on nights of the full moon; vampires always dislike garlic, cast no reflection in mirrors, and can be destroyed only by having their hearts pierced with a wooden stake; and it is the nature of Frankenstein's monster that he can never be destroyed....
>
> Murphy, (1972:34)

The nature of the mad subjectivity born into film had evolved into a new stereotypical value. This time the previously identifiable human being had once more transformed into permanent physical distortion of one. Emerging from history, a stereotype of man transforming into something animalistic and mad, or an already beast-like mad being, became an even greater site of denial because, as a mythological element, it was able to produce barriers. As Michael Pickering has put it; 'stereotypes operate through myths because both involve the combined repression of politics and history' (2001:48) thus perpetuating exclusion and consequently, denying understanding.

4.5 1950's Science Fiction and Monster Madness

Like Universal needing financial success during the 1930's, in the UK across the 1950's, economic problems for Hammer Productions demanded it investigate new ways of improving its position; this institution looking for a new horror form for audiences. Once more, the confluence of science with madness proved a highly successful cultural formula, leading not only to science fiction films but also monster

movies. Evolving from early horror film, the development of narrative had maintained similarities with classic narrative structure in terms of equilibrium but also made contrasts in character and enigma: These elements were to prove significant attributes for the new form.

4.5.1 Neale's Horror Narrative: Enigma and Character

Stephen Neale (1980), argues that horror narrative produces contrasts in character and enigma with a classic narrative structure. In classic narrative structures, enigma is 'problem' defined around a story, this, requiring resolution. Clearly, early horror form confirmed the central character *as* the enigma/problem, Caligari recognisable by his human characteristics was mysterious in possessing invisible monster or monstrous qualities. But in science-fiction form, a new main character appeared, signalling a departure from previous forms: These were introduced creatures with visible protean qualities. In the very popular film *The Quatermass Xperiment* (1955), a fungus returned from space with the last remaining member of a three man space crew: Other shape changing creatures were to follow.

For Neale, horror narrative follows a version of classic narrative structure. Disturbed by a character like a vampire or a werewolf, the condition of ordered and/or disordered elements making narrative equilibrium is agitated by disrupting relationships of coherence across time and space. Enacting savage and murderous actions upon the civilised human order, the enigma breaks the rules of the social world with the unthinkable seen and the unbelievable happening. Thus, science fiction

characters and monsters contributed to a disequilibrium reigning across the horror narrative, problematised significations requiring resolution and restructuring; *only* possible by a gifted agent with ownership of special character powers. Developing story in a logical way, the agent's motivations accomplish restoration returning a sense of normality and resolution through appeasement and/or removal of the monster/enigma. In the end mythical aspects are solved, the violence removed and a normal psychological profile restored to the world. But in this narrative structure, as with other forms that preceded it, audience expectation and feeling for it would eventually tire, the institution of film needing yet another new stimulus to keep its audience. Neale explains that:

> genres institutionalise, guarantee coherence by institutionalising conventions, i.e. sets of expectations with respect to narrative process and narrative closure which may be subject to variation, but which are never exceeded or broken. The existence of genres means that the spectator, precisely, will always know that everything will be 'made right in the end', that everything will cohere, that any threat or any danger in the narrative process itself will always be contained.
>
> Neale (1980:28)

The pleasures of this closure can give way to staleness over time. Whilst resembling classic narrative, the horror narrative of the 1950's enjoyed a high degree of closure but with audiences wearying of its narrative predictability, new forms were sought.

4.6 From *Psycho* to the Contemporary

Psycho, (1960) directed by Alfred Hitchcock (and Saul Bass) was significant in meaning-making about madness through its new character stereotype. Anthony Perkins playing the part of Norman Bates substituted the scientist and doctor for the psychotic, inaugurating frightening new paradigms of violence and danger. Derry (1977) and Neale (1980) also identify *Psycho* as a critical moment for the horror genre.

4.6.1 The 'Not Quite Right' Personality

Derry's insights into the new character indicate it is the meanings of the monster and the monstrous which pose problems and offers, a psychological explanation; that normality is key to argument about character. The horror of personality is something 'not quite right' in the human being, where commonsense perceptions of what is 'normal' in everyday experience, contrast with imagined oppositional notions of what is not. The characterisation of Norman Bates as a 'not quite right' personality is achieved through his portrayal as a motel manager, enacting a socially ordinary occupation which contrasts with another side to his personality, who dresses as his mother and then kills. The nature of the killing is the worst imaginable, of a woman murdered in the most brutal way, by a character whose dark outline is all what we see and which is viewed mostly from a voyeuristic, and sometimes the victims' point of view. Neale in his examination of horror offers an alternative theoretical view with particular reference to the elements of narrative and fetishism.

4.6.2 Narrative and Fetishism

Genres are components of the machine within which 'orders of regularity' (1980:18) underpin practices. They are instruments for regulating and whilst regularity is resident in different genres and also operating in different spheres of practice, these make particular genres primarily regulated by specific elements such as narrative and fetishism. Exploring narrative, he considers that:

> the violence and the sexual ambiguity of the monster, whether gothic creature or deranged psychotic, the hovering of the horror film around the abnormal and taboo, far from representing a release of the repressed and a challenge to the patriarchal status quo, simply offers a fetishistic feast in acknowledgement and perpetuation of the perversity on which patriarchy is founded, the simultaneous fascination with and the disavowal of female sexuality: 'The horror film is concerned.... not only with curiosity, knowledge and belief, but also, and crucially, with their transgressive and '"forbidden" forms.' From this, he argues, arises the dominance of religious, or religio-scientific forms of explanation within the horror film and of critical accounts of the genre 'rooted in mysticism and other forms of irrationalism'.
>
> Cook, (1985:104)

Psycho proved distinctive in many ways - not least because its closing revelations revealed a man at times thinking he was his dead mother. In contrast to many previous films, this aspect of sexual difference was an elaborate and complex development made all too puzzling and vague through the appearance of the monster; this, in the famous shower scene. However, this fetishistic substitute whilst playing a significant part in theory about horror film at the level of sexuality becomes more complex when it also represents a fearful Other with significant relationships to mental health.

In *Psycho*, the figure of Bates offers a sense of mental diseased-ness in his identity. Rather than being a momentary release of the sexually repressed, at the level of psychology, Bates cues anxious and fearful reflection in the audience subject. Through film, portraying a mad Other in the external world, albeit fictional, tensions are raised in its relationship with the internalised self culminating in the need for further control and repression; since all it offers at the level of mental health are anxieties about dangerousness in 'the self' in its process of full representation. Thus, the question was raised - Are we sane or are we not? In so doing it raised psychic structures of anxiety and fear, which, like fetishism, leads to powerful pressures mobilising stereotypical Others.

4.7 Anxiety Characters and Narrative Fear

Gilman argues that art, whatever form it takes is, 'an icon of our control of the flux of reality' (1988:2). Thus, *Psycho*, as an art form, is a controlled opportunity for pleasures in a fictional reality but unlike previous horrors is located in a geographically and temporally immediate frame. In its character and narrative, it offers a sense of carnival through experiences in a controlled 'loss of control'; an orderly and safe sense of disorder, which, by the film's dénouement returns safely to a sense of social order. 'Diseased' meanings about a mad Other are propelled in the film, these external images of disorder, momentarily tantalising not only as elements of danger but also ones potentially threatening to internalised feelings of security about the self. In *every* human psychology, deep structures of stereotypes reside about things we fear or glorify but where anxiety and fear reign, a potentially destabilising effect to our

sense of self-security make demands, in a need to secure *self*-protection from dangerous fears.

According to Kernberg, during the early moments of human development, the world is just an extension of the self, where 'The organization of intrapsychic reality [is constituted] in terms of love and hate' (Kernberg, 1984:237). Humankind is both anchored to and driven by these two constituents. Initially, a sense of security is seen as coming from the world in the shape of love, warmth and food and is felt as an extension of the self, security, also a felt expectation. Soon however, difference with the world is produced in the child as s/he becomes more accomplished in distinguishing between 'self' and 'world' and during early stages of development, a sense of identity begins to take place through 'difference' determined through experiences of the child with the world. Also, at this time, anxiety about perceived loss of control with the world is raised through adjustment of the child's mental picture of people and objects in it. Combating of this anxiety evolves through defeat in dealing with conflicts in the child's world via attempts to make adjustments through replacing a mental picture of objects and people; so they appear good even if they are perceived as bad. Through this mode, the child's sense of self is styled even more to accommodate this way of being but across time, it eventually splits between a good and bad 'self'; this single splitting stage, the root and route from which all stereotypical associations will eventuate.

At the beginning of the split, the good part of the 'self' is in complete control of its world and is free from anxiety. The '"bad" self however, is unable to control the environment and is thus exposed to anxieties' (ibid.:17). As a child matures, not only do its increasingly sophisticated and complex perceptions of the world but also, the abilities to differentiate between goodness and badness:

> so that by the later oedipal stage an illusion of verisimilitude is cast over the inherent (and irrational) distinction between the "good" and "bad" world and self, between control and loss of control, between acquiescence and denial.
>
> (ibid.:17)

As further development takes place, so too, does structuring about stereotypes; as the self continues to seek a sense of security and order or as Mary Douglas relates, 'a yearning for rigidity' (1966). The continuation of further splitting of 'self' and 'world' into good and bad 'objects' results in the bad self becoming further located and distanced along with mental representations of bad objects (see Edith Jacobson (1965) for a more in-depth explanation); this an act of projection allowing the avoidance of confrontation with internal and uncomfortable contradictions in a sense of self desiring processes of integration between its parts. In this way, our sense of our 'self' and 'world' becomes constructed upon illusions about our self and the world. Divided into two camps of 'us' and 'them', these elements can only be either good or bad and as further human development occurs, the complexity of illusion becomes even more intricate. Within ever deepening structures of self the potential for anxiety about the 'them' is still linked to a sense of illusory integration but the still very real separation is all but lost to recognition due to layers of structures developed in the self across time.

In Gilman's view, the adult's sense of order is held like the structure of order which comes before the earliest stage of individuation. It is:

> an unconscious sense of symbiosis with the world, a world under the control of the self. Anxiety arises as much through any alteration of the sense of order (real or imagined) between the self and the Other (real or imagined) as through the strains of regulating repressed drives.
>
> Gilman, (1985:19)

With regard to madness or mental illness and adult development, there is an unconscious and inherent need to maintain a unified and coherent sense of self and identity. When viewing a horror film yields uncomfortable meaning about madness, however real or imaginary, it does so to an individual's self and through his/her own internalized representational filter, with that meaning 'infected' from its own societal context. Of significance here is that disease is a seemingly random element in an indeterminable world from which we want to distance ourselves and where madness-as-mental illness is concerned, this is particularly pertinent: 'For illness is a real loss of control that results in our becoming the Other whom we have feared, whom we have projected on the world' (Gilman, 1988:3). In the psychological thriller form, the control of an 'uncontrolled reality', albeit a fictional one, poses the problem of madness-as-mental-illness for the audience subject. Diseased representations of madness offer no comfort, even in a fictional reality. As Mary Douglas proposed, the 'idea of society is a powerful image' (1966:115) and in it, there are all powerful symbolic boundaries which maintain social inclusion, and by implication exclusion, through its ordering. However, disorder can spoil it and the disordered such as the 'mad' can be threatening. To let close to the identity and self, the idea of a loss of control culminating a serious and extended sickness raises anxiety and governed by a

self-imposed imaginary line for the self, illusions about the world may be further produced. Where fear of the mad Other threatens, this imaginary line, as something always active, it moves with the 'shifting relationship of antithetical stereotypes that parallel the existence of "bad" and "good" representations of self and Other' (ibid.:18). With fear of a mad Other threatening the division, the psyche is put under stress, internalised processes causing tensions in relationships between the self's internal world and its connection with external social realities. Whether what is at issue are real or imagined diseases, the level of tension is upped during a scene of violence, inducing a danger to the maintenance of the line and also therefore, to unity and coherence of self. In order to protect self, the stereotypical Other comes into service.

4.7.1 The Shower Scene in *Psycho* - How We See In Madness What We Know As Mental Illness

As structures of self develop, ever resident stereotypes become layered over by other experiences constantly calling into question our 'self', continuously mobilising a need for a sense of difference. Whenever threatened, the bad object mobilises the Other, commencing a process of self-protection through a sense of difference, resulting in the creation of a stereotype. From the first dominant angled image overlooking the naked woman enjoying her shower, it is this monster and what we know in its madness signifiers that are important. Neale proposes that in mainstream cinema, the drives of fetishism and scopophilia[6] are complemented by another, that of epistemophilia - 'the desire to know, to find out' (1980:42) and this too, as a central element of narrative carries implications for knowledge and belief. Some versions of the thriller, Neale

[6] For Stephen Neale, this term means 'a drive which has the look as its object of desire' (1985:33).

argues, are prominent because of their overt and 'insistent hermeneutic structure: the restoration of narrative equilibrium is conditional upon the establishment of a knowledge as to the cause or causes of the event initiating the narrative in the first place - a murder...'(ibid.:42). *Psycho*, in making conspicuous the disappearance of people near the Bates Motel invokes a narrative process investigating their absence; with its title and genre form raising expectations about the potential demise of the missing. The film spectator constantly assesses significations for solutions to the mystery seeking an answer, eventually supplied to the original enigma. Whilst the drives of fetishism and scopophilia are at work, that of epistemophilia similarly operates like the structure of fetishism; in desire and denial to know about madness signifiers. Neale argues:

> This is no accident: disavowal and the desire to know are displaced in order to preserve the fissure supporting/necessitating the fetish. Indeed it might be argued that fetishism itself is the product of the articulation of both these instances together, that it is a structure founded upon the modalities of the epistemophilic drive: the desire to know *and* disavowal, together, articulate a desire to know something else, a substitute for what in fact is at stake. The process of finding out is thus represented in relation to that which one wishes to avoid knowing.
>
> ibid.:42

Thus, as the curtain obscures the monster's entrance to the shower room and its human body is only apparent as a dark outline, we see a view of madness through the form of an ambiguous, out of control personality, minded toward violence but through a code of darkness performing a function in that it:

> not only signifies concealment, invoking an unknown and unseen presence within it (thereby simultaneously invoking the desire to know and the desire to see); it is also a figure of absence and lack. Darkness is the edge between presence (that which it conceals) and absence (that which is), and its ambiguity

> in this respect is reflected in its status *vis-à-vis* the cinematic signifier on the one hand and the diegesis on the other.
>
> (ibid.:43)

As the curtain is wrenched across and the monster's body is lit revealing only a human form through a dark outline, imagery presents not just a non-gendered human being but an absent mentality in the dark void; functioning as a vacuum for the generation of mythical meanings, making strong links between madness-as-mental illness. Shot from several angles, one from over and behind the bath, the figure is privileged with an imposing dominance. Another from the victim's point of view includes imagery of a slashing knife cutting diagonally across the screen, this combined with repetitive shrieking sounds and knife-entering-body effects producing not only a singular moment of horror but also the exit of the monster's physicality as a signifier of madness. Thus, this formal dark void becomes a vacuum generating meanings of a sick and enigmatic subjectivity, connective with mental illness. In its new visual-aural codes and character conventions, *Psycho* organised 'regimes of credibility' (see Neale 1980:37) organised via its own pathological themes about madness-as-mental illness. As a consequence, this and later scenes support notions about madness-as-mental illness being synonymous with violence and danger.

Where pathology is concerned, meaning about mental illness is all powerful because it directly confronts the self and identity with its own potential loss of control. As Gilman relates, it raises the frightening (also thrilling) possibility of a 'loss of control over the self, and loss of control is associated with loss of language and thought perhaps even more than with physical illness' (ibid.:23). The antithesis of this is order

and control of the self and so, coming to know pathological meanings through seeing the dark unknown character performing sudden violent actions, ambiguity about the mentality of the character triggers anxiety. In order to save the illusion of control over the self and world in which it exists, stereotypes are launched. Self-esteem is linked to images of the self which, in their own society, need status and meaning for the individual, and also models of control over the self are linked to structures of society, the maintenance of self are a pre-requisite for the individual self and the values about a topic will constantly be resonating with meanings in the social world. Therefore, denial and disavowal preside, the horror in the image of madness coupled with social meanings of mental illness in society, perhaps as seen via media depictions.

4.7.2 Madness-as-Mental Illness: Simply A Split-Personality - Again?

Withheld until nearly the last scene, the identity of the killer is revealed as Bates who thinks he is his mother. There follows a scientific (and banally funny) explanation by a psychiatrist - a preliminary lesson in mental health conditions. Hitchcock's exposition of madness is a 'split-personality', the physical duality of Jekyll and Hyde traded for the abstract form of an abnormal psychology. Occurring during childhood, the seeds of Bates' internal disturbance, alluded to during an earlier conversation with his victim Janet Leigh, are fully displayed through the camera's slow and objectifying zoom out. The visualisation of Bates, the man, conflicts with a dominant and domineering voice of his mother, language and image colliding in a gender/health disparity. A man who looks like any other but is internally possessed by his mother, this person appearing to perform normal everyday actions is actually responsible for many murders. Yet again,

the transformation had taken place, though this time it was made invisible to audience, in a new and different way. That a 'change' had taken place, could take place without being seen culminating in such terrifying outcomes promoted a symbolic fear about the potentially problematic mental health of humans. This knowledge effect about duality in the human mind and its causes, is a scary event made all the more fearful by Bates in this last scene. Omnipresent in his cell, the mother's bitter voice finally resonates, 'why, she wouldn't hurt a fly' with an unexpected frightening expression of Bates' piercing eyes radiating out from his dipped forlorn figure. Complemented by a casually growing smile, this image mixes with a brief nearly indistinguishable fade to the mother's rotting head, her teeth superimposed over his mouth seeping through. This 'look of madness' and final fade to the car being dragged from the marsh, marks a connotative signification, a turning point for the horror film. Madness, rather than being a separate element as in many previous films, is here fused with a specified mental illness making them both one and the same component. Derry concluded, films like *Psycho* and *Les Diabolique (1955)* were raising concerns and questions about: 'Who, then, are the true crazy people? Or are we all?' (1977:21). *Psycho* because of its radical generic conventions denied usual narrative closure, instead leaving questions unanswered about the psychological, about personality and what it contains.

Recent evidence of this stereotype can be found within *The Silence of the Lambs* (1991) and subsequent follow-ups. Portraying a madman and also, a psychiatric expert, he advises from his prison cell on how to catch other 'mad persons' at large in

society committing horrific acts on women. Lecter's personality is very close to that of the everyday person; another exposition of (here, urbane) normality, but with a few quirky facial expressions to cue the potential for the deviant and the monstrous.

4.8 Representing *Distress*:- Rain Man, Family Life and Angel Baby

In mainstream cinema, sympathetic portrayals of mental illness such as *Rain Man* (1988), are rare and films like *Angel Baby* and *Family Life*, contrasting with mainstream representations, even more so: Their form and knowledge content in exploring mental illness, are distinctive in narrative, character(s) and dramatic discourses; distinguishing them within a very small group of films. Written and directed by Michael Rymer and produced by Timothy White and Jonathan Shteinman, *Angel Baby*, a drama-romance genre won seven Australian Film Awards including 'Best Picture'. *In Two Minds*, a television play (1967) written by David Mercer, provided the basis for *Family Life*, a conventional drama, produced by Tony Garnett and directed by Ken Loach; EMI/Kestrel shot the film in Technicolor. The intention of the analysis which follows is to illuminate representational components not only concerning the distinctiveness of *Rain Man* but to emphasise further the significance of *Angel Baby* and *Family Life* as portrayals of mental health: Examining each portrayal, a brief description is offered before moving to an analysis of the films. *Rain Man*, directed by Barry Levinson and which won four awards (including Best Picture), is considered first. The drama presents some interesting differences with classic narrative structure.

4.8.1 *Rain Man* (1988): Description

In the film, Tom Cruise, who plays Charley Babbet and Dustin Hoffman, Raymond Babbet, are brothers brought together after years of separation through their father's death. Both have never met or communicated, since neither can remember anything

of each other when they were young and so, the story tells of their encounter and is dedicated to the events of their meeting. Raymond suffers from autism and Charley is a sports car salesman which leads to a story, sometimes fraught with moments of tension in contrast with others, that are poignant and touching, as a lost relationship is discovered.

1. Nearing completion of a major sale of sports cars, Charley and his girlfriend, depart for a holiday but news of his father's death interrupts the vacation. Charley has to visit the family solicitor to find out about the settlement of his inheritance.
2. Discovering he is not to receive a $3 million fortune from the family, instead, just an old sports car, Charley, tries to ascertain from the solicitor who is the mystery trustee that is also a brother he never knew; but to no avail. Instead, after some of his own research work at his old home, he discovers his brother is in a mental institution.
3. Eventually, after difficulty in getting to meet Raymond, Charley is united with him but decides it is in his interests to abduct him so he can share, as his guardian, in the trustee money. The story takes the brothers across America where Charley learns of Raymond special attributes, as well as his frailties.
4. Across the period of the journey, unfolding events mean significant developments change the nature of their relationship. Charley's yuppie morals alter, leading to a realisation that money, isn't everything, his brother and the new understanding they have in a 'relationship', is far more important.

4.8.2 **Analysis: -**

Dramatic Form: Examinations of Brotherly Tensions

Dramatic form in *Rain Man* is structured around the examination of interactions between the characters of the two brothers and the generating of relationship tensions between them; through which there follow struggles in actions attempting resolutions, mainly on the part of Charley. After a brief medical explanation, it is disclosed that Raymond's condition of autism means he is socially unable in some ways but is exceptionally able in some high intellectual functions. Further discussions lead to Charley being allowed some time alone with his brother but intent on recovering the $3 million dollars, he persuades him to walk out of the institution's grounds. Once near the entrance, the Buick arrives and Raymond is whisked away. The car literally becomes the carrier of narrative, a conventional device for taking the brothers, and audience, from one event to the next. Also at this moment, the mental illness of Raymond Babbet is invoked to take its place in the family unit alongside the brother, whose monetary motives define him for the time being. In the drama of the unfolding brotherly relationship, Raymond is seen as 'the threatened party' who is subjected to the greed of his brother; his actions seen as synonymous with a money-making world and the audience are mobilised to take up a moral position. From this moment, the interactions that follow are spaced across the remainder of the film, giving rise to dramatic tensions; knowledge content arranged to present Raymond's condition as a key focus in the film but in a dialectical tension with his brother's financial escapade; a dialectic which gives rise to the development of their relationship.

The Character of Raymond Babbet and the Language of Autism

In the narrative, Raymond's character contrasts with classic structures in similar ways to that found in the horror form. In classic narrative, the enigma is located in the narrative system but in the horror form, it is often located more narrowly within the character. So too, in *Rain Man*, Raymond's character is enigmatic, his mental health condition facilitating mystical and magical, intellectual abilities. In so far as his agency is concerned, he is gifted in one sense whilst socially restricted; he can only do certain things which fit into a scheduled and fixed routine. His special attributes are displayed mostly through his use of language.

Language is utilised as a significant tool in portraying a special mental health identity, dramatic qualities achieved through 'vocalisations' (Elam, 1980:79) helping differentiate Raymond's everyday social use of American English; as his life is ruled by rituals and routines, securing his world from the dangers he perceives outside it. Practising recitations of facts and figures important to him, his language is particular to his condition, taking generic structures from news and sport media, to create his own heterogeneously polyphonic speech genre. For the spectator, this is at first a confusing discursive practice. However, it is these vocalisations that indicate a 'mental illness' different from notions of dangerousness and closer to helplessness; thus, demanding sympathy and understanding. These vocal features help communicate both his high intelligence quotient and his restricted social ability, representing mental health in sympathetic ways. 'Vocal qualities' (ibid.: 79) include a consistent monotone pitch of voice, except when feeling threatened. When an

anxious high pitched 'vocal segregate' (ibid.: 79) of 'Oh!' followed by a lower 'Oh!' to make, 'Oh, Oh!', signifies he thinks he has done something wrong. These vocal indices reveal an enclosed world of insecurity. When made to do something he doesn't want to do, hollerings of derision are very loud, as when a visit to the airport to catch a plane to Los Angeles sends Raymond into an high state of anxiety. Raymond will only fly Qantas because of their safety record, forcing Charley to switch plans and use the trusted Buick.

A 'Moving' Narrative

As Charley drives the Buick drives across America, he also appears as the motivating force of narrative, as he seeks to strike a legal deal. However, as much he appears to move his project forward, his brother's needs pull him in other directions. The outcome is in interactional tensions, mostly for Charley as Raymond's care and needs continually surface. The final outcome of these narrative tensions is the development of a relationship between the brothers and a commitment to its continuation.

The narrative of the film serves to develop Raymond's abilities, in an orderly exposition of meanings that compound steadily; increasing expositions of his mind state and unique qualities. Events begin to present his special abilities, first of all, in a diner, at breakfast when a waitress Sally Dibbs (identifiable by her name badge) arrives to take an order. Raymond automatically recites her telephone number '461 0152' from a phone book he previously read. Then, an event in a mid-west psychologists office, further emphasises his abilities. Raymond's condition is

examined and the psychologist applies some arithmetical tests he knows only a calculator can achieve quickly. Raymond however, achieves them in as quick a time and through brain work alone. This test is repeated and again with stunningly accurate results revealing incredible intelligence, seeming to construct the identity of Raymond as a genius. However, when asked the price of a candy bar, and then a new company car, to both questions he responds: 'About $100': The forming label of genius is dispelled but intrigue is encouraged.

Across their journey, layovers in motels allow for moments where the two brothers get to know each other better. One occasion allows for a distant childhood memory to re-surface for both, realising that at one important moment, they did meet and share a song. Charley is significantly moved by this event and later despite winning $85, 000 at a casino in Las Vegas (through a series of Raymond's shrewd mathematical calculations), turns down $250,000 from Raymond's mental healthcare trustee. The trustee wants him to leave Raymond alone but Charley now wants custody of care, to look after him. Charley realising a new treasure in his relationship with Raymond, attempts to resolve matters so as to continue it but eventually, the professional care offered is accepted and the film's dénouement sees their parting. The struggle for acquisition of money also concludes, replaced by the value of a relationship heralded as something more special that anything money might buy. Full narrative closure is denied in an ending that offers audience knowledge the two will meet again, the relationship set to continue, albeit at intervals and with much less sustained intimacy.

4.9 *Family Life* (1971): Description

A conventional social drama, *Family Life* depicts mental illness in a middle class family and was a development from an earlier BBC Wednesday Play, '*In Two Minds*' (1967). It drew 'heavily on the work of the radical psychiatrist, R. D. Laing' (see Petley, 1997:32). Like other Loach films, *Family Life* was experimental and naturalistic in its approach to dramatisation, its processes of re-presenting purposeful in using actual settings and employing method acting; where an actor attempts to 'become' their character rather being a representation of it. Thus, location and character are coded in ways that are 'natural'. Through this approach, the narrative focuses upon a young woman called Janice exploring a problematic relationship with her parents Mr and Mrs Baildon and its disadvantaging of her mental well-being.

Developing around her mental health, the story examines both her initial problems and her potential rehabilitation. It then follows her deterioration, attempting to promote concern about mental illness in the society and culture at the time of its making. It also tries to expose two approaches to her mental healthcare treatment; one seeking solutions to her problem via therapy whilst the other is dedicated to medication and containment. At the time of making *Family Life*, debate about mixing non-fictional with fictional forms was at a height; Ken Loach's work feeding fuel to an already established fire. Following success in films like the drama documentary *Cathy Come Home* (1966), critics were concerned for viewers about the fusing of the two genres; *Cathy* had raised serious questions about housing and although *Family Life* was

principally a drama both in generic design and execution, it also generated serious concerns about the 'real issue' of mental health in society.

1. Janice's need for psychological assistance is established during the opening scene; a young male doctor (Dr. Donaldson) inquires about her parents. A range of flashbacks follow, a sense of her plight is related through her despair working at a clothing store and also, her removal from an underground station concourse by a concerned official. Returning home, her parents show little understanding but medical assistance is identified. Therapeutic methods follow, patients viewed with Janice and then individually, discussing problems and working out solutions.
2. News of Janice's pregnancy introduce other scenes depicting family tensions; and Janice is subjected to an unrelenting patronizing parental discourse. Undermined further by her parents, the stigma associated with having a child out of marriage is raised as well as advice about having an abortion. Mrs. Baildon visits Dr. Donaldson to discuss family relationships, talking of his wife. It is clear that his sexual relationship with his wife is unfulfilled and his daughter has always been denied by his wife.
3. Janice's boyfriend, who figures as the only consistent character (besides the doctor) caring about her welfare, discovers news of the abortion and tries to persuade her to leave home: She refuses. Locked out, they return to Mike's flat on a Vespa motorbike. Returning the following morning she apologises. Angry, Janice screams at them violently and threatens her mother with a knife. The father intervenes to restrain her before the mother again offers more blame. The parents

decide that hospitalisation is in Janice's best interests. Both parents visit the doctor for advice.

4. Janice is admitted to hospital and receives modern medical practice in the form of psychotherapy from Dr. Donaldson. Her rehabilitation continues but she feels she has sinned through hurting her parents.

5. The renewal of Dr. Donaldson's position as Registrar arises but a review committee decides against retaining his services. From this moment, the nature of treatment changes to more traditional approaches; using drugs and also, electro-convulsive therapy. Advised by another doctor that Janice has a form of schizophrenia, the parents are informed she will be returned home soon with medication.

6. Duly, Janice returns and later meets with her boyfriend at his art college where he unsuccessfully tries to present her with a new painting. A critique of her parents, family life and society as place for the mindlessness of working everyday is presented. At a family gathering, a dispute with Janice's sister leads to a blazing row and a scream from Janice concludes the meal. In the middle of the night Janice comes downstairs and carves a message in the dining room table. The parents take her back to the mental institution.

7. Befriending a gardener (also a patient) she eventually has sex with him. Advised against the relationship by a nurse Janice demolishes her bedroom but is administered drugs and electro-convulsive therapy. Slowly her condition deteriorates. A meeting between her and her parents at the hospital only worsen the situation but her old boyfriend arrives and smuggles her out of the institution. At his flat, in the middle of the night a doctor arrives with ambulance men who

'section' her putting her back in the mental institution. The final scene depicts her as an object of science presented before medical students, the focus of their academic inquiry.

4.9.1 Form and Thematic Development: Some Dimensions of Significance

The First Flashback

Commencing its operation across a series of scenes, the first flashback provides for audience contemplation on a part of Janice's social history; the first of several privileging knowledge content about the mental health of characters. With the view of the store and Janice, Dr. Donaldson's voice-over is heard raising the question '*Does it upset your mother that you have had so many different jobs?*'. Her fragile voice-over accompanies, following depictions of her on the shop floor as an assistant, behind a counter.

> Janice: Oh yer… she says I am irresponsible but I mean sometimes I go to lunch not come back again. I wanted to be a hairdresser once… I had a Saturday job for a while in this place called Eva Roma.. down the high street… I never really did any hair you know … just sweeping up and things like that.

Later, she is seen sitting in a tube station platform from which she is assisted by a station guard. Amid scenes of rush hour chaos, she is viewed as a person whose disposition is delicate, the weakness of her subjectivity further substantiated in later moments in a police station where a woman officer tries to help Janice. Maintaining silence, she is resistant to requests until another officer finds her address in her personal effects. This found, so too is her voice, small pleas reconciling with officers that she is okay, only fear of parental discovery about her situation mobilising concerned cries for independence. Taken home by a WPC, Janice is subjected to an

inquiring parental discourse, verifying suspicions raised in the therapeutic session; that her parents are a contributory factor to her mental distress.

4.9.2 Parents as Pariahs

Whatever Janice might try to do in explaining herself, the ordering of dramatic discourse and visualisations diminish her character in discursive exchanges; helping qualify not only her character as a conventional element of naturalism but also themes of parental oppression. Similar to the main character of Cathy in *Cathy Come Home*, she is like a sacrificial figure or, as George McKnight (1997) suggests, she is a character acted upon, not an instigator of actions. A significant moment in the film, this scene presents a disturbance in the family's affairs, generating a tension in narrative to resolve that disturbance. It also serves Loach's intention of constructing a tension for development across the drama, arranging linguistic content into a conflict between parents versus youth, and old versus young.

4.9.3 Development Towards Decline

Examining naturalism from Zola to Loach, Deborah Knight indicates that one of its goals has been, 'to reflect upon - not just reflect - the circumstances of socially disempowered individuals and groups' (McKnight, 1997:61). Recalling Zola's insistence that he is determinist and not fatalist, Knight informs of the purpose of this and Loachian style:

> The whole point of the literary or cinematic experiment is that it should carry through, inevitably, the consequences that are inbuilt in the initial conditions of the narrative situation. Part of the emotional force of these narratives is the result of just this sort of inexorable narrative structuring.
>
> (ibid.:75)

After the first therapy session and flashback, others follow providing opportunity for contemplation not only upon the main character as a socially disempowered individual but also, her parents, who have agency. At the first therapy session with Mrs. Baildon, rigidly fixed ideals are revealed more by accident than by design. During her interview a knock at the door signals a secretary's entrance, addressing the doctor as 'Mike' - to offer cups of tea. Afterwards, Mrs. Baildon objects to the first name terms, remarking that this is a lack of respect in maintaining social standards, her values connoting snobbery belonging to a conservative middle class. Her stated view is that people all have a place, they should know it and stay there. Framed through the therapeutic interview, signifiers of class are aired for reflection by the audience.

Between therapeutic scenes, juxtaposed flashbacks of Janice's social and family life expose cultural differences between daughter and parents. Concluding the first scene with the doctor and Mrs Baildon, the mother's last line delivers social concern about youth and their sexual values: How we may all end up 'living in the jungle'. In contrast, the flashback scene presents a group of young people including Janice and boyfriend sitting in a circle singing a popular song accompanied by a guitarist - this hardly harmful situation followed by another significant moment. Lying on her bed after an argument with her parents about her pregnancy and its potential termination, she draws a picture of her baby on her abdomen. This slowly becomes clear with a body, face and then eyes. Tears are then drawn falling from eyes; an indicator that the pregnancy will soon be terminated. Subsequent to another therapeutic scene

between the father and the psychiatrist, the termination of the child is confirmed in a flashback where Janice reveals this information to her friend Mike. Visiting him, she reflects that her mother is trying to kill her because she is, in her mother's eyes, bad. Her baby was bad, her mother having made her have an abortion has made her bad too. Distressed and crying, she needs consoling but then raises the question, '*Do you think I'm mental?*' Quickly her friend responds, '*I don't know what being mental means*', and so she changes the term to 'peculiar'. That we are all a bit peculiar in some way is his view and there follows a mediating account from the boyfriend that we all, at some point in our lives, experience a frame of mind different from the way we usually are.

Thus, 'therapeutic' sessions develop as narrative conventions, allowing space to examine the mother's and father's values, exposing these as a source of problems, through juxtapositions with Janice's social and family life. This permits reflection upon her where conflicts arise and also, upon causes.

4.9.4 Sin, Control and Responsibility

Amidst what appears to be the potential for liberation, the audience are treated to an exposition of what really is happening; confirmation of Janice's suspect parental treatment and a feeling that she is close to some sort of rescue. In another scene, Dr. Donaldson proposes to the mother that what is actually happening is Janice's attempt to stand on her own two feet, to gain 'responsibility' but this is being frustrated by parental interventions. Liberation appears even closer in the next therapeutic scene

where the nature of dramatic action in the therapeutic space changes. This time, Dr. Donaldson, with back to camera, is kept in frame, Janice's face located in the bottom right hand corner, his voice more personalised. With the nature of social relationships changed through distance to only one metre, the doctor's posture is one of leaning forward toward Janice; as if eager to tell her things. In terms of spatial relationships, audience are offered a new situation about Janice's mental health. (Dr. D.= Dr. Donaldson, J = Janice).

1. Dr. D.: ...and when your feelings are involved as well and your feelings
2. about being - at all - not just about whether its nice or not - then in a
3. way being mad and cutting yourself off from the world is the only
4. place that you can really be private.....

(*Here the image cuts to Janice in her kneeling position before Dr. Donaldson, her face one of a learning and realisation about her life-world.*)

5. J: ..Mmm - you mean - it's like - its your - own little bit of safety...

(*Then cuts back to the previous framing of Dr. Donaldson*)

6. Dr. D: ..yer.... one of the things is that you really can't stand your
7. parent's disapproval - actually - it upsets you so much that you feel
8. you've either got to do what they say or else it throws you into
9. confusion and you've got to be able to - I mean - we've got to
10. find a way to help you - both stand up to them and not hate them
11. for disapproving of you either - this takes time.

This positive image and language signals a turning point in a narrative where its inbuilt initial conditions are brought to a head. The emotional force of narrative structuring now located in the temporal present, is set for a turn for the worse. Together these components portray the how and why of mental illness as experienced by Janice, the cause of parental problems neither recognised nor remedied. The plot of narrative opens out for each character's mental health disposition and the cause and effect of

Janice's situation. With themes of hope produced, the narrative looks like it may move in a positive direction, the therapy sessions a space offering, it would appear, a working for rehabilitation. However useful this may have been, Loach designs for his characters, a move away from 'things are getting better', to 'things are going from bad to worse' in a plot with no solvability. Donaldson's departure signals the oncoming of tragedy and the narrative's final descent.

4.9.5 Advancing Narrative Backwards

Naturalist narrative, having made headway, looks set to undo everything it has achieved when Dr Donaldson is dismissed by the Hospital Board. With the doctor's departure go his effective treatments, old fashion approaches to psychiatry replacing them; including a traditional approach of electro-convulsive therapy and medication. The potential of sorts that existed at the beginning of the narrative is wrenched away, the remaining plot used to limit character further. Janice is subjected to the medicine of containment and the new diagnosis given to Janice contradicts all previous evidence: Identified as schizophrenic, this is the final stage but for one, in a catalogue of disastrous events. Smuggled away from the mental institution by her caring friend, the authorities locate and remove her, orderlies and doctors forcibly taking her into care, to become the object of student medical analysis in a lecture theatre.

The film's dénouement in presenting Janice as an 'object' of medical inquiry resists classic closure. Through this approach there is no resolution to problems in the story,

rather they are set to continue. There is no gifted agent with ownership of special powers and if anything, the disturbed equilibrium that existed at the film's commencement is further destabilised to the extent that incarceration and regression replaces progress. Depictions contribute to a form and content destined to decline, with any positive developments doomed to failure. The purpose in Loachian fictional naturalism is not to show the injurious qualities of mental illness and scope for 'treatment' but to highlight social realities and cultural causes. It does not suit his purpose to have a positive resolution, since this contradicts his broader diagnosis. Knight points out that for Loach:

> Naturalism is on the side of a cultural or social psychology, one which sees individuals as constructed and constrained through their socio-cultural environments. As such, the function of Loach's naturalist fiction generally, and certainly the function of Loach's naturalism in particular is to examine that interaction between socio-cultural environment and various characters.
>
> Knight, (1997:73)

In difference to classical narrative in mainstream cinema, this main character is portrayed with little in the way of agency. The first person positioning of viewer in Janice's situation arranges the viewer-text relations. It is only her character to which the viewer is aligned but we are not allowed into her head (in contrast with Cathy in *Cathy Come Home*). We see her problems and the causes of them, in fact we do this so clearly that the misdiagnosis of schizophrenia is noted as a mistake. In this approach, mental illness got close and its parameters looked at, but not into. A broader sociological vision presents this level of scrutiny.

4.10 *Angel Baby* (1995): Description

Angel Baby, is a story about the relationship between two young adults, Harry (played by John Lynch) and Kate (by Jacqueline McKenzie), both of whom suffer schizophrenia. Set in modern day Australia, the film is in the drama-romance genre, its narrative constituted of comparable generic rules in that, they meet, fall in love, live together and Kate later becomes pregnant. However, complications develop in the pregnancy resulting in implications for the couple, their conditions and Harry's family (his brother, Morris played by Colin Friels and Louise played by Deborra-Lee Furness). The nature of their mental health later undergo significant change resulting in deteriorations with tragic consequences. Amid turbulent events in their quest for love, an intense drama occurs as they struggle to seek resolutions in a film which contrasts in many ways with *Family Life*.

Angel Baby resists a poetic liberation tale for a realism more identifiable with users of mental healthcare services and also, denies a 'happy ending'; unlike highly praised predecessors such as *Shine* or *The Madness of King George*. In contrast to other films examining mental health themes, its drama-romance generic structure imposes a strong focus on 'the emotional' in a relationship connecting with their health situation; producing high peaks and deep troughs in a narrative momentum of extremes.

1. At the family home of Morris, Louise and their son, Sam, Harry sits at the kitchen table talking with his brother. Joining them, Louise sits down to listen about Harry's new girlfriend but when Morris asks where she is from, he is met with a

slightly embarrassed response from Harry; indicating that he hasn't even talked to her yet. Harry later puts Sam to bed, drawing a magic chalk circle around it, as Sam is scared of monsters at night. Sam is convinced but for a picture on his bedroom wall of a clown with piercing, looking eyes which Harry takes down and throws out the window. Sam, now convinced, goes to sleep whilst Harry goes to the bathroom to take extensive medication.

