

Representations of Mental Illness in Irish Newspapers and Readers' Attitudes

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TABLE OF CONTENTS

ACKNOWLEDGEMENTS.....	2
ABSTRACT.....	4
INTRODUCTION.....	5
METHOD.....	20
Participants.....	20
Design.....	23
Measures.....	24
Procedure.....	26
RESULTS.....	28
DISCUSSION.....	39
REFERENCES.....	47
APPENDIX.....	53

ABSTRACT

This study aimed to examine the representations of mental illness in Irish newspapers and readers' attitudes. A sample of articles in Irish newspapers were analysed using the PICMIN instrument. A questionnaire including the *Mental Illness Stigma Scale*, newspaper reading and an adaptation of the *Scepticism towards the Media* scale was completed by 106 respondents. Findings sensationalism and stigmatisation was present in Irish newspapers and related to the section of the newspapers and sources of information. Stigmatising attitudes were comparable to another study using the same measure. The relationship between newspaper reading habits and attitudes was not significant as respondents were highly sceptical towards media reporting of mental illness. Results suggest the need for standardising measures of stigmatisation in the media.

CHAPTER 1

INTRODUCTION

Mental illness and those who have mental illnesses have been stigmatised in many countries. Stigmatisation has a significant impact on those who are mentally ill in direct and indirect ways. Negative views can impede sufferers from seeking help, maintaining friendships and staying in employment (Stuart, 2006). Negativity can also be structural, inherent in societal institutions and policies, (Link and Phelan, 2001; Hallam, 2002; Wahl, 2003). Stigma towards mental illness has been found to be affected by individuals' knowledge and experience of mental illness, as well as how mental illness is depicted in the media.

While research has been conducted on attitudes towards mental illness and on media depictions of people with mental illnesses, the current study brings these two strands together by examining both the representation of mental illness in newspapers and the attitudes of readers.

This chapter first reviews theoretical frameworks of stigma and explains a model of how stigma is applied. An overview of research on the effect of actual and anticipated stigma on people with mental illness is given. Social representations theory and its relationship with attitudes are explained. This is followed by a review of research on the portrayal of mental illness in the media. International and national research exploring attitudes towards mental illness is discussed in relation to the influence of contact and

familiarity, knowledge, the nature of the illness and cultural differences. Finally the research questions addressed in this study are explicated.

Stigma

Goffman (1963, p.5) defines stigma as “undesired differentness” that leads “normals” to focus solely on the difference, ignoring the other attributes of the person. This leads to the belief that the person with differences is “not quite human” and the development of “an ideology to explain his inferiority and account for the danger he represents,” hence excusing discrimination. Building on Goffman’s work, Jones et al. (1984) propose a theoretical model of stigma involving six dimensions: 1) concealability, whether the difference is visible or hidden; 2) course, whether the difference becomes more obvious over time; 3) disruptiveness, the extent to which the difference upsets social contact; 4) aesthetics, the unattractiveness of the difference; 5) origin, the perceived cause of the difference; 6) peril, the extent to which the difference is considered dangerous. As will be discussed below, mental illness is commonly associated with dangerousness, unpredictability and vulnerability, relating to the dimension of disruptiveness. Regarding origin, Corrigan et al. (2007) found that if schoolchildren (n=1,391) attributed responsibility for the symptoms of mental illness to the individual, displays of inappropriate behaviours were responded to with anger and punishment.

Link and Phelan (2001) explained how stigma operates. Firstly, a socially important difference is distinguished and labelled. Secondly, this difference and label is associated with a negative stereotype based on cultural beliefs. Thirdly, ‘us’ and ‘them’ are distinguished to create an in-group, out-group scenario. Fourthly, the in-group, as it has

more power, discriminates against the out-group. Finally, members of the stigmatised group can come to perceive themselves in relation to the stereotypes, viewing themselves as socially unacceptable. This affects their self-esteem and reduces their life opportunities (Barke, Nyarko and Klecha, 2011).

Impact of Stigma towards Mental Illness

Barke et al. (2011) questioned 105 patients in mental health institutions in Southern Ghana. They reported that patients perceived stigma, thus expecting discrimination when seeking employment, resulting in concealing their illness and avoiding people they expected to have a negative view. Those who have mental illnesses in Ireland have also reported stigmatising attitudes and behaviour, both in general and related to specific social roles such as parenting (MacGabhann et al., 2010). Laslavia et al. (2013) interviewed 1,082 people in 35 countries using the *Discrimination and Stigma Scale*. Participants had experienced discrimination in developing close relationships (37%), obtaining employment (25%) and taking part in education (20%). Experiencing discrimination significantly impacted on participants' willingness to disclose their illness. Also using the *Discrimination and Stigma Scale*, Thornicroft, Brohan, Rose, Sartorius and Leese (2009) asked 732 people with schizophrenia in 27 countries about their experiences of stigmatisation and discrimination. Participants reported experiencing discrimination from family (43%), in developing and maintaining friendships (47%), and in seeking or keeping employment (29%). In Poland (n=202), areas of most experienced discrimination were relationships (87%) and employment (31%). Conversely many reported being met with understanding (60%) and care (74%) from people (Cechnicki, Angermeyer and Bielańska, 2011). Investigating stigma using interpretative phenomenological analysis with six

participants in the United Kingdom, Knight, Wykes and Hayward (2003), added to the understanding of the experiences of people who have schizophrenia. Participants recounted experiences of judgement, involving others not understanding the illness; prejudice (being labelled and seen as dangerous) and discrimination (being treated as different) with consequent isolation and identity loss. Participants compared their lives before the illness in positive and negative ways and the “struggle between belonging and keeping oneself separate from a group that does not have a positive social identity” (p.216). A balance between coping through concealing their illness and educating others about their illness was also found.

It is not only the actual experience of stigmatisation but also the expectation of it that impacts (Link, Cullen, Struening, Shrout and Dohrenwend, 1989). Differences have been found in actual and anticipated discrimination regarding employment and relationships, with 47% and 45% respectively, anticipating discrimination but not experiencing it (Laslavia et al., 2013). Approximately a third of Thornicroft’s et al., (2009) participants anticipated discrimination in obtaining employment and developing relationships where no discrimination was experienced. Cechnicki et al. (2011) reported that 58% of their sample anticipated discrimination in relationships and 55% in employment, as they believed that others held negative attitudes.

Social Representations and Attitudes

Social representations theory originated with the work of Serge Moscovici (Morant, 1998). Moscovici (1988) argued that the way people think about and therefore behave towards something is based on their social representation of it. Social representations

provide coherence to belief systems within a particular society and “make it possible for us to classify persons and objects, to compare and explain behaviours and to objectify them as part of our social setting” (p.214), thus contributing to cultural stereotypes. While a representation is located in the mind of an individual it also exists at a collective level in society. Therefore social representations underpin attitudes. As social representations exist at a societal level they can be found and examined in the writings produced within society, such as the media. Indeed social representations theory is seen as inspiring research into the media’s role in constructing knowledge of a phenomenon. (Petrillo, 1996).