2. Harry meets Kate at a group therapy session; she is a newcomer and he is a longer term member. She notices Harry looking at the underside of her wrists disclosing scars running across her veins rather than down them. Annoyed at Harry's attention to them, she covers them up. Afterwards, she gets on a bus but alights swiftly, because she feels uncomfortable about Harry's following her. She quickly runs off with Harry in hot pursuit. Confronting him, she wants to know what he's playing at, but slowly, they get to know each other. Realising she is late, Kate runs off. Arriving at a bus stop, angry and blaming of Harry, he takes her place to view her favourite TV programme *Wheel of Fortune*.
3. Kate takes down the words and numbers gaining messages via her guardian angel 'Astral'. Transfixed by the whole event, Harry becomes involved, deciding this a good time to tell her about his interest. She reacts angrily but she soon has to change her mind as the message from the show is '*You are my special angel*'; Harry and Kate get closer, the spinning wheel of fortune signalling a change in their personal fortunes. They quickly fall in love and soon, love-making take place out in the streets of the city in a heavy downpour.

4. They move into a flat and Harry finds a job with a computer firm but lies at the interview about his medical history. Then, during one evening spent together, Kate tells Harry she's pregnant; this news determined by interpretations she makes from *Wheel of Fortune* and later confirmed by a private obstetrician. Unfortunately, the pregnancy brings her into conflict with the healthcare authorities who don't want to take into consideration the wants of the couple. This leads to Harry and Kate rejecting any offered medical help.

5. Later, on a bridge, Harry appears despondent but Kate, mimics the cries of flying seagulls around them. Taken with her actions, Harry is lifted from his depression and joins in. At home, they throw out their medication for the benefit of the forthcoming baby but negative consequences occur as Kate's health deteriorates. Harry's manager finds out about his condition and is fired, this leading to a deeply upsetting reaction. Eventually both are hospitalised.

6. Harry is told in hospital that Kate doesn't want to see him. His feelings still strong, he visits her in hospital only to find her drugged. Following the words and numbers in *Wheel of Fortune* he later tells Kate about them in hospital. Informing Kate of their reunion, the birth, and how they must run away together, he smuggles her from the secure ward and they hide in a set of flats under construction. With support from their friends in the therapy group, they obtain a television but waiting to view *Wheel of Fortune* one night, they find it excluded from the schedule. Both distraught, Harry telephones the company but the series has concluded its current run. Bewildered, he returns to his brother's home in order to find his medication

but his brother discovers him there. Taking him back to the squat, Kate suddenly finds herself about to give birth.

7. Rushed to hospital, complications arise as she has lost a lot of blood. Her situation stabilised, the obstetrician states the problems concerning potential bleeding but the couple refuse a caesarean. Kate gives birth to a little girl but then dies after severe haemorrhaging. The obstetrician then tells Harry he can see his baby but at this moment, the body of Kate is wheeled passed. Harry viewing his baby then breaks down into tears, saying to his brother that he must get some air.
8. Unknown to his brother, Harry returns to the bridge where both he and Kate had mimicked seagulls. Standing <u>on</u> the railing and amid an increasingly loud music, Kate, as if by a ghostly magic, reappears. Simultaneously, both screech their seagulls cries in unison with the vocals of the music and wave their arms. In concluding, the final image cuts to black complemented with a piercing scream and a crashing musical crescendo.

4.10.1 **<u>Analysis: Characters and Relationship as Story: Dramatic Form in '*Angel Baby*'</u>**

In *Angel Baby*, the characters of Harry and Kate, together with their relationship are the focus of the story. Two further elements make significant contributions: *The Wheel of Fortune*, a television entertainment programme watched by the couple, its significations of prize money totals and phrases containing messages sent from *Astral*; who directs actions they should undertake in their relationship. On one hand, *The Wheel of Fortune* operates as a symbolic signifier in the film, standing for notions about life as a 'game of chance' whilst on the other, it directs the paths Harry and

Kate take; whilst also functioning as a guide for audience expectation. The sense of chance is sometimes made all the more unpredictable in its linkage with the figure of Astral; a fictional goddess figure in a photograph, confirming also interpretations from the programme. Throughout the story, characters and relationship develop as if in a mutual process of cause and effect with the programme: Their falling in love, Kate's pregnancy, experience of mental health difficulties, the losing of Harry's job and sufferings are explored; these events and actions shaping a dramatic form that eventually will lead to tragedy. Often, the combination of the spinning *Wheel of Fortune* with experimental modern music initiates fantastical if sometimes unstable qualities to its form, veering from one emotional moment to another; this convention creating an effective vehicle for communicating not only about their lives but also their mental health conditions. In short, dramatic form is both emotional and transitory, sometimes stable, at others fluid, swinging from one mood to another at unexpected moments.

4.10.2 <u>Characterising Harry: Themes of Sensitivity and Medication</u>

Early in the film, four consecutive scenes communicate knowledge about Harry as being kind and sensitive and also, dependent on medication; dispelling notions of dangerousness associated with schizophrenia. In his brother's house, scenes include a discussion at the breakfast table, putting his brother's son to bed and finally, the taking of medication in the bathroom.

In the first scene, Harry sits with his brother Morris at the breakfast table, his infatuation clear as he says: '*She's beautiful.. she's fiery.. she's mysterious ..and I worship her*'. Harry has a vigorous interest in relationships, as he discloses to his interested brother, he hasn't even met her yet, this, in a conversational style akin to the discourse type[7] of male bonding.

Later, a symbolic discourse also portrays Harry's identity as the *evictor* of monsters; simultaneously absenting him from being one. After drawing a line of protection around Sam's bed, a static camera reveals the room from a view across it. Sam is positioned in it the bottom right corner of the frame with Harry standing to its left; a picture of a clown with piercing looking eyes visible between them on the wall. The chalk circle completed, protection from 'monsters' achieved, Harry gives the magical chalk to Sam. But for the picture on the bedroom wall, Sam is nearly at ease but says that it disturbs him. Harry simply removes it, throwing it out the window and with Sam feeling safe and secure, he lies down in his bed. Notions of monsters for Sam are expelled through the window, and with them, any connected notions for the audience about Harry: His character, that of a guardian protector.

Next Harry is framed at a horizontal level incorporating a near frontal angle, entering the bathroom. From within the mirror inset in a bathroom cabinet, his face is

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[7] By discourse type, I mean that element in Norman Fairclough's (1992) explanation of orders of discourse, where a style of discourse may be differentiated from others. Thus, a discourse type of male-bonding is genre of talking that may be differentiated from gossip. In the situation between Harry and his brother, a type of discourse exists where the sharing of information about relationships about women is being undertaken but in a social sense which normally, would only be between men.

momentarily visible before the mirror door is opened revealing shelves upon which items are stored. To the right, a medication list is placed recording tablets to take for breakfast, lunch and dinner. The function of the horizontal level and near frontal angle is to 'involve' viewers (see Kress and van Leeuwen, 1990:35-6) with the character, aligning them with subjectivity and privileging his point of view. This is apparent in the next shot which locates the view from actually within the cabinet, again at a horizontal level but fully frontal in contrast to the previous shot. First, Harry is in sharp focus, the shelves with medicine containers blurred but a pulling of focus converges upon the bottles, his face now blurred itself through its positioning outside of the new focal point as he takes a selection of tablets for consumption. Viewers see tablets disappear into the vague outline of his face, this portrayal elevating medicine as a dominant factor, a signification identifying the importance of medication in his existence.

This sequence of scenes communicate content about Harry's character and his actions, contained within a context of the socially ordinary and who, like anyone else, can be attracted to another human being. However, his identity, an unwell one, is in need of medication and though the actual nature of his unwellness is not disclosed, the knowledge effect of these scenes, reveals a social being with a dependency - certainly, not someone representing any epistemophilic threat: The audience will be able to find out more about his persona, without fear.

4.10.3 The Character of Kate: - More Therapeutic Sessions

As in *Family Life*, the therapeutic session in *Angel Baby* is functional, introducing the audience to the character of Kate, the potential for a relationship and, a range of characters with mental health conditions. Unlike *Family Life* where each character's social history is exposed in-depth for audience understanding, the therapy session is a vehicle. Acquainting audience with mental health at a general level, Kate's condition is afforded only slight attention, her identity and that of patients, also very little. Located in a rehabilitation centre, the session presents a space where stability in people's conditions indicates forward movement in seeking solutions; this, foregrounded through the psycho-therapist's discourse.

Kate's exuberant nature is assisted by portrayal of her appearance and physical posture; she has longish length ginger hair, wears colourful clothes and like Harry, smokes. Sitting rigidly, with a sense of defiance, her make-up includes heavy eye shadow. In a defensive posture she presents an indignant and glaring expression, her attention mostly focused on lighting her cigarette. The doctor continues, '*When we have someone new join us we like to offer them the chance to say a few words so - if you feel comfortable with that - that's fine and just take your time*'. Taking her time, she looks around with a hard stare and after a very long pause emphatically says, '*Kate - my name's Kate*' in tones of objection, but also revealing are connotations of paranoia.

4.11 Unstable Narrative and Character Agencies

Early in the film, character agencies develop dramatic form through interactions with *The Wheel of Fortune* and *Astral*; these two elements, signifiers contributing instability to narrative. Where the prime motivator of action in narrative will usually be male in mainstream cinema, Kate's fiery nature impacts strongly, her pugnacious identity confirmed as a key narrative element along with Harrys'. However, both agencies are influenced by the television entertainment programme through which messages are communicated from *Astral*.

Harry and Kate's relationship flowers after viewing *The Wheel of Fortune* in a narrative where the programme and *Astral* function as devices; not only for messages directing the path their love affair takes but also in organising viewer-text relationships. Shot/reverse angles along with continuity editing in subjective shots of characters and short utterances help build an emotional tension toward the consummation of the relationship. In addition, subjective elements interwoven with close-up images of the spinning *Wheel of Fortune* foreground audience attention to notions of chance; themes of risk about the relationship mobilised through formal elements in the image of the spinning wheel and accompanying experimental music.

Astral

In the scene where Kate returns to her hostel, she is let in through the unlocking of doors by a disgruntled warden and in her room, she lights several candles at an altar-like shrine to Astral. A slow pan from left to right introduces close-up large imagery of odd regalia and iconography with modern experimental music, slowly becoming

audible. The iconography includes a small gold-like statue of an Egyptian pharaoh and then a teddy bear with a picture of a woman (Elise Mayberry) with light coloured hair, her head surrounded by lines of scrabble letters emanating from her head with glitter sparkling in many parts of the picture. Across a close-up view of iconography, its imagery blends with utterances, a disrupted drumming rhythm and wailing vocals helping fuse a supernatural regime of credibility; a dramatic world drawing upon a metaphysical spiritual space where magical causes and effects provide narrative with strange actions and events. Thus, Kate's belief systems in these symbols and Astral are made credible. Softly, she requests from the goddess-like figure, '*Please Astral - tell me - so I can know for sure - is he the one? 'Cos this very scary for me*' and then a full view from behind Kate presents her before the large altar.

A fade into a visualisation of the *Wheel of Fortune's* spinning carnival of colours, the music also contributes to a mêlée of free floating signifiers developing a tribal aesthetic reminiscent of Aboriginal wailing voices at a corroboree[8]. Music, as Malcolm Budd (1985) identifies, maintains significant relationships to the emotions and a tribal voice form combines with the modern populist style in drums and other electronic instruments; producing a rhythm and vocal expressions with complex codes. As a non-diegetic element, these connotational codes are representational of instinctual themes reminiscent of fundamental human rituals.

[8] The aboriginal native gathering or dance utilising the use of voice as a key way of communicating; at a festival or war ceremony.

4.12 Characters in Fear and an Anxious Narrative

How We See What We Know As Schizophrenia

Later in the narrative, juxtaposed scenes help to depict both Harry and Kate's deterioration into schizophrenia, their conditions simultaneously converging into a detrimental situation which hospitalises both. This concomitant double-take of schizophrenia begins as lies about Harry's previous work history are uncovered by his manager. Alternating scenes of Harry at work, and Kate in a laundry build the dramatic form into an intense viewing experience of 'distress' realisms; swapping from one character's predicament in one place, to the others'.

Through juxtapositions between Kate and Harry, the unveiling of the complex condition of schizophrenia reveals two variances of it. The first, belonging to Harry produces connotational values of whispering voices, raising the sense of invisible people talking to him and from an objective position; the audience see into this subjectivity. Also, through the transition from the explicit sense of voices around a lone man, to implicit senses of things actually happening within his mind, there is raised a solitary sense of what the condition may be like. Stereotypical notions of dangerousness are exchanged for a sense of torture in the person, evacuating any relationships with the horror form. In this way, the character of Harry doesn't provide a threatening sense, nor an threat about mental health to audience. Rather this is a new exposition unveiling a new subjective examination a of person with schizophrenia, not a fearful stereotype which might organise internalised systems of defence. Harry simply has a debilitating condition over which, he has no control unless medication is taken.

Earlier in the film, Kate meets with Harry after he has followed her from the bus she was taking home and each find out about the others past history of self harm; characterisations and dramatic action playing key roles in communicating themes about schizophrenia. That both need psychological assistance is apparent from their presence at the earlier therapy session but aspects about their mental health concerns previously withheld from audience, are now revealed; allowing audience examination of reasons for Kate's condition, her stigma and self-harm. Now knowing his amorous intentions toward her, she jumps out from behind a pillar confronting him by asking if he usually follows women. Knowing his attraction is found out, he admits it is his first time but her response is that she doesn't usually hang around with '*psychos*'. Still in a state of surprise from her catching him, he replies he isn't one but she still promptly accuses him of being 'a psycho' like the others from the clubhouse. So, he responds saying he is nothing like that rather, he is like her. Being seen as mentally unwell carries a stigma for Kate, denial of her own condition expressed through her stating, she isn't '*a psycho*'. This depiction of being mentally unwell and suffering stigma by Rymer is a rare exposition about mental health, as it allows an alternative look at what stigma is and how it operates within a subject. It conveys how Kate tries to 'cover' (see Goffman, 1963:125-128) her identity seeing it as spoiled in the social world and therefore, exists in a state of denial about it.

4.13 Conclusion

Set against the context of the vast number of horror movies, these three films appear marginal. That such genres win significant awards is perhaps, not surprising because, as rare representational forms, the indicators of mental health and distress produced and the relationships they arrange for the viewer, are markedly singular and useful. They dispel the usual stereotypes found in mediations of madness including the horror form. And in accomplishing this, it is how these films communicate meanings in what we see and hear about distress, that facilitates what we know through them: Expositional and aesthetic discourses in therapeutic sessions, the family, narrative and characterisation of identities as well as visualisations, all contribute to an unlearning of what we have learned to see and read in representations about madness (see Chapter Three and the section on *The 'Long View'*).

The therapeutic sessions as conventions prove particularly effective in communicating to audience, details about mental health. Through this formal aspect, in particular, in *Family Life*, and to lesser extent, *Angel Baby*, sessions provide a conduit to a safe scene for the audience to access interesting information about mental health issues. They also provide a clear examination of character agencies. In *Family Life*, albeit a brief journey of hope for the audience and *Angel Baby*, the introduction to characters with mental health conditions via therapy sessions creates a secure space in which to discover useful knowledge about mental health. Any divulgence of material is communicated mostly through an address in which they only have to observe and listen; as if positioned in alignment with the psychiatrist.

In *Angel Baby*, *Family Life* and arguably, *Rain Man*, locating unwell characters in a family space allows examination of conditions in a cultural context. In *Family Life*, the family is a dysfunctional one, this the focus of the film. But it is a context that the audience can understand and relate to about mental health conditions without factors of fear interfering. Significantly, in *Angel Baby*, notions of 'the monster' (usually associated with horror forms), are characteristically evacuated right from the beginning of the film. In *Rain Man*, a family process of sorts is, in the making, as the reunion gathers momentum, again facilitating a fresh 'reality' in its way of seeing mental health.

Transformations, a key element in horror genres are exchanged for portrayals of conditions 'in-process'. A psychotic episode in *Angel Baby*, conveys a 'realism' about Harry's experience, shown in the lift scene: This, the audience come to know as Harry's schizophrenia through an experiential process assisted through a visually and aurally dramatic mode of portrayal. In *Family Life*, Kate's condition of depression is conveyed through character themes displaying qualities of naturalism, her deterioration seen as the key process resulting in her incarceration. Also, in these films there are no epistemophilic threats to unconscious unity in the viewing subject since no character offers any violence. Rather, fearful stereotypes are removed, denying their function to generate negatives. Instead, subjectivities are explored, all strengths and weaknesses in characters revealing them as ordinary. Kate is viewed as a strong individual and Harry, quiet but able. Janice, as a social agent, shows little in

the way of power but is someone very much a part of the society in which she lives. In all three films, no one is viewed as dangerous. However, the existence of tragedian qualities across *Family Life* and *Angel Baby* mean that all are doomed to decline in each dénouement. Kate dies giving birth and Harry also is apparently killed off, his suicide occurring right at the end of the film; Janice becomes incarcerated within an uncaring mental health system. Consequently, as knowledge devices, the forms help portray the identities of the people they are representing with various degrees of accuracy, disclosing aspects of human nature usually withheld in mainstream cinema. In *Rain Man*, the character of Raymond presents enigmatic qualities through his autism, these a powerful aura for audience to admire. The film's narrative, whilst not leading to decline, is left at the end, in a balance: This is positive because the family relationship will endure; and balanced, because there is neither a happy or sad closure. Instead, Raymond's needs are taken care of, his brother's future involvement also welcomed. These three examples variously show the fictional film form allowing audience to gain new knowledge through creative and open ways of seeing and hearing.

Chapter Five

Generic Studies 2

News and Documentary Form

> At first glance, subjectivity may seem like an odd category as a dimension of the public sphere. It may seem to hover within the realm of personal and private experience, the precise opposite of what the public sphere is concerned with. But if we bear in mind subjectivity in general has to do with what goes on in people's heads and that much of this is of obvious relevance: opinions attitudes, values and norms, knowledge and information, frames of reference and schemas of relevance, world views, and so on, certainly are all pertinent for the public sphere. And I would go one step further by suggesting that subjectivity also includes a particular aspect which is of importance for the public sphere, namely that of identity. Our sense of who we are, to ourselves and to others takes on relevance for the public sphere because it shapes the way in which we participate and may well determine if we participate or not.
>
> Dahlgren, (1994:4)

5.0 Introduction

Following the last chapter's examination of fictional genres and their portrayals of madness, mental illness and distress, this chapter explores a range of representations about mental health, madness and mental illness in non-fictional forms, examining three news programmes and a documentary. Dahlgren notes above, the public sphere is 'a major societal mechanism for the formation of individual and collective subjectivity - for the production and circulation of culture - which frames and gives meanings to our identities' (ibid.:4). However, from the accounts cited in the first chapter, by people with experience of a mental health condition and researchers, it is clear that a considerable group of people, wary of media portrayals and social stigma, are choosing not to participate fully in society; avoiding integration for fear of their mental unwellness being discovered and of being marginalised.

The aim of this chapter is to examine a cross-section of media non-fictional forms. As media institutions have, across the last twenty years, frenetically sought to capture an ever elusive audience (mass or niche), generic form has developed in its sophistication as the lynch pin connecting each with the other. In studying news

form, inevitably debates about the phenomenon of infotainment arise as a key element in connection not only with the public sphere but also policies concerned with the public service broadcasting; thus, issues of hybridisation are central in this chapter. Subsequently, whilst I will concentrate upon sympathetic texts, one will also be pejorative, chosen for sub-generic elements integral to its news form. In particular, I want to explore how language is employed through dramatic discourse in the 'performance culture' of news story-telling, in formal aspects of direct/indirect speech address and voice-over; as these modes are significant in the way they frame certain kinds of knowledge for audience.

5.1 Analytical Considerations: Set and Drama

With regard to analysis in this part of the study, a key element, is the idea of *set*. An important factor in any generic form is its opening moments, since these are the key to directing audience expectation about what they will receive. *Set* - governing how generic elements 'open', is of generative significance. The concept is taken from psychology, in particular perceptual studies, and my contention here is that in any text, be it in news or otherwise, *set* directs audience who have experience of texts toward one collection of meanings rather than others. '*Set*', as Taylor *et al.* suggest is when:

> The effect of experience, ...is to establish in the perceiver a *set* or readiness for some stimuli rather than others. As a result of differential experience he is *set* to attend to some stimulus characteristic rather than the others when stimuli are ambiguous. If perceived, the perceiver will think first of the 'probable' words (*images, sounds, music*) (that is the words *images, sounds, music* which have been frequently encountered in the past and therefore encountered again) in trying to fit a word *image, sound, music* to the partial information derived from the stimulus. Only if 'probable' words *images, sounds, music* are found unsatisfactory is s/he likely to consider 'improbable' words *images, sounds, music* as possible identifications.
>
> Taylor *et al.*, (1970:295, my italics)

Thus, in communications for example, about broadcast news, audience will see or hear the opening moments such as its distinctive music and be cued for the textual experience of, say, BBC News. When the language of a story begins in its early stages, audience will be *set* by the parameters of the linguistic content (and other elements) and thus, the beginning of a text guides and structures anticipation of signification, through stimulating and organising perception. In the analyses that follow, I hope the use of the term will be clarified and extend understanding to other elements such as those of visualisation and auralisation. I hope I can also relate it to various forms of ''drama' as these occur in my chosen texts.

5.1.1 News Genres and Mental Health

Despite recent and significant changes to news media forms, depictions about mental health in news genres have maintained a consistency in type. A few representations fall within the 'human interest' category which include train/coach crashes and major public tragedies (such as the Hillsborough disaster) and/or a medical development, for instance, in the treatment of Parkinson's disease. These depictions usually involve stories about survivors or patients having to be administered personal mental healthcare advice concerning trauma. Here, counselling will need to be a key part of recovery from a traumatic experience. Or there are those instances where a new medication will help improve the social life of a person with significantly impaired disabilities. However, the most commonly identified news stories about mental health are reports about killings related to schizophrenia; by an individual who has gone unchecked by health services and committed fatal acts of violence upon others - such as Michael Stone or Christopher Klunis. This trend cited by Philo (1996), is not uncommon.

Elsewhere, as Steadman & Cocozza (1977) and Nunnally (1957) have determined in studies in the USA (see K.A. Neuendorf in Ray and Donohew, (1990), similar trends exist. In the UK, however, recent stories about murders have nearly always focused upon the policy called *Care In The Community* or what has recently been named *The Spectrum Of Care*.

In the analyses that follow, I have organised the examples around the conventions of studio and location modes of address. The diagrams below highlight development of a model of news presented by John Corner (1995) together with linguistic elements outlined by Norman Fairclough (1995b) combined with my own thoughts about news genres. The examples from broadcast news include television and radio, Channel Four News, ITN News at 5.40pm and BBC Radio Four's *Today* news programme. Finally, these analyses, a video diary, *Mad, Sad or Bad* is examined. Theoretical inquiry covers themes about personality, conversationalisation and the orders of discourse, across all of the examples exploring points specific to each programme: This first example to be discussed is ITN news.

5.2 ITN News at 5.40 p.m.

Introduction

The focus of the ITN story, broadcast on 6th March, 1996, is a man, Anthony Smith, convicted at Nottingham Crown Court for murders he committed after being released from hospital; the report examines the consequences of his neglected condition, reflects upon his family's situation and the hospital's response to his conviction. Working through the presented ITN News diagram (see below), generic elements are examined in the studio and location modes of address and the full speech text is available in Appendix A.

5.2.1 The Studio Mode of Address

This section examines newsreader John Suchet's mode of address, as he begins to tell the story about Anthony Smith. It looks at direct address speech, focusing upon how language, shaped by dramatic qualities and personality, results in quite specific knowledge yield.

In The Studio Mode

A mid-shot of John Suchet starts the newscast in the studio mode of address. Behind, above and to his right, a picture of Anthony Smith is inset. Piercing eyes stare out of a police 'mug shot'. In the interplay between image and following language, a 'narrativisation of the subject' (Kress and van Leeuven, 1990:47) develops as Suchet's briefly enunciates what the man did. Viewing him through a downward angle, Anthony Smith is constructed as an object of derision, for belittling or ridicule, this image, a stereotype conveying a dysfunctional oddity, adding to a sense of the abnormal, the strange. As the process of news production is dedicated toward telling us about it, it is, by its nature, a service and the

ITN News at 5.40 (time continuum follows along the sequence outlined below)

Generic Structure (following Corner, 1995 and my insertions) Non Visual Codes and Conventions.	Opening titles referring to Channel Identity and Programme Time. Accompanying music.	Cut to studio scene of presenter waiting to serve audience news delivery	Studio direct mode of address in headlines. Audience perceptually *'set'* to receive data within specific frames of reference	Studio Mode Storytelling begins	Location Mode Filmed *Surveillance* sequence	Location Mode film sequence	Producers' Edited sequence mode	Location Mode Filmed sequence	Location Mode Filmed sequence followed by return to studio mode
Visualisation/ Auralisation	view of studio set plus digitally imposed blue graphics of ITN 5.40 News. Opening music with pronounced base levels; horns and strings are a normalised 'type'	Code of blue background for aiding clarity in communication Convention of presenter seated behind desk	Studio direct mode of address with presenter confronting viewer with headlines	Presenter direct mode of address Inset photograph above and to left of Presenter. Image inset of man with piercing eyes.	Footage of defendant with warders at Court exit in procession to security vehicle Defendant ellipsed by digitally imposed ring to aid identification	Establishing shots of defendant's family home and kitchen where action and event took place	Stills photos of Mother followed by son (both fatal victims of the attack).	Mid shot of interview with Father then new establishing shots of hospital followed by interview with doctor.	Reporter to-camera speech in 'stand-up' position.
Language and Dramatic Communication *(follows Fairclough, 1995 and Corner, 1995 integrating my own examples)*	Written language displaying channel identity, time and presenter voice-over in a deeply toned male voice saying *'From the studios of ITN "The News" with John Suchet'*	As music dies introduction of Presenter into Camera in formal dress code. Facial expression indexical of subordinate relationship as server of news presenter	Pleasant greeting followed by serious expression for news delivery Headlines (usually a set of stories) Sentence 1,2,3,4, (summary sometimes followed by quotation)	Gaze (servile like provider of information) Vocally (male) denoting egalitarian at one level but also deep tonal characteristic of connotational values. … 'The father of a paranoid schizophrenic..." Enunciation and linguistic sentencing short and simplistic	Reporter Voice Over with narrative, lifeworld voices and public discourses. Fluent and authoritative tones in male voice of reporter at denotational + connotational levels descriptively accentuating details	Reporter Voice Over with narrative; graphic details of gruesome murder. Expressive in paralinguistic codes and rhythmically fast	Reporter Voice Over with info of how man then had bath after the attack Tonally settled to maintain consistency of monologue. Further characteristics of previous two sections present	Father chastises 'so-called experts' referring to doctors and then doctors discourse presented Resigned tone to events in formal dress for court appearance. Doctor in formal dress with codes of epistemology (i.e. books behind)	Journalist ties up report presenting his identity *Eric Macinnes for ITN News at Nottingham Crown Court* Formal dress codes leading to indicative tones of speech genres associated with end of monologue

presenter's delivery is therefore coded with guarded resonances of 'serving' combining confident tones of 'authority'. Facing camera, Suchet presents a brief résumé of three of four stories *setting* headline frameworks for understanding about what will be offered, before accounting starts. Then, the lead opening is offered (see Appendix A for this mode of address).

Suchet's Generic Configuration

Integral to news genres are the ways in which direct speech address is ordered within and across discrete moments of programme time and space. In recent generic configurations of presenting, a level of the emotional has crept into news through the greater deployment of personality[1]. Personality is, in my view, becoming *more* personal and the way Suchet's dramatic use of language employs particular codes, holds interest. An integral facet in 'orders of discourse' is personality and at issue here is, how it is used in news. Tolson (1991) and Fairclough (1995b) raise awareness concerning broadcast talk and the pervading contemporary phenomenon of synthetic personality; and these two concepts are now, I think, important in analysis of news. Communication can, on the one

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[1] 'Personality', the noun, is a derivative from the word person and in the *Collins Pocket Dictionary Of English Language*, there are five definitions of 'personality'. The first is; 1. *Psychol.* distinctive characteristics by means of which an individual is seen as unique. 2. the distinctive character of a person that makes him socially attractive: *a salesman needs a lot of personality.* 3. a well-known person in a certain field, such as entertainment. 4. a remarkable person: *the old fellow is a remarkable personality.* 5. (*often plural)* a personal remark: *The discussion degenerated into personalities.* (1989:624). The word 'personality', evolves from the adjective 'personal', is itself a derivative from the noun 'person': For this chapter, I use the definition of person, 'an *individual* human being' (1989:624, my italics) and also utilise the first explication of the word 'personal' in being 'of the private aspects of a person's life', (ibid:624). My interpretation sees the individual human being who is a news presenter, enunciating private aspects of his or her individuality in the process of presenting and in so doing implicates 'expression' and 'language' in 'personality'. Interesting to note are the ways in which definitions include 'unique', 'distinctive characteristics... that make them socially attractive' and that personality has a relationship with 'entertainment'; all of which has important bearings for meaning made in direct speech address.

hand, be formulated in such a way as to appear personal, approachable, channelled at an egalitarian level for audience reception; ensuring maintenance of audience loyalty and interest with the communicative event. On the other hand, implications are raised about <u>how</u> personality is organised with language and used in the construction of knowledge.

<u>Voice and Gaze</u>

Suchet's approach differs with other discursive practices in his way of telling stories. His vocal practice is one crafted in mixing the genre of 'informing' with that of actually '*telling tales*'; I mean by this, that resonance associated with a child telling of the misdoing of another, is found in his voice. It is a chosen style imported from other, non-professionalised orders of discourse. An integral component of a generic configuration, it is a dramatic 'use of language' and this links to ideas concerned with the 'public colloquial nature of the style' (Fairclough, 1995b:72) rewriting the boundaries between public and private, creating new hybrids of speech address.

Coded elements of 'exasperation', influence the lead-in to the location mode of address, with adverse implications for schizophrenia. The first sentence is declarative in structure, 'paranoid schizophrenic' linked to 'dangerousness' - by the relative pronoun of 'who' connecting with the verb 'kill'. This highlights a choice to construct an identity for Anthony Smith as extremely violent. Suchet articulates 'barely surprised' (line 2) in a downward pitch, simultaneously inhering emotional elements of <u>anger</u> tinged with <u>sadness</u>, connoting meanings of 'loss' for the family; indeed, Suchet's discursive practice promotes the emotional, carried

over from line 1. Tomkins and McCarter's (1964) findings about emotion affecting expression provide an interesting insight, as his stern gaze with "eyes frozen open" (in Argyle, 1975:166) and "arched eye brows" (ibid:166) is interrupted by a long blink. This, coupled with the change in the tone of voice signals a shift in the nature of expression; to connotations expressive in tones of 'anguish' and 'distress'. Inflected tonal associations of 'sympathy' combine with these facial exclamatory elements of '*not again!?*' in his gaze and as a consequence, any knowledge about paranoid schizophrenia as a subject for understanding is evacuated; save to say that this condition equates with dangerousness. Through this generic configuration Suchet's voice is imbued with a sense of futility connected to the failed government policy of 'Care in the Community'. This produces an opening statement with a negating mood of ....'*how awful, you know that same event and action has happened again! You'd think they do something about it wouldn't you!?*' Through gaze and voice schizophrenia is placed as early as lines 1 and 2.

Thus, Suchet *sets* out story parameters for the, '*at the scene*' reporter, whose vocal authority is constituted of an integrity unobtainable in the studio mode. In contrast to Suchet, Macinnes maintains a medium pitched voice, his generic configuration constituted of bold and firm tonal codes but at a level of volume, near to that of shouting. His style is uncompromising, moving forward in relentless exposition and rigid, in momentum. Committed to 'the sensational' by the studio opening, his exposé of action and event presents detail.

5.2.2 The Location Mode of Address: The Discourse of Eric Macinnes

The first visualisation in the location mode is the departure from court by Anthony Smith. A voice-over from Eric Macinnes at Nottingham Crown Court works across a sequence of footage, first exposing the man's departure from the court's rear entrance, to a waiting police van; then, in an examination of his home where the murders took place and finally, in a series of interviews. The area at the back of the court is one in which admittance to the general public and media is prohibited, attainment of televised pictures demanding cameras be located at an elevated level; in order to see over the court's walls and into the secure area. This elevated angle integrates a code of surveillance in which there is a feeling of power produced in image (see Kress and van Leeuwen, 1990:40), '.....high angles tend to diminish the individual, to flatten him morally by reducing him to ground level, to render him as caught in an insurmountable determinism', (Martin, 1968:37-8, Theo van Leeuwen's translation). As Anthony Smith, surrounded by warders, leaves the court house, a digitally imposed ellipse is set over his face, making him more easily identified from those around him. However, he is also further morally reduced, assigned the identity of 'the Other'; adding to the sense of marginalisation initiated in Suchet's introduction. Purposefully picked out from those around him, he is promoted as a pariah; this feature of the report depriving understanding about him in favour of a visualised vilification. It also visually enhances spoken notions of 'dangerousness' about him as Macinnes start his discourse (see lines 7-10 in Appendix A).

Constructing The '*Dangerous*' Identity

The second sequence of visualisation in the location mode records the tragic event and actions in a chronicle revisiting the spaces where the murders happened,

augmented by a narrated re-enactment; this assisting in constructing a dangerous identity. The voice-over of Macinnes develops Suchet's schema of events proposed in lines 1-6. Thus, rather than constructing a discourse about mental illness, Anthony Smith becomes categorised through the widely used label of 'paranoid schizophrenic', the voice-over developing meanings of dangerousness.

The next scene cuts to an establishing shot of the family house quickly followed by a close-up of a door entrance, which then opens up to display the kitchen where the event occurred. Expectation raised about dangerousness is confirmed in lines 7-10, the voice-over helping to construct knowledge by developing further meanings. In an almost fictionalised replay of event and actions, the interplay of linguistic elements with visualisations communicate a graphic detailing of danger. First, the kitchen where the mother's death occurred is revealed by the suggestive opening of its door before the camera. In its view of where the homicides took place, it is a setting-of-the-scene for the audience. Through a zooming lens, the image moves into the space disclosing the kitchen. In this way, imagination is left to re-work the actual happenings described in lines 11-15. This reviewing of locations in the house, is almost cinematic in its revelation mode, through language synchronising with image; bringing in the viewing imagination to construct a sense of how the deaths occurred, of experience and the event and the act.

As the name 'Gwendolyn' is mentioned, values about the loss of the mother are mobilised, through words like '*stabbed*' used in conjunction with a family photograph of her. Loss is further emphasised as the brother, a young boy of 11,

is portrayed like his mother. A family photograph displaying depictions of youthfulness, synchronise with the words '*turned on* his 11 year old brother David, *killed* him', this mix of language with image generating significations of tragedy for the audience. The stills of the photographs both connote tragic death and simultaneously arrange relationships of sympathy for the family. Originally framed within Suchet's opening introduction, the discourse developed by Macinnes' about 'paranoid schizophrenia' is one that can only be correlated with 'dangerousness'. Thus, Macinnes' discourse recontextualises (van Leeuwen, 1993) Suchet's introduction, foregrounding murderous events and actions in preference to other knowledge. Variational tones on the word 'kill' are utilised four times reinforced by the graphic nature of 'stabbed' (line 12), a word further reinforcing the sense of uncontrollable violence. The only kind of knowledge possible here is about Anthony Smith's social practice as one consistent with that of a frenzied attacker, murdering in a 'nonchalant' way. This is exemplified further in lines 7-15 and in 15 again, by 'killed him then went upstairs for a bath'.

In contrast to the mediated meanings about madness made in the ITN News, where, to employ Pickering's comments (2001:38), stereotyping as a 'social exorcism' occurs, Channel Four News (which follows), organises a wholly different set of meaning about mental health. It is to an examination of this that I now turn.

5.3 Channel Four News: *Community Care Criticism*

Introduction

This example from Channel Four News was broadcast on 18th April 1994. Lasting approximately fifty minutes, this news slot allows for a considerable duration of story treatment, its studio and location modes offering audience in-depth analysis and comment across a range of items. The *Community Care Criticism* story is an example of how the programme can produce a lengthy report, facilitating detailed examination. Lasting thirteen minutes the story is the first of a two stage 'special report' communicated over two days, such reporting now something of a trend in some news schedules, such as BBC 10 O'clock News. Referencing a Commons All Party Committee Report to be published the following day, the story characterises how news agencies now plan ahead in preparation for such events and, for reaction to them. With contributions from experts, parents and service-users, the story critiques the new policy, exposing flaws and showing an example of good working practice.

5.3.1 In The Studio Mode: Presenter-Viewer Relations and The Personality

> images are 'about' something, just as language is 'about' something; and this 'aboutness' generally excludes both the representation of social relations of viewer and image, as it does of readers and text, and about the representation of the visual constructedness of the world.
>
> Kress and van Leeuwen (1990:23)

When discussing images, Kress and van Leeuwen see them as establishing 'common sense' relations. Initiated after an advertising break, the '*Community Care Criticism*' story begins with presenter-viewer relationships organised at a deep level, not usually recognised. It is the 'aboutness' of this image, particularly in relation to 'personality', that holds significance for the news communication

which is built upon it, through Snow's personality, his generic approach to telling stories is marked from that of Suchet's. Within an 'intellectually critical' style, Snow's direct speech is more about confronting issues whereas Suchet imbues tones of interest, more about *what's going on* and *in reaction* to an event. Through Snow's unsentimental look he suggests further qualities of 'objectivity'. There is a serenity of address, a reduced need to please when compared to Suchet (for the opening address, see Appendix A). Above and behind his desk, and to the right of his shoulder, a picture, is inset, profiling two people casually dressed, standing adjacent to a wall. The two dishevelled looking men are relaxed in their posture but their facial expression is one of disinterest.

The subject of the 'mentally ill in the community' is considered but, in this instance, as an idea for sympathetic consideration. Snow presents the implications of the report in three themes contributing to a conceptualisation of 'mental health'. The initial part in the very first line, centres upon the word 'care' which, the idea of *Care in the Community* is supposed to address. It then shifts to focus upon the theme of '*the mentally ill released into the community*' quickly followed by concerns in the second theme '*a major suicide increase within mentally ill people*' which is identified as a major point of worry in the report. As if to make clearer the direction the following report will take, it is its relationship to the third theme, '*tragic consequences*' established in lines 12-13 which maintains significance. The following location mode focuses upon this set of themes.

Channel Four News .....

Generic Structure (following Corner, 1995 and my insertions) Non Visual Codes and Conventions	C O M M E R C I A L	Channel Four logo presented with introduction to the station's news. Music accompanies. Opening moment of studio mode of address *sets* scene of presenter and studio. Oblique angle introduces relationship of institution as a service waiting to offer news.	A cut to Snow introduces a new relationship prior to speech; *involvement* in the studio mode. The implications of the shot are those of portraiture and imbued codes integral to that image	This moment sees the commencement of Snow's address. Facing the camera, language as dramatic discourse flows...	Location Mode of address begins. Robert Parker's voice-over in the form of 'voice of God' mode, testimony style.	News as dramatic technique to shock: The mother announces suicide of her son after the system has neglected his case.	Thesis argument begins, working through criticism of *Care in the Community*. Facts, statistics mainly from experts clarify and qualify the thesis argument about the state of the government's policy toward those unwell.	Antithesis begins after the new hostel is seen at Bournemouth. A turn in the tone of the report signals a new slant about *Care in the Community* working.	Synthesis concludes the location mode of address. Photos of Mark Beith return story to where it began introducing 'reflexive' level to the communication. Mother has last say, resisting closure and ending with a question for the government. A moving moment
Visual-isation/ Aural-isation	B R E A K	Channel identity through the number '4' is presented on a black border with the accompanying music, different in tonal levels to other channel signature tunes. Also the Set is introduced with Snow sitting behind a desk.	The visualisation of Snow is organised through an image similar to a portrait, raising implications for the way in which language and visualisations are read.	Snow begins to speak facing camera in a mode of address which resembles 'the portrait' and also which signifies *involvement*. His discourse ends with a viewed expression signalling an emotive account about mental illness.	Photographs of Mark Beith communicate his appearance/identity without immediate notification of his absence through suicide. Mother's voice also heard talking about him.	Mother seen in *grief, dipping* her head with sorrow. The shot is followed by a view of the car park from where Mark Beith fell to his death. The visual pans down the building almost as if following the trajectory of the fall.	Run down hospitals and mentally ill people living on the street are viewed but not communicated with. Experts interviewed detailing 'suicide' levels in a study undertaken by Dr Michael Goldacre.	A selection of shots provide interesting shots of service-users in the hostel taking part in ordinary everyday activities. Alex, sufferer from 'schizophrenia' speaks.	Final visualisation of the angry mother, questioning about action over the policy. The scene is one of understandable anger, a moment which is one of moving.
Language as dramatic discourse *(follows Fairclough, 1995 and Corner, 1995 integrating my own examples)*	C O N C L U D E S	No language dramatically communicated.	No language is used in this section.	Language begins... 'The care of the mentally ill within the community is expected to be sharply criticised tomorrow in a report from the Commons All Party Committee on Health. ....' See text.	Parker's voice over works in a style 'distancing' the viewer with the text. His order of discourse working across images in way which maintains a level of safety for the audience to deal with the issue.	Parker's discourse verifies the actional process of the young man's death in conjunction with the visualisations.	Parker's 'distancing' technique continues effectively re-focalising visual portrayals. Community Care is seen to be *not* working	The discourse of everyday life in the hostel works its way through the contribution of Alex. The hostel, a rare example, is seen to be working assisted through tonal inflection.	Angry and anguished tones fill the last scene of the mother criticising the government... 'when will the govt. listen. My son is dead....'

5.4 In the Location Mode

If the studio mode of address introduces the story through a mainly linguistic process with a supporting visualisation, then the location mode of address presents visualisations augmented by a voice-over. As a visual process of presentation, the report also employs verbal contributions from the parents, expert and accessed voices and also, the reporter. This latter contribution is significant in its influence throughout the report.

5.4.1 Reporter in the Field: Robert Parker's Discourse

Employing a voice-over across most of his address, Robert Parker's account offers an extensive commentary account about the condition of schizophrenia. In his voice-over, Parker's use of language operates largely through an evidential mode, re-focalising the visual portrayals; his vocal codes revealing his psychological state as one 'logical and detached' but also 'concerned'. The approach distances the content of the report; these vocally expressive and modulated indices, an 'attitudinal colouring' (Lyons, 1977:65) upon his wording. Telling the story in an 'estranged' way, Parker's delivery sounds as if he is merely a reporter simply relating. His voice-over is paced slowly, narrating with a small note of sympathy; the culminating effect, one of detachment, almost making the subject matter a little like that which might be read from a book by a reader with little interest in its content. This discourse type, comprehensively detached, contrasts with the mothers', whose emotional impact is registered in the opening moments of the report (discussed below). Thus, reportorial combinations and tones produce a communication markedly different to that of ITNs'.

The choice of a family photograph in the opening depiction is also influential. In the ITN exemplar, the use of photos displayed highly negative values (use of mug-shots). However, in this example, at the very front of the programme stills of the subject perform dual functions, both denotative and connotative. As photographs they are iconic, motivated signs denoting an identity, but become connotative as information reveals, that he, (Mark Beith), committed suicide last year. Robert Parker's **(R.P.)** voice-over begins the story (for full text see Appendix A) with one sentence and the presentation of several photographs of Beith; directing audience expectation toward the young man. The photographs augment the mother's voice-over **(Mrs. B.)** whereupon in line 18, a slow cross-fade introduces her in person, in her own home.

Another slow cross-fade sets the scene of Napsbury Hospital, in what seems to be a rural setting. Other signifiers emphasising the hospital, such as a sign of its name and one indicating ward names raise awareness about its rural location. In line 23, a pause introduces a new scene setting, that of the hostel. With the scene of the hostel profiled, the last few moments of the image re-introduce the voice of Jean Beith and by the word 'put' in line 26 another cross-fade re-presents her image. Concluding this story Jean Beith closes her eyes, dipping her head to gaze downwards in sorrow. Another but more extended cross-fade introduces a close-up of a stark concrete structure which Robert Parker indicates is the aforementioned car park. A zoom out from this image reveals not only location but also the height of the structure. Parker's discourse provides a useful knowledge content about schizophrenia. In conjunction with his code of estrangement, words and wordings give informative data about 'schizophrenia-as-

a-process'. In terms of the type of process, the statement is managed by the using the verb 'to develop' (see line 14); thus, schizophrenia is able to be considered as something that can 'evolve' - as it is stated here during the early teens. Strangely, there is also a dearth of vocabulary about precisely what 'schizophrenia' is; leaving its meaning open for interpretation by way of raising questions about it.

5.4.2 Narrative/Exposition Development

In the location mode, narrative and thematic expositions in the story develop by way of an introduction to Mark Beith's life, and then his suicide; his death, put to use as a device. In the narrative, a critical argument about the policy of Care in the Community is then formed through a thesis investigating its problematic workings, this, contrasted with an antithesis reflecting on the success of a new centre in Bournemouth where the policy has worked. It is through these elements that Beith's absent subjectivity is advanced and after the introduction, is mobilised at a connoted level and operating across thematic expositions (see above). Extending outward from original schema supplied in Snow's studio discourse, the themes permeate the location mode report, its opening moments, a dramatic revelation of the young man's death by suicide and a discursive springboard for these later elements to develop. I now move to a wider account of these components and their workings.

Audiences first witness the family's recounting of the past - when Mark was alive. Through a vicarious positioning, the audience are aligned with their grief at his loss, particularly the mothers'; his absence actively highlighted in the thesis, antithesis and subsequent developing themes. Advancing the young man's

problems in the thesis, a context of disturbing statistics and information is revealed. The emphasis here is strictly focused upon suicides with the expert's statistical barrage of quite disturbing evidence, (see lines 53-56 + 61-70). Another academic contribution, from Professor Elaine Murphy, evidences the implications of current problems (line 97-105) whilst an earlier contribution from Gary Hogman of the National Schizophrenia Society qualitatively supports academic evidence through the agency's necessary work (see lines 82-90). Information supplied by Parker's contributions further focuses argument. Describing the social practices of the mentally unwell as simply unfamiliar behaviours mis-read in a society ignorant about mental health issues, there emerges a significant reason why many end up in prison. Throughout his exposition Parker's voice-over retains its critical tone, until line 106, where its upward direction symbolises the turning point; the beginning of the antithesis.

The antithesis then advances the life of a young man, Alex, who is coping well with community care. Parker's confident tones of vocalisation still retain the logical and detached form of address. The actuality of non-suicides at the Bournemouth hostel contrast with the still strong signifier of Beith's suicide, these non-events presented as result of Care In The Community. Purposefully employed in juxtaposition with the absent Mark Beith, the signifier of Alex emphasises a sense, *what might have been*. As themes progress, driven by Parker's voice-over, they are re-focalised in visualisations, people with schizophrenia in each scene, understood in their own right, enabling a certain order in representation about the concept of schizophrenia. As the story about Alex is concluded, the synthesis

begins with Mrs. Beith's final comment on the situation and some drawings by Mark graphically illustrating his ideas about his own condition.

Social Reality and Identity: Constructions About Schizophrenia

As noted in the section above, the antithesis element of the narrative begins in line 106-7 and it is here that constructions of social reality and identity about schizophrenia project a qualitative integrity - before a sobering synthesis concludes the story. Parker's voice-over re-focuses meaning made in visualisations with accessed-voice, providing an important balancing role indicating a significant turn in the 'suicide theme' prominent across the thesis.

Whilst the voice of sufferers who lived on the street were not heard, those in the hostel are; Parker's lighter tone infusing new hope through bringing in new meanings about Care in the Community. This occurs with the visualised introduction of two hostel members in 'normal' social space, seen in everyday movement as they enter the building walking up stairs to a first floor and then, enter their own room. Through this depiction they are subjectivised as 'ordinary' (see lines 111-113).

Albeit slightly contrived, the enactment of this view of 'reality' builds a strong sense of the 'actuality' of the conditions. Alex, a sufferer of schizophrenia, is seen as who he is, a person with debilitating medical condition, and what he represents; a person in need of specialised medical care and social assistance. Thus, an arranged view, image and language present a rare view of schizophrenia,

providing new knowledge content and relating it to the absence of the fact of suicide, particularly developed by the use of Alex as an interviewee.

The choice of Alex as a key interviewee is highly selective but productive, since he is similar in age to Mark Beith and therefore this works all the more powerfully. This intended but not overt comparison raises tensions throughout about how two similar cases can turn out so drastically different; one person dead, the other alive and coping with his difficult condition. Alex is seen as a person *talking* about 'suicide' as a key element of his schizophrenic condition and as part of his present identity. It is also made real through identification of the symptoms leading toward it the possibility of 'tackling the problem early'. Parker introduces him:

127. This former student had made several attempts on his
128. life before he finally got a place at the centre.

As Alex begins to speak his dialogue, a succession of shots of other residents is offered before the camera returns to him reveal their practices before then returning to him.

129. **Alex**: I could see my friends around me finishing
130. College, going on to University and this sort of thing
131. and.. that for me was just like there was this void in
132. my life.
133. **R. P.**: Do you think that is less likely to happen here?
134. **Alex**: I would say so yes.....because the staff can see
135. it happening and they can nip it in the bud.

In lines 129-132 dialogue from Alex relates what was previously going on in his world, by him; thus, he introduces his own social context. He identifies what his life '*was*', a '*void*', this value carried across for audience to explore an alternative understanding about the conditions giving rise to his schizophrenia. This direct portrayal about his own circumstances and its highlighting through Parker's voice-

over, clarify his experience about his life-world at that time and is seen as relative to other social figures, i.e. that of students. His social experience at College is immediately a social practice well known and identifiable in society rather than one associated with violence or dangerousness. The reality of suicide as a theme in the thesis, is turned around (see lines 134-5) signalling other themes of 'tragic consequence' averted and 'the care of the mentally ill in the community', actually working. Continuing his voice over, a number of individual shots augment Parker's discourse introducing the people that live in the centre, before a familiar photograph returns interest to Mark Beith when his name is mentioned in line 141. Art he produced before his death is also introduced across the remaining dialogue, signalling the beginning of the story's synthesis.

5.4.3 Story Synthesis

Drawings

Drawings presented in the synthesis assist in bringing to a close, themes originated in Snow's introduction, assisted by the mother's final discourse. Following the thesis and antithesis, elements work powerfully to converge a direct message about schizophrenic 'reality'. Three drawings and a written text are shown depicting Mark Beith's experiences. The first is a disorganised pencilled scratching, underneath which the word 'doctor' is scrawled; the second is a half-picture of a face (the top of the head is missing) with a mouth open, revealing teeth, a tongue and throat accompanied by the word 'scream'; a third has the word 'FEAR' written at the top of the page with what seems to be an animal, by which the name 'marky' is inscribed. The drawings are conceptual, constitutive of what Kress and van Leeuwen, (1990:74) term, an 'unstructured analytical descriptive process' and raise awareness about Mark Beith's social reality.

> There is often a degree of abstraction in analytical descriptive processes. What matters is not to show every detail but only relevant salient details...analytical descriptive pictures are often relatively simple drawings, rather than photographs or highly detailed art works.
>
> (ibid.:74).

The first drawing is conceptual in that there is no setting. The only linguistic detail is the word 'doctor' which works in a relationship with the drawing, supplementing part/whole relations. Each element is coded as a possessive attributive, in that Mark Beith has decided to take the category of 'doctor' with which he would have had numerous experiences and drawn the scratching and squiggled lines to represent him/her and perhaps his experiences in relation to them. This might be seen as an experience of confusion and bewilderment. Like the first picture, it is pointedly about the relationship of his life-world with the doctor and a rare kind of visualisation to appear in news. The conceptual implications of the image are that it links with his mental processes, elaborating sensitively how difficult and traumatic schizophrenia must be. This, and the drawing which follow serve to support other similar tensions but it is the written communication that is perhaps the most telling of all.

This visualisation represents an 'event of his world', an artefact depicting another mental process. The image of his writings (see below) are viewed via a panning down the page so that audience may read the text. Thus, the image slowly communicates his reality as one confused but nevertheless intent on discussing issues of life and death.

Driftin on the highway of life
a small quantity that matters
Of human substance white and blood
A mere mortal fit to die to

imperfect not powerful to
live forever

Mark Beith

Written and signed by Mark Beith, the text is a document, a testimony to his existence and his works. Presupposed here is Mark Beith as the participant '*drifting on the highway of life*'. On this journey, he sees himself as a small figure in the world but also as someone who '*matters*'. He presents value judgements about himself in line 5, except that he renders himself implicitly as 'weak' through the term '*not powerful*'. The concluding meaning of the note is, in my view, that by understanding that he cannot live forever, he is, in fact, connecting with the theme of intended suicide. In a way original and more powerful than a professional media driven document, these visualisations mobilise a unique voice depicting 'schizophrenia': A personal communication from the absent young man directly presenting his views and feelings. However, his absence in the present also reinforces his loss.

Finally, the use of the mother to conclude the piece is a strong device. She is the last person to speak, having the last say. The emphasis in the concluding remarks resist narrative closure, her son having committed suicide is an irreplaceable loss. Her final question demands action about the resource neglect that contributed to her son's ultimate rejection of the system. Her bereavement serves to make poignant her plea for answers to the questions she raises. The meaning about mental illness worked throughout this text is, to a large extent, presented as something 'unfortunate and tragic'; there is no sense of 'dangerousness', rather there is 'sympathy'.

5.5 BBC Radio Four News - The *Today* Programme

Introduction

This section explores the '*Today*' programme. Broadcast on BBC Radio Four everyday weekday morning (also Saturday) and lasting two and a half hours (at the date of this broadcast); an established news programme, it is very popular with its listeners. This popularity is, in part, due to the style of its presenters who include John Humphrys, Anna Ford, Sue MacGregor and James Naughtie, each undertaking interviews that can sometimes be described as a 'combative' style. Along with its feeling of relaxed, good-humoured address, the programme has an established tradition of in-depth and searching analysis provided across its history by presenters like the late Brian Redhead, whose abrasive but conversational way of interviewing became an expected norm. The analyses below examines one section in detail, broadcast in the programme of 4th February, 1997, whilst looking briefly at another. The main section explores both studio and location modes of address with contributions from Sue MacGregor, reporter Mike Thompson, and a range of interviewees.

BBC Radio Four: The 'Today' Programme

Time → ---------- Generic Elements ↓	On the Hour	Post 7+8 am (immediately after time signal).	At approx. 1-2 mins. past the hour and at the half hour.	At approx. 7-8 mins. Past each half hour in-depth examination begins.	At Approx. 7.25 and 8.25 am	At approx. 7.30 and 8.30 am	Some 7-8 mins prior to the hour signal.
Generic Structure (Conventions)	Time signal initiates programme cycle.	Broadcast Journalists read out approx. four/five headlines before introducing news reader.	Presenters/News Readers commence story-telling with reporter contributions. Headlines increase to approx. six to eight, sometimes more headlines.	New stories follow on from previous headlines with Broadcast Journalists developing topics with a series of interviews which address range of interview types.	Sport is introduced near the half hour.	Sub-headlines are repeated though varying in number and selection.	'Thought For The Day', Weather, Radio Four Programmes across the day, Road Conditions etc. are communicated from about the 15 minutes to the hour mark.
Language as Dramatic Discourse	No language.	A set of approx. four headlines are communicated in a serious tone indicating the gravitas of news content. The news reader is introduced by name.	A wider range of headlines are presented in deep voice tones typical for both female and male news readers.	Conversationalised discourse is encountered through the interview genre	Sometimes triumphant, sometimes woeful tones of sporting results. Interviews carried out with players, managers and other interested parties.	Again, a set of approx. four headlines are communicated in a serious toned voice indicating the gravitas of news content. The news reader is again introduced by name	A selection of people introduce these topics before the main news read returns to introduce the time signal.
Auralisation	Five bleeps prior to the hour signify a five second countdown, the last signal indicating the time precisely.	Only one voice is heard against silence.	Combination of news reader and 'on the scene' reporter.	Combination of broadcast journalist and interviewees, also accompanied by reporters, interested parties and at times, associated sounds from the scene.	Sound of sports journalist in a less serious tone reporting the sporting events. This includes atmosphere of the event, i.e. sometimes the crowd.	Voice set against silence.	Change in the normal voices heard across the hour signifying change of information for weather, traffic and eventually the time signal, once again.

BBC's *Today*

5.5.1 Modes of Address: The Opening Segment

Midway through the sub-headlines (after the 7 am) the opening segment for my selected story is read out, its order of location seemingly left open to chance; this intermittent exposition of sub-headlines adding a degree of contingency to the news genre. Charlotte Green (CG) presents the opening segment.

a. CG: Proposals for improving care for the mentally ill are to be
b. outlined by ministers today in a green paper - it'll set out several
c. options for reform of Care in the Community - including
d. the creation of new joint health and social service authorities

Paced, her talk delivers a list of potential issues and options setting an agenda for reforms of the 'Care in the Community' policy. Proceeding swiftly, Green's code is ephemeral, disallowing in-depth subject examination, her vocal codes fostering 'a personal' spatial relationship of distance from the topic. The term 'the mentally ill' (line a) is given what seems scant attention, skimming over it in a way similar to other elements; social relations result in equivalence for the mentally ill with other mentioned organisations. Through this 'distance', codes resembling an objectivity are maintained, the topic acquiring no more or less status amongst other sub-headlines. Consequently, mental illness is a denotative value, retaining an open quality, through Green's 'understanding' way of dealing with the issue.

In this opening segment, the 'green paper legislation' is the key focus for mental health, with the other elements of 'proposals' and 'the mentally ill' combining to make a central organising schema; these elements pre-determinants and shapers of informational content to follow, which have implications for social identity and reality

about mental health. Operating as a generic anchor, it sets expectation about possible words and language following in discursive conventions and conversationalised codes. Thus far, mental illness is attributed a schema of 'sympathy' in a short opening segment.

Developing Discursive Conventions and Conversationalised Codes

Ordered discursive conventions resume at approximately 7.30 am, another series of sub-headlines formally offered by Green; some are similar, some different to those presented earlier. Excluded is any story about mental health further registering this moment as one, whilst mainly ordered, as again dependent on the programme's 'contingency'. Sub-headlines concluded, the mental health report arises, signifying the end of formalised codes and the beginning of the more informal. Sue MacGregor (at approximately 7.34 am, see Appendix A, second section) opens the story.

By convention, this part of the programme introduces personal coding. The solemnity of headlines and sub-headlines are relaxed in favour of a more personalised inquiry and on this occasion a level of 'disquiet' is introduced through extra *variance* in MacGregor's voice, coding a sense of 'unease'. This is illustrated in 'failings' (line 3) and 'suicides' and 'even killings' (both line 6), these 'uneasy' codes expanding on the original schema and inviting curiosity about why the need for reform is needed (see lines 1-8).

There is surprise in 'failings', a sense of, *'well, why should it have failed?'* and an added sense of concern in 'suicides' and 'even killings'. 'Suicides' is emphasised as the key focus, with the adjective 'even' working to propose that killings are abnormal and out of character for people who are psychiatric 'patients'.

5.5.2 Edited Interviews: The Location Mode Of Address and Narrative

Constituted mainly of reporter discourse, this location mode of address is supplemented by a range of other voices edited together prior to broadcast: By voices I take to mean, not only the voices of people speaking but also, 'the identities of particular or collective agents' (Fairclough, 1995b:77). Voice provides a human 'presence' in radio news (see Crisell below concerning this), an indexical signifier of 'identity'. Unlike television where edited interviews provide evidential qualities in the 'viewings' of interviewees, in radio news it is '*hearings*', vocal data located within human presence which provide significant detail.

A key voice is that of Mike Thompson's (M.T.) who starts the report, but another, that of Joy Hurley (JH), provides a major presence supplying impact in the broadcast (see lines 9-27). Thompson's forward voice is calm in tone embodying elements not only of 'concern' (developed earlier) but also of 'sarcasm'. The nominalisation, 'Care in the Community' (in line 9), is voiced in a way unlike any other previously mentioned, holding a slight value of 'contempt' in its utterance. Knowledgeable of the mother's following discourse, Thompson's utilises 'irony' with emphasis placed on the word 'care' (in line 10). One meaning of the word 'care' (and it is the intended

meaning here) is 'to look after or provide for' (Collins Pocket Dictionary, 1989:120, no. 4) but the strong element of sarcasm in 'didn't amount to very much *care* at all' (my italics) organises an intertextual relationship of irony between word meaning and policy practice. Thus, mental health, by way of this ironic relationship with *Care in the Community* is organised as a poor and neglected entity. Also, highlighting the hypocrisy of the term in this context, Thompson's portrays Paul's identity as 'in trouble', one who 'struggled' (in line 12) and 'suffered' (in lines 11 and 14) to receive the appropriate medical assistance; his identity subsumed within *Care in the Community*'s poor relations. This leads-up to the mother's dramatic discourse and her formidable presence. For Crisell (1994:105):

> The amount of human 'presence' must be enough to make reading the news expressive and interesting, but not so great as to make us more conscious of the reader than of what is being read. Hence when a change of voice occurs in radio news it must be dictated by the logic of the news itself - by a change from one headline or story to another, or from one aspect of the story to another, including the transition from the actual text of the bulletin to a correspondent's report.

Revealed in the mother's testimony is a distraught but emphatic voice. Lines 16-18 and 21-22 provide slots of experience, graphic accounts retaining powerful and moving human presence edited to accord with the logic of Thompson's contributions. Dramatic discourse is used as 'a tool' to organise narrative as an element of tension. This tension is further nurtured by her use of the word 'they' in a profound way; as a third person plural (twice in line in 16) and a subjective pronoun it delineates boundaries with the authorities. Emphasis in the word is provocative but in the third and fourth use of the word (line 17 and 18) this antagonism is relinquished via a change of reference, as she turns her attention from the authorities to the patients who

suffered with the same condition as her son. Here, her voice tones also change, switching from explanation to exasperation at two points (those italicised in line 18 and 22). Her use of language veers in the direction of almost screaming, mobilising connotational codes of grievance and injustice; supplied is a deeply *personalised* discourse, an agency that must operate outside of social constraints, in an emotional criticism of the medical institutions.

An 'alternating discourse' between Thompson and Joy Hurley nurtures the dramatic opening. Through sequential intertextuality, 'where different texts.... alternate within a text (see Fairclough, 1992:118) the voices of Thompson and the mother share narrative development. He represents her discourse supplying a personal history of her son's experience and problems. As he concludes, so she begins, drawing upon her own personal testimony. As she concludes so he begins raising the emotional stakes within the interview, making ready for the dramatic revelation in line 23. Her discourse resonates 'neglect', tones of distress enforced by the mother adding veracity and authenticity to the story of abandonment by the authorities. Thus, lines 9-27 provide a moving element through dramatic narrative, working to establish sympathy and concern at the start of the location mode.

Intertextuality

Identifying the relation between 'text' and 'discourse practice' as bridged by 'intertextuality', Norman Fairclough (1995b) sees textual analysis,

> from the perspective of 'discourse process' - in terms of the ways in which genres and discourses available within repertoires of orders of discourse are

> drawn upon and combined in producing and consuming texts, and the ways in which texts transform and embed other texts which are in the chain relationships with them. (1995b:75)

In this location mode segment, intertextuality includes examination of *voices*. Voices are analysed by looking at their discourse type, i.e., the configurations of genre and discourse in different voices. In the discourse process, convention dictates 'reporter discourse' guides the listener through a range of interviews; selectively organised and edited voices bringing new knowledge and information, giving further detail about mental health. Informing the location mode are several discourses; a medical discourse (Professor Thompson), campaign/help group discourse (Marjorie Wallace, Chief Executive of Sane), national health authority discourse (Philip Hunt, a director) and special interest group discourse (in Jane Zito of the Zito Trust). These four discourses, that of the reporter's and mother, form what Fairclough terms 'a web of voices', across the location mode (see Appendix A).

Prior to Professor Thompson's edited interview, Mike Thompson re-presents his comments, a practice repeated prior to all edited interviewees. In this instance, he reformulates historical information about the 'Care in the Community' policy and also, the condition of patients in Paul's state. As a consequence, the 'sympathetic' and 'concerned' framing developed in the use of dramatic narrative is extended into the subsequent medical discourse.

At first, there is little present in the way of differentiation about 'mental illness' and the identity of those termed 'mentally ill' in voices; initially, social castigation and

mobilisation of moral panics around 'dangerousness' are avoided in favour of a focus exploring deficiencies in the 'Care in the Community' policy. Medical discourse pointedly distinguishes the social group as 'very acutely ill patients' (line 29, see Appendix A); they are neither protagonists nor antagonists, but passive subjects in a greater power play taking place above them. The Professor's approach is calm in style but clinical, keeping his discourse acute and pointed. A voice from a caring profession, his interview raises the problems for 'caring' across a wide geography, the sheer inadequacy of numbers set against beds highlighting impracticalities in the policy. In this discourse type, medical perspectives raise further the sense of 'concern' through qualification of problems, clear exposition using medical evidence to enforce the sense of a problem needing solution.

Mike Thompson, supplied with facts and figures from the charity organisation Sane, re-presents its discourse before introducing Marjorie Wallace, the charity's chief executive. Describing the mentally ill social group as 'people' (in line 34) he maintains a collective ambiguity through his choice of the determiner 'those' (line 35). Using the term 'as many' to quantify the group, linguistic capital is extended to the original word 'people', promoting the problem as a static one in an undisclosed population. Wallace too uses 'people' in lines 39 and 42 but importantly, differentiates the social group into smaller constituencies. Her talk carries a sense of urgency, contrasting with that of the Professor's and Mike Thompson. Her codes indicating a sense of morality as she highlights social injustices. In extending the term 'people' her discourse denies intertextual chain relationships about dangerousness, even though substantiation of

information about some people being 'violent' in Thompson's preparatory discourse introduces the issue. Whilst Wallace's discourse promotes and encourages notions of mental illness as a neglected element in the community, the use of words like 'people' works at denotative levels to re-introduce the sufferer back into mainstream society. This contribution transforms the text further, summoning a moral value from a more recently established order of discourse, that of the campaign group for the rights of the sufferer.

Across the location mode, edited interviews provide a range of discourse types, each serving to develop the concept of mental illness. Different voices draw on different perspectives which in this text, develop themes of 'sympathy' and 'concern'. However, the continuation of the agenda set in the opening segment is maintained in the location mode before widening its parameters toward the broader constituency of non service-users.

5.6 Video Diary: *Mad, Sad Or Bad*

Introduction

Mad, Bad or Sad is a BBC Video Diary production (13th September 1994), a vérité observational style documentary form about a young woman who suffers from schizophrenia; it won a Mental Health Media Award for its portrayal. Particularly popular in contemporary Britain, it is an access programme promoted by the BBC Community Action Unit which provides equipment to individuals who wish to make their own programme, retaining editorial and content control over the programme's production process. The success of the video diary form came during the early 1990's when documentary was in need of rejuvenation and a lurch towards hybrid forms was underway. The 'infotainment' value was considerable in the first two forms above but, the video diary form, on the other hand, is obviously one dependent on the person whose diary is being told, and depends on their personality and topic. Consequently, the diversity of these diary formats is as wide, as the numerous people and ideas offered for examination. In this programme, Sharon, a young woman who has been diagnosed as schizophrenic, attempts to confront what she terms as 'the roots of her madness' in order to rid herself of the voices which plague her on a daily basis. Born of a white mother who had a brief relationship with a black man, and from a family of six children, Sharon, was abandoned at birth and given away for fostering. As the fostering process did not work out, she was sent into mental institutions and later prisons. Eventually she was released into the community, became homeless and lived on the streets but was plagued by her voices; these were her only company. The programme acts as a vehicle for Sharon, who, now living with her boyfriend, Mick,

in the Manchester area, seeks to find her mother, her social worker following up this inquiry.

Living in a flat, the couple's existence is one which involves everyday meetings with other users of mental healthcare services and also, events which bring Sharon into contact with the official discourses of institutions such as the psychiatric service and also, social services. Another intention behind the film is to try and show what the reality of life is, for those who live behind the label of schizophrenia in society and, the politics of their existence.

5.6.1 The Video Diary Form

The style of *Mad Sad Or Bad* makes it a non-fictional genre, its generic qualities appropriate to the vérité observation style through its 'video *diary*' format. Its generic structure shapes it in a form similar to the way in which someone might skip through the pages of diary booklet but in an aural and visual way. As days are selectively presented, they become minutes with only relevant conversations communicated in what appears a disjointed way. Conventions common to the series involve edit cuts which are depicted by white noise accompanied with intentionally produced screen interference; signifying location, event and narrative changes. There is an orderly 'disorder' at work in the text, its structural implications enforcing a fragmentary aesthetic.

The visualisation that opens the production, shows Sharon lying on her bed; her speech evidencing that all is not well in her world. Precisely what is the matter is not specified but there is a sense that she might be experiencing some sort of attack. But this is not clear for the audience, the meanings are ambiguous. Immediately apparent is the lack of external producerly construction. In real-time rhythm, the pace of the programme is uncluttered by added directorial devices, instead, the audience needs to work at the identification of key communicative elements happening at 'natural' levels. As her boyfriend, Mick, moves into the frame, and onto the bed with Sharon, she is seen as lying in some discomfort. He comforts her in an understanding and gentle manner, sometimes facing the camera when talking.

Mick: Its Friday...Monday 27th of July and we've just started filming in the bedroom and see what we're getting and Sharon is a bit upset. I'm sorry.....

He is comforting toward, her stroking her forehead.

Sharon: in a loud and distressed utterance.....
.....I don't want to do it! (referring to the film), I'm tired!
Mick: Can you explain what the problem is? Sharon! Please...
Sharon: I'm tired!
Mick: I feel like I'm torturing you! (indicating that his attempts are those of only trying to help).
Sharon: I'm sick of this film....I want to go to sleep.

A fade to black and then to a picture of the sky whereupon the titles fade up..

Mad Sad Or Bad

This opening moment *sets* perception within the parameters of ambiguity; a quality which continues across the early stages of programme and in some variations across its remainder. This ambiguity is something which Cross (2000) also identifies, or what

he terms as an 'uncertainty of meaning' for the audience. Sharon's non-compliance with the production process, her apparent contradiction whilst acceptable at the level of possibly being unwell, also appears 'against the grain' of the programme's very purpose. Here, audience are met with her speech, 'I'm tired', this feature telling about her psychological state and unhappiness but precisely what is the matter remains unclear. The lack of dramatic action initiates a greater expectation from the audience about precisely what will be forthcoming, not least the resolution of Sharon's unhappiness. The development of a structure of anticipation about potential directions in which the programme might move, is left momentarily in abeyance, intertextual references queuing up.

In the next scene, after the opening titles, Sharon and Mick are at a park and are revealed enjoying the slides and swings, both cognisant of their part in actually attempting to set something up for audience to witness. Sharon's voice-over further breaks up any notions about a form made up of external production values. The personal nature of her voice highlights that this is not something she regularly undertakes though there is a felt strength in the firmness of her address; one filled with intention.

> You probably don't think you'll crack up - the chances are you might then you'd be a nutter like me - a doctor will give you a label that sticks to you for the rest of your life - mine was schizophrenic - making this diary was hard sharing all my secrets but I really wanted you to see me - the person - I am behind the label. Most of my life I've spent in institutions until I met Mickey. He's a schizophrenic too. Now we live together in Manchester - Mickey, my two cat and my voices, echoes from the past. This is the root of my madness.

This opening address is significant for the audience since previous cues as to what the programme might have been about are now dispelled through an open and honest revelation of her identity. The statement brings personal qualities to the fore which many would usually be kept under wraps and qualifies as a huge political decision to expose all her frailties before a national viewing audience. In this way, her subjectivity in all its normality, her strengths and weaknesses are unveiled for examination and this makes the knowledge content of the programme exceptional. Her voice-over concluded, we next see her with her cat in a direct speech address to camera in her lounge. Here, the conversational approaches which form part of so many people's lives and which are usually the sort of intimate interaction which takes place in front rooms, arise through her way of talking to camera; something other documentary forms rarely accomplish. As Cross puts it, 'She is able to represent herself as someone whose mental competence is not in question' (2000:252). She is able to communicate her views about the label of schizophrenia, about her love for Mickey and the cats, and to inform us, in a realistic way for her and subsequently for the audience, that she hears voices. Mickey's discourse is also one which questions the psychiatric system, of which they are both a part. Thus, an honest and an open insight is afforded the viewer, revealing a 'self', an identity constituted of non-stereotypical qualities.

One scene presents a significant portrayal of the social reality of schizophrenia, in that Sharon's existence is ruled by medication. A notable amount supports her condition though the nature of that support, through advice from psychiatrists about what she

should take, is critically reviewed by Mickey, before Sharon visits her drug cabinet: As someone with significant prior experience of the mental healthcare system and medication, he is knowledgeable not only from his own experience but also through that of others. He is able to offer a considered and critical argument about the service he has used and that Sharon now uses. It is not a complimentary judgement. The scene starts in the kitchen with Mick washing up, (mid-shot from the side, with Sharon filming) and where there may have been a lethargic start for the audience, the nature of the action in the scene now begins to gathers pace. Whilst cleaning cups and glasses, he talks about Sharon and her history in relation to drugs[2].

Mick:
1. When I first met Sharon, she was very over medicated
2. cos she was on tons of tablets and things, she was
3. basically.... she could hardly fucking move and er....

Sharon: (in the background calls through concerning something...)

Sharon:
4. .....you said I,
5. I got all the ventolin.

Mick:
6. Yer, I did say that Sharon would get better and she's
7. on a bit less medication now.

Image cuts to Sharon (mid shot) standing by an open cupboard which is filled with medication. She takes a packet out and presents its to camera. From this point forward, there is movement between direct and indirect speech address to camera.

Sharon:
8. These are my tablets, I'm on eleven a day. I'm on this
9. one, carbamazepine which is for a mood disorder and I
10. take this one three times a day - (She puts it back).
11. And it makes me feel tired - I also take procyclidine
12. for the side effects of the injection..... that's four
13. times a day, (she returns this bottle to the cabinet),
14. what else?.... I'm also on these tablets for migraine
15. called Migralieve, prothiadine, yer, that's an
16. anti-depressant and largactyl which is er... its full
17. name is chlorpromazine hydrochloride.....

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[2] I am grateful to Simon Cross for his spelling of the medications listed here.

Mick still in the kitchen hollers through....

Mick: 18. Its an anti-psychotic...

back to
Sharon: 19. Its an anti-psychotic and I take that at night (she puts
20. it back and picks up another one) and another
21. Mellerill... this is Mellerill.....(opens the box to extract
22. capsule packet).... no that's largactyl, well Mellerill
23. and largactyl are similar and I take four of these a day
24. (puts it back) and that's about it (closes the cupboard)
25. .....I feel drugged up most of the time!

The visualisation (from line 8) is of a mid-shot of Sharon who is standing sideways and to the side of a cupboard which is open. Upon the shelves there is an array of boxes, in different shapes, colours and sizes. Sharon's discourse is naturally located in her life-world; she is not particularly fluent or articulate but she is very able in communicating her feelings and thoughts in what is typical of conversationalised style. Using gesture and language, her role reveals intentions and purpose of a communicative event dedicated to informing the viewer about her condition and dependency upon medication. In this way, the angle of view organised for the audience is one where Sharon is giving first hand information with first hand experience about what it is like. Placed very close to the camera, the social space afforded the viewer is one therefore inviting intimacy; the audience invited in to hear of her views.

Significant in the programme are the voices Sharon hears and the opportunity afforded the audience to know these through the video diary; not only her experiences of schizophrenia but also that of other users, at a Hearing Voices group. Sharon is

aware that her voices originate from her past, whereas another user of the group vividly describes how hers operate when she is angry. This, Cross (2000:257) usefully points out is quite purposeful on the part of Sharon, as she is the camera person and it is her point of view ensuring first of all, that this person is seen and heard, and second, that in the editing process, she too is included.

Authenticity is also communicated through elements of language about Sharon's own identity at the beginning of the programme when she calls her self a 'nutter' during its opening moments. The term 'schizophrenic' is also examined by Mickey as something he doesn't like and once again, the personal mode of address is significant through its personal component, breaking cultural boundaries about the pejorativeness of stigma. The way in which the mark of schizophrenia exports an individual, ejecting them from any social position connected to dominant culture is singularly the most axiomatic stereotypical exorcism possible. 'Mental illness' too, is impregnated with a diseased-ness in its wordings but Mickey's candour is illuminating, if painful, listening. It reveals the impact of the term upon him. The term 'loony bin' is another example of how there is, to an extent, a reclaiming of language from dominant culture which they want to employ and use. Nevertheless, pejorative values in the stigma associated with these linguistic elements are significant and real to both.

One factor which Cross overlooks is the relationship between Mickey and Sharon. The myths which link with schizophrenia mobilise stigma to deny knowledge that this partnership has lasted a long period is a loving one and is working 'before the

audience'. One scene is significant when, in the lounge, with a friend, Mickey is complaining about a recent violent event. Clearly, Sharon at this moment is not well but when Mickey in passing quips that the violent offender should be locked up, Sharon interjects to question if she should be too. He responds very quickly that she doesn't need locking up rather she needs lots of loving. Consequently, the personal in the *Video Diary* brings to the fore their loving relationship which has lasted a considerable time, dispelling any myths about people with such problems being unable to hold down such 'relationships'.

The meanings which originate from *Mad, Sad or Bad* serve to support ideas about social realities and identities in relation to schizophrenia, ideas of a kind not usually found in broadcasting schedules. These concern individuals struggling to survive a tragic personal history and working to find a way through.

5.7 Conclusion

This chapter began by examining, representation and identities, acknowledging how a considerable group of people with experience of mental health conditions do not fully participate in their society; the cause, most likely, negative images about mental health. Across all of the media examples covered, a diverse range of opinions, values, knowledge and information, frames of reference and views, are recorded. Certainly some, though not all of the examples in this analysis, present ideas about why users of mental healthcare services and generally, citizens who may have a mental health concern do not fully participate; because of the shame stigma brings to bear

upon the sense of self. In these examples, the diversity of inaccurate and pejorative meanings operate at the level of stereotypes about dysfunctional and disturbed monsters, apparently intent on killings, these distortive of identity associated with people who have unwell mental health.

The ITN example, for instance, is a problematic representation worryingly creative in its sub-generic elements. In paraphrasing Dahlgren, if we are mentally unwell, our sense of who we are to our 'self' and to others begins to take on a stigmatising relevance. In this portrayal, we see an editorial choice to arrange story parameters around 'killing', to visit the home where the murders took place and, via voice-over and imagery, re-enact for the public imagination, events and actions; consolidating the story as a unit that cannot be anything, other than about murder. Whilst family photographs are employed for the portrayals of the mother and son, Anthony Smith is denied this public view of him in favour of the digitally imposed ellipse located around his face, as he leaves the court building. In short, a socially exorcising stereotype is presented at the expense of an explanation about this mentally unwell person. Seeing such portrayals, the unwell person knows that simultaneously the public see these negative images, raising complications in perceiving how their identity is viewed. Because here, sub-generic elements were transported from horror. In the choice to visit the home, to match image with spoken language about the murders, synthesising these two components to focus audience attention to imagine what happened. Thus, this segment of the news report holds entertaining points. For example, of how an informational genre can integrate an entertainment element from another genre and

embed it into the flow of the text. The outcome here, is a mental health space organised around a horror element, reinforcing knowledge about the schizophrenic-as-killer stereotype.

Across all programmes, the power of personality is omnipresent, the linkage of their personal style (genre) to the personal qualities, difficult to separate; if anything they are conjoined. Be it Suchet, Snow or MacGregor, their styles operate closely with their 'personality'. Indeed, programme forms such as Radio Four's *Today* programme and Channel Four News shape personality and dramatic qualities, impacting in a positive way in the telling of stories and on this occasion, with benefit for mental health identity; absenting the dangerous stereotype. Be it in the application of the smallest dramatic quality, the impact in either the studio or location mode of address is significant. These codes operate in the direct speech address or voice-over, and through the power of the journalistic position, communicate important meanings sympathetically and accurately, audiences provided with useful knowledge content and an engagement with a complexity of circumstances.

In the *Today* programme, both in studio and location modes, the nature of talk across the text is subject to 'dramatizing', the employment of everyday chat between two journalists organising a form that culminates in an easy listening relationship for the audience. Similar to Philip Schlesinger's notions about 'pace' in his book, *Putting Reality Together* (1978), the news producer's style is linked to the idea of 'moving it along' and in a dramatic sense, the rhythm of the interview is driven forward. In an

ongoing conversation and by way of an indirect speech address, listeners are positioned as eavesdroppers into a conversation about a government shake-up. Mental health comes across as something significant, in terms of a well-being for all.

However, if any of the forms here present useful mental health knowledge and information through the power of personality and talk, their frames of reference and view, then the *Video Diary*, via its distinctively personal approach and its connection between exposition and experience is, I believe, most valuable. The personalised format allows audience access to elements of personality and testimony in the programme, through channels relatively free of production controls of media professionals. Consequently, how we see, is by getting what there simply is and the nature of this power is all involving for the audience in knowing about aspects schizophrenia such as vulnerability, drug dependency and stigma.

How institutions shape messages in respect of information or rather lack of it about mental health issues is a concern for public knowledge. Clearly, in respect of Channel Four News, the use of personal testimony proved very effective, though this, an extremely rare example, was employed by an exceptional journalist. But through examination of these news forms, wherever journalistic treatment is addressing matter sympathetically, there is no better substitute than personal testimony. Whilst presentational styles and interviews are helpful when used sympathetically (and quite damaging when not), it remains to be seen how much they can look or sound unmanaged, or a copy of something original and real like the personal testimony.