Mental illness is particularly susceptible to influence by media representations (Olstead, 2002) as it, and its treatment are characterised by the existence of “multiple and competing models,” as well as a lack of consensus among mental health practitioners (Morant, 2006, p.821). The media is seen to be particularly influential when one has no personal experience of something (Morant, 1998; Philo et al. 1994). Gaebel, Baumann, Witte and Zaeke (2002, p.281) report that 15% of their sample (n=7,246) stated that they “had learned something about schizophrenia from the media in the last six months”. In the Irish national survey, the most frequently cited source of information about mental health was newspapers, with 36% of the 1,000 respondents citing it (Health Service Executive, 2007).

Mental Illness in the Media

Television.

In New Zealand¹, Wilson, Nairn, Coverdale and Panapa's. (1998) analysis of fourteen episodes of nine prime-time dramas showed that characters with a diagnosis of mental illness were presented as untreatable and unattractive, linking with Jones et al. (1984) dimensions of aesthetics and course. Characters were also presented as one-dimensional, encouraging a view of the mentally ill as a group rather than individuals (Olstead, 2002) and facilitating labelling. Characters were presented as dangerous (75%); unable to fulfil normal adult roles (70%); unpredictable (60%); unproductive (60%); asocial (45%) and helpless (45%). Dangerousness was located within the illness, a depiction argued to "generate or sustain fear and mistrust" (Wilson et al., 1998, p.236). An examination of programmes aired in the United Kingdom in 1992 compared genres (Rose, 1998). While the predominant representation in both drama and news was dangerousness, news programmes also had an association with criminality. With dramas, as Wilson et al. (1998) found, the danger was presented as a symptom of the illness. In soap operas, vulnerability and strangeness were the main themes. This suggests multiple representations of mental illness, agreeing with Morant's (2006) findings and also with research analysing newspapers.

Newspapers.

Although Anderson (2003, p.303) suggested that different media sources "operate together in depicting mental illness" he also argued that newspapers are a particularly

¹ From the nine programme analysed six were British television dramas also available in Ireland

strong influence as they are “realist forms of literature [...] [that] [...] block the ‘plurality’ of possible meanings” generating “a ‘fixed’ meaning for the reader.”

Representations of mental illness in newspapers have been found to be multiple and contradictory and located within current societal concerns. Petrillo (1996) traced the depiction of mental illness in two Italian newspapers over a twenty-five year period, during which there was major reform in legislation and treatment. Exploratory factor analysis revealed three primary bi-polar representations. Firstly, a contrast between association with criminality and institutionalisation required to protect the public, with the person being a victim and requiring assistive intervention, suggesting a contradiction between dangerousness and helplessness. The second factor contrasted incurability and objections to social exclusion. Thirdly, was the contrast in views held by lay people and professionals. Bilić and Georgaca (2007) also drew attention to influences of political and cultural contexts in Serbia. They identified a “discourse of socio-political transition” (p.179) to account for an increase in the incidence of mental illness. As found by others, (for example Olstead (2002) in Canada, Coverdale, Nairn and Classen (2001) in New Zealand, Rukavina et al. (2012) in Croatia, the Czech Republic and Slovakia), Bilić and Georgaca (2007) reported a predominant portrayal of those with mental illness being a danger to others.

Although Olstead (2002) also reported the most common depiction being the ‘mentally ill criminal’, found in 57% of the 195 articles analysed, he noted a difference between social classes. People from higher socio-economic classes were presented as more active and engaged with the world, compared with homelessness, criminality and poverty for lower social classes. Bilić and Georgaca (2007) and Wahl (2003) pointed out that the

mentally ill, particularly from lower socio-economic classes, are seldom interviewed for newspaper stories. In New Zealand, Nairn and Coverdale (2004, p.282) found only five from 600 articles that “offered readers access to the thoughts, explanations” of people with mental illnesses.

When mental health professionals are the source of information in newspaper articles a discourse of ‘bio-medicalisation’ has been identified (Bilić and Georgaca, 2007). Such articles were also more positive, but the way journalists structured them and included opinion maintained the stereotypes of danger and unpredictability (Nairn, 1999). The effect of language in reporting was also highlighted by Magliano, Read and Marassi’s (2011) exploration of the metaphoric use of schizophrenia and schizophrenic in Italian newspapers (1,087 articles). In 73.7% the terms were used metaphorically, in politics, culture, entertainment and sports sections. The terms referred to incoherence/split/contradiction in 85% of cases, eccentricity and oddness in 10.5% and dangerousness in 4.4%. Such misuse of terminology increases stigmatisation (Rukavina et al., 2012; *Headline Annual Report*, 2011).

Even when positive depictions were deliberately sought negative associations predominated. Suggesting that existing research “may not have adequately looked for positive elements in the depiction of individuals with mental illness”, Coverdale et al. (2001, p.679) looked for positive and neutral representations in New Zealand newspapers. However, 72.7% of representations were negative, with themes of danger (61.3%), criminality (47.3%), incompetence (39.7%) and unpredictability (23.8%). Boke, Aker, Aker, Sarisoy and Sahin (2007) compared the proportion of positive to negative depictions of schizophrenia in Turkish newspapers (878 articles). A negative depiction occurred

every 3.1 days while a positive one occurred every 12.2 days. In the United Kingdom, Goulden et al. (2011) compared four newspapers from 1992 (321 articles), 2000 (433 articles) and 2008 (607 articles). Although they found a statistically significant decrease in the association between mental illness and danger, this remained the primary negative depiction, most often found in news articles. An increase, though not statistically significant, was found in people with mental illness being presented as different or a burden to others, suggesting a change in negative depictions.

An association of mental illness with crime and violence, particularly in news articles, is also reported in Ireland. From 2,760 articles reporting on crime and violence, 5.72% “inappropriately and inaccurately” linked mental illness with violence and criminality, 90.5% of which were news articles (*Headline Annual Report*, 2011, p.12). However, overall, a decrease in negative depictions was reported. 4.9% of 2007 articles (n=12,714) were judged to be negative, but 3.27% (n=18,706) in 2010 and 2.27% (n=20,600) in 2011. A corresponding increase in positive depictions was found, 5.65% in 2011; 4.21% in 2010 and 1.17% in 2007 (*Headline Annual Report*, 2011; 2007).

While at least in Ireland, a decrease in negative portrayals of mental illness has been found in recent years, the continued association with danger, violence and criminality associates it with peril and disruptiveness (Jones et al., 1984). Several studies have directly examined the effect of exposure to negative depictions.

Impact of Media Representations.

Regarding characters with mental illnesses in television programmes, Wahl and Roth (1982) reported that people describe them as aggressive, dangerous, confused and

unpredictable. Less tolerant attitudes, as measured using the *Community Attitudes towards the Mentally Ill* scale have been found with people who receive information from the media, particularly television, compared to those who obtain information from working with or having a family member work with the mentally ill, or from education (Granello, Pauley and Carmichael, 1999).

Dietrich, Heider, Matschinger and Angermeyer (2006) showed that schoolchildren in Germany (n=167) increased their use of terms such as violent and dangerous by 12.7% after reading a newspaper article with a negative portrayal of mental illness. Those who read an informative article decreased their use of such terms by 50%, suggesting that the media has the potential to have a positive impact. People with mental illnesses have spoken about negative portrayals as exacerbating the impact of the illness itself by increasing their feelings of vulnerability (Nairn and Coverdale, 2004).

Thus there is evidence that suggests the way mental illness is reported in the media affects the experiences of those with mental illnesses. However this appears to be influenced by whether the media is the primary source (Granello et al., 1999). Gunther (1992), in his analysis of perceptions of bias and scepticism towards media coverage of various social groups, found that being involved, or identifying with a particular social group was significantly related to judgements of unfair treatment by the media. Research measuring attitudes towards mental illness has also examined the effects of contact with, familiarity and knowledge.

*Attitudes towards Mental Illness**Familiarity, Contact and Knowledge.*

In Germany, Angermeyer, Matschinger and Corrigan (2004) examined the relationship between familiarity with mental illnesses, perceived dangerousness, fear and the desire to maintain a social distance, in relation to depression (n=2,429) and schizophrenia (n=2,365). For both illnesses a significant relationship was found between less familiarity, perceived dangerousness, fear and a desire to maintain a social distance. A positive correlation between familiarity and positive attitudes was reported in a sample of 5,520 people in Finland (Aromaa, Tolvanen, Tullari and Wahlbeck, 2010) and in England, (n=169), though this study found no difference between different relationships with the mentally ill person (Addison and Thorpe, 2004). Day, Edgren and Eshleman (2007) reported less stigmatising attitudes among students who knew someone with bipolar or unipolar depression but not with schizophrenia or mental illness in general. On the other hand, in rural India, prior contact with a person with depression or psychosis did not affect the desire to maintain social distance. However these participants displayed tolerant views in relation to the ability to fulfil social roles of worker, partner and parent, with between 85% and 92% not making a distinction from those without the illnesses (Kermode, Bowen, Arole, Pathare and Jorm, 2009). Leiderman et al. (2011) showed that while people may display tolerance through measures of social distance, social discrimination can still be evident. With a sample of 1,254 in Buenos Aires the highest level of social discrimination was found with work then intimate relationships. Viewing the mentally ill as incapable was also apparent.

Both knowledge of, and contact with people have been examined through questioning medical personnel. Among health service staff (n=361) and students (n=231) in Greece, using the *Opinion about Mental Illness* scale, Arvanti et al. (2009) found familiarity with mental illness was associated with less social discrimination and social restriction, though this depended on occupation, gender and age. Older and female respondents demonstrated more caring attitudes but higher social restriction, suggesting a view of the mentally ill as vulnerable and needing care. Compared to nurses, doctors showed lower social discrimination and social restriction scores. In Japan, the association of schizophrenia with criminality or victimisation was tested with 51 clinical residents before and after they undertook training in psychiatry. Using an *Implicit Association Test* increased associations of criminality with schizophrenia was found. This, the authors suggested, could be due to both contact, the influence of the attitudes of other psychiatric staff and biogenetic explanations for mental illness (Omori et al., 2012).

More accurate knowledge of mental illnesses could act to dispel myths and is considered “crucial in the context of anti-stigma campaigns” (Lauber, Nordt, Falcato and Rössler (2003). However it could be argued to contribute to labelling, depending on dominant cultural representations, which can make it easier to stigmatise someone, according to Link and Phelan’s (2001) model.

Studies show variation regarding the recognition of mental illnesses. Reviewing 62 studies published between 1990 and 2004 on public beliefs, Angermeyer and Dietrich (2006, p.174) concluded that “a substantial part of the public cannot recognise specific mental disorders”. Although a third of 7,246 people surveyed in Germany could recognise the causes of the schizophrenia, the majority (79.6%) believed that it involved multiple or

split personalities. A minority (18.2%) believed that people with schizophrenia were a danger because of violent behaviours (Gaebel, et al., 2002). In Switzerland, Lauber et al. (2003) presented 309 people with vignettes of depression and schizophrenia. 39.8% recognised depression and 73.6% recognised schizophrenia. Prior contact with people with mental illnesses and a “positive attitude to psychopharmacology” (p.249) correlated with correct recognition.

Phelan and Bascow (2007) tested the hypothesis that labelling someone as having a mental illness increases perceptions of dangerousness and consequently the desire to maintain social distance. 168 students were given vignettes describing characters with symptoms of depression, common stress and alcohol abuse. Labelling the characters’ behaviour as suggestive of mental illness significantly predicted perceptions of dangerousness, which, as found by Angermeyer et al. (2004), related to the desire to maintain social distance. However the impact of labelling varied with the ambiguity of the mental health issue. Labelling in the common stress vignette uniquely predicted social distance. These results suggest that labelling is more powerful when applied to ambiguous behaviour. In contrast, Day, et al. (2007) found that when 369 students completed the *Mental Illness Stigma Scale*, based on Jones et al., 1984 model of stigma, after first reading descriptions of mental illness in general, bipolar disorder, depression or schizophrenia, those in the schizophrenia condition had the highest level of overall stigma. The general mental illness category had the lowest stigma score, assuming that mental illness in general is more ambiguous.

Differences between Illnesses and Cultures.

Crisp, Gelder, Rix, Meltzer and Rowlands (2000, p.6) also found differences depending on the mental illness indicated. A sample of 1,737 people in the United Kingdom were asked to rate seven mental illnesses in relation to perceptions of dangerousness, unpredictability, differences from others, being difficult to communicate with, “being able to pull themselves together”, possibility of recovery and “responding poorly to treatment”. For all illnesses, except panic attacks and eating disorders, over half of the respondents believed that it would be difficult to talk to the person. All except those with eating disorders were considered to be unpredictable by over 50%. Dangerousness was a more common belief with schizophrenia and substance addictions. With the latter blaming the person was also more likely, as was the view that people could “pull themselves together”. The outcomes regarding treatment were positive for all illnesses except dementia and schizophrenia. While no significant differences were found between those who knew someone with a mental illness and those who did not, a greater percentage of people who did know someone agreed that people with schizophrenia and substance addictions were dangerous and disagreed more that someone with severe depression was dangerous. Those who knew someone said that a person with depression, schizophrenia and substance addictions was harder to talk to but disagreed more regarding the person being able to “pull themselves together”.

Griffiths et al. (2006) reported different patterns of stigma between Australian (n=3,998) and Japanese (n=2,000) adults regarding depression and schizophrenia. The Japanese participants were less likely to view either as a ‘real medical illness’ and consequently believed that ‘people could snap out of it’. However Australians were more likely to perceive people with the illnesses as unpredictable. Australians were less likely to

see people with schizophrenia as dangerous but slightly more likely with people with depression.

The complex interaction between culture and attitudes, indicative of support for a social representations viewpoint, is also evident when comparing studies conducted in Singapore, Ireland and Southern Ghana. In Singapore (n=2,849) 61.9% of participants were sympathetic towards those with mental illnesses and 88.8% stated that anyone could develop a mental illness (Chong et al., 2007). In Ireland (n=1,000) 30% felt there was a lack of sympathy towards those with mental illnesses and 85% agreed that anybody was susceptible (Health Service Executive, 2007). In Southern Ghana (n=403) 72.4% felt that those with mental illness were deserving of sympathy and 60.1% agreed that anyone could develop a mental illness (Barke et al., 2011). Regarding dangerousness, in Singapore 38.3% believed that people with mental illness were dangerous and 49.6% stated that the public should be protected from them, while in Ireland 36% believed in dangerousness. In Southern Ghana 54.8% saw the mentally ill as a risk to the community. In Singapore 95% of respondents said they did not want anyone to know should they have a mental illness while in Ireland the figure was 62%.