With regard to mental health in news media, clearly there is a need for the mentally unwell, carers and programme makers to be an integral part of the process but so too, there is a need for styles to be more thoroughly considered. With a careful use of language, considered ideas about enactments and the way in which identity is employed, this would go part of the way to facilitating knowledge that evacuates themes of dangerousness for the public, in favour of ones that promote understanding about mental health.

Chapter Six

Generic Studies 3

Broadcast Drama Forms

6.0 Introduction

This chapter explores two broadcast drama forms, one from television and the other from radio. The first is a comedy drama, *Takin' Over The Asylum* produced at BBC Scotland for BBC 2 and broadcast on 10th August, 1996. The second is a radio drama, *The Prisoner of Papa Stour*, a Globe Theatre production made in collaboration with the BBC World Service for BBC Radio Four and broadcast in 1995. The focus for analysis in both forms are the imaginative pleasures produced in audience-text relations. The aim of the chapter is to examine how dramatic portrayals construct spaces about mental health and allow identities to speak; how they produce knowledge content in various realisms. Each of the programmes have as their imaginative centres, a place and a particular set of people: Clearly, the asylum and its patients are one, whilst the island of Papa Stour, a family living there and visitors to it are the other. Of particular note in both dramas are their propositional and/or symbolic discourses, and the claims each text makes in communicating something about mental health. Therefore, in the analysis, particular focus is given to that definition of drama when there is a felt disturbance in human affairs, generating a tension and a struggle in action in order to resolve that disturbance - as well as an examination of human interaction and its roots.

6.1 Takin' Over The Asylum

Takin' Over The Asylum was written by Donna Franceschild, produced by Chris Parr and directed by David Blair. Franceschild's motivation for the work originated from personal experience, her intention was to critically challenge accepted views about mental illness. With considerable research undertaken, much of it was translated into characterisations in the fiction (explained below). As Henderson notes (see Philo *et al.* 1996:35), the writer worked with mental health organisations to secure important information but also had a strong production team. Made into a serial of six instalments, the programme won an award not only from Mental Health Media but also, BAFTA. With a supportive producer and the controller for BBC 2 sympathetic to the production, both were cognisant of the potential for relatively low viewing figures. Nevertheless, a risk was undertaken in its scheduling at a time when ratings were increasingly sought after. From her interviews, Henderson also notes, the subject matter was seen as the reason why general audience numbers were, in fact, low. *Takin' Over The Asylum* was, in effect, a special event in the scheduling, but also special enough in quality to draw critical acclaim and to be given a second airing.

6.1.1 The Comedy Drama Form

Significant to *Takin' Over The Asylum* is the way in which its form treats the subject of mental health and portrayals of all people; regardless of their mental health experience. It does so by way of advancing a social context about the world organised through a juxtaposition. As its terms 'comedy' - 'drama' indicate, the serial is organised through systems of signs and tacit agreements in a mix of seriousness with humour, holding significance for the imaginative pleasures communicated in, two

contrasting worlds of madness. Depicted from the first episode onwards, this theme serves to highlight the humour and tragedy about aspects of mental health peculiar to each world. The fifth episode, *Rainy Night In Georgia* (chosen for analysis here), starts with a tragedy that ended the previous programme - with a former patient's death; Fergus Mackinnon, who committed suicide, is buried at a cemetery. Patients leave the world of the hospital to visit a cemetery outside, to pay their respects to a charismatic friend, who longed to leave the confines of the hospital. This scene full of irony in that his wish has been granted in the most tragic of ways. The sadness, evident through grief on faces around the graveside, is further stressed through the popular song *Rainy Night In Georgia*, *setting* scene parameters around the tragedy and also signalling a 'sombre' mood. However, in keeping with this basic form, the moment soon moves on to brighter spaces, in places established in earlier episodes; including the asylum and the headquarters of a double glazing company. I now move to look more closely at these moments and expositions about the two worlds of madness using ideas from previous work (Birch, 1996).

6.1.2 Two Worlds of Madness

In *Takin' Over The Asylum*, madness as a concept is purposefully employed, not only as a domain through which to portray popular expectation about those identified as mentally ill but also for those who might be termed 'well' in the so-called 'normal' world; part of the programmes' purpose being to challenge popular conceptions of the social world as normal. Therefore, two distinctive worlds are organised, one inside the mental institution of St. Judes, the other, outside in the social world, in a double

glazing company called Twin View Windows Ltd. With emphasis afforded to St. Judes as the dominant place and to its people as the main cultural focus, they are complemented with the status of being, cultural insiders; the rest of the world are outsiders. Thus, usual understanding about the social world is inverted but through this positioning, the psychologies of all become susceptible to examination through a 'mental health microscope'. With concepts of normality and madness mobilised in potential inversion, everyone is 'investigated', raising questions for audience about character. Scenes in the mental institution present a range of people with characterisations offering expressions, gestures and interactions unfamiliar to those found in ordinary everyday life. These visualisations compare and contrast with scenes of people from the world in 'Twin View Windows Ltd.'; where bizarre actions are performed at the behest of an idiosyncratic managing director, who preaches and practices to his workforce that, 'the company' is the be all and end all of life.

The significant connection between each world is the character of Eddy, played by Ken Stott. Reticent about being a double glazing salesman, he is enthusiastic for his part-time job as a radio DJ, his devotion stemming from an encyclopaedic knowledge about music; a personal attribute with which audience can easily identify. An accessible character for audience relations, his slippage back and forth between each world provides a critical point of view through which the audience may see the madness in the so-called normal world and the normality in the so-called mad world. Consequently, questions are raised in each environment about mental health contexts.

6.1.3 Languages of Madness

Supporting the notion of two worlds of madness, comedic circumstances within each world correlate through the manic chants of '*Sell! Sell! Sell!*' in the Twin View Windows company headquarters by its employees, with similar expressive chanting of '*We are loonies and we are proud*' by the patients in St. Judes; a contrasting language of manic madness operates across both society and institution. Positioned to view the madness of both worlds through Eddy, the audience see highlighted the futility of a social practice (selling double glazing on a commission basis in a recession), juxtaposed with those identified as unwell and who seek to gain some dignity in their lives. Unimpressed with selling, Eddy's real passion is running a hospital radio project for people. In this way, the comic element of the genre, with its scope for exaggeration and farce, illuminates attributes of both worlds whilst the dramatic component, operates as a check and balance, its structure temporarily collapsing social boundaries.

6.1.4 Characterising Mental Health Conditions and Identities

Depictions of character's mental health conditions in *Takin' Over The Asylum* are exceptional, their propositional discourses offering simple, single quality identifications of mental health conditions, portraying clearly the attributes of each character for audiences. Thus, 'Rosalie's' undertakes repeated actions, in ways presenting a condition as one continually compelled to ensure her internal conflict is comforted - portraying her as an obsessional compulsive neurotic personality. 'Francine's' past abuse and its manifestation within a withdrawn and reclusive individuality is portrayed through mood shifts and self-harm - her subsequent

depression, strongly depicted. 'Campbell's' manic depression is also usefully characterised, his subjectivity following the highs and lows that are representative of his condition. Thus, characterisations hold significance for audience pleasure knowing the conditions of characters and their identity and directing expectations about conditions that promotes not only understanding but also, interest, in where the next scene/episode will take them and what may or may not happen in that new context.

6.1.5 Dramatic Circumstances and a Mental Health Condition

The focus for my analysis here is the dramatic circumstance between Francine, played by Katy Murphy, and Eddy. Through what are more dramatic than comedic scenes, useful knowledge content is crafted in meanings about mental health. By way of building up particular scenes, I hope to draw attention to the knowledge content produced through formal and thematic realisms[1]. Arranged across the two worlds of madness, my focus will be more on the portrayals in the mental institution than those located in the world outside it.

Scene 1

In a long shot of a bench in the grounds of the mental hospital, Eddy joins Francine who is sitting down on the bench. It is evening and fading light contributes an intimate feel to the scene. As a patient, Francine has previously been prone to depression but is now beginning to show positive signs of recovery; these mobilised for audience

[1] The approach taken here, is, that taken in Chapter Four concerning the problem of identifying realism.

pleasure, at least temporarily. Eddy inquires, 'Are you waiting for McTavish?', McTavish is a cat who is about to have kittens. As someone addicted to alcohol, he draws out a flask but is then gently admonished by Francine. He says it makes him feel free and that's why he does it. Expanding on his reasons, he recounts a narrative from a previous moment in his school life whereby he had to recite a poem in the class. Drink helped him to do it because he had to feel 'free' to be able to do it and in this moment, a personal flaw is revealed for the audience to acknowledge. Through extended close-ups of Eddy's facial expression, this desire for freedom is emphasised as a poignant truth with which not only Francine but also the audience can relate. In turn, the close-up visualisations of Francine's facial expressions also serve to show not only an attractive woman but allow a glimpse of someone with her own psychological difficulties. These moments allow a space to see personal situations connecting to issues of mental well-being and also evidence romantic interest between the couple.

After the scene, Eddy goes home to find his grandmother packing her belongings. She wants to sell everything she has and return to Lithuania, where she can die with her people. Antagonising him for not having a wife, she commands he come to the Lithuanian Club night with a beautiful woman so as not to embarrass her. Returning to the hospital, Eddy sees Francine hassled by two youths near the shed where McTavish lives. Confronting them, they flee and together, Eddy and Francine admire McTavish's new born kittens and it is during this moment, Eddy asks Francine to join

him as his 'pretend' girlfriend, at the Lithuanian Club night and she agrees to do so. Another scene portrays the development of a pilot radio programme which Eddy and Campbell have created. It is accepted by the BBC but with one reservation: Management are dubious about letting a person with a 'mental health problem' into the studio and 'On Air'. In a disgruntled way, Eddy leaves the studio, warning that if there's no Campbell, there's no show.

Scene 2

At the Lithuanian Club night a good time is had by all and later, Francine is driven home by Eddy. As a romantic encounter starts to take place in the car, they are interrupted - the two boys are up to no good again. They have doused the shed where the kittens are located with petrol, set light to it and then run off. Sounds of screaming take the scene from a warmly romantic setting into confusion as Francine, yelling loudly, makes her way through the fire to the kittens, (Eddy extinguishes the fire). Music during this scene further raises emotional levels as Francine cries: 'They're no safe! They're no safe! They're no safe!'. Eddy, in trying to calm her, says the boys have run away but is met with a further seemingly illogical response: 'Not from them, from Uncle Frank. He'll come for these, they're no safe, we're not safe!'. It appears that Francine has become dislocated from present space and time to a past world. The power of dramatic representation here showing audiences, the susceptibility of her condition: her moment of terror reverting to a past traumatic event with implications for the future.

Scene 3

Eddy, after securing a big contract, returns to the hospital and ventures into Francine's room which is dimly lit with only one angle lamp. This low light visualisation allows the scene a degree of intimacy in which close dialogue can take place. Hearing the kittens meowing, Francine discloses to Eddy they have been put in a drawer by her bed: She knows 'the rules' but says she had to bring them to her room as McTavish did not return. Eddy voices his concern but she replies, 'I know but I'll be getting out soon (meaning out of the institution), I've been really well eh!?' As Eddy talks to Francine, a series of close-ups frames both in reverse angle shots, allowing audience another look at the psychological attributes of each, in particular, Francine's. The maintenance of these close-ups function as a device to assist a 'revelatory discourse' about Francine's personal history and help to introduce knowledge content about her condition. Her disclosure begins after Eddy inquires about who Uncle Frank is. After trying to avoid answering the question by saying he was just someone who use to hang around the house, her discourse flows, as if a tap has just been opened, to allow the pressure to escape.

> After Ma died Uncle Frank use to come round a lot to see ma Da, he use to buy me lots of presents. On Saturdays they use to play cards and get absolutely steamin'..... and Uncle Frank would stay over and sleep on the settee except one night he didn't sleep on the settee.....
> Eddy: He slept with you.....
> Francine: I was nine years old. I was nine, (she begins to weep) Uncle Frank never slept on the settee again.... I use to hide sometime.... or when I was asleep I use to call out for my Da. I would hear him snoring but he never came to help me. (she picks up a kitten) He was my Da and he should've kept me safe but he never seemed to notice (the kitten meows)
>
> A BCU of the Kitten's against Francine's chest, being administered milk from a pipette, is followed by another BCU of Eddy's face.

Eddy: Until you got pregnant!
Francine: He never believed me when I told him! I was 15! I messed myself when Jamie was born. The mid-wife said lots of women do that (she smiles) Don't know. They gave him to hold Eddy, he was just that beautiful! (cut to BCU of Eddy reassuring her and then a two shot as she puts the kitten back in the drawer and then BCU of Francine) I had to let him go so that he could be safe. (she bursts into tears and a mid-shot of both on the floor opens out with Eddy comforting her).

The language of the scene and the dramatic circumstance in which it is vocalised construct productive knowledge about the context of Francine's mental health condition - as well as portraying her sympathetically. Her life narrative unfolds as one in which, she, as a young girl, lost her mother. This fact and her young age elicit sympathy when her accounts of sexual abuse are brought out into the open, exposing reasons why her mental well-being maybe damaged. Absent from the text is the word 'rape' or 'abuse' but its meaning is evidenced by Eddy when he confirms that the uncle slept with her and again, that she became pregnant. Formal realisms in close-ups, of frail facial expressions, help produce thematic realisms about emotional and psychological disruption in childhood, as connected to Francine's condition. Other close-up shots of Eddy also contribute to the scenes strong emotional appeal. Visualising her fixed gaze reveals a state of reflection about her past. The word 'safe', used in the earlier fire scene, makes prominent the notion of security; something all children should rightfully have. Francine's deprivation, invites our sympathy. As Francine reveals her past, visualisations of a kitten is seen clutched close to her chest. The kitten at her chest suckling a pipette filled with milk is more than just an animal: its signification, a form of symbolic replacement for her lost child. An underlying associative discourse in the scene is the right of motherhood to nurture a child, giving

it warmth and security. For Francine however, a kitten is a replacement for the child which she could never have, the nature of her situation signalled for the audience as second best.

In a later scene, returning to the hospital, Eddy and Campbell celebrate the broadcasting of the radio show. All the patients join in the now conventional chant synonymous with the series, '*We are loonies and we are proud!*'. However these chants in the corridors are brought sharply to a halt when Francine sees a man in a SSPCA (Scottish Society For The Prevention Of Cruelty To Animals) uniform walking down the corridor, carrying her kittens away. Her excruciating howl rings around the room. As her main emotional investment in life is taken from her, it appears also that her mental health is being stolen, the screams continuing as she pursues the kitten's captor.

In the final scene, Eddy sits on a bench in the grounds with his bottle, his contrast of mood reflecting the life-opportunity that has been missed (through Francine's sudden relapse). A soul ballad in the background assists this mood as the episode concludes, the capacity of the comedy drama and dramatic licence to 'shift mood' evident in this generic mechanism working to *invert* meaning.

6.2 The Prisoner Of Papa Stour

The Prisoner Of Papa Stour is a play based on real-life events which took place on the island of Papa Stour (in the Shetland Isles) during the 1830's. The story tells about a man who experienced a mental illness and was purported to live there as a prisoner. During this period, as noted in chapter three by reference to the work of the social historian Roy Porter and also, Michel Foucault, lunatic asylums were increasing in number, as were their occupants. In some instances, an unwanted member of a family could find themselves locked away and the story of *The Prisoner of Papa Stour*, resonates in this context. A man has been sent by his wealthy family into the care of the Henderson's who live on the island. However, these resonances come to an end when his situation is brought to the attention of two reformers, who then plan to secure what they consider as his liberation.

6.2.1 Papa Stour as Form

A dramatisation of events, the play's dramatic form is shaped around 1) its main character Edwin Linsey, 2) the island of Papa Stour and its image as a place of confinement, 3) the characters who make up the Henderson family; and 4) the reformers who visit it through their journeys from London. Through this form, events and actions re-tell the story. Given the play-off of dramatic entertainment and real history, there is ambiguity about how much is non-fictional and fictional. In my view, there is more emphasis upon the latter in how audience are 'hearing what they are knowing' about mental health.

6.2.2 Setting the Scene: The Prisoner of Papa Stour

At the beginning of the play, the sound of wind, sea and seagulls fades up, these proxemic clues ostending, for audience imagination, a beach on the island. This is followed by dialogue (see Appendix for full version) involving Edwin and Mr Henderson's two children, Kirsty and Angus. They are playing a game. In the dialogue that follows, Kirsty is a time-keeper for a game she has played before with Edwin. Her brother Angus, however, is intent on playing it, to a level, if possible, better than he knows Edwin can. The idea of the game is to allow sand to run through a clenched hand in precisely one minute. Both Kirsty and Edwin have little faith in Angus, but he attempts it anyway. The following italics are meant to emphasise a greater intonation in speech, which is *emphatic* in its nature.

Kirsty: Start! (Timing is now in motion).
Edwin: *You're* letting it run *too fast.*
Angus: *I'm not!* (indignantly).
Edwin: It will be gone before mine.
Kirsty: His hand is too small to hold so much sand!
Angus: *It's not!* (indignantly again)
Kirsty: It is all gone
Edwin: So is mine! Is that not exactly a minute Kirsty?
Kirsty: Exactly Edwin - I wish this watch were not spoilt then we might know exactly how much a minute is.
Edwin: It is better the watch is spoilt. (then, in a downward tonal direction..)
.... *It is better not to know the length of an hour.*

As the last line concludes the sea, the wind and seagulls are brought to the fore along with Celtic music and this is followed by a voice introducing the title, *The Prisoner of Papa Stour*.

This opening scene and its last line signals a warning to audience. Through subjective framing giving significant emphasis to Edwin's discourse, the scene signals that in the

ensuing narrative all may not be positive. Revolving around the three characters, the drama of the scene is a discursive play on 'the sands of time'. These ambiguous signifiers about time and self-reflection helps shape ideas about the play at connotative levels: Edwin, it seems, may not only be a geographical prisoner through his location at the margins of his country but also from reflecting upon his personal situation. This does not, however, hinder the development of dramatic tension in the drama in which he, and his condition, will play a key role.

6.2.3 Developing Dramatic Tension

The dramatic tension in the play is centred upon the planned freeing of Edwin and the moments leading up to and just after this event. Stories about the man on Papa Stour reach a young woman called Miss Watson in London who, as a radical reformer, plans his eventual liberation with another reformer, Mr Pilkington. She persuades him to be her accomplice, as he is well known for his political speeches about social issues. Miss Watson first visits the island in order to set up the planned freeing of Edwin Linsey. She persuades Mr Pilkington to undertake the actual action of liberation whilst arranging to meet with him later. Eventually the escape succeeds but only as far as Lerwick before Edwin is then returned to the island. From this emphasis of geographical movement, questions are raised as to whether Miss Watson and Mr Pilkington will completely manage to take Edwin from the island, or not. If they do, and return to London with the prisoner from Papa Stour, what will then happen? This anticipation serves to build tension in the narrative about the freeing of Edwin Linsey.

6.2.4 Characterising Edwin Linsey and His Condition

The central focus for the play is the character of Edwin Linsey, son of an English nobleman. Evidenced throughout is an identity constituted of intellectual abilities and creative talents; Edwin can play a musical instrument to a good standard, as well as talk knowledgeably about the plays of William Shakespeare. Several scenes are dedicated to disclosure of these qualities which are all vocalised in an old English upper class accent of the type found two centuries ago. However, his mental health condition affects his behaviour intermittently and embarrassment about it has caused his family to exile him to the island of Papa Stour. Across the play, this behaviour surfaces mainly by way of violent actions, mostly directed toward objects rather than people.

Several scenes are dedicated toward the portrayal of this side of Edwin's condition, these depictions presenting a delusional state, with erratic and sometimes aggressive behaviour. In contrast, other scenes present his disposition as someone skilled and able in a multitude of ways. Through hearing these different depictions, audiences come to know several sides to Edwin's character and come to a recognition of the condition as being something partly delusional.

6.3 Conclusion

From its opening scene, the play *The Prisoner of Papa Stour* signals a warning to the audience, setting play parameters at connotative levels. Defining Edwin's mental health condition within two almost opposing positions facilitates a wide view of his character, also revealing his well-being as a humble, well intentioned and intelligent

person. These elements contrast with moments where his health deteriorates into violent actions. Despite the balance of emphasis about Edwin's character and his condition, its potential for intertextual linkages with dangerousness, re-working other past texts is significant. *The Prisoner Of Papa Stour* portrays mental health in a 'sympathetic' way on the one hand, this is convincing but so too are the other notions of violence which mobilise stereotypes. Thus, *Papa Stour* becomes another example of the way in which media depictions can operate pejoratively toward mental health issues even 'underneath' what might appear to be as a balanced account; how stories about mental health from history can replicate themselves. Fairclough interprets Kristeva's statement, 'the insertion of history (society) into a text and of this text into history', (Kristeva, 1986:39) as when 'a text responds to, accentuates, and reworks past texts, and in so doing helps to make history and contributes to wider processes of change, as well as anticipating and trying to shape subsequent texts' (Fairclough, 1992:102). However, in this instance, this text is not contributing to wider processes of change, or anticipating or trying to shape subsequent texts for change. Rather, this text contributes broadly to the confirmation of pejorative stereotypes and it maintains a process of history repeating itself; of, non-change.

In contrast, *Takin' Over The Asylum* cannot be charged in this way, partly because comedy drama demands a strong sense of narrative value combined with a highly credible and sympathetic characterisation working to the fore of the text. The thread of 'situation comedy' in comedy drama also requires a degree of stereotyping of characters that retains interest not only in identity but also in the social issues of which

they are indicators. *Takin' Over The Asylum* succeeds in communicating an apparently 'open' but strategically focused text about the issue of mental health. It mixes the 'plausible' with the 'implausible', allowing it a freedom of explanation unavailable in more strictly realist forms. The power of dramatic exaggeration (including comic energy) in characters and the use of inversion proves effective in juxtaposing the two worlds of madness. Also, the language used in the phatic and ritualistic chant of *'We are loonies and we are proud!'* paralleled with *'Sell, Sell, Sell!'* offer at least the possibility of a productively, provocative portrayal. Although the tactic is a confrontational rather than ameliorative one, its aggressive 'shock' approach is a refreshingly new idea for media portrayals of mental health.

In this genre form, an 'emotional engineering' model of communication is at work, structuring the communication of meaning about mental health. The genre persuades through inverting meanings, working from elevated moods to the sombre and vice-versa, opening up new 'epistemes' about conditions. Its pleasure works through characterisations which contest myths of dangerousness, helping to expose mental health meanings about conditions and causes. The creative movement of meaning traverse two diverse worlds of 'madness', raising pertinent correlations and contrasting pleasures. In conclusion, *Takin' Over The Asylum* identifies mental health conditions and within its dramatic circumstances invites understanding. In it, many depictions generate pleasure in character readings for the audience and provide original ways in which they may come to know more fully about the settings and social 'biographies' of mental health.

Chapter Seven

The Community Project (Part 1)

Exploring Response: Reception and Opinion

7.0 Introduction

The focus of this media reception-production study is a set of concerns about the negative social impact in media representations about mental health. Integrating an experimental two phase process, a third phase is also indicated, the main aim of the study is to discover new knowledge about the circulation of mental health meanings from media portrayals and also, to provide some strong clues towards alternative practice, for the community at large. Subsequently, the study's first phase explores responses to media meaning-makings about mental health in three constituent groups in three small communities. The second phase consists of transformations to images of mental health actioned by people with experience of a mental health condition. A third element, not fully developed as a phase here, involves a Confluence which entails a meeting including all three groups from each community, to view images produced in the second phase. I now present the reception methodology, including minimal data about the production process which is discussed more fully in the next chapter.

7.1 Reception Study Methodology

The aim of the reception phase is to examine comprehension in three groups by exploring opinions in media meaning-makings about mental health: Its main purpose, to discover original information about the way in which people who have experienced a mental health condition read, and are, in part, constituted by media representations. It also seeks information about how media and mental healthcare professionals read media 'mental health' portrayals. The rationale for this is centred upon securing beneficial knowledge for the community, which might inform both sets of professionals about the

social impact of portrayals upon the main group and help in developing more accurate representations whilst also informing policy.

7.1.1 Communities, Groups and Confidentiality

The reception study drew on the communities of Cornwall and Devon, Hampshire and Liverpool through a recruitment process managed from Falmouth College of Arts. Each of the areas were able to draw useful numbers of people for all of the groups, each of these, usefully benefiting from information discovered in the study. Across a one year period starting in June 2000 and concluding in September, 2001, all groups were approached. The main group in the study (i.e., people with experience of a mental health condition) were recruited by proposing the project to local mental health centres in consultation with managers. With agreement to leave 'flyers' advertising the project on centre notice-boards, a follow-up meeting was arranged with centre members. A presentation by the researcher was offered to interested people, furnishing them with a very broad description about the project. Participants were then invited to apply through their manager but one week after the presentation. This proved a useful approach in calibrating whether or not the participant was comfortable about undertaking the project's five day process. For a time-table of the project, see Appendix D.

Also, confidentiality in this groups' participant identity was a key concern. Ferriter and Butwell (see Cordess, 2001) examine *Confidentiality and Research in Mental Health* indicating confidentiality can be viewed at two levels:

> that of a contractual responsibility that requires the practitioner to protect the interest of their patient/client and the quite different moral and social responsibility to use the information imparted by the patient or client ethically.
>
> Ferriter and Butwell (2001:159)

In the first of these instances, undertaking research about media and culture, the study sought to protect the interests of participants. A key project element focused upon identity, a serious concern for this group, and so, its non-disclosure became a negotiable element, anonymity, a very important factor. Therefore, a consent form was constructed (see Appendix E+F) allowing the researcher to undertake work through agreement about their anonymity and in the second instance, ensuring disclosure of thesis information retained confidentiality about their identity. This proved a key feature to participation, the security that their identity could be kept from any unwanted attention.

Mental healthcare workers from Cornwall, Merseyside and Hampshire were approached through contacting a range of professional agencies. Flyers were sent to institutions and interested parties contacted Falmouth by telephone in order to participate. Respondents included Care Assistants, Nurse Educators, Mental Health Nurses, Lecturers in Mental Health, a Psychiatric Medical Secretary, a College Counsellor, a Training Manager, Employment Placement Advisors for a Mental Health Facility, Community Psychiatric Nurses, Occupational Health Nurses, Mental Health Workers and Students of Mental Health Nursing. Media personnel across the three areas were accessed through local media agencies in print, radio and television. These included independent and public service broadcasters such as BBC Spotlight

(Plymouth), Carlton Broadcasting West Country, BBC Southampton and Meridian, BBC Radio Merseyside, Radio City. Local newspapers included the West Briton and The Liverpool Daily Post and Echo. As a qualification for the project, participants had to, in some way, have worked with stories associated with mental health. Confidentiality afforded the main group in the study was also extended to these groups if they wanted it. This information was requested in the background questionnaire and it is to design of the questionnaire that I now turn.

7.1.2 Questionnaire Design

For the three groups, a qualitatively standardised, structured, self-administered questionnaire was created, constituted of two sections; one seeking data about media meaning-making and another a background questionnaire (see Appendices B). Questions were standardised so all groups could answer the same questions leading to some uniform ground on which comparability in responses could be made and structured. It allowed respondents open-ended answers about the text in relation to the study's specific areas of interest. They were also structured in two phases, the first four questions were intended to lead the respondent into a text; three were closed-ended before one open-ended question requested information about recognisable persons and mental health conditions. The remaining open-ended questions were the ones on which the coding system was organised concerning opinions. The questions sought here respondent understanding about mental health; the role of drama in facilitating meaning-making about mental health and associated identities. These questions were purposefully sequenced to lead respondent inquiry

into the issues about representation and accuracy in the final section. Allowance was made for respondents to offer other comments concerning the text, should they wish. The sequence of programmes were also ordered so as to give participants a comfortable introduction; a five minute *BBC News* example was followed by a longer news form in the *Daily Mirror* text. The radio documentary, *Scapegoats* followed, this lasting thirty minutes. The final exemplar, *Eastenders*, was thirty five minutes in length. An optional break of 15 minutes was offered after completion of the *Mirror* text so as not to fatigue respondents.

Generally, questionnaire content sought to learn about what each group understood from media meanings about mental health, this constitutive of a group's cultural practice that could not be directly observed. This would elicit data for commentary in comparing with the other groups. Next, the work sought to understand each social actor's perspective, in particular, for the main group; this providing useful data for the study about their struggle with stigmatic portrayals: It would also supply data about professional practice. Therefore, questions about the role of drama in making meanings about mental health and associated identities were an integral part; these augmented by a brief explanatory note prior to each section, helping broadly to clarify the pertinent aspects of drama for that text. These questions were also influenced by theoretical perspectives which included; Goffman's (1963) work on stigma; Michael Pickering's (2001) perspectives on stereotypes; Craig Calhoun's (1994) work on the politics of identity along with that from Somers and Gibson, in Calhoun's book;

Stuart Hall's ideas around media representation and finally; the work of Anthony Giddens (1991) in *Modernity and Self-Identity*.

In background questionnaires, requests from each group for information about social and demographic details such as name, age, gender, ethnic origin, mental health, location and cultural factors were sought. As stated in a study by Schlesinger *et al.* (1992:30), 'direct 'expressions' of socio-demographic categories' would be affected by past experience, professional or personal relationships with mental health. Group discourses would prevail in vocabulary used, values, assumptions providing further useful information. Therefore, a standardised inquiry of mainly closed-ended questions were created for the background questionnaire, a question concerning mental health status was asked and, in line with advice (see Wilson in Sapsford, 1996:105), was located well down the list of questions due to obvious sensitivities connected with this topic. The background questionnaires were requested to be filled out after viewing of texts.

The rationale for a self-completed questionnaire was determined around the practicalities of participant availability and production study needs. The achievement of convening broadcast and printed media journalists for the three hour reception period was a near impossible goal, due to the intense nature and demands of their work and also, the editors and programme controllers through whom access was attained. Obtaining their inclusion was not easy and so, the self-completed questionnaire was considered the best option, this posted with a video and photocopy

of the newspaper for completion across a two week time frame. For the remaining groups, screenings were considered the best option for securing information as a controlled environment could be offered to respondents. The situational context of reception (see page 50, also Corner, 1991:278, and Wilson in Sapsford, 1996:97) was considered with the researcher mostly visiting the workplace of mental health workers to manage the process, alternatively in worker's groups at the educational institution where the production study was based: Group discussion of materials was disallowed with any clarification regarding questions provided by the researcher. However, the main group attended a designated educational institution which was chosen in two out of three areas, because of the accessibility to production facilities. In the studios or room used for production, the researcher encouraged talk in a friendly, supportive atmosphere, in a style of discussion similar to Bingham & Moore's (1950) 'conversation with a purpose'; nurturing trust and group identity in the project.

7.1.3 Genre, Media Meaning-Making and Its Interpretation

Following the study's cross-generic focus, consideration is given to how analysis of text-viewer/listener/reader data can provide useful findings from each audience's interpretations of media output; making sense of their reception processes and how these relate to social and cultural issues about mental health. Focus was given to how these relations produce particular kinds of knowledge in non-fictional forms and the types of imaginative pleasures produced by fictional texts; these informing a sense of the location of the issue which debates concerning 'public knowledge' (i.e., in news

and current affairs programmes) and 'popular culture' dramatic pleasure (found in soaps, cop genres, etc.,). Consequently, the reception study takes account of this division but is sensitive to the issue of hybridity.

I have already covered the term 'mental health' as a problematic concept (see Chapter Three). Accordingly, the reception phase is sensitive to media meanings about mental health; in particular, differences about mental illness, distress and madness. Therefore, the study employs Corner's advice (1991) about 'levels of meaning', applied to clarify particular meanings[1]. Drawing attention to the recent lack of clarity in studies with regard to 'meaning', a variety of problems are raised in respect of interpretation. Three levels are proposed, the first, a level one meaning is associated with denotation; this is where 'a word, image or sequence's primary signification is recognised and comprehended' (Corner, 1991:271). These meanings might be generally accepted as Alzheimer's which carry little in the way of pejorative connotations. The second level is of particular importance to this study which might previously be identified as a connotation but this term, Corner warns, demands careful consideration. It is:

> a word, image or sequences' secondary, implicatory, or associative signification .. ...This level will vary according to the character either of the signifier or the signified or a combination of both (i.e. named or visually depicted entities) will vary in their degree of symbolic/metaphoric resonance.....the secondary signifying force of each verbal phrasing or articulation of image will be dependant in part not only on its local elements but on their organization within the larger textual unit which is being attended to.
>
> (ibid.:271-2)

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[1] These levels are employed in order to differentiate awareness. Rather than being utilised rigidly and sequentially - they are employed here as useful exploratory categories.

Examples of these might be 'nutter', 'psycho' or 'schizophrenic' which can, for example, impart level two meanings of *dangerousness* or *violence* depending on their symbolic/metaphoric resonance in the organisation of the textual unit. In the third level, listeners, readers and viewers:

> attach a generalized significance to what they have seen and heard, evaluating it (perhaps in relations to its perceived presuppositions and entailments if it has propositional force) and locating it within a negotiated place in their knowledge or memory where it may continue to do modifying work on other constituents of their consciousness (and indeed, of their unconsciousness).
>
> (ibid.:272)

Here, the term 'preferred reading' can be used. Where a text may not immediately communicate a definite meaning, it may be 'held in abeyance' until clarification of it takes place, or even revision, following from encounters with texts or experiences.

7.1.4 Analysing Questionnaire Data: Process, Reduction, Explanation and Theory

Data is recorded through quantitative analysis, engaging a coded system (see Lindlof, 1995:215-244, for a more specific outline of the approach taken here), this action, a '*processing*' of information followed by, reduction, explanation and theory, all leading to coding and conceptualising of data. *Reduction* involves the physical and conceptual processing of data in physical forms of paper responses and concepts derived from respondents. It sorts, categorizes, prioritizes and interrelates data according to emerging schemas of interpretation. The physical process involves locating paper data into meaningfully coded groupings, these demanding further reduction of information. From this physical processing, concepts evolve, developing ideas and the research design. *Explaining* meanings made through reduction processes necessitate understanding the relative overall coherence of respondent

opinion. For the researcher there is a continuous task of selecting, dividing and interrelating material to other group's data. Preliminary readings are used to categorise code and categorise, developing concepts which, in this study, are identifiable by the italicising and underlining of coded themes, phenomena or categories. These evolve, reviewed in the Summary for each area, and in the Conclusion at the end of the chapter where the interrelation of categories and their properties, upgrade and develop data for further theorising.

7.1.5 Media Text Options and Pilot Study

An earlier pilot study (Birch, 1996) applied a reception methodology testing its coding system (explained below) and also examined media forms that might help the study's aims. Decisions influencing the determination of texts followed the need for the work: 1) To contain portrayals linking significant relationships about mental health to the main group used in the study; 2) to employ levels of meaning which might not be considered too graphically upsetting; 3) to use as varying a range of portrayals about mental health as possible; 4) to employ fictional, non-fictional and hybrid texts which used drama and dramatisation, playing a significant role in communication. It was also a significant on the part of the project to reflect in the choice of texts, a sample which as near as it could, mirror thematically the two thirds dangerousness in its content, as identified in the Philo Study (1996). I now turn to a brief examination of these media texts.

Television News: - *BBC Six O'clock News*

The BBC Television News at Six o'clock exemplar was broadcast on 12th February, 1998. This non-fictional form commences with Martin Lewis's headline announcements for four stories and includes the story about Care in the Community, the second in the schedule. In the studio mode of address, the story is presented with Moira Stuart introducing the report and addresses investment by the government of the day as the main topic: There will be £500 million pounds for funding mental health services. Following this, the location mode of address with Fergus Walsh gives more detail. Here, there are several interviews with users of mental healthcare services accompanied by a voice-over and reporter-to-camera address from Walsh, with one delivery, a pre-arranged walk-and-talk to camera in the setting of a rehabilitation centre. Beginning the story, a camera located in the back seat of a vehicle reveals a view of the streets of London, a voice-over exposing the car's occupants as a mental health worker 'out-reach team'. Then, Walsh is visualised walking through a rehabilitation centre and speaking to camera, reporting about the current funding situation. Next, users of mental healthcare services and their testimonies include two people talking about their experiences. Imagery involves old Victorian buildings with views of windows with bars across them. High walls are also shown before returning to the centre where Walsh concludes the report. Focusing mainly upon the economic aspects of mental health, the story also gives emphases to stories about dangerous people, noting previous reports of threats to society.

Printed News: - *The Daily Mirror*

The Daily Mirror presents two separate stories of two men suffering from schizophrenia on page five (26th September, 1995 - see Appendix C) each man having committed murder. Both report *Care in the Community* as failing, framed through cases criticising it. The first story is about Stephen Laudat and reports from an independent inquiry; the second is about Jason Mitchell and is from Ipswich Crown Court where Mitchell's sentencing took place.

In the main story about Stephen Laudat, both he and a day patient, Bryan Bennett are framed in the oval portraiture shapes set in a black background, these set apart from each other so as to hold an enlarged headline quote 'Scandal of Schizophrenics Freed To Kill'. Between the two portraitures, a direct quote in large print states 'My father was stabbed 82 times'. Underneath the portraits are the titles of VICTIM and KILLER. The articles follow below as Case One and Case Two. In a similar vein to the first case, an oval portraiture frame in the second is placed in a column. Again, words in block capitals precede actual names with DAD, KILLED and KILLED employed for all of the individuals' lives who Jason Mitchell has taken. Jason Mitchell is portrayed in a large square shape with greater surface area, with the caption: 'HANNIBAL FAN: Killer Jason Mitchell'. Tattoos of a skull and snake are given prominence.

Radio Documentary: - *Scapegoats*

Scapegoats was made by an independent production house Forsyth Productions, for

BBC Radio Four. Presented by Huw Pryce Jones this production examines several

socially outcast groups across a series of programmes. Lasting thirty minutes, it follows the pattern of a documentary and focuses upon the changing historical definitions of mental illness/madness across five hundred years. The presenter's discourse is accompanied by expert witness testimonies, these in turn, complemented by one user's interventions. Throughout the programme, soliloquy's, small dramatisations and folk music are employed to enhance depictions about mental distress/madness. Across its generic structure, random sequences of dramatisations, interviews and folk music serve to segment historical moments for the listener's imagination, generating ideas about society at a given time and location of the mentally ill people within it. Consequently, this ordering exposes different ways in which each period treats health conditions.

Television Soap Opera: - *Eastenders*

A soap opera made by the BBC, this popular fictional form produces imaginative realities about the cultural practices of people living in the east end of London and explores social relationships between its peoples in their everyday life. Supplying a range of stereotypes including hard man Phil Grant (played by Steve McFadden) and his mother, Peggy (played by Barbara Windsor), a number of settings such as 'The Queen Victoria' (the local pub) and various domestic scenes provide a view into different relationships and how meaningful they are (or not) for the people involved. Continuous struggles in situations, people and events provide a rich social fabric into which audience can examine conflicts, tensions and their resolutions and non-resolutions.

At the time of this episode, the character of Joe Wickes, a young man, is beginning to experience early symptoms of schizophrenia. Starting some twenty minutes into the omnibus edition. It is clear that the experiences for Joe and his family are particularly difficult with Joe bewildered and frightened of his mother's intentions despite his father's attempts to console him. Supporting characters consist of a Community Psychiatric Nurse who appears twice with advice to offer, and then with medication. Despite taking the prescribed drugs, Joe doesn't appear to improve. He begins to wrap electronic goods in silver foil and also cuts the phone cord; a mobile phone is also damaged beyond repair. The intention seems to be to cut all communication into and out of the home. At times, he withdraws to the security of his bedroom in which he locks himself; this causing a growing suspicion for his father. The last scene shows the father discovering the contents of the room, this dramatic exposition revealing a secret space full of disturbing news headlines referencing Joe's reality. Newspaper headlines about 'dying' and 'desperation' adorn the walls of the room, generating questions about why are they there and for what reasons? The study now turns to its analysis of respondent opinions.

7.2

Opinions

The Cornwall/Devon Community

Main Group

Five people participated in the project, two men and three women. All indicated that in the thesis they did not want their names used, therefore these have been changed. The constituency was made up of: *Robin* who was involved with a local mental health charity and an activist in mental health matters. Three people, *Anne*, *William* and *Julie* came from local mental health centres; one undertook part-time maintenance work, another part-time hairdressing, also helping out at her local church; Anne was seeking work whilst William worked as a gardener. Finally, one student, *Petra*, at Falmouth College of Arts was undertaking a degree course. Mental health conditions across the group varied, one person living with what was described as '*a post traumatic stress disorder*' caused from a car crash; this '*manifesting as depression and disrupted sleep... This is a constant state of affairs with 'lapses' into worst scenario from time to time (acute depression and either no sleep or constant sleep)'*. One experienced '*depression*', whilst another suffered from '*severe depression, severe anxiety, SAD and Post Traumatic Stress Syndrome*'. Another declined to answer.