Conclusion and Research Questions

The studies reviewed suggest that the relationships between attitudes towards mental illness in general and specific mental health issues have a complex relationship with contact and familiarity, knowledge and cultural beliefs. However, dangerousness and the desire to conceal a mental illness are common. Greater commonality is found with media research, perhaps as it is mainly focused on Western societies, with portrayals of

dangerousness, unpredictability, criminality and incompetence. The proportion of negative depictions of mental illness is reported to have reduced over time but these themes are still evident. This facilitates stigmatisation through beliefs in disruptiveness and peril. People with mental illnesses still expect discrimination suggesting self-beliefs of social unacceptability.

The current study aimed to investigate the relationship between the depictions of mental illness in Irish newspapers with the level of stigma toward mental illness reported by readers. Although Headline monitors how mental health and suicide is presented in Irish newspapers, based on national and international guidelines for media reporting, this study will use the standardised measure proposed by Rukavina et al. (2012) to address the research question ‘How is mental illness depicted in Irish newspapers?’. Rukavina et al. developed the PICMIN (Picture of Mental Illness in Newspapers) instrument “based on the principles of content analysis” (p.1131), allowing for a systematic analysis. In addition it permits comparison across time and between countries, which will facilitate building on the research reported here.

Stigmatising attitudes towards mental illness were measured using the self-report instrument, the *Mental Illness Stigma Scale* (Day et al. 2007), which as discussed above, is based on a theoretical model of stigma. Respondents were also asked about the newspapers they read and the frequency of newspaper reading to correlate newspaper type and frequency with attitudes. These measures allowed addressing the research question ‘What is the relationship between attitudes towards mental illness and newspaper reading?’

Although newspapers have been identified as an influential source of information about mental illness this is mediated by knowledge and identification. Thus the level of scepticism about newspaper reporting will also be assessed as readers can be selective in their response to what they read (Anderson, 2003), to answer the question 'What are the views towards how newspapers depict mental illness?'

CHAPTER 2

METHOD

Participants

Newspapers.

Three Irish newspapers were purposively selected. The Irish Independent as it is the most widely read newspaper (131,161 between July and December 2011). The Irish Times as it is the broadsheet with the highest circulation rate (96,150 between July and December 2011), and the Evening Herald (circulation 62,411 between July and December 2011) to represent the tabloid style.

For each newspaper a five day week was randomly selected in each quarter of the year 2012, to ensure that findings were not overly influenced by reporting on the same topics. Table 1 below shows the weeks represented by each newspaper:

Table 1 *Weeks examined in Newspapers*

Newspaper	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Irish Independent	13–17 February	16–20 April	6–10 August	22–26 October
Irish Times	19–23 March	4–8 June	10–14 September	19–23 November
Evening Herald	2–6 January	7–11 May	23–27 July	3–7 December

The final sample size consisted of 348 articles. (57 of which used two or more different keywords), yielding 421 units of analysis.

Questionnaire.

Although convenience sampling was used, disparate groups were approached to maximise the range of knowledge of mental illness and personal and professional contact with people who have a mental illness. Contact was made with potential respondents in a variety of settings, through 'gatekeepers', known to the researcher. Outdoor education, horticultural and social care students were invited to complete the questionnaire. Experienced social care workers in a programme of education were also asked. With the permission of their lecturers these groups completed the questionnaire at the beginning of a class in their college. Other participant groups were accessed through two companies and a sports club. The final sample size was 106.

Design

With the newspaper data a correlational design was used to examine the relationships between the predictor variables of newspaper, section of newspaper and source of information with the criterion variables of level of sensationalism, type of sensationalism, level of stigmatisation and type of stigmatisation.

For the questionnaire data a correlational design was also used to examine the relationships between the frequency of newspaper reading and newspapers read with scepticism towards the media and stigmatising attitudes. The relationship between stigmatising attitudes towards mental illness and scepticism towards newspaper reporting on mental illness was examined too.

As the literature reviewed suggested that type of contact with mental illness impacts on attitudes the level of stigmatisation will be also compared to whether respondents have personal and/or professional experience of mental illnesses.

Measures

The questionnaire given to participants consisted of three sections. The full questionnaire is available in Appendix 1. Section 1 had four questions asking the participants' gender, age range, whether they had experience of mental illness in a personal capacity (i.e. self or with friends or family) and whether they had experience of mental illness in a professional capacity (i.e. in their work role).

Section 2 was Day's *Mental Illness Stigma Scale* (Day, et al., 2007). This inventory consists of 28 items measured on a 7-point scale related to seven subscales: 1) anxiety (7 items) in relation to contact with people with a mental illness; 2) relationship disruption (6 items) – the extent to which one believes that a person with a mental illness can maintain a 'normal' relationship; 3) hygiene (4 items) – beliefs about whether people with mental illness ignore grooming; 4) visibility (4 items) – beliefs about how visible mental illness is; 5) treatability (3 items) – beliefs about whether the symptoms of mental illness can be controlled; 6) professional efficacy (2 items) – beliefs about the abilities of mental health professionals; 7) recovery (2 items) – whether a person can recover from a mental illness. The items relating to each subscale is in Appendix 2.

The results of factor analysis of the subscales of Day's *Mental Illness Stigma Scale*, and relationships with Jones et al. (1984) model of stigma is showed in Table 2.

Table 2 *Factor Analysis Results of the Mental Illness Stigma Scale*

Jones et al. Dimension ²	Subscale	α	Percent of Variance
Peril	Anxiety	0.90	27.04
Disruptiveness	Relationship Disruption	0.84	10.66
Aesthetic	Hygiene	0.83	9.22
Concealability	Visibility	0.78	5.83
Course	Treatability	0.71	5.22
Course	Professional Efficacy	0.86	4.55
Course	Recovery	0.75	3.58

Source: Day et al. (2007)

Section 3 focused on newspaper reading. Participants were asked the frequency of newspaper reading, ranging from everyday to less than once a month. The second question in this section listed six national newspapers available in Ireland asking respondents to indicate all of the newspapers they read. Question 3 was an adaptation of Gunther (1992) *Scepticism towards the Media* scale (see Appendix 3 for Gunter's original items). Participants were presented with five items about newspaper reporting with which they disagreed or agreed with on a 5-point scale.

² Jones's et al. (1984) dimension of origin was removed from the scale due to difficulties in interpretation. "[...] the factor of personal responsibility may operate in a particularly complicated fashion in mental disorders" (p.61).

Procedure

Newspapers.

Using each newspaper's online database each selected week was searched for use of each of the 31 search terms (19 neutral; 6 labelling and 6 pejorative) identified by Rukavina et al. (2007) to assess the stigma of mental illness in print media (See Appendix 4 for a list of search terms).

Each article found was cut-and-pasted into a word document organised by newspaper, date, whether the keyword was neutral, labelling or pejorative and the keyword itself. These were later printed, coded (see Appendix 5) and entered into PASW 18. For analysis an article was counted as a separate unit for each different keyword. This resulted in 421 units of analysis.

Questionnaire.