Mental Healthcare Workers

Mental healthcare workers totalled twenty eight, the constituency made up of Care Assistants, Nurse Educators, Mental Health Nurses, a Lecturer in Mental Health, a Psychiatric Medical Secretary, a Training Manager, Employment Placement Advisors

for a Mental Health Facility, Community Psychiatric Nurses, Mental Health Workers and twelve Students of Mental Health Nursing.

Media Personnel

Eight media personnel took part in the project. One was a print journalist for a local newspaper. Broadcast journalists included one from the local radio station BBC Radio Cornwall, two from BBC Plymouth and four from Carlton Westcountry.

BBC TV News

Main Group: *Dangerousness and Misunderstanding*

A key coding about mental health concerned perceptions of the 'dangerous', from which it was understood the public were understandably fearful but that this was a 'misunderstanding'. These two notions were often linked. Further opinion noted the public were the ones 'at risk' and Petra commented, it was: *Public safety mentioned first ...that the public might be 'at risk'.* Anne noted, *The general public watching would feel very unsafe and under threat and would therefore develop a very negative attitude toward people with problems.* These concepts ('danger'; 'misunderstanding') mobilised concern for the group about the public's perception of them, producing anxieties about the potential exclusion of their identity.

The location report motivated opinions of *Outlaws-on-the-Loose and the Lawmen* in recording level two 'dramatic' meanings in the imagery: *The shot of the car cruising the streets looking for people who had slipped through the care in the community net suggested that they were looking for escaped convicts.* Dramatic Language and Tone

were identified in words such as *vulnerable, acute, stabilised, murderer, suicide* (level two meanings) by one person, with two others finding presenter and reporter tones as disdainful. Two members identified the reporting as denying individuality to the mentally ill, one indicating there was no sense of dignity. Petra noted, about identity, *The Drama suggests the negative whilst the 'factual reporting' appears to be just that - clear, factual, rational, 'normal'* and this lead to a group coding of

Cultural Outsiders - 'No Goods' and Non-Entities.

The report was identified as inaccurate, though one applauded the use of 'user voices' contributing some accuracy. Others suggested that the portrayal was '*over dramatised...often not enough research ...they use stereotypes*' this suggesting there was a pejorative stigma in the report.

Media Personnel

Two diverse opinions were offered: the first clustered around Care in the Community, ideas that *care is not enough, integration not happening, mental illness contributes to suicide and murder, more security needed* and *notions of control*: These were level one meanings adhering to the story. But one group member's opinion outside this framing included the point, *those with a mental health condition are 'ordinary' people, not so different from those who consider themselves healthy.*

Imagery of bars on windows (identified seven times) and the use of the fly-on-the-wall scenes at the beginning of the report, were considered 'dramatically negative' in

effect. The mug-shot of the Michael Stone was *used sparingly*, and one person said, the whole of the story was *measured* because *murder and suicides were at the end of the report, after we had seen patients behaving and talking fairly normally.* But 'dramatic language' was critiqued by four group members. One noting,

> *the use of dramatic language to convey the brutality of some aspects of old style care - and talks of locking people up 'out of sight and out of mind'.... emotive language to reinforce the scale and seriousness of the current problem - 'too many vulnerable people were left to their own'. Walsh may have deliberately used more stereotypical images to illustrate stereotypical views of mental illness.*

Language was generally seen as reinforcing stereotypical imagery though other journalists viewed Walsh's use of language as neutral, careful not to offend. Opinion about identity identified users as 'ordinary' with the 'accessed voice' seen as useful to achieving this.

Four found the report accurate and three were undecided. One person said, *I think the piece intends to be balanced but actually gives a very sterile negative picture. No expansion of what the lady from MIND says - that there are examples of success in care in the community.*

Mental Healthcare Workers

Dangerous Murderers, Inadequate Resources and Support, Suicide, Care in the Community Has Failed

Thirteen people stated they understood mentally ill people were dangerous murderers, one noting the *Overall impression - mentally ill are permanently + seriously disordered and a risk to society.* Another said,

I do think the piece focused heavily on the criminal side of the disorder with final focus of the man who murdered two people, being pushed to the fore, this I believe was highlighting dangerousness rather than therapeutic values of in-patient care.

Six people identified inadequate resources, *That Care in the Community is struggling to keep people (not only patients) safe and supported. Patients get lost in the system.*

This, linking to other themes of Care in the Community failing. Another six noted that the visual imagery was dramatic. One member identified the complexity of meaning about mental health saying, *Mental health and illness are part of the same continuum*, inferring there is confusion about mental health and what it means. In connection with this, another presented points about a now commonly used term, 'personality disorder' - *The programme suggests that these sufferers* (i.e., patients) *are not safe in the community... it gives the impression that mental health sufferers are potential murderers.* Dramatic *Tone of Voice* in the studio mode also proved negative for five people - this often in connection with concerns about how the public might perceive it. Several identified how the MIND contribution was useful but mental health was mainly seen as failing.

The *Schizophrenic Stereotype* was mentioned three times. One person noting, *people with mental illness all seem to be found under the 'umbrella' of Psycho or schizo. It doesn't try in anyway to explain or educate about the issues of mental health.* The CPN's drew critical opinion, one person commenting, *scenes of the two out-reach CPN's gave images of hunting people with mental illness down i.e., Blade-runner.*

Coded *Not Helpful* ten people indicated the dark lighting in the report, not helping portrayals of identity.

Fourteen stated the portrayal as inaccurate, six said it was accurate, whilst another six said it was in some ways both.

Daily Mirror

Main Group: *Sensationalised Killings*

Predominantly recognised significations of 'violent', 'danger', 'butchers' and 'out of control killers' were associated with people having mental illness. Other descriptions given were about ruthless people, the 'demon possessed', who killed. One member noted people were *easily influenced by powerful, anti-social images and easily impressed by violent personalities.* Headlines of *Sensationalised Detail* (e.g., *Blunders that led to Slaughter*) and words such as *scandal, schizophrenic, kill* were recorded. Two members considered the associations with the fictional film character Hannibal Lecter, seeing them as attention grabbing and obscuring understanding about mental health. There was *Emotive and Dramatic Language* used, its dramatic features organising themes of dangerousness. Anne wrote:

> *I understand that the dramatic use of words and symbolism, as shown by the stark photo's of the killers and their victims, creates a sense of bleakness and of evil. Setting the pictures of the first case on a black and white background emphasises this.*

All group members indicated the report inaccurate. Petra wrote: it was *appallingly inaccurate*. In qualifying why, she said:

..it is damning by association, although in this case, the specific incidents are tragic and horrendous, not everyone with a mental health condition will be this extreme.

Media Personnel

The main opinions expressed were *People Who are Mentally Ill Are Killers* otherwise there were diverse views of mental illness seen as a frightening condition needing containment. Language was also seen as prejudicial and social workers were seen as not really knowing what they were doing. The borrowing of film material was sensationalised, the use of dramatic language identified as playing a role in understanding illness; in words such as *Psycho Knifeman* and *slaughter*. Four identified large font headlines as unhelpful and the three saw the imagery of 'killer versus victim'. With regard to identity and drama, notions of monsters and non-identity were contributed, though opinions were few and diverse here.

Five considered the report inaccurate, two were undecided and one viewed it as accurate. In the last instance, the journalist thought the article was good, telling of the patients that slipped through the net, but then went on to say, *But it does nothing to further the reader's knowledge on mental health issues in general. The use of language portrays these people as being 'mad'.*

Mental Healthcare Workers

Nineteen workers identified *Schizophrenic Murderers*, three understanding them as a *Danger to the Public* and two said that Care in the Community had failed. Three identified there was *No Information About Mental Health* in the report and workers

expressed there was essentially no information for the public about mental health, other than 'people who had schizophrenia are killers'.

Thirteen people identified the Headlines of the newspaper as dramatic, referencing the words 'Stabbed 82 Times' and 'Failed' as significant in emotionalising the ensuing story content. One member summed up this group's perspective.

> *Most newspaper reports sensationalise cases such as these - key words = Scandal of Schizophrenics Freed To Kill. Stabbed 82 Times. FAILED. SLAUGHTER. PSYCHO. ...Also photographs of victims are always shown smiling where perpetrators are always scowling or looking aggressive.... Schizophrenia is frequently painted in a very negative way.*

Four people viewed the negative imagery in the photographs of the sentenced men, with half indicating that content didn't help understanding. Four noted how the story was symbolic of only the worst case about mental health being reported. Thirteen members' opinions about identity produced codes of, *Negative*, *Not positive* in codings. Seven complained about the schizophrenic stereotyped as *Evil* and as a *Dangerous Killer*. The vast majority - twenty three considered the articles inaccurate, two thought it accurate and one was undecided.

Scapegoats

Main Group: *Stigma and Dangerousness*

A range of opinions were drawn though William and Julie chose not to contribute. However, other contributions included the programme could do nothing but encourage stigma, *history equalled stigma equalled yesterday* - in other words, reviewing the past didn't change things in the present and with stigma present, things needed to change. Anne however found many level two meanings:

that from early times, mental illness has been considered to be not human, people suffering from any form of it are no better than animals, they are punished for being different, whipped and otherwise ill treated...are shameful, dirty, have no place in so called normal society - and thus were isolated from it. From about the 17th - 18th Centuries they were to be shut away in institutions out of sight. Later still, in the 20th Century, they were considered imbeciles - of low intelligence - morons and prevented from breeding.

Members identified a number of ideas about drama in the programme. Petra noted it was a device for '*historical storytelling*' but Robin complained it was set up to shock. Identifying the programme as '*a factual account,* Anne indicated songs and dialogue gave the programme a feel for the time. The song about Bedlam suggested that people in Bedlam were '*strange but on the whole good to laugh at - except the mention in the song of the murder.*' Finally, she concluded, *Perhaps most importantly of all, was the use of people's own testimonies - that of Edna Higginbottom sticks in my mind, her account of the reason she was locked up and her treatment was terrible.*

Employment of dramatic elements helped convey meaning, producing a definite feedback with material framed within only one theme, that of 'mad'-ness; of 'being mad'. This was seen as something more than mental illness, being pejorative and diseased. Also, song and dramatised discourse were appreciated in representing the period but when murder was portrayed, this admiration receded. Actors performing testimonies were not liked but accessed voice, a real person recounting their experience, was.

Robin affirmed dramatic elements were '*making us all look mad*' but in contrast, Across this group there was a concern about what the public would be making of knowledge about them in communications. Again, there were anxieties about the greater collective of the public, of which they are a part and fear of how they might be excluded in relation to them.

Petra found the content *'reasonably historically accurate even if they are abhorrent images of people with MHC's* but then, in qualifying her response said: *I think the portrayals are accurate of what actually occurred but I think that they are long-ingrained stereotypes and that misrepresentation needs to be broken.*

Media Personnel

A diverse set of opinions were produced about *Attitudes Towards Mental Illness Across The Centuries Had Changed*. These included *Mad = Bad*, *Madness as a Force of Nature* and *Mental Illness = Punishment*. One person thought the programme really helpful in the study because it allowed a context for understanding what he was writing about.

Songs were dramatic, in so far as they communicated about eras in which the depictions were set and helped develop notions of being outcast. One said, *The use of 17th Century and 18th Century folk songs dramatically illustrates how some in society realised the injustices of using mental illness as a way of getting inconvenient people out of the way or punishing contrariness.* Three identified King Lear as pleasurable

for their listening experience whilst another two thought the portrayal was *Sympathetic*. Twice, style and programme content were mentioned as sophisticated and subtle. Language was similarly remarked upon, the 'old English' style identified and its negative content in using words such as 'lunatics', 'mad' and 'insane'. Accessed voice was again identified by four members. One member identified Edna Higginbottom's contribution saying, *Edna's first hand account is more powerful than a description of her experience from another person. She sounds lucid, articulate and 'normal', so her account of her treatment, when she is labelled mentally ill is shocking.*

Six found the documentary accurate, one was undecided and another abstained a decision. Again, opinions concerning accuracy were diverse, including comments that it was, *well researched*, it was *longer - more in-depth* and *put across in an entertaining way.*

Mental Healthcare Workers

Sixteen members understood *Ideas About Mental Illness Have Changed* this reflecting economic, social, gendered and linguistic influences across time. One offered the following opinions which are broadly representative of the group's,

> *1) Understanding of madness has changed over-time having previously had positive connotations i.e., religious. 2) Come to be known as 'lunatics' who could be punished as a form of correction, i.e., beating and ducking. 3) Age of reason 'mad' because known as 'bad' - building of houses of correction. Public attitudes hardened/became a place of spectacle. 4) State in 18th Century took responsibility for looking after lunatics due to increasing numbers giving rise in the asylums. 5) In-patients severely abused by staff in the*

Asylums. 6) 1960's became thought that drugs would be eradicated. 7) Recently public tolerance became decreased.

Four people viewed past history as problematic identifying '*language as problem*'. Terms like '*defective*' and '*insanity*' being legal terms, needing change to become part of a more positive perspective on mental health.

The case of *Edna Higginbottom* was significant as seven members viewed it as helping understanding about the context of people incarcerated for little reason, in the past. One member noted,

> *The 15 year old girl - locked away for having sex. She would be tamed like a lion. Whipped with a towel. Provokes images of sorrow for girl, anger toward nurse. I think the issues bring understanding of mental illness, the drama (in this case) strongly reinforced my understanding. It did not create understanding but rather helped it.*

Another member noted,

> *In a social context it highlighted strongly for me the history of wrongly admitted people - the lady who discussed her life was excellent in showing how people are labelled due to others beliefs on their behaviour being socially acceptable, or not. Though with the present day it showed no great info about mental health.*

Another group of five considered drama *Usefully Portrayed* identity. However, thirteen registered generally disparate and negative views about drama. Two said it encouraged notions of the *Mad Axe Murderer*, another two noted it brought across notions of *The Dysfunctional Fool*, three presented ideas about *Segregation from Society* and another three viewed it as a *Damaging Influence*.

The programme was however, seen as accurate by nineteen of the group, the broad distinction that it was *historically* correct but *generalised.* In contrast, another noted, *It is a true portrayal of how society reacted to 'mental illness'. But it does not actually portray that people were mentally ill or prove if they were not.* This view coincided with that of five members viewing it as inaccurate.

Eastenders

Main Group: *Mental Illness and The Family*

Understanding about mental health mainly referenced the family and its relationship to mental illness. Two people presented a variety of responses. Petra noted mental illness:

> *affects the family as much as the individual ... someone with a mental health condition can display a variety of symptoms one minute and 6 hours later may appear to be "totally normal"... that someone with a mental health condition is still a handsome, loveable young person - who appears to be confused, delusional, withdrawn at this time.*

Anne noted: *I understand that mentally ill-health is largely misunderstood, - Joe's father David Wickes, at first gives me the impression that he thinks Joe is just being moody, its a phase he's going through, and will snap out of it soon.* Her focus upon the father further intimated that it wasn't so much that he didn't understand rather that he was in denial, hiding away from the condition.

Whilst only William thought the portrayal of Joe was negative, Robin thought Joe's acting was *strong*, and *played well*, the torment of the family usefully exposed. Once more 'the family' was a central focus for several members. Two thought the use of drama helped portray schizophrenia and 'hearing voices' well but members were split

in their views about accuracy, two people said they thought *Eastenders* portrayed mental health accurately. Petra noted, *it was an accurate portrayal of a single possible situation/experience/individual ... you cannot homogenise mental ill-health or conditions - each one has its problems, merits, symptoms, idiosyncrasies etc.*

Media Personnel

Group members again recorded a diverse set of opinions about mental health understanding. The predominant coding centred upon *The Family* and how difficult it was to cope with Joe's behaviour. At other levels, meanings about mental health were understood as centred upon *Fear*, *Changing Moods* and people with mental illness doing *Bizarre Things*. One member noted,

> *'Eastenders' seems to be trying to fulfil a quasi-educational role in bringing 'issues' (of a serious nature) to a wide audience in a light entertainment programme. In fact there is very little understanding for audience when you compare it to the role's entertainment value.*

Opinions offered were again diverse, the last scene with David Wickes and the family were significant for two people. The inability of each to cope with problems underlined the difficulties of dealing with schizophrenia in the family. With regard to identity and drama, the role of Joe was viewed with admiration in that it was useful that a young person was chosen for raising awareness with the audience. Another noted, *Drama is stereotyping Joe, 'staring eyes', paranoia, 'unkempt' - gives a very negative and scary view.* One identified the parents as *worried and fearful and - especially his mother is alienated by her son's behaviour - reflect the difficulties for those close to mentally ill people.*

Five considered Eastender's to be accurate, one was undecided, whilst two thought it wasn't.

Mental Healthcare Workers

Seven identified Joe's condition as having an *Adverse Effect* upon his well-being - it was terrifying for him. In connection with this, five understood *Anyone Could Get the Condition* and another five people noted the impact of the condition upon *The Family*. Three viewed the programme as *Well Researched* but another three were critical of the *CPN Portrayal* indicating *they don't prescribe drugs.*

Ten people presented opinions that Eastenders was helpful. One member noting, *The programme gives you a better understanding about mental health as it has been researched*; another stating that it, *Shows well the change in Joe's behaviour as a result of his deteriorating mental health.* Generally, it was thought good to have a handsome young man playing this role, it reduced stigma. It allowed a view of different elements which make up schizophrenia - a set of scrambled emotions, belief systems and inserted thoughts. Four noted the lighting, though opinion was mixed between its positive and negative attributes.

In general, opinions of mental healthcare workers saw *Eastenders* viewed as positive. A range of views indicated it was good for the public; it characterised the condition well, giving a good overview of changes in schizophrenia.

Twenty four people thought *Eastenders* accurate, two did not, one was undecided and another declined to make a decision.

7.2.1 Summary

For people with experience of a mental health condition, conceptualisations about mental health were broadly problematic in non-fictional forms. That the knowledge broadcast about mental health was disseminated to the public (i.e., themes of violence/dangerousness) raised concerns about misinformation; that their social practices were identified as synonymous with the violence in the mediations, was objectionable. These related not only to fears of being stigmatised but also a broader cultural element, potentially inhibiting social relationships through 'fear' concerning exposure of their ontology; their usual experience of security[2] being undermined. Even though *Scapegoats* carried 'interest' at times, the broad historical contextualisation of how 'mental illness' as a concept evolved and stereotypes along with them, was still registered as pejorative; this further contributing to feelings about their identity being diminished. Central to this fear were concerns about the ways in which their identity might be perceived by the public. Across these texts, the organisation of dramatic components were also cited as influential, the level two meanings of *dangerousness* in imagery of Victorian building or the imaginative dramatisations in radio and their symbolic resonances, consistently noted.

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[2] I mean by ontological security here, that model proposed by Anthony Giddens in which 'Attitudes of trust, in relation to specific situations, persons or systems, and on a more generalised level, are directly connected to the psychological *security* of the individuals and groups. Trust and security, risk and danger: these exist in various historically unique conjunctions in conditions of modernity' (1991:19).

Dramatisations didn't help but rather reinforced stereotypes, whereas personal testimonies illuminated the health contexts of people. However, in the fictional form, imaginative pleasures were produced, expositions noted for the diversity of meanings made that did not 'homogenise' into an essentialist grouping. Also of note in this section was that there was no anxiety about what perception the public would have of this text.

Mental healthcare workers registered pejorative stereotypes in non-fictional forms. The wrong picture of mental health and people associated with a condition was communicated. They saw also saw as problematic, the power of such conceptualisations as a resource for public knowledge, stigmatising people experiencing the condition. That the information was incorrect was not the issue. Far from it, information was in fact historically accurate in *Scapegoats* but the very history of mental illness itself seemed questionable, the nature of its factuality hurtful to already damaged subjectivities. Across this group, numerous members voiced concern about what the public might make of such knowledge and its potential impact on sufferers. In general, *Eastenders* received praise for research undertaken into the condition and its characterisation, only the CPN identified as problematic in its portrayal. The family and its relationship to mental health was also identified as well thought-through and portrayed.

Media personnel tended to view non-fictional forms in two ways. The split of opinion, usually even, understood there were problems in portrayals whilst others took

information for its surface value; level one accounts simply saying what the situation was here judged as accurate. *Scapegoats* was significant in this respect because it revealed not so much a lack of knowledge, as a lack of understanding about the nature of subjectivity in people with mental health conditions, though personal testimonies were viewed as powerful,. *Eastenders* again generated diverse opinions but several journalists were not persuaded by the form, viewing it as overtly educational.

7.3

Opinions

The Hampshire Community

Main Group

The Winchester group consisted of five people; three women and two men. All indicated they did not want their names used in the thesis; these have therefore been changed. Carol, in her mid twenties, previously a student with a degree was out of work and participating in various mental health service activities. Roger was also out of work though well qualified, his condition incapacitating him; he was in his forties. Julie, also in her forties was a shop assistant, cleaner and worker. Jane, in her fifties was a bar worker and also a support worker whilst Malcolm, nearing fifty, formerly in the army, worked as a waiter. He also undertook an active part in the community, promoting mental health issues. Of the mental health conditions in the group, one person suffered from anxiety with depression, another from schizophrenia, one from a schizo-affective disorder. The two remaining others declined to supply their conditions.

Media Personnel

Five broadcast journalists took part in the project. Concerted attempts were made to involve the print journalists from a newspaper in Southampton but these lengthy efforts unfortunately failed. Three were from the independent sector and two BBC broadcasters took part - all requested their names be withheld.

Mental Healthcare Workers

Participants included a college counsellor, four lecturers in mental health nursing, a student placement facilitator and five mental health project workers. All bar one of the members indicated their desire for anonymity. All worked in and around the Southampton and Winchester areas.

BBC TV News at 6 p.m.

Main Group: *Dangerousness & Security*

The main group understood level two meanings of *dangerousness* about mental health from this programme. Themes of dangerousness mobilising messages of 'safety and security' proved significant, the imagery shot from the back of the car, a strong stimulus identified by three members. Two out of the three clarified that the, *constant use of the words safe and secure give the definite impression that mental health patients are dangerous.* Two recognised that people with mental health conditions were outsiders, somehow a threat from which the public required protection. Dramatic elements in presenter tone and language resulted in a *Safety and Security* coding affirming yet more themes connecting with security. Three commented concerning the studio mode of address, the *'newsreaders' tone of voice - almost 'disapproving' or with a sense of warning, at times, words like "secure", "threat", "suicide", "self-harm", "severe" being used. Also links made - in words & pictures - to prisons/crime (etc.).* These remarks highlighted sensitivities with problems the group felt about being recognised, or rather, not being recognised as full members of society in which they lived.

Codings of *Dangerousness and Car Patrols* augmented these concerns; dramatic elements contributing problematising discourses for mental health identity: *Home visits done in pairs, again laying emphasis that mental health patients are dangerous, the scenes from inside of the car near the beginning bring back memories of the 'The Sweeney' or something like that.* Jane understood that the care and attention afforded people in the gymnasium meant that being ill could be portrayed as 'nice' - this an irony. She clarified her point by referencing imagery of pool tables, net-ball and play-board games - these conveying a message that in having a mental health condition, things could be nice for you; something that was clearly a contradiction for her.

Two regarded the report as inaccurate whilst one was unsure, the remaining two declining to answer.

Media Personnel: *No Convergence of Understanding about Mental Health*

Opinions from media personnel were diverse. Two mentioned Care in the Community, one understanding that this project was failing the people it was supposed to serve, the other identifying that users were not actually asked about this topic. Mentions of the centre at St. Bernard's with the new looking gymnasium brought different responses such as: *the bright colours of new centre illustrate a more modern approach* and *the gymnasium where the boys were playing volleyball helped me understand how some people with mental health problems live and are treated.*

However, *Headlines and Bars on Windows* were recorded as negative in questions of identity. Imagery in the gym was seen as 'normalising' identity of the mentally ill. This group identified *Leisure and Normality* in imagery; users playing volleyball appearing to communicate that they were, in fact, just like everyone else. The studio mode's 'Care in the Community Failed' title was also identified as problematic with its use for purposes of 'impact'.

Two considered the report accurate with one indicating it partly accurate. Two were split and declined to commit a clear decision. One was critical about 'balance':

> *The problem for me is that the BBC said Care in the Community had failed, based on Frank Dobson's quote. The MIND angle was that it had worked and there had been a few failings. This was buried in the report and should have been brought to the surface.*

Mental Healthcare Workers: *Negative Portrayal*

'Out of control people' and 'prison bars' imagery were recorded as negative understandings about mental health - referencing stereotypical meanings of dangerousness. One member noted, *one tends to get the impression that there are a lot of out-of-control people at large in the community.* Another said, *The first image of the hospital came across like inmates of a prison, that's how it looked and felt...There is no evidence of people doing well, it all portrays the need to control these people.*

Statistics about suicides were identified as being 'dramatic'; these level two meanings generating fear associated with the mentally ill, as killers. One noted, *The reference*

to 25 murders and 1000 suicides were dramatic. Another worker noted, *It tends to reinforce the stereotypical views of mental illness as being potentially dangerous phenomena from which the public need protection.*

In the main group, three out of five identified the portrayals as inaccurate, one identifying accuracy but only in the way in which material was presented.

Daily Mirror

Main Group: *Dangerousness*

Members referenced film here, the newspaper story mobilising memories about *Psycho*, producing strongly subjective readings. Four of five people recorded *dangerousness*. Roger noted:

> *The paper bandied the words 'schizophrenic' and 'psycho' to the villain of case, without explaining the words. The paper judged and condemned. To me 'schizophrenia' is a split personality disorder brought about by a clash of role models in the afflicted patient. The word 'psycho' conjures up the Alfred Hitchcock film 'Psycho' where a man makes a frenzied stabbing of victims.*

Interesting relationships are raised here with the Philo study (1996), in which a member recalled learning about his first notions of mental illness from a television dramatisation of *Jane Eyre* (see Chapter One). Here, connections with characterisations associated with mediations of madness, i.e., in *Psycho* and in Jane's interpretation, *schizophrenics slaughter - Schizophrenics are silent as lambs ...No schizophrenic should be free* - was identified as stigmatising conceptualisations. Dramatic elements also wrote off 'the person'. This concern extended to what the general public might consider about 'violence' in the report.

The general message communicated was that mentally ill people do harm to others; this element mobilising a sense of disconcertedness in the group, in particular, about what the views of the general public were about them; problems about identity recognition raised once more. Malcolm castigated this journalistic type:

> *The identity of those that we term mentally ill come across as a highly dangerous bunch of individuals: This kind of hack, sensational journalism does nothing for the cause of the mentally ill, and the same treatment of any other topic would have the same negative results.*

All identified this portrayal as inaccurate, but apparent across these stories, was a desire for future reform that might include aspects about rehabilitation.

Media Personnel: *Mental Illness Is Dangerousness*

Media personnel understood the message as mental health is 'dangerousness' associated with schizophrenics' but judged that this was nonsense. A broad spread of level two meanings led to associations about 'Care in the Community' as synonymous with releasing murderers into the community. Three journalists indicated drama produced a *Powerful and Emotive Use of Language*, one noting the way it was '*deliberately used and given prominence*', *e.g. scandal, psycho knifeman, slaughter, heartbroken.* Another identified word use like *psycho killer*, like *Hannibal Fan - v. emotive* and *Stabbed 82 times* and acknowledged there were problems equating schizophrenics with killers. Three identified *Language Constructing Dangerous Identity* - people were murderers and killers... *They are defined by two things 1) mentally ill* and *2) murderers.* Three thought the piece inaccurate whilst one considered it, *Factually accurate but giving a totally mistaken impression.*

Mental Healthcare Workers: *Mental Health is Dangerous - People with Mental Illness are Killers and Vice-Versa*

Mental healthcare workers understood the problematic identification of the mentally ill as killers and also comprehended its content might advance fear in the general public's perception. Unequivocally, the portrayal was seen as detrimental, one noting, *Very little is described in the way of illness and symptoms... Very negative of portrayal of someone with schizophrenia... to the public it might add fear.*

Again, *Dramatic Language* was remarked upon as being a key element in producing a wrong impression about mental health. Level two meanings in the language of 'stabbed 82 times' was persistently mentioned. It was thought that other language such as *slaughter, blunder, stabbed and linking*, used in conjunction with film material could generate fear in the general public perception about Care in the Community. Members thought this stereotyping didn't advance knowledge but developed a potentially damaging impact upon the those with mental health conditions.

Nine people thought *The Daily Mirror* was inaccurate in its portrayals.

Scapegoats

Main Group

Opinions about mental health in *Scapegoats* mobilised public and meta-narratives (see Chapter Three, Somers and Gibson's definitions). Level three meanings in vague ideas about mental health were noted, two members putting off a decision until later clarification took place. Malcolm said, *The fear of the public in general, of the mentally ill persists today as it has always done: But perhaps concealed more below*

the surface; because of changes in the law? Mental health in general has a very negative history. Carol noted: *Mental health has been misrepresented frequently and quite horrifically in the past - the programme makes this very clear. Yet the idea of the 'the mad/the insane (i.e., psychotic?) persisted throughout, and it was hard to tell if the producers refuted this or not.* Historical emphases in dramatic expositions and songs also proved negative. Four were of the opinion it was portraying things unsympathetically. One member complained, *The radio programme showed that there are people with fixed opinions who are making unsympathetic judgements on behalf of mentally ill patients.* Members were in effect saying that embedded in metanarratives were meanings constrained by their historical perspectives of the producers raising problems for the group about programme meanings. This continued with *Demeaned Others*, a coding from three group members about the way in which drama helped understanding about identity:

> *the words used, the music and dramatic depictions all contributed toward portrayals of mentally ill people either as mad, bad, stupid, immoral, 'frantic', delusional, criminals or some negative connotation. This was quite strong through repetition and emphasis etc., these images came to stick in my mind, even though the intention of the producers was perhaps to discourage this!*

The violent and brutish dimension in these portrayals were registered as problematic and offensive. Four viewed the programme as inaccurate, these '*false representations*' as one put it. Carol noted that these were:

> *Largely very inaccurate, born out of the past (and perhaps present to a lesser extent) ignorance and fear of 'mentally ill' people. The programme concentrated too much, too heavily & too dramatically on these 'false' representation, so that some listeners may be unclear as to the actual intention of the producers. ...words like 'idiot', 'mad', and 'defective' stick in the brain...*

Media Personnel: *The Mentally Ill As Shunned and Shut Away*

The programme produced unanimous respect for the quality of the programme's detail. Opinions were indicative of 'how interesting' it was. Little was said about 'understanding' about mental health but one journalist said, *Mental illness is a reflection of the current society and what constitutes a 'mental illness'* whilst another said, *It seems that mental illness was often used/abused as an excuse for authorities to clear the streets.*

Participants considered dramatic expositions a good way of portraying mental health issues. Plays, particularly *King Lear* and music, were thought useful. However, one commented on the narration and identity; the term '*mentally ill*' and '*insane*' made *them out to be a homogeneous mad, rather than a collection of individual people.* Three answered but did not take up a firm decision with regard to the question of accuracy. These members remarked that the programme was well researched and that the case of Edna Higginbottom was sad and moving.

Mental Healthcare Workers

An even balance of negative and complimentary remarks about content were forthcoming in opinions. Language was identified as portraying a negative image about mental health. One complained, *Again negative aspects of mental illness. Again words like unstable, threats, deficient, lunatic etc.* which was in contrast to another member who noted it was *a well thought history in the treatment and attitudes towards the mentally ill in society.*

Edna Higginbottom was considered useful against other dramatic expositions. Views were evenly split between members about drama and music as a useful device but they did perceive some problematic language. One summed up the group's view:

> *A clear historical over-view which was informative and detailed on legislation etc. and to some extent on public views and prejudices. The language used e.g. mental deficiency, tacitly supported a negative view of mental illness. The documentary style gives it historical veracity also. Some positive views towards the end (re-emerge of the holy fool image) but still seen 'out there'.*

Drama and its role in communicating 'identity' produced: *little insight into this. The 'mentally ill' were viewed as a group and only one individual isolated for comment.* In contradiction to the supportive views of the use of drama above, there was another trend identifying portrayals as problematic. Opinion about accuracy was split between the two groups. Those who thought it accurate indicated that its history was well documented but those who didn't felt it detrimental to the mentally ill.

Eastenders

Main Group

The main group registered a mix of level one and two meanings. Level one meanings communicated that little was known about mental illness by people and the level two meanings were centred on Joe's dangerousness, to others and himself. Level one meanings included Malcolm saying: *That no layman or member of the general public can recognise signs of mental illness. A number of the characters know there is something wrong with Joe; but none of them know what.* Level two meanings resulted in codings of *Dangerous to Himself As Well As Others* with Julie saying: {mental illness is...} *a dangerous illness in that the patient could potentially be harmful to others and himself.*

There were a mixed opinions about how drama played a role in mental health understanding. The community psychiatric nurse (CPN) was considered to be giving a wrong impression about the effectiveness of the health service. A coding of *The Punctual CPN ?* was recorded, with Malcolm saying:

> *Drama* [in] *this programme gives a false impression of real life. One telephone call and a C.P.N. arrives like a genie out of a bottle. This may suit the requirements of the script and more dangerously give the general public the impression that this is quite normal.*

However, Julie thought that: *In Eastenders there is a lot of good portrayals.*

Opinions about identity and drama confirmed the group's sense of Joe as portraying a stereotype of mental illness. The use of darkness was commented upon as problematic, reflecting back upon people with a mental health condition. For this group, Eastenders depictions went some of the way to better portrayals but not far enough. Malcolm said, *Most of the scenes in which Joe appeared are very dark and gloomy. I take it that this was intentional as the mentally ill are inevitably associated with dark and gloom. By the way in my experience this association is a mis-conception.*

A mixed opinion was recorded about accuracy; Malcolm thinking, *The producers had done some extensive research into the subject and the scriptwriters did have some qualified mental health advisors available to them.* However, Jane stated - *This was the best but I felt it still left a lot to be desired and in some respects I pondered if it*

did more harm than good. Of note in this programme was that there were no concerns voiced about the public's view of people with unwell mental health.

Media Personnel: *Schizophrenia can Affect Whole Families*

The group identified the condition as schizophrenia and indicated understanding about it was not easy because of its complex nature. It was identified as frightening and connected with mood perplexing for all the family but these level one meanings were seen as doing a good job. David Wickes, used as a way for the audience to identify with Joe, was registered as a useful device. One person honestly questioned, *How do you deal with it effectively and sensitively?*

Drama was identified as something facilitating understanding about *The Family, Schizophrenia and the Last Scene*. The last scene was significant because of Joe's room and its decoration of newspapers and silver foil. The positioning of David Wickes for audiences was identified, *The viewer sees things from David's perspective, and learns through him, what it would be like to have a family member with mental illness.* The last scene, was *an amazingly powerful dramatic device - that made me realise how seriously ill Joe was when on the face of it he quite often seemed okay.*

Coding of *A Handsome Male and The CPN* was produced for Joe's identity. Two were impressed by the CPN's quick arrival, one indicating *he was able to pull strings* and another saying it shows *how the mechanics of the mental health system work;*

how parents are supported by the system. Four broadcast journalists considered portrayals accurate and one was unsure.

Mental Healthcare Workers
Suffering Affects Families/CPN/Changing State of Condition
Group members understood Joe's schizophrenia and also the problems of the family.

However, the Community Psychiatric Nurse's portrayal was identified as misleading. These were also 'level one' meanings. The following view broadly reflected that of the group's:

> *The portrayal reflects well the distress and confusion that Joe's behaviour causes in his parents. This suggests that individual mental health problems cannot be seen in violation but that they can affect others with whom the sufferer has contact...the role of the CPN was not portrayed... their immediate reliance on medication, medical assessment and talk of MHA sections did not adequately reflect the depth of mental health nursing practice.*

This group also felt soap drama was useful as a way of getting mental health into the public arena. Like the media group, the use of some language was considered inappropriate such as 'mad' and 'nutter'. Also, the element of darkness didn't augur well, seen as something despondent in portraying identity. Broadly, favourable reviews were recorded about the drama's projection of identity. Four members recorded *Good Portrayal/Empathetic/Language and Light*, indicating they thought it well portrayed and another four indicated it 'provoked empathy'. Nine indicated they thought Eastenders accurate and two were undecided.

7.3.1 Summary
Across non-fictional forms, people with experience of a mental health condition commented not only about conceptualisations concerned with dangerousness but also

filmic and historical aspects; about where mental health meanings were formed. Imagination about characters in *Silence of the Lambs* and *Psycho* and meta-narratives from history mobilised a chain of past stigmatising concepts. Imagery of barred windows in old Victorian buildings and dramatisations of past scenes from *Scapegoats* were identified consistently (in all groups) as contributing to a climate of security for the general public and this was a significant concern. How the general public might view them as a collective and individual identity was a problematising influence in their everyday life; marking them as somehow defective, in the case of *Scapegoats* and dangerous, in the case of *BBC TV News* and *The Daily Mirror*. Language also developed these stigmatising concepts. As with the Cornwall/Devon group, ideas about mental health in language and image all seemed to roll into one, with no diversity of understanding about other identities available. Clearly, such propositions whether about 'mental health' or the 'mentally ill' were condemning the 'social self' and also undermining trust in their position as members of society able to participate 'safely'. Their own ontology was again being called into question in mediations; this was a regular feature in portrayals. *Eastenders* also received mixed opinions because Joe's character produced further meanings of dangerousness directed inward to the self, very few pleasures were recorded in this fictional form for the Hampshire group, fear was generated in mediations for this group.

Mental healthcare workers were, once more, concerned about the nature of knowledge communicated to the public. There was a strong sense received of the mentally ill as 'out of control' people with absolutely 'nothing going right'. This a

prominent concern. The BBC News report generated stereotypes and fear. The factuality in statistics about suicide and murder whilst perhaps offering accuracy, also donated an 'empty' understanding about the mental health subjectivities. In *Scapegoats*, Edna's personal testimony was again identified as helpful but language was viewed as problematising understanding through its powerful generation of stigma. *Eastenders* drew praise about difficulties in 'the family with schizophrenia'. Across non-fictional and fictional forms, concerns were raised about the way in which those with the experience of a mental health condition might be reading these texts. This view accorded with workers from Devon and Cornwall.

Media personnel, on the other hand, produced a diversity of opinions about the texts. Understandably, critical opinion about mediations revealed pleasures in programme making for approximately half of the journalists. *Scapegoats* was again identified as 'well-made'. However, the other journalists produced broad criticism about powerful and emotive language, particularly in *The Daily Mirror*. Here, and in the television news report, negative imagery, such as the bars on windows, were recognised as problematic concepts. But across non-fictional forms there was a tendency to identify mainly negative symbolic or metaphoric resonances rather than positive associations; Edna's personal testimony the only exception to this rule. In *Eastenders*, the family and schizophrenia was recognised as significant, as was the very last scene; its drama working to convey Joe's condition as something too big for any of the characters' comprehension.

7.4

Opinions

The Liverpool Community

Main Group

Six people initially participated and then one left, leaving the group as all male. All were from mental healthcare centres across Liverpool. Only one member of the group gave permission for his name to be used, the remainder declined and therefore, four of the five names have been changed. One group member, Daniel was an activist, undertaking a busy role in the local community. Alan, previously an HGV driver had been involved in an horrific crash, his mental health condition a direct result of this event. Mark had taken drugs to help keep working in his youth, these causing a deterioration in his mental health. James' condition occurred across his life, drugs also playing a role in later exacerbating his unwell health. Arthur's condition developed during his late teens whilst Don (his real name) suffered from his across the later years of adult life. The range of mental health conditions amongst the group varied; two people suffered from schizophrenia, one from a post-traumatic stress condition and two from depressive conditions. Many in this group were taking medication (some, heavily) which at times were remarked upon by them, as inhibiting their work in the project. This may have been an indicator as to why the information flow was, at times, diminished.

Media Personnel

In the Liverpool study, seven media personnel from independent radio and television station, as well as from the BBC took part. Three men and four women were involved. All requested their name be withheld.

Mental Healthcare Workers

Sixteen mental healthcare workers took part in the study. A large section of the group were occupational therapists and mental health support workers and some were day care centre managers. All requested their name be withheld.

BBC TV News

Main Group: *Mental Health is Changing*

Opinions were mixed with three saying they viewed portrayals as unsympathetic and two considering the story as helpful. Alan said it, *was about people being locked up and the key thrown away.* Don noted mental health was, *portrayed wrongly ...not explaining mental health .... so that patients can live normal lives in the community.* In contrast, James said: *It was about people needing help and getting help. New centres would replace old hospitals. People with mental health problems can get help to get better.*

Only two group members offered responses about *Negative Tone* in dramatic elements having implications for understanding about mental health. Alan said: *Moira Stuart set out the tone of the story.* James stated, *The video showed bars on the window which was intimidating. The images of the bars on the window gave the impression that anybody with mental health problems would be caged.* These were level two meanings, producing secondary implicatory significations. Daniel indicated the news report: *is not very helpful in helping me identify people with the illness, it is usually far removed from the truth.* These participants felt their identities were omitted, in

that they felt they were unworthy of even being recognised. Three indicated inaccuracy in the news programme whilst one said it was accurate.

Media Personnel
Dangerousness/Too Many People Creating a Problem for the Government
Dangerousness was the main trend of the report but there appeared too many people for the government to handle and there were problems because of this. Broadly, *Asylum/Treatments Had Moved On* was coded from the group. Images of the asylum were identified as dramatic by approximately half of the group, saying this contributed to their understanding.

Over half of the group considered that the elements in the report conveyed a sense of *Normal People vs. Supervised People*. Some said they viewed people as 'normal' in the portrayal whilst another smaller group indicated they felt the identity of mentally ill people was one needing supervision. All thought it was an accurate report except for one who declined to answer.

Mental Healthcare Workers: *Dangerousness/Failed/Financial Support*
Half of the group understood from the report that there were concerns about dangerous patients. One member noted, *Mentally ill people are dangerous and 'at large' in the community. The system has failed. People need to be protected against mentally ill people.* A subsequent argument about the report was that suicides were mentioned but not afforded the same attention as murders, even though they exceeded them by a significant amount. One member said the relationship between people with

a mental health condition and crime was problematic in the interview; *25 people may commit crime a year but how many people commit crime who do not have a mental illness?*

A diverse response of level two meanings in *Touring the Streets, Difference and Mug-shots, Good Use of Patients,* set the report in a negative light. One noted, *Images reminiscent of The Bill* and the use of mug-shots were significant in this way. Several members remarked upon dramatic elements only helping to direct viewpoints toward *Stereotypes* in level two meanings associating identities with dangerousness. One member summed up their view saying: *Drama gives people identity but it does have a great potential for stereotyping if not handled correctly or sympathetically.*

Eleven people thought the programme inaccurate, two thought it was accurate and three were undecided, considering the report 'a bit of both'. In the 'inaccurate group' an occupational therapist noted: *Because mental illness happens to people who are brother, sisters, parents, partners, sons, daughters, colleagues who need to do things in their daily life to fulfil these roles.* A member who thought it was accurate noted *I feel the use of outside agencies such as MIND would put a clearer and more correct view of mental health across.*

The Daily Mirror

Main Group: Dangerous Killers

Alan remarked, *people in mental health institutions are being let out into the community, to kill people. The system isn't working.* Don noted:

> *....These two examples are extreme cases. In the first case this man could have been attacking his care worker because he had stopped taking his medication, this does not mean that in every case, somebody who does stop taking their medication suddenly will attack somebody. In the second case, it is a mistake ... The way his picture has been put forward as this man with a strong tattoo on his face, across his forehead has been allowed out of hospital and put in his own flat, but this was a very big blunder.*

One member answered he had no understanding of mental health from it, that all the paper was saying was that, *all mentally handicapped people should be on the streets.*

Drama and its portrayal of mental health drew mixed views. Alan said: *It divides it sympathetically for the victim but not for the person with a mental health problem.* Mark noted that it conveyed mentally ill people to be, *very dangerous people, and should be locked up and thrown away the key. This is putting forward that they are some type of serial killer or something like that. Also that possibly that every person that has mental illness will attack you.* As in the preceding question, a mixed opinions were offered on the question of identity. However, from the responses below, it may be read that there was a rather superficial reading of articles and this may have been the reason for the lack of responses.

Four people considered portrayals to be inaccurate. One said, *The way that this type of media is being used is perhaps a glamorised portrayal of mental illness and is not really an accurate way of giving the right picture of what mentally people are like.*

When asked why, he responded:

> *These two examples are basically putting across to the people, that are reading it that this is what all mentally ill people are like and that if you come in contact with them that they will instantly attack you and even perhaps kill you.*

Media Personnel: Dangerousness/No Explanation

Predominant views of 'dangerousness' were that people with schizophrenia were most likely to kill whilst other remarks were more critical of stories - they did not offer any explanation about the condition of schizophrenia.

Members mostly identified *Dramatic Language* in headlines as problematic. One noted that, *The Headlines are very influential in the understanding of mental illness - 'scandal of schizophrenic freed to kill' 'My father was stabbed 82 times', 'FAILED'*, were examples of language considered to hinder understanding about mental illness. Drama played a role in helping understand identity but opinions about this were few. Broadly, it was understood that imagery was particularly unhelpful. Most members considered the item inaccurate though one noted, *The reports are based on fact and are obviously correct but they definitely are worded to be emotive and could give the wrong impression that ALL mental patients are dangerous to readers.*

Mental Healthcare Workers: *Schizophrenics Kill/Fear*

Predominantly, people suffering from schizophrenia were understood to be dangerous, fear generated in the report. One member complained: *Very little information was given with regard to the persons mental illness*, whilst another noted that: *mentally ill people are all killers/psychos, are criminals, should be locked up - make reference of being freed rather than discharged, are young/male.* Half identified *Language of Dangerousness/Horror/Mug-Shot* as dramatic in nature. The

decision for using *82 Times* and words such as *Psycho* and *knifeman* were identified as instrumental in arranging their negative perception of material. Two identified font size as a key to the dramatic way in which dangerousness was communicated. Four identified the references to film as being problematic.

Members identified *Violence, Black and Mad, Blame, No Understanding*. These provoked associations (level twos) with violence and nominalisations of '*killer*' - these having implications for the identity of people with mental health conditions. Two identified a form of racism, being 'black and mad'. Another two remarked that there was no understanding available from the reports. Fourteen said the reports were inaccurate and two declined to answer.

Scapegoats

Main Group: *Treatments*

Four members noted pejorative meanings about treatments (i.e., level two). Mark noted, *That through the years many different treatments have tried, most of them all of them were in my eyes wrong. The programme was at the extreme, and through history, totally at the experimental stage of (madness) treatment...* Here perhaps, the nature of treatments upon the mentally ill were further contributing bizarre notions about which Mark objected.

A considerable divergence of opinion about drama and its role in understanding mental health was offered. One member indicated the role of dramatisations were helpful but, for Alan, the tale of Edna Higginbottom was significant: *The story of the narrative by*

a woman who had a sexual relationship had a right to speak up but this helped things in understanding.

However, four members indicated the portrayals were inaccurate. Mark noted that: *The questions are linked to the extreme side of mental illness and therefore they are bad portrayals of mental health..* Why, he asked, are *The people portrayed in this media item were treated as freaks?*

Media Personnel: *Outcast Group/Different Treatment*

The main understanding was that people with mental health conditions were outsiders and this was connected with people being treated differently across the years. Robert indicated, *How fear lies behind our reaction to mental illness, historically nowadays.* A diverse but small set of contributions noted the programme as *being a good constructed story* but that *society blames others* with *the songs and dramas* playing an important role. Information about the programme's dramatic elements was minimal and this was also the case for information concerning identity.

Group members thought the programme accurate. One noted it helpful that there were, *Different voices to back up the claims in the report.* Robert said it was *because it accords with the general knowledge I have of the subject.* A number of members also remarked that the programme was well made.

Mental Healthcare Workers:
Society/Medicalised and Religious Madness/Containment
The role of society and its relationships with madness was identified several times. Madness was constructed by society as it developed and society also saw madness in varying ways, this depending on the period (i.e., century). Society was also seen as being threatened and because of this, responded to the situation with containment.

Members indicated *Styles of Reporting/Songs and Sketches/Emotive Language* as significant points on drama and their understanding of mental health. Nine members remarked on the different styles of reporting employed throughout the programme. These consisted of being polarised around a serious communicator and of viewing communications through songs and sketches. Opinion here was divided evenly, as to whether or not they were a good or bad influence on the programme. Those who saw them as a bad influence commented, *the terminology used, affects the general public perception. It highlight prejudices of the fickle public.* Those who thought the influences were good, felt it was *'light hearted'*. Fewer people contributed to the request concerning drama and identity but *Drama Helped*. The cross sections of opinions included the view that drama, *helped the focus and broke stereotypes.* The choice and range of speakers was also highlighted. Two other members said it helped to highlight the *brutality inflicted on the mentally ill and the effects of incarceration and isolation*; with another identifying that, *not all the mentally ill can be seen as bad.*

Five thought the portrayals accurate, whilst three considered they were not. Remaining opinions were neither in favour of accuracy nor inaccuracy.

Eastenders

Main Group: *Joe's Got A Problem*

Four people identified Joe as experiencing a mental health problem. Alan noted: *Mental illness was treated sympathetically, promoted understanding of the condition. It exposed a range of things about mental health, about medication, how he* [Joe] *could improve or drag people down.* Mark said, *That mental illness had taken a grip of this lad Joe, that without treatment he wasn't getting any better and that, his family weren't coping any better.* Daniel remarked the portrayals: *are usually pretty true to life and reasonably accurate.*

Drama and its role in knowledge was recognised for *Opening Up Understanding*. Several members responded positively with Mark noting it was, *helping me understand the way he is, in himself, and he seems that he is very confused. He is also needing help.* Some participants recognised that *Soap Drama Helps*. Daniel noted, *This type of drama is a good way of softening people attitudes towards the illness.* Don noted drama helped people's understanding to, *learn to treat people with mental health problems as normal and with respect.*

Only two responding said it was accurate, whilst one said it wasn't. Daniel said that it was: *reasonably accurate, people can identify with the character and it can lead to more empathy with sufferers.*

Media Personnel: *Affecting Family and Young People*
Members understood schizophrenia could affect the family as well as the person with the condition. One person remarked that *Mental illness isn't easy to diagnose.... effect of Mental illness on others especially the family.* Opinions were once again diverse and without a distinct coding but several said drama helped show how Joe was irrational in his behaviour whilst another said it helped to show mental illness as an everyday part of life. In relation to identity, two members indicated they thought the CPN was well portrayed.

Three considered the programme accurate, one was undecided and two others thought it inaccurate. One person considered it an accurate portrayal, saying it was a *convincing portrayal in a modern real-life setting.* Commentary about the inaccuracy included the following: *I suppose if people are very ill they could act like this but I imagine this is the worst possible scenario and not the day to day life of a man with schizophrenia....I don't think a proper doctor would diagnose depression for Joe. I felt it was over-dramatised.*

Mental Healthcare Workers:
Joe Portrayed Well/Stress for the Family/Disruptive Illness/The CPN
Four people thought Joe's mental health portrayal was a favourable representation: *It is an accurate portrayal - appearance, smoking, demeanour etc. of someone going through such distress.* One noted *Joe's portrayal was very good, issues of paranoia - poisoning - radiation - not being able to trust the person closest to you.* Five noted, '*added stress*' for the family was a difficult burden. Another said that, *mental illness*

must be a very frightening experience and as for the friends and family, a very confusing time.

Drama helped understanding with several participants identifying *Accurate Process/Family/Language/Helping Understanding*, as helpful elements in the 'process' of portraying Joe's condition. His appearance, verbal and non verbal language, all contributed to helping understand the condition. Plot development was identified by one as helping understand mental health: *it developed in layers with more detail being gradually added, not as a fait accompli. This made it more realistic.* The difficulties of the family were again identified as significant. Drama was again applauded in terms of *The Processual Nature of Schizophrenia* and *It can happen to Anyone* - It was also thought *Realistic*. Soap opera seen as helping portray identity in a process of '*gradual breakdown*', '*not a snap shot*', rather that of an evolving realism, as one participant noted, as '*layers of detail*'. That his identity was portrayed in the family was useful. He was a recognisable character over time, making his behaviour less scary. Across this section, Joe's subjectivity was remarked on for its realism.

Twelve group members found Eastenders accurate in portrayal; one declined to comment and two didn't commit a decision either way, instead seeing the representation as having some accuracy and inaccuracy.

7.4.1 Summary

In non-fictional forms, the main group recorded concerns about 'mental health knowledge' and the identities it produced about people with mental health conditions. The main group saw themselves constituted as killers; these level two meanings evoking pejorative concepts that were distortive of public knowledge about their own experience - though in the *BBC TV News* example, opinions about this were mixed. Certainly, that these tales were told through news to a significantly sized audience and in a way which created a major cultural difference about their identity, was a concern. Clearly, that they may be a social group marginalised within society was uncomfortable for them. *Scapegoats*, it was felt, portrayed them as freaks and in *The Daily Mirror*, they were an outlaw culture 'let out' to rampage across society. These stories mobilised concerns within the group with regard to public perception about them. Non-fictional forms were mainly closing down meaning about identity, dramatisations in the radio documentary also negating a fully rounded knowledge about mental health issues. *Eastenders*, however, broadly opened up understanding allowing social relationships through which the audience might gain empathy, particularly in characterisations of Joe. His condition was identified by one group member who suffered from schizophrenia as 'pretty true to life', the drama he thought, was effectively making 'real' themes about his condition. *Eastenders* led to readings that were partly pleasurable in the kind of knowledge produced; the portrayal of Joe's subjectivity producing resonances with group members. In this group, the relationship of its members to the society and political implications for their identity was present but less pronounced than in the other groups.

Mental healthcare workers were generally concerned about portrayals in non-fictional forms with regard to misinforming the public; about how this might impact upon the unwell subject. Pejorative stereotypes in language and image were significant; mug-shots and emphases in details concerned with murders were registered as unhelpful. In addition, elements of horror generated fear, producing a void of understanding about mental health. Facts, even if they were accurate, added to concerns workers had about how such imagery might be impacting upon damaged subjectivities. But, *Eastenders* again drew praise in its ability to expose a 'process' in the condition of 'schizophrenia', this being significantly remarked upon as conveying a useful realism. This fictional form was being seen as allowing audience 'a look' into a complex and difficult condition.

Media personnel again produced diverse opinions. These were split between those who were critical of portrayals as problematic and in need of review, with others who lifted out elements from stories to make journalistic comments about balance or accuracy. This was particularly the case for the non-fictional forms of *BBC TV News* and *The Daily Mirror*, in which only report material was addressed and its relationship to professional rather than social knowledge became the focus.

7.5 Conclusion

In this concluding section, I now tie up the findings with a particular focus upon what each group made of the presented examples through a triangulated verification assessment between each area (this method is also employed in the next chapter).

Starting first with people who have experience of a mental health condition, second, media professionals and finally, mental healthcare workers.

Main Group

Two out of the three groups of people with experience of a mental health condition considered that *BBC Television News* communicated concepts of dangerousness. Correlated with this code, opinions viewed it carried level two meanings of security for the public and by implication, a political baggage for the person with a mental health condition to negotiate. That mental health issues were also misunderstood was evident across all three groups; the imagery of the car patrol propelling ideas of the mentally ill as an outlaw culture and through a tone, negative in consequences for identity. One group viewed a change in the way mental health was being portrayed. Nevertheless, representations could still carry negativity and *The Daily Mirror* drew a consolidated set of views from all areas about it referencing dangerousness through emotive language, in combination with filmic elements: these playing a significant negative role. Both these components were in some way connected with the dramatic, either through comparison with the character of Hannibal Lecter or the choice to show the photographed person with a tattoo across his face. *Scapegoats* and its historical discourse served only to communicate old concepts about mental illness. For two groups, the impact of the programme produced concerns about how others might perceive them. The group from Cornwall/Devon considered themes of dangerousness were mobilised leading only to an outcome of stigma. The Hampshire group identifying dramatic elements as key to demeaning their identity but significant across

all of the areas was the identification of Edna Higginbottom and her personal testimony as positive for portrayals. *Eastenders* drew a variety of opinions. These recorded the original way the soap produced meanings about mental health and looked to issues about schizophrenia and the family; these problems were felt to be usefully exposed.

Media Personnel

Media personnel across all areas were split in their views about BBC Television News. The Cornwall/Devon group found Care in the Community not to be working properly. There were issues of control for one group which contrasted with another, who indicated the portrayal wrongly marginalised people with a mental health condition; they were just like everyone else. The Hampshire opinions were also disparate in their views, with positive commentary about new facilities contrasting with negative imagery from prisons in the past. The Liverpool media identified people with mental health conditions as creating a problem for the government but that new methods had arrived. *The Daily Mirror* drew consistent responses about mental illness as synonymous with dangerousness, all of the groups identifying the dramatic language connected with dangerousness; one of which did not give any explanation about why they had, but *FAILED* and *stabbed 82 times* were examples given in the two other groups. *Scapegoats* again drew a diverse set of opinions, particularly from the Cornwall/Devon group but across all areas, there was respect for the quality of the programme's making and the employment of the personal testimony of Edna Higginbottom's story was significant. The Liverpool media group recorded they felt

people who were mentally unwell were considered outsiders whilst the Hampshire group were of the opinion that they were seen as shunned and shut away. But *Eastenders* drew a diverse set of responses from the Cornwall/Devon media group, their only consistent trend, a sympathy to the situation of the family in having to cope with a person suffering from significant mental health condition. It also appeared for all groups, that the Community Psychiatric Nurse was a reassuring presence and that the mental healthcare system was working well.

Mental Healthcare Workers

Mental healthcare workers found the BBC TV News referenced dangerousness. This included several codings about people with experience of mental health condition being a 'risk to society', 'out of control' and a 'fearful group'. The dangerousness stereotype was consistently identified, drawing concerns about how the social impact of such portrayals might be perceived by people with experience of a mental health condition. The CPN's in the back of the car, touring the streets, drew some criticism as did the use of mug-shots but the use of accessed voice was recognised as useful. *The Daily Mirror* drew consistent opinions across the groups, with the schizophrenic portrayed as 'a killer' or 'murderer'. One group identified that mental health was associated with dangerousness. All viewed language as emotive or dramatic. The use of *stabbed 82 times* and *slaughter, failed* etc., when connected with the negativity of the photographs only served to reinforce the stereotypical identity of 'mad schizophrenic, evil killer'. The Liverpool group, in particular, registered how the horror film played a role in portraying this identity.

An aspect of *Scapegoats* which was unwaveringly remarked upon was concerning the personal testimony of Edna Higginbottom; the way she told her story about the dramatic nature of her incarceration. However, where drama was concerned in the portrayal of identity, different views were recorded, because themes of the 'mad axe murderer' or the 'dysfunctional fool' arose; this considered a damaging influence. Poor terminology to describe identity was a problem about which mental healthcare workers were critical. The Hampshire group were divided in their opinions about the programme, some saying it was a good historical account, others indicating it was negative and not really helpful of understanding about mental health. The Liverpool group saw mental health issues revolving around society or medicalisation. The various forms of sketches, emotive language, styles of reporting and songs drew divided opinions.

In *Eastenders*, the CPN sparked criticism from the main group and mental healthcare workers. Arriving on the scene so promptly was highly unusual, as was his professional responsibility to get medication so easily. However, the programme drew acclaim for the research it had undertaken and for highlighting the strenuous relationships that exist between mental unwell health and the family. In addition, the condition of schizophrenia was well portrayed because it showed its processual nature and the use of such a form to draw a wider audience into understanding about the condition was applauded.

Chapter Eight

The Community Project (Part 2)

Exploring Change: Method, Alternatives and Practices

8.0 Introduction: - The Production Phase

The second part of the community project aims to provide clues towards alternative practice by exploring the transformations of media portrayals actioned by people with experience of a mental health condition. Producing new images of mental health, the study is located broadly within the 'active audience' tradition, part of an interpretative approach. Indeed, it is distinctive through its use of Community Drama practices, seeking a way forward in a practical eliciting of cultural readings.

The production process employs a methodology from Community Drama processes[1]; This is developed from teachings by Awam Amkpa and Vic Merriman, in turn developed from methodologies by Augusto Boal (1979 & 1990) and Paulo Freire (1970). Providing stimuli, the reception phase serves as a foundation for actions; the intention, to facilitate production processes such that the group may produce their own media portrayals. Once completed, their texts produce useful depictions from which to make further evaluations.

8.1 Method and Design:

Drama and Media for Community Development

In the production study, people question media artefacts through their critical encountering of them in performance processes. Using the processes of drama as a tool for understanding, people produce these meanings; via a process of *conscientização* (or *conscientisation*). In a chapter entitled *Poetics of The Oppressed*, Boal explains his objectives for *Forum Theatre*, central to the design of this study.

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[1] I make clear here, that the Community Drama approach taken does not constitute 'the way' to design such a project. Clearly, there are many other ways beside this.

In order to understand this *poetics of the oppressed* one must keep in mind its main objective: to change the people - "spectators," passive beings in the theatrical phenomenon - into subjects, into actors, transformers of dramatic action. I hope that the difference remains clear. Aristotle proposes a poetics in which the spectator delegates power to the dramatic character so that the latter may act and think for him. Brecht proposes a poetics in which the spectator delegates power to the character who thus acts in his place but the spectator reserves the right to think for himself, often in opposition to characters. In the first case, a "catharsis" occurs; in the second, an awakening of critical consciousness. But the *poetics of the oppressed* focuses upon action itself: the spectator delegates no power to the character (or actor) either to act or to think in his place; on the contrary, he himself assumes the protagonic role, changes the dramatic action, tries out solutions, discusses plans for change - in short, trains himself for real action. In this case, perhaps theater is not revolutionary in itself, but it is surely a rehearsal for the revolution. The liberated spectator, as a whole person, launches into action. No matter that the action is fictional; what matters is that it is action!

Boal, (1979:122)[2]

In this phase, the focus is a 'dramatic action' by social actors performing as protagonists. For the sake of clarity, I outline *Forum Theater*'s, four stages below:

First stage: *Knowing the Body;* the Second stage: *Making the body expressive*; the Third stage: *Theater as language* which includes three levels. These were:

First degree: *Simultaneous dramaturgy*: the spectators "write" simultaneously with the acting of the actors;
Second degree: *Image theater:* the spectators intervene directly, "speaking" through images made with the actors' bodies;
Third degree: *Forum theater:* the spectators intervene directly in the dramatic action and act.

(ibid.:126)

These lead to the Fourth stage, *Theater as discourse*. I now turn to an examination of how these stages operate.

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[2] I make clear at this juncture, the term 'spectator' Boal uses is not understood, in the context of this study to indicate passivity.

8.1.1 First Stage: -

Knowing The Body and Making the Body Expressive

Intended to facilitate development of participant's positions to a point where a transformation from spectator to actor/actress can occur, the first two stages in the study are combined. The first stage celebrates the participants' cultural identity whilst also undoing associations about theatre, the first process distancing participant ideas about theatre as beneath the proscenium arch and before a seated arena. Complementing this, the second process aims to nurture a body poetics achieved in the first stage.

Knowing the Body establishes theatre as something people own, rather than a physical structure imposing particular values about how theatre operates. Subsequently, the project takes place in a hall type space with a flat floor, rather than a stage-auditorium structure. Following a small number of physical and vocal warm-up exercises, participants, in groups of two, are requested to project an image of their 'self' showing an everyday cultural practice celebrating their identity; this, reflecting their work or activities they undertake each day. This is a still image supported by a 'one word title'. Initiating *Making the Body Expressive*, the aim is to encourage expressiveness nurturing poetics through use of the body. Our culture, as Boal points out, is one 'used to expressing everything through words, leaving the enormous expressive capabilities of the body in an underdeveloped state' (ibid.:130). Completing this first still image, the second process is then assisted by 'moving' the image, this time accompanied by spoken discourse; assisting more clues about social status but in slow motion, exaggerating cultural practices. Through an atmosphere

supporting creativeness, the group watch, reading each image, identifying what the title might be, finally perhaps with the help of language. This is a useful way of presenting identity and helpful in constituting a useful foundation for the next level.

8.1.2 The Second Stage: -
The Cop in the Head Hypotheses: Mediated Identities and Osmosis

Reflecting upon the media texts of the reception phase, this stage explores the media representations about 'mental health'. The study acknowledges how problems of identity posed by stigmatic values in cultural and media discourses constrain participants from everyday discussion about their mental health.

> All the moral and political values of a given society along with its structures of power and domination, as well as its corresponding mechanisms of oppression are contained in the smallest cells of the social organization (the couple, the family, the neighbourhood, the school, the office, the factory, etc.) and even in the smallest events of social life (an accident at the end of a street, the ID control in the subway, a doctor's visit, etc.).
>
> Boal, (1990:36)

In media however, pejorative values in mental health meanings are amplified as the reception study showed, propelling essentialist identities. Across time, what Freire terms, 'generative themes' (1996:78) promote difference in images about mental health identity, 'spoiling' it, (to use Goffman's (1963) term) as a diseased stereotype located outside social boundaries of normality. Media discourses propel certain implications for subjectivity, producing discomfort about a condition, marshalling a form of self-policing about sharing knowledge of the condition. This stage addresses the internalised oppressions which Boal describes as the *Cop in the Head*. He informs:

> *There are many people who dare not participate in a strike or other political actions. Why? Because they have cops in their heads. They have*

> *internalized their oppressions. The cops are in their heads but the headquarters of these cops are in the external reality. It is necessary to locate both the cops and their headquarters. In this instance, we are at the border of psychology, but always on the side of theatre.*
>
> Boal, (1990:35).

Augusto Boal's three hypotheses are usefully applied here and consequently, the study design incorporates the two following principles underpinning *Theatre of the Oppressed* processes: '1) To help the spectator become a protagonist of the dramatic action so that s/he can 2) apply those actions s/he has practised in the theatre of real life.' Boal, (1990:36). Consequently, this stage, entitled Osmosis, leads to discussion about mediated identity against that of the experienced identity; producing tensions and this leads to the next stage - that of Metaxis.

8.1.3 The Third Stage: - Exploring Mediated Oppressions: Metaxis

Oppressed people are 'infinitely rich, full of psychological and intellectual possibilities' (Boal, 1990:40) and this stage moves the focus to media and alternative images of mental health. Small groups of two or three work with each other helping to produce artistic images of oppressions; this contributing toward a process of 'aesthetic transubstantiation':

> When the oppressed-artist creates the images of her oppressed reality, she belongs to both the real and aesthetic world in an active rather than vicarious way. In this instance, we have the *metaxis* phenomenon; the total and simultaneous adherence to two different and autonomous worlds. The aesthetic transubstantiation belongs to the two autonomous worlds: reality and the image of reality that has been created by this process.
>
> (ibid.:38)

In the Metaxis process, the oppressed person produces his/her own world of art through the creation of images from his/her real life oppressions. Produced is a key

difference with conventional theatre, holding special significance for this part of the study design. Boal's discussion about the *spectator/character* relationship in traditional theatrical performance highlights the contrasting processes of *empathy/sympathy* in theatre of the oppressed.

As in the osmosis stage (above), Metaxis explores mediated meanings about identity. This stage requests participants to present one image they consider media communicate about their identity: They write out their oppressed situation for reading by the group who, if the image is autonomous, will be *sympathetically* received. *Sym* means 'with', indicating that people in the group are no longer led by another's action, they are now actioning subjects. They organise once more, still images and a title, foundations for a later more developed but short moving image sequence into which their own dialogue can be introduced. These people practise new ideas, rehearsing images and titles via critical employment in the dramatic processes that produce limit acts. They act out interpretations produce potentiality for new characters, new news presenters, language and dramatic communication in dialogue.

> *The oppressed must be helped so that she can reflect upon her own actions, i.e., regarding possible alternatives shown to her by other participants based on their particular circumstances.* The protagonist must be able to see herself both as protagonist and as object.
>
> (ibid.:42)

8.1.4 The Fourth Stage: -
Analogical Induction

In this final stage, the *Cop in the Head* approach allows the telling of individual narratives as well as whole group oppressions and to this end:

> If an individual's farewell image or scene prompts other analogous images or scenes from colleagues in the session, and if one builds a model detached from the particular circumstances of each individual case using these images, such a model will contain the general mechanisms through which oppression is produced. This revelation of the general mechanism of oppression will enable us to study the different possibilities for breaking the oppression *sym*-pathetically.
>
> Boal, (1990:41)

This process provides the opportunity for a *Forum* examining different perspectives as to why participants have chosen to take their particular action; its function, the provision of a Gestalt analytical process. Protagonists present different perspectives and from this discussions are promoted about what sort of texts might be offered as alternatives to the originals.

Lib Spry (1994:171-184) raises useful questions about the process of *Forum Theater* in her work, identifying that its structure produces protagonists and antagonists. Relationships of 'us and them' are organised and whilst this produces useful ways of understanding hierarchies of power, negative potentials always remain to bi-polarise characters and issues, maintaining the very conflict inherent in 'power-over' relationships which the method attempts to change. People with experience of a mental health condition require a dialogue rather than oppositional situations and thus, this project seeks ways forward of working together; in particular with media professionals.

What Freire terms 'true revolution', I take with a less directly political emphasis to mean 'change' and it is indicative that what must take place is a 'courageous dialogue with the people. Its very legitimacy lies in that dialogue' (Freire, 1970:109). At the conclusion of this production process, there is an exit interview for the group about the nature of the aims and intentions of their meaning-makings, the 'fictions' that can be taken back and applied to life.

8.2 Post - Production Processes

Images about mental health made in group work were presented to the groups at other locations; as well as reviewing each group's own production material. As facilitator, I undertook the role of encouraging participants to interpret each others work through discussion. Only one representation by a participant did not receive a confident appraisal in the processes of verification at other locations; concerns were mainly about the way in which an audience might mis-read the message of '*Mad Bob*', (this is discussed below). Broadly, all groups in all locations found a degree of unity and harmony in carrying out their work, both individually and together.

8.3 Production Process Arrangements

The production at each place differed slightly. At Falmouth, there was a newly built studio with a crew keen to take part and at Winchester, a television studio, supported by a technician. At Liverpool, the entire production project was undertaken by the author of this work in a seminar room. Of interest here is the fact that, at Falmouth and at Winchester, a technician revealed they had themselves

experienced a mental health condition. This proved reassuring to the group, where they had doubts about their own ability to perform to others.

8.4 Alternative Images/Practices

Introduction

This section describes and analyses the alternative images and practices. I have broadly categorised them into 'identity narratives' and 'alternative depictions'. In view of the number of texts made, I have been selective. Therefore, I examine each area, in the sequence of Falmouth, Winchester and Liverpool.

8.4.1 Falmouth Project

In the Falmouth project, two alternative images include *Mad Bob From In There* produced by Robin and *Extra, Extra Read All About It* created by Anne and William. Finally, a group project about narrative identities was organised by Petra and I start with this.

8.4.2 Identity Narrative 1

The portrayal is divided up into two parts and was produced for a general audience. Both involve 'talking heads', mid-shots of group members presenting personal testimonies about their lives; giving account of positive personal attributes, social practices and achievements. After group members offer an ontological narrative[3], the second section introduces each person again, this time continuing where they left off

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[3] Ontological narratives are, '....the stories that social actors use to make sense of - indeed, in order to act in - their lives. Ontological narratives are used to define who we are; this in turn is a precondition for knowing what to do. This 'doing' will in turn produce new narratives and hence new actions; the relationship between narrative and ontology is processual and mutually constitutive.' Somers and Gibson, (in Calhoun, 1994:61).

in their narrative but informing the audience of the conditions they experience and which inform their identity. This form is arranged as a way of allowing audience to know first, their personal qualities and then to move forward to 'mental health' expositions.

Petra starts first, explaining about her life, that she is a mature student studying among other things the cultural representation of political images, of icons of individuals in marginalised groups. Her story continues, informing us that she is a traveller. She has visited a range of countries including Spain, Cuba, Vietnam, Malaysia and Morocco, mostly on academic research trips connected with her degree. Having worked as a tour manager and a merchant navy bosun, she has also won a gold disc for backing vocals on a number one single, as well as successfully undertaking a range of other jobs. Petra is followed by Anne who says she is a mother to one lively boy, she likes *Ally McBeal* on television and films, with a particular favourite star, John Cage. Julie introduces herself as someone who is a wife and a Christian studying for the ministry. William says that he is a campaigner, a flirt, enjoys bell ringing and likes a pint afterwards. Robin says he is a father and grandfather, and does relief work for a number of organisations that provide aid to countries such as Albania, Indonesia and Kenya.

A longer fade between this and the next talking head, signals a turning point. Anne is visualised: *Hello, Anne again. I am happy being me. I enjoy all these things, enjoy life and I am recovering from mild depression.* Next follows Robin:

Hello Robin again. I enjoy doing all the things I recently told you about but I actually suffer from severe depression, severe anxiety, I have panic attacks. I am being treated for post traumatic stress disorder. And just for a bit of luck I have got SAD in the winter as well. Thank you.

Then Julie relates, *I am Julie and I suffer from some form of mental condition.* Next

William concisely offers, *Hello, I am William. I live with depression.* In concluding,

Petra finishes the piece, saying,

Hi! And I am Petra and as I have said, I am studying Visual Culture which includes analysis theory and criticism of all visual representation. And I believe that mental health conditions are misrepresented both by and within the health service and through all forms of popular media. I believe it is time those representations changed I think we ought to see the person and not just the disorder. I am Petra and I live with brain injury and a post traumatic stress disorder.

This selection of personal testimonies were very popular with other groups. Both the Liverpool and Winchester groups saying it was good way of presenting people and getting a message over that they were just like everyone else in some ways and yet distinctive in others. Daniel said that he liked the way William simply said, *I live with depression*, this according with his own view of experiencing the condition. In general, this portrayal was verified as a very good representation of mental health.

The focus of Petra's message was to know 'the person' first and to see 'the condition' second; these testimonies revealing holistic attributes in group members. Presenting cultural identities and practices in their social world, these ontological narratives were emphasised before members' conceptualisations of their mental health.

Communicating about their identity in the 'relational setting'[4], they performed with an agency they wouldn't normally enjoy - facilitated through the confidentiality offered in the project. The encouragement to project their own mediated identity was central, this form of communication enabling expression of who they are in terms of what they do, followed by the statement about their mental well-being. This latter statement was a form of disclosure, a 'coming out' - to borrow the term from homosexual community. Exposing their ontological narrative and identity, these mediations were 'limit acts' facilitated through confidentiality in the project, establishing trust and allowing such a direct expression of identity. The knowledge relayed, confirmed them as just like everyone else. Thus, this alternative image allowed audience an exploration of people first and the condition, second; a political freedom for identity usually disabled through media and allowing an expression of identity unusual at a mediated level.

8.4.3 Barking Mad Productions:
Mad Bob From In There (or One Who Flew Into The Cuckoo's Nest)
This representation was intended as a radio comedy, meant to be part of a series of programmes. This episode, entitled 'The Chair', was also televised. As this alternative depiction begins, an old time music hall tune is heard; conveying a theme similar to Dick Barton's titles. A narrator gives the programme's title as, *Mad Bob*

[4] This term is employed rather than 'society' which can be an all encompassing and denying of explicitness in social relationships. According to Somers and Gibson in Calhoun (1991:70), 'A relational setting is a pattern of relationships among institutions, public narratives, and social practices. As such it is a relational matrix, similar to a social network. Identity formation takes shape within these relational settings of contested but patterned relations among narratives, people, and institutions.'

From In There or One Who Flew Into The Cuckoo's Nest and then, Bob is heard saying - '*Decisions, decisions, decisions*'. Every time this character speaks, it is usually only to say one word repeated several times; signifying, (comically) that Bob is like a simpleton. Based on satire the comedy reveals 'the decision' is, should Bob get up from '*his* nice' chair. The question is then posed as to whether or not, the chair would be sat in by '*luscious Lucy, the severely depressed*'. The comedic tension is raised by this person, framed as a threat to Bob's ownership of the chair. The absurd extended further by his reasoning that maybe he should sharpen his eighteen inch machete as a response to this intended danger - the sound of metal sharpening on metal is heard.

Continuing in the ridiculous vein, Che Guevarra, 'the multi-personality' is introduced as someone who could guard the chair but the question follows, 'Who is he today?'; this resolved by the narrator saying, 'To Bob's relief, he was *the FBI man*' and a relieved Bob is heard saying, 'Phew, yes'. The narrator then says there is a good reason needed by Bob to get Che to guard the chair and, 'Think, think, think, think', before the narrator informs, 'the idea hit him like a thunderbolt', and a thunderbolt sound is heard, followed by an 'ouch'. We are told Bob was keeping the seat warm for the President, the 'Star Spangled Banner' is then heard hummed by the actors. This theme is continued as another women's voice is heard saying 'Morning all' in an American accent. 'Oh shit', is voiced by Bob with the narrator then stating, 'It was mincing Mary the fairy queen'. Another new character, Margaret the mathematician, who is usually known as 'the bar code lady', is introduced, saying

'Good morning, 856930049' adding to the sense of the bizarre. The narrator asks 'Would Bob just have to go berserk instead of just crazy?'. The narrator states that Bob has said, 'Shit' but questions if this was Bob expressing his discontent. Bob is heard saying 'No.... shit', implying something more literal and here toilet humour is introduced as feet are heard exiting the room and another voice saying, 'I've always wanted to sit in this chair'.

In the verification sessions, Daniel in the Liverpool group was critical of this piece saying that, mental health was a serious issue and this example was flippant. But Don disagreed saying, '*They were trying to get a bit of fun out of the project*'. Daniel persisted with his view, that for him, it didn't work. There were also criticisms from within Robin's own group who were sensitive to similar points raised by Daniel and which further emphasise the sensitivity around the subjective and how the social group viewed such portrayals. In contrast, one person in the Winchester group said it was quite creative, making fun of things rather than taking mental illness seriously but of all the representations produced in the study, this portrayal was the only one which drew criticism. Broadly, the criticism reflected that it might exacerbate problematic themes about mental illness already present in the social setting, perpetuating metanarratives about mental illness.

Underpinning Robin's idea was that people experiencing a mental health condition are largely portrayed as a 'sad' and 'depressed' group. The intention to send-up media portrayals about their imagined practices is reminiscent of other social groups inverting

dominant discourses about cultural identity. Here, the producer is poking fun at the 'mad stereotype'; wanting to undermine it through a comedic trajectory. Despite audience views (above), Robin's intention to create irony around the identities of *Mad Bob, Che Guevarra* and the *Bar Code Lady* etc., reveals a sophisticated double play on mad mediated realities, the idea of propelling a wide variety of dangerous characterisations intent on terrible deeds exposes a strong political decision to produce 'a play' on how such identities are viewed in mediations. To not only accept these essentialist identities, but also embrace their pejorative qualities and transform them into a comedic mediation, is not so much a resistive discourse as an actively political one. Taking his and the other user's identities to make inverted meanings in an alternative media discourse is to turn upside down media meaning making, producing the carnivalesque out of their portrayals. Here was an idea, not something just resistive but which moved beyond these boundaries, it was an active struggle for identity, considered with a degree of balance in an idea with depth that <u>embraced</u> itself and dominant culture with it; an identity that was, in many ways already mobilised to action.

8.4.4 <u>*Extra! Extra! Read All About It*</u>

This text was targeted at tabloid newspaper editors, employing dramatic imagery by the use of a silhouetted figure standing poised with a machete, set against a light background. As if about to undertake a downward strike upon something or someone, the image of the arm is still, the reading left open to the imagination as a voice-over announces in the call of street corner newspaper seller, *Extra Extra Read*

All About It, Psycho Killer, Mad Axe Murderer, System Fails. Next, a mid-shot of a woman follows with her upheld palm facing the camera, she utters *Stop* followed by:

> *Dear Editors, I would like you to consider this. What would you think this man is doing?* (The silhouetted figure is returned to). *Is your first impression of him - this?* (The newspaper employed in reception study is visualised). *Chances are, you'd be wrong.* (A mid-shot of Anne is returned to). *This is just the type of stereotypical image that people in the media portray of a person with a mental health problem'. You totally misunderstand and misrepresent them. It's the kind of awful sensationalism you use to sell your newspapers. I think it is time for a change. Look at the bigger picture.*

The silhouetted figure is returned to once more, but this time moving. The man, who in real life is a gardener, is seen with the machete and wooden stake, sharpening it on a bench. The lighting slowly illuminates the man and his actions, exposing for the audience the actual context of his situation.

The opening scene is dramatic not solely because of its image but through its idea of momentarily *setting* audience perception to register the violent stereotype and then, speedily, re-orient it, disorganising audience perception, re-*setting* parameters to raise questions about who the person is and what he is doing. It has a similarity with past television advertisements for the Guardian in which the menacing face of a skinhead is captured, as he runs threateningly along a street towards an old lady. The portrayal initially displays potential for violence but actually concludes in the young man saving her from being hit by falling debris from building.

For Anne, these identity constructions were highly questionable, her self-identity made fragile by dominant media content writing into the social world, her cultural practice as a killer; this, influence destabilising her ontological security. That her 'being' might be associated with violent themes created an anxiety/conflict about the perceived relationships between her and the social world. Exploring the relationship between self-identity and the social world, Giddens (1991:35-69) argues how ontological insecurity is in need of continual reassurance. However, here, this dimension becomes destabilised and this destabilisation was the stimulus for her own production, aimed at tabloid newspaper editors. And here, her message was clear: misidentifications are a concern and there is urgent need for change.

The Liverpool group unanimously agreed that they liked this portrayal; they considered it 'spot on'. The Winchester members agreed it was '*well done*', the use of the hatchet portrayed a typical mediated mental health perspective, *that we all go out and kill each other*, one participant concluded, another saying it was *frank and honest*. All of the Cornwall/Devon group favoured this image too. One member said of such newspaper reports, they were the triumph of propaganda over common sense.

The conceptualisations in this representation gave important advice; to take a look at the bigger picture about their social identity. Offering to the public domain 'misunderstanding and misrepresentation', these essentialist attributes of violence and dangerousness, far from contributing to useful knowledge about a health matter, offers a misleading and inaccurate set of 'ideas' about personhood and mental health.