For all participants the 'gatekeeper' first introduced the researcher as an undergraduate psychology student conducting research for his final year thesis. The researcher then explained that the study was about how people in Ireland viewed mental illness. All potential respondents were assured that they did not have to complete the questionnaire if they did not wish too. In each situation some potential respondents refused. Participants accessed through colleges and the sports club returned the questionnaire to the researcher, while those accessed through companies returned it to the 'gatekeeper'. All respondents took part in the study for altruistic reasons.

Information at the beginning of the questionnaire stated that it asked about views of mental illness in Ireland and was for undergraduate research. Participants were assured of confidentiality and anonymity and given an email address should they wish to obtain a copy of results or final report. Since the topic was potentially sensitive participants were advised in writing not to complete the questionnaire should it cause them upset. Contact details for the Samaritans were given at the end of the questionnaire.

No participant appeared upset during the completion of the questionnaire nor was reported to be upset by the gatekeeper. Questions asked afterwards referred to difficulties in understanding items in the *Mental Illness Stigma Scale* and the inclusion of Section 3. The experienced social care workers asked questions about the origin of the researcher's interest in the topic, which was discussed.

As questionnaires were returned each was entered into PASW 18. Items relating to the treatability, recovery and professional efficacy subscales were re-coded as with these a high score indicated a less stigmatising view, in opposition to items on the relationship disruption, hygiene, anxiety and visibility subscales. This enabled a total stigma score to be calculated.

CHAPTER 3

RESULTS

Overview of Results

How is mental illness depicted in Irish newspapers?

The results of analysis of the depiction of mental illness in three Irish newspapers using the PICMIN instrument (Rukavina et al., 2012) showed significant relationships between the newspaper and the type of stigmatisation. The section of the newspaper and the level and type of sensationalism and stigmatisation also showed significant relationships. The source of information about mental illness showed a significant relationship with the level and types of both sensationalism and stigmatisation

What is the relationship between attitudes towards mental illness and newspaper reading?

No significant relationships were found between either the frequency or newspaper read with the level of stigma.

What are the views of people towards how newspapers depict mental illness?

All respondents had scores indicating high levels of scepticism towards newspaper reporting of mental illness and this was not related to their newspaper reading. A significant difference was found between scepticism mean scores of those who had and had not professional experience.

Depiction of Mental Illness in Irish Newspapers

Keywords, Classification and Sources.

Although units using depression and depressed directly in relation to economic depression were excluded from analysis, depression and depressed were the most commonly used keywords with 107 usages (25.4%); psychology and psychologist (23%) were second followed by psychiatry and psychiatrist (13.1%). Labelling and pejorative terms were relatively infrequently used (range .2% to 2.85%). The most used terms in these categories were psychopath (2.85%); lunatic (2.61%); schizophrenic (2.14%); madman, neurotic and madhouse all appeared in 1.19% of units. Figure 1 shows the frequency of keywords.

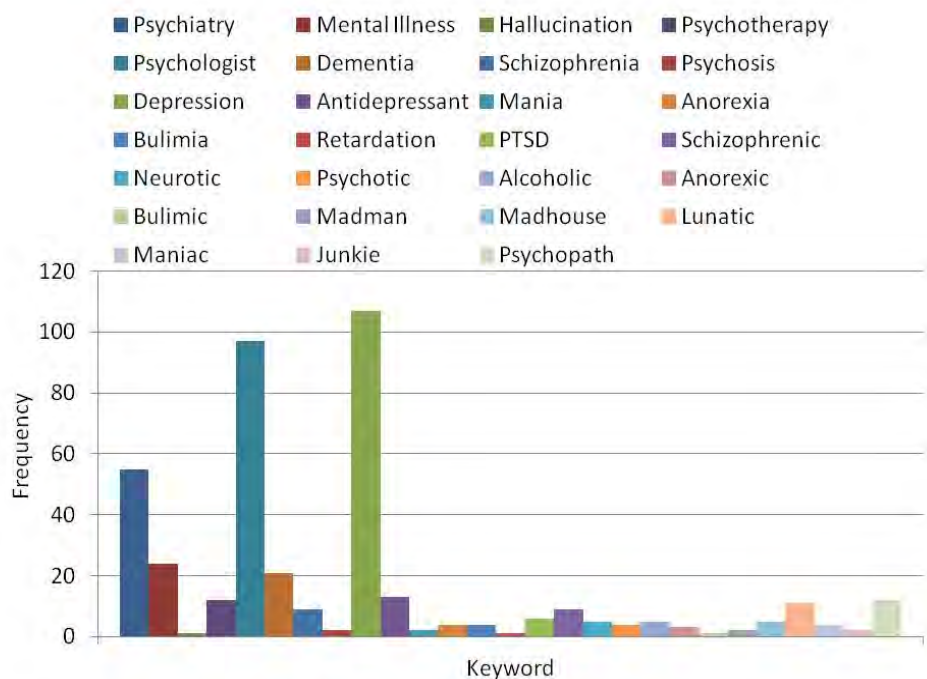


Figure 1 *Frequency of Keywords*³

³ Anxiety disorder and manic depressive were not found in the articles sampled.

Of the 421 units, 16.86% (n=71) were categorised as a crime story. 85 units related to aggressive acts, 64 of which the person with mental illness was the perpetrator. In 20, s/he was the victim and in one unit s/he was presented as both perpetrator and victim. The frequency of aggressive acts discussed in units was homicide (28); physical aggression towards others (17); completed suicide (14); sexually aggressive behaviour (11) and threatening behaviour (10); multiple aggressive behaviours (3) and attempted suicide (2).

Regarding the sources of information the primary one was journalists (62.9%); second was mental health professionals (12.4%) and third was celebrities (6.7%). In 3.1% of units the person with mental illness was the source.

Sensationalism.

The level of sensationalism in the newspaper articles was coded by high, low or none. High was defined by more than one of the following four elements present: 1) gossip, rumour, scandal or speculation; 2) exaggeration; 3) colloquial/derogatory; 4) misuse of a psychiatric theme. Low was classified by one element present. Table 3 allows comparison of the level of sensationalism between the newspapers.

Table 3 *Level of Sensationalism in the Three Newspapers (No. of units)*

Level	High	Low	None
Newspaper			
Irish Times	1	44	153
Irish Independent	4	29	145
Evening Herald	0	10	34

The relationship between the newspaper and level of sensationalism was not significant [χ^2 (6, n=421) = 6.21, p =.40].

In all three newspapers the most prevalent category of sensationalism was the misuse of psychiatric themes (38 in the Irish Times; 20 in the Irish Independent; 9 in the Evening Herald). For each newspaper the second most prevalent usage was exaggeration in the Irish Times and the Evening Herald (5 and 1 respectively), while in the Irish Independent it was gossip/rumour/scandal/speculation (4). No relationship was found between the newspaper and types of sensationalism [χ^2 (10, n=421) = 16.96, p=.075].

A weak positive significant relationship was found between the sections of the newspapers and the level of sensationalism [χ^2 (21, n=421) = 65.97, p<.001]. The *Entertainment* section of all newspapers showed the most frequent use of sensationalist writing (69.4% of units in *Entertainment*). While the *Health* section had the lowest level of sensationalism there was still evidence of misuse of psychiatric themes in a sensationalist way, particularly in relation to depression.