In actuality, the stigma generated produces withdrawal and silence, the person with a mental health condition stigmatised, consigned to either seek assistance or maintain an oppressed subjectivity and an identity unable to form full relationships within his/her social setting.

8.4.5 Plea to Media Producers and William's Address

Julie's idea was to make a direct plea to media appealing for a new way forward in which new ideas could be produced to 'plant new seeds' of information in the minds of the general public. William felt his contribution was best offered through a closing address, thanking people for watching.

8.5 Winchester Project

In the Winchester project, I have selected the *News Tonight* programme which was produced by Carol and Malcolm and explores a news magazine form.

8.5.1 *News Tonight* - Parody on the Interview Genre Form

In the Winchester group, two group members decided to examine the interview genre in news magazine forms as a way of looking at how presenters explore topics about mental health. Within these forms, power relationships about who says what when and how long they can speak for, are always in play; this power, usually regulated by the questioner. Aware of the different ways in which each position operates, these two actors wanted to perform their own view of how such an interview might go.

The programme begins with the presenter articulating that mental health affects one in four of the population, though things soon change. Deliberately, the head of the interviewee is positioned to the side of the frame, interrupting the viewer's line of vision to the presenter. His introduction commences with this positioning intended as a play on the 'odd' stereotype. Across the programme, the interviewer's discourse is intended as authoritative but as the conversation continues, so too does the steady transference of power in the relationship. The interviewer, himself pejoratively stereotyped as the mis-informer, wildly states inaccuracies and clichéd ideas about mental health and distress. Initially, he poses the question, 'Have you always been schizophrenic'? The purpose here is to illuminate how schizophrenia often seems to be the only mental health topic discussed in such genres. Everyone with a mental health condition is, it appears, 'a schizophrenic'. The young woman begins assertively to address the interviewer reining in his questions, providing information intended to add 'balance' to the knowledge produced in the interview.

Present in the interviewer's vocalisation is a duality in tone, an identifiable benevolence. For the mentally unwell person, this is a patriarchal discourse that they are well used to hearing. The opening moments play on this idea. Carol states that she suffers from 'an anxiety state' and objects to his misinformation then informing him of her qualifications, interests and ambitions, talking of her usefulness to social world. Taking control of the meeting and despite the interviewer's call, 'we're running out of time', Carol restarts the programme, re-introducing herself and him. Emphasising his initials, GBH - (grievous bodily harm), she challenges his

information and his own state of mental health, suggesting that he has a 'personality disorder'. The interviewer, taken aback by this, is seen to steadily deteriorate as his control steadily slips away; power relationships turned upside down, interviewer becoming the interviewee. Carol states her concerns for him in the context of bigoted attitudes and advises a community psychiatric nurse, perhaps the Samaritans and the continuation of the pills he is seen taking. Finally noting that people can get better she concludes the programme interview.

This interview genre was intended to be partly serious, partly comedy. Whilst addressing the matter of 'mental health' sincerely, it was ironic, drawing upon the stereotype through the initials GBH as a reference not so much to physical violence but, the violence of journalistic language. But the stereotype here is inverted in the sense that the person with a mental health condition is stereotyping the person from dominant culture. Certainly in this playful inversion of power relationships there is a sense of 'the revengeful' taking place. Group members from other areas spoke of the 'irony' in the piece, with Petra saying, *I would like to see this happen in reality.* Robin said, *I liked the way she turned it round but media are being very much more aware these days.* Its humour was appreciated by the Liverpool group raising laughs. Don voiced, *Brilliantly portrayed. Journalists can be just as sick themselves. It was to the point.* Daniel thought they were, *hamming up a bit, it was a bit over the top.* William and Anne both said, as soon as the presenter was accused of being mentally ill, it was interesting to see how he didn't like it. Generally, participants considered the inversion of power and control to be amusing and clever.

However, for Malcolm and Carol, there was certainly a problem with the facts communicated in these forms. The presenter, as the holder of knowledge about mental health was their prime focus. Thus, the nature of 'change' in conceptualisations about mental health produced ideas that these programmes never communicate about people 'getting better'. Also, the communication of schizophrenia as synonymous with mental illness was indicative of how media obsessively focus on this condition and ignore many other different mental health conditions.

Consequently, this project sought to communicate that far too little information about mental health was communicated by current affairs media, that schizophrenia seemed to be the only one condition portrayed with anxiety disorders, ignored. By employing the interview form and undertaking to parody it, this play on the genre sought to enhance their point of view as interviewer positions became inverted and cultural power was transferred to user identity, a political project making clear how journalism is viewed by a particular social group and what they consider about the form of the programme. The play on form said as much about the genre as did the content they put into it. Clearly, there are significant messages for presenters in this exemplar, about patronising discourses.

8.5.2 Julie's Poem

In her portrayal, Julie wanted to recite a poem entitled, *Mental Health and Me*. This told of how, whilst experiencing her condition, she still wanted to be a part of the

social setting in which she saw others enjoying themselves so much; but a setting from which she felt, socially and medically marginalised. What the poem essentially alludes to is social inclusion.

8.5.3 Roger's Life Narrative

During this narrative, Rogers' life is presented along with his achievements. These include his school work as well as working life, which show he was a highly capable person reaching positions of responsibility. However, when certain factors in his life came into play, they caused his condition, bringing considerable distress and concern.

8.6 The Liverpool Study

In the Liverpool project, three portrayals are examined. In the first, two people present narratives about their identity. In the second, an alternative news form communicating *'The Correct' News About Mental Health* is offered, Finally, there is *Questions*, a poem by Kim.

8.6.1 Identity Narrative 2: *Mark and James*

This representation was produced by two people from the same day centre in Liverpool; Mark who had suffered his health condition as a result of taking street drugs and James, who suffered from schizophrenia. Each wanted to tell about their life-narrative, their conditions and feelings about media portrayals. The piece opens with a two shot of each person sitting side by side, followed by a close-up of each member telling of their social realities.

James, explores his narrative, telling of the social practices that constitute his existence as someone who suffers from schizophrenia. He says that at this moment, he is stable, trying to keep busy but not too busy, that not maintaining a 'balance' may have an adverse effect on his health, as he has found out in the past. On a regular basis, he has to see his GP every two weeks and his psychiatrist once every three months. With an interest in martial arts, he has also played the guitar and was now undertaking a dance course which was restoring his confidence. James also noted he had been in hospital every year for a five year period because of self-harm, sectioned several times for his own protection because of bad hallucinations.

Mark also comments that he has been in hospital because of taking street drugs which stopped his self development; his 'addictive personality' encouraging the taking of the drugs, hindering him from being who he wanted to be. Both members discuss how drug taking hindered their development, determining that in the end the sensible thing was to give them up completely.

Both viewed media as impeding their personal development. From Mark's point of view, a wider range of portrayals are needed to counter the axe-murders and serial killer portrayals, as these are not accurate descriptions of mentally ill people. James made complaints about media portrayals of 'psychopaths' saying that more attention to what people have to do to get better would be welcome. In their practices, each reveal that when not in hospital, they are social actors fulfilling relationships in the society in which they live. They have friends, enjoy socialising and undertake creative

cultural practices. They felt misunderstood by the media, the 'public narratives' that were produced hindered them in being who they wanted to be, constraining their social agency.

Among other things, these are narratives constituting myths of *dangerousness* about mental distress. Influencing his decision to take part in the project was one narrative in particular. In discussions, after filming his portrayal, James talked to me concerning the case of Paul Fahy who rode up to Princess Diana on a bicycle when she visited Liverpool and gave her a kiss. *The Daily Star* along with other tabloids ran scare stories about him with headlines *'HE'S A RAVING NUTTER'* (The Daily Star, 9/11/95), the details given about his mental health, according to James, completely untrue. With such exposure, Paul felt victimised and had to leave Liverpool and since then, hadn't been seen in the city. This public narrative produced a politically difficult situation for Paul to which James could relate. To be identified publicly as 'mentally unwell' is to court not just ostracisation but fear of violent threat because your self-identity would be seen as violent. Although the case of Fahy was an extreme example, it was typical of how those with experience of a mental health condition were unable to defend themselves against tabloid marginalisation.

8.6.2 Daniel's *'Correct' News About Mental Health*

This alternative depiction was developed by Daniel, a mental health activist in the Liverpool community, who was advancing a range of issues. He wanted to make a point about television news and its portrayal of mental health issues - and so employed

the form, using the presenter's position from which to present his personal news testimony, revisiting factual points. Daniel's performance was achieved in a highly competent way (without an auto cue). After a fade up from black, he begins his discourse:

> *Good evening. Here is the correct news about health. For many years now the media has been reporting and portraying mental health problems in a very poor light. They have never used the facts and figures at their disposal. Fact 1: A quarter of the population or 12 million people suffer from one form of mental distress in their lives. Of the 12 million, 7 million get G.P. assistance and five million are living their lives with no assistance at all. The majority of the people who suffer mental distress suffer anxiety and depression. Fact 2: Five thousand people a year commit suicide. Of these, four thousand are associated with depression. Fact 3: Approximately 600 murders are committed in this country every year, of those, approximately twelve to twenty murders are committed by people with a mental illness. When you consider these facts, the next time you speak to somebody you have a twenty five percent chance that they are suffering from a mental illness of some sort. But on the other hand these people are far less likely to harm you and more likely to harm themselves. If the media want to be seen as fair and open minded, they should stop using sometimes vulnerable and sensitive people and stop this ridiculous witch hunt. These facts are freely available and if used would present a clearer and accurate picture and help people feel less oppressed and discriminated against. I have suffered mental distress and I am disgusted. Is this a good way to treat the sick and infirm?*

The knowledge produced is centred upon 'facts', but with an emphasis upon the journalism accessing data within a value system sensitive to this group's needs rather than values exploiting the 'dramatic'. His facts point to problems of 'representativeness', facts emphasising suicide rather than murder and social inclusion rather than exclusion. That 'objectivity' is an integral element of news journalism is partly the focus here but also that it has significant implications in the way it is used for rendering issues of the 'subjective' (this, also identified in the reception study).

Interviewed at the end of this project, Daniel indicated that the only changes he would make to his portrayal would be to include aspects of respect, dignity and love.

In the Cornwall/Devon group, Julie said, *It was really well done, trying to get it right... to do with news.* Petra said, *It was powerful, the public can relate to those statistics, those murders of 600 people being killed but only 12-20 by people with a mental health condition was important.* Robin said he would like to see Trevor MacDonald's *Tonight* programme take something like this issue and broadcast it to the public. Petra continued, saying, *The news gets away with communicating facts but without qualification.* Anne considered the facts about suicide to be useful, and that she had never heard them before. The Winchester group were impressed by this piece and one member said, he felt that the Liverpool group had got it right here, indicating people *were more likely to harm their self than hurt anyone so if the general public knew this.....* (it would be very helpful).

8.6.3 Alan's Narrative

Alan's narrative was a short proud exposition, of how he had worked for a shipping company in Liverpool before becoming a truck driver and later owning his own rig. However, after his load had been wrongly secured, he had a major crash in Plymouth, this causing his ensuing mental health condition. Telling of his situation, he voiced concerns about the media impact of portrayals about mental health upon him when he was still coming to terms with his new situation.

8.6.4 Kim's Story - 'Questions'

Kim (not her real name) was part of a project undertaken at Mary Seacole House, a drop-in centre mainly for people encountering racism and discrimination in Liverpool. This project component occurred after the other area visits had concluded (as a result of a mental healthcare worker's invitation, in the reception project). Kim represented a significant success in the project because the reception study, whilst prepared in precisely the same way as the other projects, proved a problematic process. Despite meetings with interested people before hand, significant suspicion remained about the project's intentions. Where gaining confidence from participants in the process usually took one and a half days, here, two and half days resulted in the project's delay. This was despite taking a participant from the other Liverpool project (see reception study in Chapter Seven) who wanted to reassure the centre's members. I learnt from this process that perhaps a two week period with a more relaxed approach might have been a good way forward - this group wanting to pace themselves, understandably, to their needs rather than mine. Most significant was the prejudice they all felt about media portrayals in general. This was quite telling in that Kim was the only one from a group of five who said she would like to do something. However, television was definitely to be avoided - her portrayal had to be on radio, the question of trust, still very much an issue. The idea of being seen was, for most, repugnant; they wanted to retain their anonymity.

Subjected to sexual abuse as a child, Kim had later rebelled. Her mother was confronted with the information but disbelieving of the stepfather's involvement in

rape, told him. This culminated in a beating for Kim. An outcome of such violence was that Kim set herself on fire. This and neglect in helping her caused her to later run away. After going through the courts, and telling everyone about her situation, she felt no-one was listening. Many years later, watching a television programme about child abuse and recalling how she felt no-one was hearing her, she wrote Questions. It was, she said, something she wanted to present to the study, so anyone who would listen, could - because so many don't. I was asked to 'keep it as it is'. Her final words concerned media images produced by people with experience of a mental health condition was - *Show it as it is, it's more powerful.*

Will you listen to me when I tell my tale
Of the tears, the pain and the terrible shame
Will you listen to me when I tell my tale
No, I thought not

Can you see the tears and the marks of pain
Only to be repeated again and again
Can you seen them
No I thought not

Can you hear my cries in the dark of night
When they locked me in the shed 'til light
Can you hear
No, I thought not

Will you tell about the tears
The pain, the bruises and marks that still remain
Will you stretch out your hand and hold me tight
'Til the dark of night and tell me things will be all right
No, I thought not

After being sent to a neurologist whom she felt was again not hearing her. Kim had another nervous breakdown. Referred from psychiatrist to psychiatrist, hospital to

hospital, she now receives counselling for the rape which occurred in her childhood; things seem to be working better. She knows that she is not a schizophrenic but feels that miscommunication about this condition from the media complicates her subjectivity. She now knows that it is depression which has evolved from her early experiences, but she is also aware that the media have a propensity for making anyone who is black with a mental health condition infinitely more ostracised from the community than any other marginalised group.

More than any of the previous examples, this one serves to strengthen the significance of stigma in mediations for people with experience of a mental health condition. Communications about mental health identities can be marked with meanings of diseased-ness, this project illuminating how trust, which is normally taken for granted in most everyday ontologies, if perceived as lacking in the individual experiencing a mental health condition, can lead to ontological insecurity. For a 'being' in the world, if consistently antagonised by pejoratives will be downgraded and derided, undermining that subject's position in its social relational setting. The identity narrative above unfortunately provides an example of a person experiencing stigma at its worst, where it constrains and socially contains the person.

8.7 The Media - Mental Healthcare Worker Confluence

Throughout the process, the idea of involving media in any way was rejected. In a very real sense, people took part in the project because of the confidentiality offered to them through the research process. However, the production study as an

incrementally developing component was a maturing project in which each group would develop their work, with the opportunity of doing something such as a Confluence with media and mental healthcare workers, always a possibility.

The Cornwall/Devon group were approached first and duly accepted, the Confluence with media and mental healthcare workers taking place in Plymouth. The primary objective of the Confluence was to reach new understanding about mental health and media portrayals of people with mental health conditions. Notably, the group from Winchester felt they did not want to show their images beyond the two groups from other areas in the verification and validation process. However, the Liverpool group agreed but one member was reticent about taking part, his condition and welfare a significant concern for other group members and the researcher. Accordingly, on these grounds, the decision was arrived at, that whilst the group would like to have presented their work to a Confluence in Liverpool, we respect his wishes and forego that process.

In the Cornwall/Devon Confluence, group members were approached by a Carlton Westcountry Television producer commissioned to make a campaign programme about mental health issues. Eager to sign up the group to the programme, a negotiated use of some of the footage was agreed by four members and in August of 2001, some of the material produced by respondents was broadcast across the Southwest region. This was a major achievement. The group's evolution from a significantly cautious group of people, ready to reject the slightest notion of media

involvement, culminated in their agreement to have their identities broadcast across a sizeable area.

8.8 Conclusion

In this production project, ontological narratives are told by people with experience of a mental health condition, illuminating insecurities invoked in mediations that raise implications subjectivities around trust, anxiety and danger. Trust is a key element in the successful integration of subjects in the social world - to be accepted as part of the social is to know ontological security. For your self-identity to be identified as 'dangerous' to the social world is to know you are negatively marked, a diseased element of the society to which you belong; and to experience this is, is to know stigma and anxiety. Thus, Goffman's (1963) notion of 'cover' operates in everyday discourses about the self, 'occluding narratives' that might include such issues as mental health conditions. Those publicly identified as having a condition come to know shame which Giddens, informs 'bears directly on self-identity, it is essentially anxiety about the adequacy of the narrative by means of which the individual sustains a coherent biography' (1991:65). Thus, shame burdens the sense of self, influencing and shaping life-narratives (in the case of Paul Fahy, causing him to leave his home city). But even to live without being publicly identified is still to know the shame which Giddens identifies, and which Helen Lewis acknowledges as 'bypassed shame'. 'Bypassed shame is the correlate of unacknowledged guilt: it is shame that comes from unconsciously experienced anxieties about inadequacies of self' (ibid.:65), and these are the elements that link directly to feelings of ontological insecurity. The new

images of mental health produced within these groups represent not only counter-images from which media and mental healthcare professionals might learn but also indicate something of the power of current portrayals in undermining subjectivity and denying individuals from feeling part of their community.

Chapter Nine

Conclusion

9.0 Conclusion

This study has examined media representations of mental health, distress and madness across a range of generic forms in a two phase study; undertaking an exploratory, multi-aspectual inquiry into an important cultural theme and the contexts which surround it. Across the first of the two study phases, the work explored the way in which media forms construct a 'mental health' space in non-fictional and fictional modes. The hybridisation of forms, a key focus, poses questions about how changing portrayals address audiences in relation to mental health issues. Language and how it played a role in meaning-making together with how 'drama' was significant in communications, were foci here, as was the issue of, how the identity of people with experience of a mental health condition was portrayed. Mindful of concerns proposed by Philo and Miller (2001), the study examined a real social problem, with a view to seeking information that might contribute to alleviating cultural obstacles that exist for the mentally unwell. The recent slippage in Media and Cultural Studies research, towards neglecting the 'real conditions' of media power relations within a cultural group, was also a significant concern of the thesis. Consequently, the second phase attempted to redress this imbalance by seeking useful information from other useful kinds of representation in the Media Reception-Production Study: It also sought to contribute to improving understanding surrounding mental health in the community.

9.1 Reflections on Contexts and History

In Chapter Two, four contexts critically informing the study were examined. The new information society dependent on a fast changing technology was identified as intimately entwined with global capitalism, this, complicating social life. Within this

period of social transformation research revealed mental distress more likely, depression and suicide being increasingly significant factors in everyday life with uncertainty about future economic stability, a causal factor. However, with the prevalence of stigma about mental illness a constraint to common-sense understanding of mental distress, the chapter then looked at the significance of identity and how it was implicated. The marketization of 'identities' by global corporations had occurred at the expense of groups who did not themselves constitute a viable market; those experiencing mental distress, one unmarketized identity. The MIND Inquiry into social exclusion and mental health problems (Dunn, 1999) identified that people with mental health concerns needed their identity recognised and included within the community: Indeed, recognition of identity was important for its continued formation. Questions were raised not only about a potential continuation of social exclusion in a changing society but also, an on-going marginality in a transforming media - a key site for seeing and reflecting all societal groups. Exclusion could also continue in a public sphere now complicated by 'new media' development when public health needed responsible attention. Therefore, inclusivity in mediations rather than exclusion was the only way forward, with media helping society recognise all of its parts as equal and valued, if necessarily different: Pandering to a market audience was not an ethical option where more people were becoming mentally unwell. As previous research focused exclusively upon media portrayals about mental health as problematic, the study indicated the need for new research directions, and an historical examination in Chapter Three provided a helpful perspective in which to locate current issues.

Exploring historical contexts, the third chapter showed how popular meanings of 'madness' were informed by a considerable legacy of cultural and mediated artefacts. Across several hundreds years we 'learnt to see' madness through meanings that would confuse contemporary knowing about mental health in various ways. Early drama posed meanings about unwell mental health as 'magical' but such notions became subject to polarisation brought about via the rationalisation of thought - creating notions of normal and abnormal. If the discourses of law and religion later propagated ideas about madness as abnormal and the mentally unwell as different, then the arrival of the Renaissance introduced the structuration of a new social order: A more secular society evolved a project to secure itself from the perceived danger of those it viewed as mad. As modernity structured society and people, there was little patience for ontologies seen as an impediment to its project. The confinement of unwanted people was seen as essential, the new profession of medicine assisting in locking out of sight those it considered to be of unwell mind; making such people strangers whilst simultaneously marking their identity as different. Small wonder that stereotypes of fearful Others would develop, marks of difference evolving not only stigma but also constraining common-sense understanding about unwell mental health.

Across time and space, art recorded the protean nature of 'mental distress', producing visual trends in how we would <u>see</u> what we would know as meanings of 'madness'. It framed mental health within a range of generic forms, tending to fix conceptualisations in favour of viewing 'madness' as an <u>oddity</u>. Prior to the emergence of modernity, certain strands of art variously constrained knowing about

'mental health'. Reflecting the irrationality of madness with a 'deviant' emphasis and seeing its nature as naturally 'different', it would begin gradually to mark this difference with a pathological edge rather than seeing it as odd. However, by the 18th Century, the work of Robert Louis Stevenson in *Dr Jekyll and Mr Hyde* had completely pathologised madness through portraying it as a diseased mind, his creative narrative and characterisation pleasing the public imagination. This power to please audiences through the written word was transferred to speech, the elaboration of Jekyll's transformation embellished in a spectacular theatricality. The new medium of its time, film, advanced theatre's visual concepts about the 'changed person's' potential as a killer, giving new exaggerated meanings and popularising these for a far wider audience. Consequently, broadened cultural and mediated forms fogged understanding about mental health, meanings about madness becoming embedded into public and meta-narratives. These representations were, by this time, largely dependent on a considerable negative historical legacy.

9.2 Media Representations of Mental Health, Illness, Distress and Madness

Having briefly explored a mainly negative history of meanings about mental health made in media and culture, the study's cross-generic examination began by looking at a range of representations showing how we have come to see and hear what we know as mental health, in mediations about madness, mental illness and distress. The examination started with film.

9.2.1 Horrors from Film History

Analysing the fictional form of horror revealed how socially constructed representations about 'madness-as-mental-illness' were. Thematic realisms about possible conditions and an array of 'creative' ideas about mental patients and doctors were ingeniously constructed through formal realisms; 'the look' (see page 101) and 'the transformation' (pages 98-100) being dramatic attractions for the audience. Evolving for audience pleasure, horror form revived available concepts from literature to accommodate an insatiable expectational appetite. And when audience interest began to flag, its form would mature, inventing monsters or mad psychiatrists. Institutions always seeking to procure high audience figures developed this generic system, its narrative integrating conventions of 'fear' about a peculiar identity coupled with 'enigmatic' character codes. However, these components also fused commonly held assumptions about madness as linked to mental illness, any notion of distress lost in favour of producing pleasure for the viewing public: For over one hundred years, the audience saw meanings linking mental distress to mental illness by way of knowing about it as madness; portrayals which denied social agency to people with unwell mental health constructed in such representations. With the advent of films like *Psycho*, meanings of violence multiplied and concepts of dangerousness could only become a key part of cultural belief systems and knowledge, to the detriment of understanding mental health. Certainly, the history of horror section confirmed not only thematic realisms about dangerousness but also formal differences in representations of madness with those about mental distress: These were clearly

identified as quite separate entities in *Rain Man*, *Family Life* and *Angel Baby* where representations allowed for agency.

9.2.2 Film Representations of Mental Distress

Rainman, *Angel Baby* and *Family Life* were rare representations, referencing actual mental health conditions and the practices of people experiencing them. *Rainman* showed a wide range of personal qualities in the autistic person and also revealed the incompleteness of knowledge about the condition. Moving from stereotypical characterisations, the identity of Raymond Babbet whilst a genius in a few defined areas, was also restricted in others. If a spectrum of mental well-being elements were attributed to Raymond in *Rainman*, then *Family Life* presented others about the social context informing Janice's condition. This representation helped show social components at work in the process of Janice's deterioration, her parents, key factors in the transformation from well to unwell mental health. It laid bare her situation for the audience, to know it as distressing and that without support, her health would surely fail. The naturalistic narrative presented a humanist point of view, showing an identifiable agency though one which would later be linked to a downward spiral. It exposed mechanisms contributing to a condition, suffering and the development of a healing way forward. In general, *Family Life* facilitated knowledge for the audience about mental distress as 'an experience' by positioning them through the formal conduit of the therapeutic interview and this proved an effective way of engaging with a mental health condition.

In *Angel Baby*, character qualities in scenes with Harry and Kate also facilitated new ways of seeing their condition; allowing insights into experiences of schizophrenia. Emotionally persuasive in its communicative design, *Angel Baby* manoeuvred the audience through numerous ways of knowing the experience of hearing voices. Creative formal devices exposed a tortured subjectivity through the imagery and sound of the lift scene, these meanings serving to support how powerful the condition was over the person, the effect, almost dizzying. However, the dramatic mode of seeing two people living with their sometimes well, at other times unwell experiences in a loving relationship, proved accessible. *Angel Baby* like *Family Life*, denied a happy ending in favour of a starker social reality but both portrayals helped in 'learning' about mental distress. The generic system of these mental distress forms allowed examination of conditions which popular films like *Shine*, *The Madness of King George* and *A Beautiful Mind* mostly deny. Whilst portraying mental health, these films yield significant returns at the box office but in one way or other, they also represent an appropriation and reduction of the experience many with a mental health condition know. Madness or mental distress in these films is not part of horror but of depth of character or genius. Significantly, the three films examined in this study explored social agency of an everyday kind in characterisations and also, complexities in conditions.

9.2.3 Representations of Schizophrenia in Television News and Documentary

Exploring non-fictional forms Chapter Five examined broadcasts about mental health in news and documentary programmes on television and radio. The observational

documentary proved exceptional, informing useful knowledge content about the condition called schizophrenia. However, in two news forms, both studio and location modes were analysed, exploring the ways in which this form could offer two different portrayals about this condition. Dramatic elements were a critical focus here too, as the chapter uncovered themes about hybridisation.

In the ITN news exemplar, the studio mode of address *set* expectation about mental health knowledge communicating problematic parameters about the condition called schizophrenia. Personality was identified as a key contributor in helping to construct themes about a dangerous identity, dramatic qualities in the performance of presenting shown to be pronounced and accentuating the label of 'killer'. In depicting aspects of schizophrenia, the location mode advanced the studio mode's primary meaning of 'dangerousness' showing how news could transplant a sub-generic element from horror form; the consequence being knowledge content detrimental to understanding this mental health condition. Subsequently, meaning-making shaped at several levels constructed what was, in effect, a tabloid television news form: By cueing audience expectation toward 'killing' in an opening mode of address, a non-fictional form drew upon symbolic discourses. The location mode referenced connotative elements from fiction by way of re-visiting the crime-scene with visualisations and voice-over; replaying an imaginative re-enactment of the homicides. This was an example of how performance culture could employ dramatic qualities in presenter and reporter communication, making news more dramatic through mixing fictional form with that from non-fiction.

In contrast, Channel Four News offered a rare example of how the condition of schizophrenia could be afforded a sensitive treatment. Professionalised personality, also employed in Channel Four News with Jon Snow's unsentimental approach and Robert Parker's pointed tonal variations, assisted a more objective insight. Their chosen styles used less dramatic ways of telling and coupled with the development of a thesis/antithesis structure, facilitated clear exposition about 'suicide'. But it was the ways in which arranged dramatic components provided different meanings in each programme, showing how diverse depictive strategies could organise separate conceptualisations about schizophrenia. The structuring of narrative and its use of interviews with the family of Mark Beith as the primary definers, followed by 'expert' contributions augmented elements of tragedy around the family's situation. This proved dramatically constructive when contrasted with the personal testimony of Alex. Here, the person was allowed expression, his personal experiences, providing a refreshing look at social agency about the identity of someone labelled with schizophrenia. Most importantly here, there was not the polarisation of identity around the victim or dangerousness but the 'person' and their social experiences; showing them as a version of 'ordinary', the same as everyone in much of their behaviour and also, a person needing support. What might be learnt from this exemplar is that within the news form, the more denotative levels of referentiality were useful in constituting identity. But arising out of these non-fictional examples I noted a scarcity of depictions located between suicide and murder. There are few intermediate texts dealing with mental health topics in which knowledge about healing, about keeping mentally healthy or about simply living with a condition are to be found.

Hence, the uniqueness of the Video Diary, *Mad, Sad or Bad* in its deep exposition of the social reality of living with heavy medication and stigma.

In the observational documentary *Mad, Sad or Bad* vulnerability, drug dependency and stigma were just some of the elements portraying the existence of living with a mental health condition. Distress was made visible, complementing other cultural practices akin to day to day functions which most people perform; like washing dishes and going to a park. The portrayal presented meanings about Sharon within an informational mode combined with entertaining moments for the audience, this enabling their knowing about mental health by way of seeing the human dimension of her variable condition controlled by numerous drugs, the person sometimes feeling 'up', whilst at other times feeling 'down'. But it was the depictions intervening these polarities, such as the good fun seen at a party, sensitivities expressed about how Sharon needed a lot of loving and general discussions between friends that led to a balanced representation. Living with a stigmatic label was also shown to be an issue, vulnerabilities about revealing her condition to the social world clearly exposing her human strength and frailties: But usefully, the representation exposed her identity as one with agency, her mental competency, as Cross put it, 'not in question' (2000:252). This last non-fictional form showed how character qualities in people experiencing a mental health condition could be communicated in a constructive way, showing their qualities that are part of the 'human condition', which are always also, socially specific ones.

9.2.4 The Comedy-Drama Form

In being able to mix the plausible with the implausible, the comedy drama *Takin' Over The Asylum* also allowed a freedom of explanation unavailable in many realist forms; the fusion of comedy with drama allowing not only exceptional accuracy within character behaviour but also in the understanding of conditions. It produced not only a credible and sympathetic portrayal but also one within which complex issues about mental health could be accessed. Expositions broadly explored the parameters of mental health conditions, the power of dramatic exaggeration in characters and the use of inversion effective, illuminating questions of identity and subjectivity. The mixing of comedy with drama proved highly effective through blending the zany with sometimes profound seriousness, exemplifying the power drama can command in being able to portray a sensitive subject with clarity and accuracy. If drama was a significant factor in the analysis of representations, then the reception study also sought to learn from the audience, their opinions about drama in representations and their understanding about mental health in media portrayals.

9.3 The Media Reception - Production Study

Reviewing Response

If the textual analysis provided interesting cross-generic findings, then the reception study revealed fresh knowledge about portrayals from people experiencing a mental health condition: In particular, how their subjectivity guided interpretation and was, in part, constituted by media representations. It also recorded opinions of mental healthcare workers and media personnel in three different communities providing useful data about the social impact of media portrayals.

Main Group

In the reception study, dramatic elements were identified in the television news and newspaper exemplars as mainly negative communicative components - with detrimental consequences for mental health understanding. In non-fictional forms, news formats were often perceived to be at odds with a responsible reporting about mental health issues, certainly from the point of view of the main study group and also, mental healthcare workers. Themes of dangerousness produced problematic concepts, mobilising complaints about stigma (see Chapter Seven). Level two meanings were mostly discovered in *The Daily Mirror* and identified as producing a shameful cultural baggage. This type of representation, like that in the ITN depiction (see Chapter Five), transported sub-generic elements from the horror form, its reporting, pandering to a curiosity about madness rather than providing accurate mental health information. Those experiencing a mental health condition, guided by these portrayals resented these stories as an unwanted burden they would sooner be without. Key points to emerge were not only identification of dangerousness themes but the anxieties caused by such elements; broadly, they felt alienated by the power of representations. Additionally, concerns were registered about public perception arising out of such depictions about their identity being seen as a threat and from which, the public needed security. The BBC TV news exemplar was roundly criticised here. To paraphrase Peter Dahlgren's words (1994:4), the sense of who the participants were as individuals and as a collective led them to fear social exclusion, as they perceived their identity marked as an outlawed culture. It is worth noting that these findings accord with those in the study by Barham and Hayward (1991, cited in

Pilgrim and Rogers, 1993:172) where people needed to secure coping strategies because of felt vulnerabilities. Bruised by news media portrayals, the main group were aware that this and other non-fictional forms had potential to stigmatise and generally, these forms did not fare well with the main group, *Scapegoats* being another example of knowledge content which did not meet with the group's approval. Meaning-making in these forms seemed far from being balanced or accurate for the group. In contrast, the fictional form of soap opera did draw recognition as a useful exposition about mental health. However, this was not unanimous as it drew a varied and mixed response. Respondents here felt issues about schizophrenia were well exposed, as were issues about mental distress and the family but of note here, is a paucity of responses. Certainly absent in this group's response were previously voiced anxieties about how the public might perceive their group negatively and this, in my view, is a noteworthy point. This form, through its meaning making practices made a significant portrayal with favourable social impact.

Mental Healthcare Workers

Mental healthcare workers broadly raised concerns about most media texts in the study; first about how these portrayals might be received by people with experience of a mental health condition and about the accuracy of such information for the general public. The wildness of reports in *The Daily Mirror* caused consternation. Relating the actions of two men who had advanced and untreated severe mental disorders to horror film characters were met with dismay; these, repeatedly remarked as problematic because of their misleading information. Whilst the stories focused upon a

very small group of people who offend, there were implications for a significantly larger group of people whose subjectivity experienced a condition of a different and milder kind - particularly for people experiencing depressive or anxiety conditions. Knowledge content in both news forms raised questions about their accuracy and not only was dramatic language a concern but also, problematic information finding its way into the public domain. News seemed unable to escape the 'mad axe murderer' stereotype when referencing stories about mental health or those closely aligned to it. However, when people with a mental health condition presented their own story, such testimony was identified as very helpful, illuminating their mental and social context. The case of Edna Higginbottom, the most mentioned element in the study was by far the preferred portrayal. *Eastenders* too, was acclaimed for its research into schizophrenia and its processual nature.

Media Personnel

That media personnel were broadly divided in their opinion was noteworthy. This split, across most forms, revolved around what seemed to be a very firm cluster of opinions about mental health, that some of the mentally ill were simply 'a problem' whilst other views expressed showed concern and understanding. In the *Daily Mirror* exemplar, language was identified as problematic but as reports, they were identified as statistically accurate and truthful. Also, media personnel could at one level be extra-ordinarily critical of professional colleagues in their analysis and then, offer respectful praise about a well-made documentary, as in *Scapegoats*. However, there was, for many journalists, insistence that some reports were an accurate and fair

representation of what was taking place. These findings raise questions about the mental health knowledge base of journalists, not just about conditions and causes but also about who are sufferers and how many exist. Clearly, there was a certain lack of awareness about mental health issues.

9.4 Production Study Images

The production study developed new images of mental health in a Community Drama based project, producing clues for developing new media portrayals (see Chapter Eight). In the category of alternative depictions, *Mad Bob From In There*, *Extra, Extra*, *Read All About It*, *News Tonight* were significant in their mediations about mental health. Identity narratives 1, 2 and Kim's Story also produced useful information.

Intended as a comedy, Robin's underlying purpose in producing *Mad Bob* was to make a serious point about media portrayals about mental health. He was proposing that representations mostly denied a depth of understanding about unwell mental health experiences, their narratives failing to present qualities which reveal his social group having such a thing as a sense of humour. Despite his project's controversy with other participants' views (even at the time of its making), he persisted in his consideration that much of media are unable to recognise his own and other's identities; from his point of view mediations needed a considerable rethink. Therefore, the idea of making-meanings 'sending up' all conditions he considered suitably ironic and appropriate. His media portrayal about mental health

communicated that as people, his social group were just the same as everyone else, rather than as the sad old fools that he felt the media represented them as.

Extra, Extra, Read All About It as an alternative depiction seized upon news mediations about mental health. Opting for a tabloid 'dramatic killing' story, its opening moment, of a silhouetted man with an axe was significant not just because it was critical about themes of dangerousness in this form but also because it pointed out that such portrayals were overly 'dramatic'. In seizing the opportunity to re-*set* parameters of understanding, its intention was to communicate a new perceptual framework for the audience. Here, Anne sought a move away from the usual tabloid portrayals in favour of looking at identity and subjectivity in terms of what the person's social practice actually was, as well as personal qualities; the pan back and the increasing of light levels, intended to communicate notions about qualities in 'the person'.

Notably, *News Tonight* played on the non-fictional forms of current affairs programming. Intelligently, it mixed the form of information with entertainment. Although, the current affairs based programme was a pleasurable meaning making process for participants, the inversions, whilst effectively making a point were seriously reconsidered: That current affairs media seem to predominantly concentrate on schizophrenia was unfortunate. However, there was concern about how media personnel might mis-interpret their work (if it was shown to them); they didn't want it to be seen as frivolous and without value.

Identity narratives 1, 2 and Kim's Story produced ontological accounts, presenting direct data about the practices of people with experience of mental health conditions. Petra's choice (in Identity Narrative 1) to include all group members in a 'person first' - 'condition second' depiction allowed exposition about the robustness of self-identity to be foregrounded. Knowledge content provided information on social practices that were immediately relatable; an attraction to a film star, the job of a charity worker and also, being a student. Significantly, the polarised notions of dangerousness and victim were dissolved - a feature also apparent in Identity Narrative 2, where Mark and James defined the struggle for their identity. Their stories revealed the everyday politics of living with non-disclosure about their conditions. That 'balance' was important to their everyday existence was significant but clearly some media narratives were destabilising. What was needed from media were more supportive portrayals rather than hindering ones, this being clarified through Kim's Story. Media need only do one simple thing: Listen to the message contained in her portrayal. Whilst continued neglect of people experiencing mental health condition was not an option, media also had to look into portraying identities in ethnic minorities supportively as well.

9.5 New Research and Ways Forward

Clearly, the textual, reception and production study point to a clear need to develop media portrayals about mental health and new research is urgently required to address several issues. The most urgent is language which all sections of the study found to be in need of significant and positive change. In addition, education about this topic was also a key area which could benefit the community. I start first with a look at language.

9.5.1 Language, Media and Mental Health

As I have noted, media language about mental health is a vexing problem. At the beginning of this thesis one user of mental healthcare services identified that terms such as *'nuts'*, *'nutters' and 'psychos'* are, through the ignorance encapsulated within them, a form of prejudice equivalent to racist terms; stigma generated in such language, the focus of his complaint. Chapter Five exposed one example of how a news institution with a carefully niched news form chose dramatic language (see the ITN exemplar in Chapter Five) in its portrayal; employing the word 'killer' rather than first seeing the health of the person as very 'unwell'. This was an example of media generating stigma, such language consistently identified as problematic across the reception study by healthcare professionals. Clearly, the study opened up a 'can of worms' with regard to the linguistic problems facing media and mental health.

Therefore more research is required to address the problem of language. Currently, national news media are presenting new terminology such as the phrase 'personality disorder' as one alternative to the label 'paranoid schizophrenic'. This is an example

of how mental health terminology may be inadequate, even with the best intentions: As the phrase can be used in many different ways of unwell people with mild mental health conditions, as well as those who are from suffering from one which is advanced and untreated. This lack of differentiation between mental health conditions means that everyone in the 'unwell category' are subject to the pejorative news representation which occurs when a homicide takes place. One in four of the UK population will suffer a form of unwell mental health (see Mental Health Foundation, 1993) and accounting for approximately fifteen million people, many are subject to these problematic terms, and the ensuing stigma.

Clearly, there is a strong argument for the health of the nation to be protected from misinformation stemming from such misrepresentation and this might go a long way to eradicating much of the prejudice presently inherent in tabloid media. However, the difficulties of drafting appropriate legislation and then making this legislation work in different organisational contexts are considerable as the experience with racist and sexist parallels clearly shows. This should not stop the continuing debate about the need for this kind of action research but sooner, rather than later, what is needed is a review of language connected with mental health; not only by mental health professionals but also, users of mental healthcare services keeping media portrayals in mind. To this end, I now turn to examine collaborative work.

9.5.2 Collaborative Research Projects and Community Drama for Media Development

In this research project, the groups of media personnel, mental healthcare workers and people with experience of a mental health condition were part of the reception study. In the Cornwall/Devon project, these groups were also integral components of the Plymouth Confluence and the joining together of each group to explore the topic of media portrayals proved useful in a meeting of minds in which experiences, terminology, working pressures could be shared and discussed. Sometimes these were frank in their exchange but nonetheless valuably illuminating for all since the information could then be taken back and shared with each specific community. Critical to the Plymouth process were the representations that a Cornwall/Devon group made. One outcome of the Confluence was that a Carlton Westcountry journalist requested four of the five participants' media project work for a mental health awareness programme. This sort of community based project proved very useful for all groups, promoting inclusivity and sharing knowledge.