For all sections the most common category of sensationalism was the misuse of a psychiatric theme (77.01% of the 87 units coded as sensationalist). A weak positive significant relationship was found between the section and type of sensationalism [χ^2 (35, n=421) = 67.12, p= .001].

Regarding the source of information the highest level of sensationalism was found when famous people (42.86%) and journalists (29.21%) were the source of information. When mental health professionals, a person with a mental illness and scientific surveys

were the source of information a low level of sensationalism was evident (1.90% for mental health professionals; 3.70% for scientific surveys and 7.69% when the source was a person with a mental illness). A weak positive relationship was found between the source and the level of sensationalism [χ^2 (27, n=421) = 44.77, p=.017] and the source and type of sensationalism. [χ^2 (45, n=421) = 130.85, p <.001].

Table 4 below summarises the relationships between predictor and criterion variables in relation to sensationalism.

Table 4 *Relationships between Variables regarding Sensationalism*

Criterion	Level χ^2	p	Category χ^2	p
Predictor				
Newspaper	6.21	.40	16.96	.075
Section	65.97	<.001	67.12	.001
Source	44.77	.017	130.85	<.001

Stigmatisation.

For stigmatisation the units were coded in one four categories: 1) stigmatising; 2) neutral; 3) mixed and 4) destigmatising. Coding as stigmatising was judged by the presence of one or more of the following: 1) association with violence; 2) myth and prejudice; 3) social dysfunction and 4) misuse of psychiatric terminology. The use of a keyword was considered destigmatising if it 1) referred to a person with mental illness as functioning well; 2) promoted mental health; 3) discussed people overcoming mental illness and 4) was educational and evidence based. Neutral was information was that based on scientific study; an objective story or not clearly connected to a psychiatric theme.

Table 5 *Level of Stigmatisation in Newspapers (No. of units)*

Level	Stigmatising	Neutral	Mixed	Destigmatising
Newspaper				
Irish Times	64	93	1	41
Irish Independent	59	84	0	35
Evening Herald	22	17	0	5

As is evident from the table above approximately a third of the units in both the Irish Times and Irish Independent and half in the Evening Herald showed evidence of stigmatisation. The relationship between the newspaper and the level of stigmatisation was not significant [χ^2 (6, n=421) = 6.818, p=.338].

However a moderate positive relationship was found between the newspaper and category of stigmatisation [χ^2 (20, n=421) = 109.867, p <.001]. The Irish Independent showed the greatest association with violence (11.8% of units within the paper and 80.77% of the units associated with violence). The highest proportion of units depicting social dysfunction was in the Evening Herald (22.73% of units within the newspaper and 30.3% of units indicating social dysfunction). The misuse of psychiatric terms was highest in the Irish Times (22.11% within the newspaper units and 59.46% of total stigmatising misuse) as is the use of myth and prejudice.

Both the Irish Independent (45.45%) and the Irish Times (47.73%) contained more units promoting mental health than the Evening Herald (6.82%). Units focusing on overcoming mental illness (58.82%) and containing educational and evidence based information (71.73%) were highest in the Irish Times.

A weak positive relationship was also found between the level of stigmatisation and the sections of the newspapers [χ^2 (21, n=421) = 102.94, $p < .001$]. *News* and *Entertainment* contained the most stigmatisation, while *Health* had the most destigmatising and neutral content.

A weak positive relationship was found between the stigmatisation category and newspaper sections [χ^2 (70, n=421) = 238.47, $p < .001$]. In *Irish News* the most prevalent stigmatising category was social dysfunction (16.47% of *Irish News*), while with *World News* there was a greater association with violence (31.15% of *World News*). In *Entertainment* stigmatisation was associated with the misuse of psychiatric terms (31.15% of *Entertainment* units). While the proportion of stigmatisation was small within *Health* it was also the misuse of psychiatric terminology. *Health* also showed the most destigmatisation (39.23% of units in this section). The highest category was mental health promotion (21.43%) and education and evidence based information had 8.93%.

A weak positive significant relationship was found between the source and the level of stigmatisation [χ^2 (27, n=421) = 74.72, $p < .001$]. 88.89% of those from the legal profession; 57.14% of famous people; 32.45% of journalists were stigmatising; 28.85% of mental health professionals.

A moderate positive significant relationship was found between the source of information and the type of stigmatisation [χ^2 (90, n=421) = 340.21, $p < .001$]. 15.38% of mental health professionals associated mental illness with violence. Social dysfunction was most common with those from the legal professions (16.67%). Journalists most often

stigmatised through misuse of psychiatric terms (18.11%) and then social dysfunction (8.30%). Celebrities stigmatised through misuse of terminology (42.86%).

Table 6 summarises the relationships between predictor and criterion variables in relation to stigmatisation.

Table 6 *Relationships between Variables regarding Stigmatisation*

Criterion	Level χ^2	p	Category χ^2	p
Predictor				
Newspaper	6.82	.338	109.87	<.001
Section	102.94	<.001	238.47	<.001
Source	74.72	<.001	340.21	<.001

Attitudes toward Mental Illness

From the sample of 106, 42 (39.6%) respondents are aged between 18 and 25 years; 34 (32.1%) between 26 and 40 years and 30 (28.3%) are aged 41 years and older. 49 (44.3%) are male and 57 (55.7%) female.

Regarding familiarity and contact with mental illness, 74 respondents (69.8%) reported having personal experience of mental illness, self, friends or family. 55 respondents (51.9%) said they had experience of mental illness in their work role. Due to the spread of occupations 'work role' does not mean solely in a mental health capacity.

33.96% of respondents reported reading newspapers several times a week and 31.13% read newspapers daily. The Irish Independent was the most popular newspaper, read by 59.43% of respondents. The Irish Times was read by 56.60% and the Evening Herald by 33.02%. The other four newspapers' combined readership was 35.85%. Therefore the pattern of newspapers read by the respondents fits with the newspapers that were analysed.

Table 7 shows details of the measures of stigma and scepticism

Table 7 *Descriptive Statistics of Stigma and Scepticism Measures*

Variable	Mean	Standard Deviation	Minimum	Maximum
Scepticism	18.00	3.18	11	25
Stigma	79.75	21.78	37	150

For the *Scepticism towards the Media* scale the lowest possible score was 1 and the highest 25. As is evident from Table 3 the sample were highly sceptical towards the way mental illness is depicted in Irish newspapers. Since only two participants had a score less than the midpoint of 12.5 comparisons between the level of scepticism and newspaper read were not feasible. However a significant difference was found between professional experience of mental illness and the level of scepticism [$t(104, n=106) = 2.31, p=.023$]. A significant difference was not found with personal experience [$t(104, n=106) = 1.68, p=.097$].

The relationship between frequency of newspaper reading and level of stigmatisation was not significant [$r_s(106) = .094, p=.316$]. Recoding the newspapers read into

broadsheet, tabloids or both, the relationship between the type of newspaper read and stigmatisation score was not significant either [$r_s(106) = -.10, p=.293$]. Though those with professional experience of mental illness had a lower mean score on the stigma scale the difference was not significant [$t(104, n=06) = -1.56, p=.12$]. Those with personal experience also had a lower mean score but again the difference was not significant [$t(104, n=106) = -.51, p=.62$].

Subscales of Mental Illness Stigma Scale

Table 8 shows descriptive statistics for the seven subscales, indicating that the respondents were slightly more stigmatising in their attitudes regarding the visibility of mental illnesses and their belief in mental health professionals to be able to treat it successfully.

Table 8 *Means and Standard Deviations for Subscales*

Variable	Mean	Standard Deviation
Treatability	2.97	1.13
Recovery	2.93	1.55
Professional Efficacy	3.24	1.43
Relationship Disruption	2.99	1.20
Hygiene	2.56	1.25
Visibility	3.71	1.13
Anxiety	2.61	1.17

Investigation of the relationship between subscales of the *Mental Illness Stigma Scale* using the Kruskal-Wallis test showed that a significant difference was evident between

those with and without professional experience for professional efficacy ($p=.047$). Those with professional experience believed less in the abilities of mental health professionals to treat mental illnesses. Those with professional experience expected less relationship disruption ($p=.007$); better hygiene ($p=.021$) and were less anxious being with people with mental illnesses ($p=.031$). No differences were found in relation to personal experience, and frequency and type of newspapers read.

Relationship between Stigma and Scepticism

The scattergraph (Figure 2) indicated outlying variables so a Spearman's rho correlation was used to measure the relationship between stigma and scepticism.

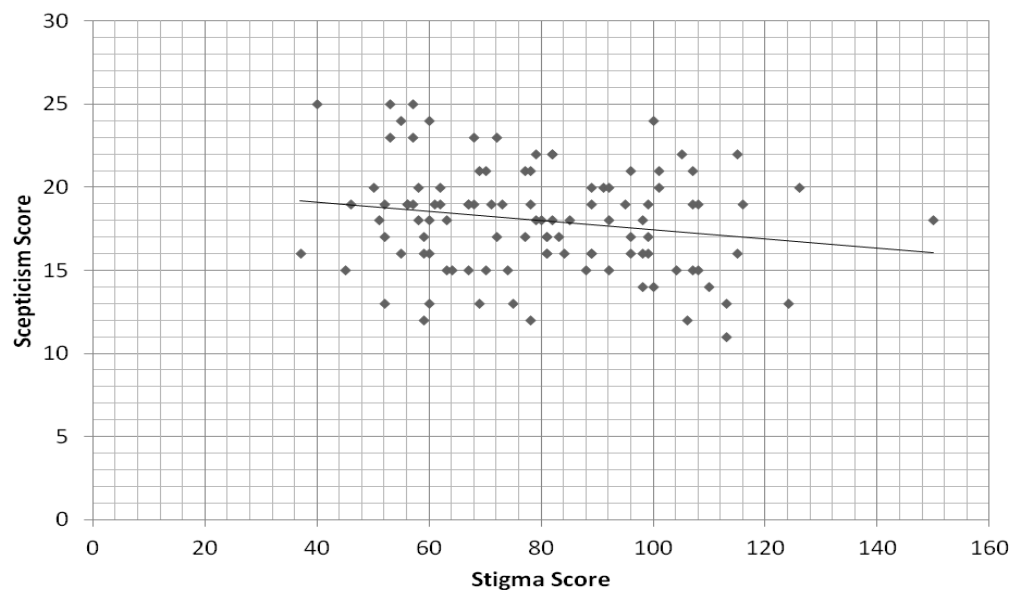


Figure 2 *Relationship between Stigma and Scepticism*

Due to the high level of scepticism towards the media among this sample the relationship between stigma and scepticism was not significant ($r_s(106) = -.162, p=.097$).

CHAPTER 4

DISCUSSION

The aim of the research was to examine the representation of mental illness in Irish newspaper and readers' attitudes. This was achieved through addressing the following research questions:

1. How is mental illness depicted in Irish newspapers?
2. What is the relationship between attitudes and newspaper reading?
3. What are the views of people towards how newspapers depict mental illness?

Summary of Results

The results suggest that sensationalist reporting and stigmatisation of mental illness is evident in the most commonly read newspapers in Ireland, with no differences between broadsheet and tabloid styles. Sensationalism was found to be present in 20.9% of the 421 units analysed from the three newspapers, with the misuse of psychiatric themes being most common. 34.44% of the units were coded as stigmatising. Using a χ^2 test a significant relationship was found between the newspaper and the type of stigmatising content. The level and types of both sensationalism and stigmatisation varied depending on the section of the newspaper. Significant relationships were also found between the source of the information on mental illness and the level and types of sensationalism and stigmatisation.

Relationships between newspaper reading and attitudes towards mental illness were not significant. The high level of scepticism towards newspaper reporting could mediate the influence of newspaper depictions as no difference was found in stigmatising attitudes between those who had personal and/or professional experience.

Depiction of Mental Illness in Newspapers

While Headline reported that 2.27% of the 20,600 articles they reviewed had negative and 5.65% had positive depictions of mental illness (*Headline Annual Report, 2011*) this study found a much greater proportion of both, (34.4% stigmatising and 19.24% destigmatising). This suggests that the PICMIN instrument (Rukavina et al., 2012) used in the current study is a more sensitive measure. The percentages found in the Irish newspapers analysed here are more comparable with those in Croatia (35.3% stigmatising and 22.7% destigmatising), the Czech Republic (28.8% stigmatising and 31.0% destigmatising), and Slovakia (38.6% stigmatising and 24.7% destigmatising), which were also analysed using PICMIN. However there is less sensationalist reporting on mental illness in Ireland (20.9%, compared to 65.1% in Croatia, 38.9% in the Czech Republic and 50% in Slovakia) (*ibid*).

Substantially fewer units related to crime compared to Rukavina et al. (2012). They found 37% in Croatia, 35.4% in the Czech Republic and 41.8% in Slovakia. In this study 16.86% associated mental illness with criminality, which is more similar to Headline's analysis of Irish newspapers (13.40%). While Headline point out inappropriate associations between mental illness and criminality (*Headline Annual Report, 2011*) the research does not distinguish the role of the mentally ill person. This study found that in

75.29% of crime stories the person with the mental illness was the perpetrator, an even higher figure than that reported in analyses of newspapers in Canada, 57% (Olstead, 2002); in New Zealand, 61.3% (Coverdale et al., 2001); Croatia (35.7%); Czech Republic (27.9%) and Slovakia (22.1%) (Rukavina et al., 2012).

Stigmatisation through association with violence and social dysfunction was found, as has been reported in other research internationally (Coverdale et al., 2001; Olstead, 2002; Bilić and Georgaca, 2007; Rukavina et al., 2012). While Goulden et al. (2011) noted a reduction in association with danger and an increase in helplessness and dysfunction in depictions in U.K. newspapers, here a relationship was found between the newspaper and predominant negative depictions, with the Irish Independent focusing more on violence and the Evening Herald focusing more on social dysfunction.

While both Goulden et al. (2011) and Headline report that associations between mental illness and violence were most common in news articles, a distinction between *Irish* and *World News* was found in the current research. Social dysfunction was found in *Irish News* while violence was found with *World News*.