The employment of community drama practices proved highly successful in this project and this type of work in future media research deserves more attention. A small project aiming at developing news portrayals could involve local media personnel and people with experiences of a mental health condition. This could be a workable practical project, given the current remit of local media to reflect and communicate about all sections in their local community. News forms were singularly identified as problematising mental health identity in the production study. The making of a story (hypothetical, in a workshop setting) by media practitioners could

be shadowed by two or three participants, witnessing process as well as product. Its resulting implications for their subjectivity could be played out in a performance before those media personnel, with questions and answers to follow. A representation produced by participants as a response to the account of media personnel could also be offered. This critical dialogue would be valuable and carry a reduced risk of direct, 'negative' contestation.

Journalists attest to the difficulty in portraying mental health. Therefore, a study focusing upon national editors and sub-editors with their selection of stories, language and their sense of ethics of current practice could be usefully integrated in a project that brought them into contact with groups such as *Mental Health Media*. This could aid a project of co-operative inquiry and reform, such collaboration helping to reduce stigma and move problems into a wider arena to find collective solutions. In the current climate in which I write, the media's activities around the abduction and murder of two young girls from Soham in Cambridgeshire has attracted the attention of the Crown Prosecution Service (August, 2002). Print media caused distress to the two families involved not only through their coverage but also by offering large sums of money; *The Daily Mirror* offering a million pounds for a successful arrest. Certainly, participation in such a project would be in everyone's interest as it could lead to significant development.

Another genre and specific audience study, looking at the cultural memory through broader cross-generic sampling might help gauge not only public knowledge about

mental health but also assist in assessing what forms communicate different types of knowledge. With alternative representations available to offer, these could be tested out to see which shift opinion against those which do not. Assessment of public understanding in the Philo study (1996) was undertaken but a project looking specifically at factual, fictional and hybrid forms and developing a typology around these might prove useful in developing a sense of how knowledge relates to a mode of mediation.

9.5.3 Educational Curriculum Design

Educating students of mental health nursing, medicine, psychologists, psychoanalysts and psychiatrists about the social impact of negative media portrayals is also needed, given that 'expert' opinion is regularly accessed across a range of media genres, especially the news. Undergraduate programmes in Print Journalism and post-graduate qualifications in Broadcast Journalism, together with other media and cultural studies programmes could find scope here for the employment of the data found in this thesis and in the work of Greg Philo (1996), Otto Wahl (1995) and Simon Cross (2000). Certainly, as a way forward the in-house training of journalists would benefit the wider community and the news profession.

9.6 New Media Developments

New media developments have allowed several organisations to produce information about mental health and goes some of the way to reducing social boundaries. For instance, *Mental Health Media,* (http://www.mhmedia.com/) promotes initiatives in these mediations; as well as other traditional media activities, in helping people with

mental health conditions to work with media agencies. Other organisations such as MIND (http://www.mindout.net) have also developed a range of alternative media communications in recent years (see also the mock example of *The Daily Stigma*, in Appendix G). Another organisation called Young Minds has produced a website, (http://www.youngminds.org.uk) with helpful information about a range of children's mental health matters, such as how to deal with traumatic scenes of the events of September 11th 2001 and their impact upon young minds. The Internet Mental Health web-site (http://www.mentalhealth.com/) provides a useful array of information and Channel Four is widening its net of information about mental health issues both on television and the web, (http://www.channel4.com/stress). Schizophrenia is afforded a fresh examination at the BBC's Health web-site which presents an exposition that, I think, offers a good example. The first information offered about schizophrenia is that it is not a split personality or, a guarantee that a person will be violent. We are then given a range of information which develops a broad and informative account (see http://www.bbc.co.uk/health/mental/schizophrenia.shtml) communicating a useful sense of context. And yet, all of these communications are currently dependent on who is information rich and poor; if you have a computer and are able to access the Internet, then this is a positive development.

9.7 Implications for People With Experience of a Mental Health Condition

In general, this project arguably raises similarities with the topic of Aids and its media communication, particularly during the 1980's. Now, mediations of this topic have led to its broad acceptance in what Pickering terms 'The vernacular-mode of sociality'

(2001:81). This establishes a more caring and complex 'common sense'. Media have, at times, played an important role in contributing understanding through careful portrayals; reducing the difference between often stereotyped mediated reality and social reality. New knowledge about the condition has increased, the social structures of personal experience developing understanding through factual and fictional forms (see Miller *et al.* 1998:91-122), complicating the development of stigma with new forms of information, in new ways of seeing. The development of what Dovey (2000) terms 'first-person' formats, sometimes amounting to an emphasis on confession and on trauma, has been a factor too, whatever the risks of exploitation. The dramatisation of Aids in soaps has allowed the audience a greater complexity in their look at the topic as it has done for mental health issues in the soap *Eastenders* (utilised in this study) and more recently seen in episodes of *Brookside*: Mental health issues are becoming more variously exposed than ever and this looks hopeful for future portrayals.

However successful these approaches are, they do not negate the power of singular group or individual approaches. As Wahl points out, various media agencies are always looking for human interest stories which, if positive in content, can be utilised in helpful ways. Complaining about portrayals to the media institution that produced a problematic artefact does have effect; media institutions, if they have a consistent trend, will take notice. For the time being, the mental health movement needs to take note from gay activism across the last twenty years and mobilise its arguments in public, bringing media portrayals as an issue amongst others, to the fore.

In conclusion, the study has produced some useful data for policy concerning mental health and its portrayal in media and also, useful pointers for other media and cultural studies research on socially sensitive topics. In this field of study, there may well be more questions than there are answers about issues of media performance culture, identity and representation, but we have to start asking pointed questions with a stronger concern for the dynamics of cultural power and the new cultural patterns within which that power works - in what is an ever increasingly, globalised media world. I hope that the work found here contributes to making things better for people who experience a mental condition. For the time being, the way forward with regards to media portrayals about mental health will be to continue to question how we are seeing/hearing/reading what we are knowing about mental health in representations. The connections both to history and to discourse need continued interrogation.

Appendix A

Radio Four: The '*Today*' Programme

Sue MacGregor and Niall Dickson

S. M. The Government unveils its plans for mental health today and what it plans to do in an area where th-there have been some high profile failings - our Social Affairs Editor - Niall Dickson is on the line - Niall - the Government has admitted - Mr Dorrell has admitted - that all is not well in mental health care - hasn't he?

N. D. Yes he had - and in a sense this document is an admission that care in the community - an old policy really dating from the early sixties and shutting down these large asylums is not working for everyone as it should - in spite of a long list of government inspired initiatives - I think today the document will concentrate on the fact that the links between social services and the health service is sometimes poor - and that sometimes the service offered is not safe and it's not efficient so they're identifying both managerial and organisational failures.

S.M. Will they have options for putting in sort of new organisations to replace the old ones?

N.D. Yes - this is a Green Paper so it will set out different options - I suppose the least radical would be to give them a large kick up the backside and say you've got to get your act together - but the Government has also included four possible options for change - the most extreme of which would be creating completely new bodies - health and social care authorities who'd be responsible for commissioning all the care for mentally ill adults in a particular area - through to a less radical option which would be saying in each local area you must work out better arrangements yourself for co-operation.

S.M. Could they do that without it costing the treasury - a great deal?

N.D. I don't know that - well - all organisational change does tend to cost money - I think money still is a big problem though - and there is another survey out today from the National Association of Health Authorities and Trusts - the people that - the Government gives responsibility for running these services which is identifying that at the moment some hospitals are running with a hundred and forty percent bed occupancy - that means there are more patients than there are beds for them - it means that sometimes hospitals are "hot bedding" - that means that during the week they've got one patient and at weekends they've got another - so there is enormous pressure on the system.

S. M. But - just briefly, as you indicated at the beginning Niall (>1) people will say why - on earth did it take them so long with all these high profile cases some of them ending in death?

N. D. I think that's a fair charge - there's no doubt that this policy under

40. successive Governments has proven much more difficult than either the
41. health professionals or the social service professionals realised - or indeed
42. policy makers have done - secondly - I think there is a recognition it has
43. remained a Cinderella service - it was David Owen when he was Health
44. Minister who first said mental health needs to be a priority in ministers -
45. frankly have been bleating that ever since - and lastly, the demand is -
46. rising - there are more of us who are mentally ill - more of us who are
47. sick - the stresses of modern life means that the pressure on the
48. service is actually increasing.
49. **S. M.** Niall Dickson - thank you.

Mike Thompson With Interviewee's

1. The Government's publishing its ideas today on how services for
2. the mentally ill could be improved there's been a great deal of concern that
3. the care in the community idea has been failing - so that the green paper is
4. expected to concentrate on ways of improving co-ordination between
5. health authorities and social services departments - a lack of proper
6. communication is being blamed for some suicides and even killings by
7. psychiatric patients - in a moment we will be talking to the health secretary
8. Stephen Dorrell - but first - Mike Thompson reports
9. (MT): Care in the Community in Joy Hurley's view didn't amount
10. to very much care at all for her 25 year old son Paul who
11. suffered from schizophrenia - she said that since leaving hospital he
12. continued to struggle mentally but was lucky to see his local psychiatric
13. nurse more than once every six weeks - and then for just a few minutes at a
14. time- and when he suffered serious - and often frightening relapses - he like
15. many other patients - was offered only fleeting stays in hospital

16. JOY HURLEY (JH): They will not keep them in hospital - they send
17. them straight back *to the family* - they are left to their own devices to
18. take the medication prescribed - ***and of course.. they don't***
19. MT: Paul recently told Joy that he felt psychotic and violent and was
20. worried he'd hurt her or himself if he didn't get emergency help quickly
21. JH: *Paul wanted to go to hospital that morning - he was screaming to go to*
22. *hospital...*(pause)*...I told them and told them - but nothing was ever done*
23. MT: Ten days ago - Paul committed suicide - since the dawn of care in the
24. community in the mid 1980's numerous asylums and psychiatric units have
25. closed and with them 150-000 beds - Professor Chris Thompson - Registrar
26. of the Royal College of Psychiatrists - said this has made helping people
26 in Paul's condition increasingly difficult
28. PROF C. THOMPSON: Almost everywhere in the country now there
29. are just insufficient beds to admit very acutely ill patients to - to give
30. you an example in my own service the nearest bed to Southampton

31. at the moment is Bromley - and I have patients in East Anglia
32. (Phone tone rings) Hello this is Saneline - we are here to provide
33. support- information and help for everyone....(fades out)
34. MT: Mental Health Charity Sane estimates than 1 in every 3 people that
35. call its help-line fear they could be violent and only 8% of those with
36. a history of mental illness say they've been visited by a psychiatric nurse
37. The Charity's Chief Executive Marjorie Wallis said as many also find it
38. very hard to get anywhere to live in a community that's very wary of them.
39. MARJORIE WALLIS: People can start off in Care in the
40. Community homes but then they get thrown out and pushed down into
41. doss houses - then they get into hotels - they end up on the streets and
42. in prison - and one in seven people are committing suicide - one in five
43. people in prison are seriously mentally ill and most of them are not
44. getting treatment
45. MT: Matters are getting much worse by a growing shortage of psychiatrists
46. and psychiatric nurses- according to a report published today by the
47. National Association of Health Authorities and Trusts - though Director
48. Philip Hunt believes even this problem is nothing- compared with the
49. current inability of Health Authorities and local Social Service
50. Departments to work together something which has tragic consequences

51. PHILIP HUNT: The most graphic example are the homicide cases - which
52. we've seen in the last few years involving former mentally ill patients - and
53. enquiry after enquiry has identified a lack of co-ordination between Health
54. and Local Authorities

55. MT: Most organisations in the mental health field - make it clear they don't
56. want any return to the lock and key days of the asylum era - but they insist it
57. must still be an option. Jane Zito - whose husband Jonathan - was killed by
58. a schizophrenic in 1992

59. JANE ZITO: There are a minority of patients who will never be able to
60. live in our communities because the communities are not equipped to
61. support them - therefore they should be transferred immediately into secure
62. provision that can treat them with the services that they deserve - until that
63. happens they will continue to pose a risk in our hospital systems
64. and within our communities

65. James Naughtie: Jane Zito ending that report by Michael Thompson
66. and as Sue said the Health Secretary Stephen Dorrell is with us
67. Mr Dorrell.... ....What needs to be done?

ITN News at 5.40pm
John Suchet (J.S.)
Eric Macinnes (E.M.)

Line no.

1. **J.S.:** The father of a paranoid schizophrenic who killed his mother
2. and step brother said today he was barely surprised it had
3. happened. The son, Anthony Smith had recently been
4. discharged from hospital. A judge at Nottingham Crown Court
5. ordered him to be detained indefinitely and demanded an
6. inquiry. Eric Macinnes was in court.
7. **E.M.:** Anthony Smith killed his mother and step-brother instructed
8. by voices in his head. His family today claimed that their
9. voice was ignored by psychiatrists who released him from a
10. mental hospital ward, one month before the killings.
11. Smith was taken back to the family home but one afternoon he
12. walked into the kitchen and stabbed his mother Gwendolyn 45
13. times; he had threatened her before. Next he turned on his 11
14. year old brother David, killed him, then went upstairs for a
15. bath.
16. Anthony's father says there's no such things as Care in the
17. Community. He claims the doctors did not heed the warnings.
18. If I can spot it why can't the so-called experts, if that's what
19. they like to call themselves .... they knew he was a ticking
20. time bomb, they just let him out.
21. An internal hospital inquiry now recommends that patient
22. risk must be considered before discharge. (Cut to doctor in
23. his office). Though the doctors say that they didn't know
24. about Anthony's threats.
25. With hindsight a longer period in hospital might have
26. helped but we need to remember that Anthony was well for
27. quite a while at home after his discharge.
28. The judge said that Smith's release from hospital into
29. the community had to be looked at with great care. He said
30. the full facts must be known and lessons learnt.
31. Eric Macinnes. ITN. Nottingham.

Channel Four News *Care in the Community Criticism*

1. John Snow: -The care of the mentally ill within the community is
2. expected to be sharply criticised tomorrow in a report
3. from the Commons All Party Committee on Health.
4. Health workers have told the committee of their profound
5. concern over the way in which mentally ill people are
6. released from hospital into the community. One new
7. study reveals that the suicide rate among newly
8. discharged mental patients is more than 200 times
9. higher than for the rest of the population. Our Home
10. Affairs Correspondent, Robert Parker, reports
11. now on how the neglect faced by mentally ill in the
12. community can, all too often have tragic
13. consequences. (pause)
14. **R.P.**: Mark Beith developed schizophrenia five years
15. ago when he was just eighteen.
16. **Mrs. B.**: I cannot think of anything he didn't try in
17. the community… this is called community care, hostels,
18. street, [Jean Beith faded into view] prison, bed and
19. breakfast, hospital and his own flat.
20. **R.P.**: Just over a year ago with his condition worsening
21. his parents managed to get him accepted back at Napsbury
22. Hospital near St. Albans where he had been twice
23. before. (Pause) But last August he was taken to this
24. hostel in North London as part of a plan to begin caring
25. for him again in the community.
26. **Mrs. B.**: He was taken up to a room, put his little things
27. in a locker, went down to the kitchen, said he was hungry,
28. made a sandwich, said he was off to the day centre, given
29. 30p for a cup of tea and left the building.....so within....
30. about….an hour and a half of being left there he had jumped
31. off a car park and was dead.
32. **R.P.**: The car park from which Mark jumped was within
33. a stones throw of his old flat, and in the heart of the very
34. community in which he was being looked after. (Pause).
35. **Mr. B.**: If he had been allowed to stay in hospital he'd of
36. been alive today….. and community care isn't a substitute
37. for the hospital, some people need to be hospitalised and
38. they are happier there, and they get the care they need
39. and the care they want and to be getting rid of all these
40. hospitals is absolute madness.
41. **R. P.**: The hospital where Mark was, is in the process
42. of closing down. Since the 1960's more than two
43. thirds of all hospital beds for mental illness have

44. been closed, and there are now less than 15, 000
45. beds remaining. (Pause) And since last year the
46. Government has accelerated this process by moving
47. funds to local authorities to care for people discharged
48. from hospitals in the community. (Pause)
49. But far removed from the cities where many discharged
50. psychiatric patients tend to end up, comes an alarming
51. piece of research about the fate of patients who now find
52. themselves being cared for, in the community.
53. **Dr. G.**: What we see is the very, uh, high rate, relatively,
54. uh, of suicides in that first four week period after
55. discharge from psychiatric hospital, and an elevated
56. rate...(voice cross-fades).
57. **R. P.**: At Maudling College, Oxford, Dr Michael Goldacre
58. examined what happened to every single patient discharged
59. from mental hospitals in his region. The results were
60. astonishing.
61. **DR. G.**: What we found was that in the first year after
62. discharge from psychiatric hospital, suicide rates in the
63. psychiatric population were fifty times higher than those
64. in the general local population, and when we looked at
65. suicide rates in the first four weeks after discharge we
66. found that suicide rates were two hundred times higher,
67. ah, in men, than they are in the general population in a
68. comparable time period, and a hundred and thirty times
69. higher in women, than they are in the female population
70. during a comparable time period.
71. **R. P.**: It's estimated that about forty percent of homeless
72. people in Britain have mental illness and have been earlier
73. discharged from hospitals, something we found when we
74. filmed these homeless people in Worcester.
75. The National Schizophrenia Fellowship also estimates
76. that there are thirteen hundred sufferers in prisons,
77. that's because the behaviour caused by their illness
78. often brings them into contact with the police, and
79. because there are no hospital beds for them. A report
80. by the organisation into suicide says it all adds up to a
81. devastating indictment of how community care is working.
82. **G.H.**: As we speak there are thousands of people around
83. the country with schizophrenia, ah, described by the World
84. Health Organisation as the worst illness you can have, ah,
85. on their own in council flats, in bed sits, in rural areas, out
86. of touch with people, hardly any friends, perhaps they
87. have lost contact with their family, they're maybe taking
88. a few drugs, they've got little chance of employment,

89. they've got little chance of making, ah, something of their
90. lives and little is being done for those people.
91. **R. P.**: The case of Ben Silcock who was mauled by a lion
92. after he entered its cage at London Zoo is, say some, a
93. symptom of the failures of community care. So too is the
94. case of Christopher Klunis who, while out in the community
95. killed schoolteacher Jonathan Zito.....his widow was
96. highly critical of community care as indeed are many experts.
97. **Prof. E.M.**: It's extremely difficult to get into hospital when
98. you need to be in, when you're discharged you're not
99. getting the after-care that you may need, er, services are not
100. geared up too providing treatment in the community...there
101. is insufficient accommodation for people to live in when
102. they leave hospital, and very many people come in and
103. either lose accommodation, or, indeed started out homeless
104. ...um there simply aren't the services there, responding to
105. them when they need them.
106. **R. P.**: But community care can work and work well.
107. This is Northover Court in Bournemouth, a centre for....
108. ...people with schizophrenia and other mental health
109. problems. Its owned by the Shaftsbury Housing Trust
110. and run by the National Schizophrenia Fellowship.....
111. Voice Of Christine: 'See you later Alex...'
112. Voice Of Alex: 'Yeh, catch you later Christine....'
113. Voice Of Christine: 'Yeh.....'
114. **R. P.**: There are twenty residents divided into four
115. groups each in separate flats.
116. **Women talking**: If you read the line down there,
117. and then you can do the crossword.
118. **R. P.**: At each of the four flats has a trained key worker
119. and an assistant, and like so many types of care in the
120. community there's somebody to keep an eye out for any
121. relapse or serious change of mood...something all too
122. common with schizophrenia. The care is informal, and
123. tailored to the varying needs of its residents, who all
124. seem to love the centre.
125. It costs £195.00 a week per resident for a place, this
126. may not be cheap but for the time the centres been running
127. there has not been a single suicide, or suicide attempt.
128. This former student had made several attempts on his
129. life before he finally got a place at the centre.
130. **Alex**: I could see my friends around me finishing
131. College, going on to University and this sort of thing
132. and.. that for me was just like there was this void in
133. my life.

133. **R. P.**: Do you think that is less likely to happen here.
134. **Alex**: I would say so yes.....because the staff can see
135. it happening and they can nip it in the bud.
136. **Geoffrey**: I heard it costs about £70, 000 to keep a
137. person in hospital and it doesn't cost anything like
138. that to be in...to be here. And... and they do have
139. the care you know.
140. **R. P.**: But this kind of care in the community is all
141. too rare. Before Mark Beith took his own life last
142. August he'd experienced, said his family, a totally
143. different type of care. His desolation perhaps
144. reflected in his drawings and poetry. The coroner at
145. his inquest said he had been cared for well by all local
146. agencies, but many concerned people say much needs
147. to be done to improve care and to help reduce suicides.
148. **Prof. E. M.**: One major problem, I think is a lack
149. of planning jointly by health and social services for
150. the needs of very seriously, chronically mentally ill
151. people, people with recurrent or persistent disorders
152. which, a long time ago would have led to them staying
153. in hospital for most of their lives.
154. **Mrs. J. B.**: I would like to bring it to your attention
155. that Mark Beith has been sleeping in our garage
156. for the past month.
157. **R. P.**: And for Marks family looking over the files of
158. his case, there's only one conclusion about what
159. happened. A conclusion that perhaps many other
160. similar families will also share.
161. **Mrs. B.**: When will the government start to listen?
162. My son is dead...he's dead, he killed himself. And
163. I am sure that the reasons we've discussed here
164. were actually great contributing factors, that he
165. felt there was no community care, that the hospital
166. was being shut on him. Where was he to go?
167. What was there out there for him?

168. Jon Snow : Robert Parker reporting.

Appendix B

Programme and Newspaper Questionnaire for People with Experience of a Mental Health Condition

Department of Broadcasting Studies
Falmouth College of Arts

2000

Please fill in the following questionnaire.

Information collated in this study will be treated in the strictest confidence.

Television Programme: *BBC 1 Television News*

Please look at this television programme and choose from it, portrayals of mental health meaning(s), answering as fully and informatively as possible, following questions.

Please note that in this television programme, '*drama*' can include within image; expressiveness in presenters and reporters, their use of language and the dramatic way in which it is communicated, i.e., tonal variations, could also be a focal point. Also, imagery of people in the reports as well as the studio set, the lighting, and any other device used by producers of the programme to make mental health meaning(s) can be examined.

1. Are you familiar with this programme?

Yes [ ]
No [ ]
Don't Know [ ]

2. Do you watch this programme regularly?

Regularly [ ]
Occasionally [ ]
Rarely [ ]
Not at all [ ]

3. Can recall seeing this television news programme before?

Yes [ ]
No [ ]

4. Do you recognise any of the people in the programme as having a mental health condition? If so: Who and what condition do you think they have?

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5. What do you understand about mental health and mental illness from portrayals in this television programme?

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6. How is drama playing a role in your understanding of meanings about mental health and/or illness?

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7. How is drama helping you understand about the identity of people connected with mental health or mental illness?

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8. How accurate do you consider these portrayals of mental health or illness?

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Now, please state *why* you think this?

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9. Any Other Comments?

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Newspaper: *The Daily Mirror*

Please look at this newspaper and choose from it, portrayals of mental health, answering as fully and informatively as possible, following questions.

Please note that in this newspaper, '*drama*' can include the font size, the use of certain types of language and the dramatic way in which it is used. Also, imagery and/or images of people on the page and any other device used by producers of the report to make mental health meaning(s).

1. Are you familiar with this newspaper?

Yes [ ]
No [ ]
Don't Know [ ]

2. Do you read this newspaper regularly?

Regularly [ ]
Occasionally [ ]
Rarely [ ]
Not at all [ ]

3. Do you recognise any of the people in the newspaper as having a mental health condition? If so: Who and what do you think it is?

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4. What do you understand about mental health and mental illness from portrayals in this newspaper?

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5. How is drama playing a role in your understanding of meanings about mental health and/or illness?

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6. How is drama helping you understand about the identity of people connected with mental health or mental illness?

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7. How accurate do you consider this portrayal of mental health?

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Now, please state *why* you think this?

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8. Any Other Comments?

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Radio Documentary: *Scapegoats*

Please listen to this radio programme and choose from it portrayals of mental health meaning(s), answering as fully and informatively as possible, following questions.

Please note that in this radio programme, '*drama*' can include characters, both 'factual', i.e., the presenter, experts and users of mental healthcare service testimonies and 'fictional' characters utilised in small dramatic depictions. In particular, the use of language and the dramatic way in which it is used can also be a focal point, as well as any other device used by the producers of the programme to make meaning about mental health. Music in its function toward creating drama may also be a focus, if you wish.

1. Are you familiar with this programme?

Yes [ ]
No [ ]
Don't Know [ ]

2. Do you listen to this type of programme regularly?

Regularly [ ]
Occasionally [ ]
Rarely [ ]
Not at all [ ]

3. Have you heard this programme before?

Yes [ ]
No [ ]

4. Do you recognise any of the people in the programme as having a mental health condition? If so: Who is it and what do you think that condition is?

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5. What do you understand about mental health and mental illness from portrayals in this radio programme?

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6. How is drama playing a role in your understanding of meanings about mental health and/or illness?

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7. How is drama helping you understand about the identity of people connected with mental health or mental illness?

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8. How accurate do you consider these portrayals of mental health or illness?

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Now, please state *why* you think this?

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9. Any Other Comments?

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Television Soap Opera: *Eastenders*

Please examine this television programme, choosing from it, portrayals of 'mental health' meaning that you think you want talk about and then, answer as fully and informatively as possible, following questions.

Please note that in this programme, 'drama' can include the characters; their acting; the use of the camera to visually frame characters, actions and/or events; language, i.e., its use of certain words and the way in which vocal tones are arranged; narrative structure and development, the lighting, the set, and any other device used by producers to make mental health meaning(s).

1. Are you familiar with this programme?

Yes [ ]
No [ ]
Don't Know [ ]

2. Do you watch the programme regularly?

Regularly [ ]
Occasionally [ ]
Rarely [ ]
Not at all [ ]

3. Do you recognise the character of Joe in the programme as having a mental health condition? If so: What health condition do you think it is?

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4. What do you understand about mental health and mental illness from portrayals in *Eastenders*?

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5. How is drama playing a role in your understanding of meanings about mental health and/or illness?

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6. How is drama helping you understand about the identity of people connected with mental health or mental illness?

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7. How accurate do you consider these portrayals of mental health or illness?

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Now, please state *why* you think this?

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8. Any Other Comments?

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Background Questionnaire for People with Experience of a Mental Health Condition

Department of Broadcasting Studies
Falmouth College of Arts

2000

Please fill in the following questionnaire.

Information collated in this study will be treated in the strictest confidence.

1. Name (optional, only fill this in if you want to).....
(Your name will not be used in any publication and not be used in this thesis unless you give permission). If you feel strongly that you want your name used in the thesis *only*, please tick the following box. ☐

2. Age.....

3. Gender (please tick box): Female ☐ Male ☐

3. Ethnic Origin.....

4. Marital Status (please tick one of the following boxes)

Single	[ ]
Married	[ ]
Partnered	[ ]
Separated	[ ]
Divorced	[ ]
Widowed	[ ]

5. City/Town/Village in which you live.....

6. Are you in work or not (please tick box): Yes ☐ No ☐

7. Past or Present Occupation (please be general)
.....
.....
.....
.....
8. Qualifications:.....
.....
.....
.....
9. Do you have any view(s) about mental health portrayals in media?
(please tick box): Yes ☐ No ☐ No real interest ☐
If 'yes', please state your view(s):.....
.....
.....
.....
10. Mental Health Status: Are you in a well state of mental health or unwell?
(Information supplied would useful to the study but this section is optional)
.....
.....

APPENDIX C

SCANDAL OF SCHIZOPHRENICS FREED TO KILL

VICTIM: Day care patient Bryan Bennett

'My father was stabbed 82 times..care in the community isn't working'

KILLER: Psycho knifeman Stephen Laudat

FAILED

By MICHAEL STREETER Whitehall Correspondent

HEARTBROKEN Kim Bennett wept yesterday as she blasted the community care blunders that led to her dad's death at the hands of a freed schizophrenic.

Tragic Bryan Bennett was butchered by fellow day centre patient Stephen Laudat eight months after the knifeman was released from hospital.

Kim, 34, sobbed: "Why was this man allowed out? My father was stabbed 82 times, 27 times in the face. My brother and I had to witness this to identify his body.

"It's time the Government realised their policies of community care are not working."

The killer's father Angelo, 53, from Walthamstow, East London, stormed: "My son and Mr Bennett were both victims of a community care policy that has failed both those in need of care and the wider community."

Laudat, 26, served a jail term for armed robbery and was sent to Kneesworth House private hospital in Cambridgeshire in 1992.

CASE ONE

Stopped

He stopped taking medication without the local health authority knowing.

In December 1993 a social worker and a ward manager cautioned against his release.

But he was freed as a care in the community patient.

Laudat was being treated at a day centre run by Newham Council in east London when he attacked 56-year-old Mr Bennett in July last year, believing his victim was the jailed gangster Ronnie Kray.

The killer was later sent to Rampton top-security hospital.

Yesterday an independent inquiry found that a breakdown in communication between health and social workers meant Laudat failed to get the help he needed after his release.

The report concludes the killing could not have been predicted.

But inquiry chairman Len Woodley QC told a news conference: "We believe that at the time Stephen Laudat committed his first criminal offence in 1991 he was mentally ill."

The Laudat case follows a string of other care in the community tragedies, including the killing of 27-year-old Jonathan Zito by a schizophrenic in London in 1992.

Yesterday's report, commissioned by Newham Council and the East London and City Health Authority, makes more than 60 recommendations for improvements. The authority has promised to provide more care in secure units and hire more medical staff.

Attack

Last night Zito's campaigning widow Jayne said: "Some people who are severely mentally ill need long-term in-patient care."

Health Minister John Bowis said the report highlighted the need for better liaison between caring agencies. Labour blamed the Government for getting rid of 50,000 psychiatric hospital beds in the last decade, without supplying proper community care to replace them.

● Comment – Page Six

Breakdown in communication

Poor communications led to "the right hand not knowing what the lest hand was doing.

Inquiry chairman Len Woodley QC

No sign of level of violence here

There was nothing which could have indicated the level of violence which took place

Deborah Cameron, Newham, director of social services

DAD: Robert Mitchell

BLUNDERS THAT LED TO SLAUGHTER

HANNIBAL FAN: Killer Jason Mitchell

KILLED: Arthur Wilson

KILLED: Shirley Wilson

SILENCE Of The Lambs killer Jason Mitchell slaughtered three people after a legal blunder led to him being freed from mental hospital, a public inquiry heard yesterday.

Mitchell, 24, was given three life sentences at Ipswich Crown Court, Suffolk, in July after he admitted three manslaughter charges.

He killed Arthur Wilson and his wife Shirley, both 65, at their home in the village of Bramford, Suffolk, then strangled his father Robert, 54, at his home nearby and chopped off his legs, arms and head.

He boasted to police of strangling his victims and claimed he had wanted to eat them – like Hannibal "The Cannibal" Lecter in his favourite film.

The grim details were revealed at the start of an inquiry into the case

CASE TWO

chaired by QC Sir Louis Blom-Cooper.

The killings happened after he fled a hospital in Ipswich, where he was a voluntary patient.

He had been sent there following his conditional discharge as a compulsory restricted patient at another hospital.

But counsel to the inquiry Oliver Thorold revealed that the discharge followed two "legally flawed" mental health review tribunals.

The first said he could be freed if he lived in a hostel and that his medication could be stopped.

His behaviour deteriorated the Home Office ordered second tribunal.

But there was confusion over what its decision meant and he was freed after "a sequence of misapprehensions", said Mr Thorold.

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APPENDIX D

Media Reception-Production Study Time-Table

Media Reception-Production Project - Monday, 10th July - Friday, 14th July, 2000

	Monday, 10th	Tuesday, 11th	Wednesday, 12th	Thursday, 13th	Friday, 14th	Possible follow-up discussions, to be arranged for a later date.
Morning Activities	AM: Viewing media texts in television, listening to radio (i.e., with cassette recorder and speaker), viewing printed media texts.	AM: One space for drama workshop holding approximately 10 people (see other timetable below)	AM Getting-to-know Production Facilities.	Production: - Drama Processes for Alternative Texts	Production: - Drama Processes for Alternative Texts. Concluding Previous Days Work.	
Afternoon Activities	PM: As Above.	PM: One space for drama workshop holding approximately 12 people.	As above but most likely more rehearsing undertaken.	Production: - Drama Processes for Alternative Texts	Production : - Processes for Alternative Texts. Concluding Previous Days Work.	
Space Type	Spaces (quiet and private, if possible) for examining TV, listening to Radio, desks and chairs for reading Printed Media readings.	Drama Spaces	TV Studio/Radio Production Facilities and Editing Rooms. A space for drama.	TV Studio/Radio Production Facilities and Editing Rooms.	TV Studio. Final discussion of details about the study. Exit Tutorials.	

MEDIA RECEPTION-PRODUCTION STUDY
TUESDAY TIME-TABLE

	Stage/Method	Examining Identity	Identity Development	Production Process
9.30-11	Knowing the Body and making the Body Expressive	Social identity	Celebration of Identity	
11-12.30	Osmosis: Exploring the constructions of mediated identity	The Development of Stigma upon Subjectivity	Discussion leading to understanding as to how media representations have impacted upon subjectivity	
12.30-1.30	LUNCH	TIME	LUNCH	TIME
1.30-3	Metaxis: Exploring Mediated Oppressions	Mediated Identity	Images of media identity including discussion how subjectivities in media representations might be better portrayed are presented.	
3-4.30	Analogical Induction	Alternative Identities	Further discussion about the range of images are presented - for examination.	Move to 'alternative representations', these produced from original texts read at the reception stage.

APPENDIX E

1st Consent Form

Study Title: **Representations of Mental Health in Media**

I ,....., consent to participate in the research study under the direction of Mike Birch.

PURPOSE OF THE RESEARCH: (a) To investigate media portrayals of mental health (b) to explore through questionnaires understandings of mental health as portrayed in a range of media by people who have experience of a mental health condition, at a showing. (c) to explore the potential for change in media portrayals through undertaking drama workshops and following production processes in radio, television and printed media.

EXPECTED DURATION OF SUBJECTS' PARTICIPATION: Four and half days continuous days during one week in July, 2000.

RESEARCH PROCEDURES: The primary procedures will be questionnaires and then, drama workshops achieving alternative representations, these then subject to recording in either television, radio and printed media.

RISKS AND DISCOMFORTS TO SUBJECTS: Subjects will not be at physical risk and should experience no discomforts resulting from the research procedures. However, people who have the subjectivity of experiencing a mental health condition may consider some media portrayals of mental health shown in the study to be offensive. Necessarily, these are taken as integral elements within the study without which the project could not be undertaken. Warning will be given to subjects in the study about offensive content before a programme or newspaper is presented but no responsibility can be accepted on the part of the researcher named here, for the content of these programmes. Participants take part in the project of their own volition.

EXPECTED BENEFITS OF THE RESEARCH: This research is expected to yield knowledge about the differences of understanding about portrayals of mental health in media, and how drama plays a role in the formation of its meaning, from three groups; mental healthcare professionals, media personnel and people who have experience of a mental health condition. It will then seek to find out new directions for policy about portraying mental health in media and also illuminate new and useful information about the impact of media portrayals upon the subjectivity of people who have experience of a mental health condition. The research is also expected to result in the formation of methodologies that will be of value in subsequent studies of this, and other related subjects. As a result of this process, they may obtain increased understanding of the role of media in their lives and be liberated towards taking action to change media portrayals.

CONFIDENTIALITY PROCEDURES: All data generated in the course of this research will be locked in a secure location at either the above named author's

residence or his College office at Falmouth College of Arts. The identities of the subjects will not be disclosed to any unauthorized persons (except Professor John Corner) and will only be revealed upon the expressed permission of the individual. Any references to the identities of the subject that would compromise their anonymity will be removed from the preparation of research reports and publications unless individuals direct otherwise in writing to Mike Birch.

COMPENSATION FOR PARTICIPATION IN THE RESEARCH: No compensation will be provided to subjects for their participation.

SUBJECT:
Participation is voluntary. Refusal to participate will involve no penalty or loss of benefits to which I am otherwise entitled. I understand that I may discontinue participation at any time without penalty of loss of benefits to which I am otherwise entitled.

DATE:.....

SUBJECT SIGNATURES:

.....

INVESTIGATOR:
I have explained and defined in detail the research procedure in which the subject has consented to participate.

DATE: .....

INVESTIGATOR: .....

APPENDIX F

2nd Consent Form

Study Title: **Representations of Mental Health in Media**

I ,....., consent to my part in the above study's production-project, (undertaken by Mike Birch), being presented to other project participants with experience of a mental health condition only, at the two other study locations in Liverpool and Falmouth and also to this work being made available for academic external examination.

PURPOSE OF RESEARCH: This part of the process will contribute to verification and validity of results found in the study. It will also explore the potential for change in media portrayals as advised by people taking part in the project.

EXPECTED DURATION OF SUBJECTS' PARTICIPATION: One to One and half hours at a venue, to be arranged.

PROCEDURE: Presentation of television productions and feedback from participants.

RISKS AND DISCOMFORTS TO SUBJECTS: Subjects will not be at physical risk and should experience no discomforts resulting from the research procedures.

EXPECTED BENEFITS OF THE RESEARCH: This research is expected to produce verification and validity from the work, through the feedback offered at the different triangulated pointers of the project.

CONFIDENTIALITY PROCEDURES: All data generated in the course of this research will be locked in a secure location at either the above named author's residence or his College office at Falmouth College of Arts. The identities of the subjects will not be disclosed to any unauthorised persons (except Professor John Corner and academic examiners) and will only be revealed upon the expressed permission of the individual; as is the purpose of this document. Any references to the identities of the subject that would compromise their anonymity will not be allowed, all people taking part in viewing material, a part of this confidentiality procedure in signing this document. As with the original form, all participants will be removed from the preparation of research reports and publications unless individuals direct otherwise in writing to Mike Birch.

DATE:.....
(please present the date above)

SUBJECT SIGNATURE:.....
(please sign above)

INVESTIGATOR:
I have explained and defined in detail this stage of the research procedure and the subject consents to participate.
DATE: .....
INVESTIGATOR: .....

APPENDIX G

THE DAILY
Stigma

It's what's inside that counts!

Exclusive news
Celebrity news
Health issues
Your opinions

Wednesday 9 February 2000

Thought: Ignorance breeds fear, fear breeds contempt

Street Star speaks out

Denise's living nightmare

One of the country's best loved soap stars Denise Welch (Coronation Street's colourful landlady Natalie Barnes), has spoken out about her experiences of postnatal depression, which she says were the worst two years of her life.

By speaking so publicly, Denise has been helping mental health charity Mind to challenge the stigma surrounding mental health problems.

Just five days after her son Matthew was born, ten years ago, she had postnatal depression and every now and then she has another period of depression.

"When I was depressed I used to hide from my friends, pretending that I was physically ill instead, but now I am honest with everyone because I want to break down the stigma.

"My experience of postnatal depression was so bad that it put me off having any more children. Within five days of giving birth I had a bad panic attack that turned into a severe 'black' depression that lasted two years.

"I wanted to sleep all the time to escape the depression. I also thought that I would never feel any better.

"I just didn't ever think that I would experience depression. We all ignore the fact that mental health problems are extremely common, and that there is absolutely nothing to be ashamed of."

All through her two-year depression, that she describes as a 'living nightmare', Denise's husband, actor Tim Healy, and the rest of her family especially her mother provided her with a lot of support.

"I was very lucky because without them I don't think I would he here today. They had to keep telling me that I would come out of the depression, and they helped me to see a light at the end of this long dark tunnel.

"I decided to be open about my depression to help break down the barriers that still surround mental illness, and I am a big fan of the mental health charity Mind.

"If speaking out helps Mind, and some of the many people who experience mental health problems each year, then the risk I first took to 'go public' about my personal life has been well worth it.

"I think it is important that these issues are aired publicly. I have personally found it much more helpful to talk about my illness than to bottle things up.

"However, programme makers - the writers, actors, producers and directors - need to be continually aware of the responsibility they have in portraying these issues fairly and accurately. Because, if they fail to do so and get it wrong, the effects can be very wide-ranging and very damaging."

COUNTING THE COST

'Psycho', 'nutter', 'loony' and 'maniac' headlines and negative stories have had a bad effect on people with mental health problems, claims a new report.

Half of the 500 people with mental health problems questioned by Mind said that headlines like "We'll lock up 5,000 psychos" had caused them additional mental distress.

People diagnosed with depression and anxiety, schizophrenia, manic depression, and eating disorder, told Mind that they felt more anxious or depressed, more withdrawn and isolated, or more suicidal because of the media coverage.

THE FACTS

"I feel hopeless and suicidal."

Even family, friends and neighbours changed their behaviour because of negative media stories.

"We are treated like lepers."

Nearly three quarters of the 500 people in the Mind survey said media coverage of mental health over the last three years had been unfair, unbalanced or very negative.

The Sun topped a league table of the worst media reporting of mental health stories followed by 'all tabloids', the Daily Mirror, Daily Mail, FHM (men's magazine), Daily Star, BBC Panorama, News of the World, BBC Kilroy, Daily Express and then the Sunday Sport.

"I am a young person it has permanently scarred me."

Full story inside

Mental health problems increased by negative media coverage

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