The sensationalist misuse of psychiatric themes and the stigmatising misuse of psychiatric terms were both most frequent in the *Entertainment* section of newspapers. The misuse of terminology in relation to schizophrenia was reported by Magliano et al. (2011) as most common in the politics section, followed by entertainment in Italian newspapers. However in this study politics was subsumed under *News*.

Other studies suggested that when mental health professionals are the source of information about mental illness both biological and medical explanations are given (Billić and Georgaca, 2007) or there are more positive depictions (Nairn, 1999). These results show a significant relationship between the source of information and the level of both sensationalism and stigmatisation. Proportionally mental health professionals were the least sensationalist and were less stigmatising in their portrayals. People with mental illness were the most destigmatising, although as also found by Nairn and Coverdale (2004) they represented a very small proportion of sources (3.09%).

Attitudes towards Mental Illness and Newspaper Reading

While Olstead (2002) and Morant (2006) proposed that the nature of mental illness makes it especially susceptible to influence by media representations, Morant (1998) and Granello et al. (1999) proposed that the level of influence is affected by whether the media is the primary source of information. In the current study 69.8% of the sample reported having personal experience of mental illness and 51.9% reported contact with the mentally ill in their work role. No significant relationships were found between attitudes and experience of mental illness.

Using various measures of stigmatisation, different findings have been reported in relation to contact, familiarity and knowledge among the public. Addison and Thorpe (2004) and Aromaa et al. (2010) found a positive relationship between familiarity and positive attitudes. However, Day et al. (2007), using the same scale as in the current study, found no difference between contact with a mentally ill person with regard to mental illness in general. Differences were found when depression and bipolar disorder were

specified. They also report that mental illness in general attracted less stigma than specific mental illnesses. Conflicting findings are also reported with professional experience (Arvanti et al., 2009; Omori et al., 2012).

The relationship between frequency and type of newspaper read did not have a significant relationship with the level of stigma towards mental illness. These respondents were highly sceptical towards how mental illness is reported, particularly those with professional experience, suggesting a level of identification with people with mental illness. Greater scepticism towards the media was found by Gunther (1992) when readers' identified with a social group.

No difference was found on the subscales of the *Mental Illness Stigma Scale* between respondents who reported personal experience of mental illness to those who did not. Comparing the average scores to those reported by Day⁴ et al. (2007) for the mental illness condition, the participants in the current study showed less anxiety (2.61 to 3.26); expected less relationship disruption (2.99 to 3.27); expected greater hygiene (2.56 to 2.78); believed they were better able to recognise people with mental illness (3.71 to 3.35), but believed less in treatability (5.03 to 5.33), professional efficacy (4.76 to 4.97) and more in recovery (5.07 to 4.99).

However significant differences were found with four of the seven subscales between those with professional experience and those without. Those with expected less relationship disruption, expected better hygiene and were less anxious but were less

⁴ In Day's original scale higher scores in treatability, professional efficacy and recovery indicated less stigmatising attitudes. With this study these were reversed to allow computation of a total stigma score so figures here are different from those in the results chapter.

optimistic about the abilities of professionals to treat mental illnesses. This suggests that the type of relationship does have an effect, contrasting with the findings of Addison and Thorpe (2004) that the type of relationship had no impact on attitudes.

Strengths and Limitations of the Current Study

While the use of a standardised measure of sensationalism and stigmatisation in newspapers was used, with clear criteria for coding, an element of subjectivity could be argued to be present in judgements. Coding was carried out by one researcher rather than several as with Rukavania et al. (2012). Also the terms used in different cultures needs to be accounted for as only one reference to retardation was found and none for anxiety disorder and manic depressive.

Although results using the *Mental Illness Stigma Scale* do not substantially differ from the studies of Day et al. (2007), as with all self-report of possible controversial subjects the issue of social desirability and researcher effect must be considered. In the current societal context where mental health awareness and anti-discrimination campaigns are present, the cultural restraints against expressing prejudice and stigmatising attitudes need to be accounted for. The context in which the measure of stigma was presented may have had an effect on answers. The researcher presented himself as an undergraduate psychology student so it is not inconceivable to consider that the respondents assumed a tolerant attitude towards mental illness and reacted to this. In addition the comprehension of items with self-administration questionnaires affects the data collected. The wording of some items, particularly those reverse scored, in the *Mental Illness Stigma* scale were reported by some respondents to be difficult to understand.

Recommendations

Analysis of newspapers in other countries and over time in Ireland will provide a more robust test of the PICMIN instrument. Even allowing for a solo coder the differences in findings between this study and that of Headline need to be considered in relation to measurement of stigma in media sources, suggesting a need for standardisation in coding of media content.

The literature suggests a variety of measures are used for measuring stigmatisation towards mental illness, both those which aim to directly measure attitudes and those which are based on beliefs that stigmatising attitudes relate to the desire to maintain social distance from those with mental illness. Thus research focusing on examining the similarities and differences between measures with the aim of finding one that reliably measures stigmatisation across cultures could be conducted.

It is evident from the findings of the current study that, despite media reporting guidelines, an area of stigmatisation and sensationalism in reporting that particularly needs attention is that of the misuse of psychiatric themes and terminology. As Moscovici's original research showed how scientific terms with regard to psychoanalysis filtered into everyday language and meanings changed (Morant, 1998), consideration of how the use and misuse of psychiatric terminology acts to stigmatise those with mental illnesses in society needs further research, particularly from the viewpoint of those with mental illnesses.

Conclusion

Using the PICMIN instrument evidence of sensationalism, mainly through the misuse of psychiatric themes was found in approximately a fifth of the units sampled from three Irish newspapers. Stigmatisation, through associating mental illness with violence and social dysfunction, as well as the misuse of psychiatric terminology was found in over a third of units. Significant relationships were found between the sections of newspapers and sources used with the level and type of sensationalism and stigmatisation.

The sample surveyed was highly sceptical towards newspaper reporting of mental illness. Significant relationships were not found between newspaper reading and attitudes towards mental illness or scepticism and stigma.

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Appendix 1 *Questionnaire*

Views on Mental Illness Questionnaire

This questionnaire aims to elicit views on mental illness in Ireland for an undergraduate research project.

Completing the questionnaire is entirely your choice. Should you feel that the topic may cause you any upset please do not complete it.

All responses are confidential and anonymous. Should you want a copy of the final results and/or thesis please contact me at adamdryan92@gmail.com.

Section 1

For the following questions please tick one box in response.

1. Are you male or female

2. Please specify what age range you are in:

18-25 years

26-35 years

36-45 years

46-55 years

56-65 years

3. Have you had experience of mental illness in a personal capacity (personally or with friends or family)?

Yes No

4. Have you had experience of mental illness in a professional capacity (in your work role)?

Yes No

10. A close relationship with someone with a mental illness would be like living on an emotional roller coaster.

1 2 3 4 5 6 7

11. There is little that can be done to control the symptoms of mental illness.

1 2 3 4 5 6 7

12. I think that a personal relationship with someone with a mental illness would be too demanding.

1 2 3 4 5 6 7

13. Once someone develops a mental illness they will never be able to fully recover from it.

1 2 3 4 5 6 7

14. People with mental illness ignore their hygiene such as bathing and using deodorant.

1 2 3 4 5 6 7

15. Mental illness prevents people from having normal relationships with others.

1 2 3 4 5 6 7

16. I tend to feel anxious and nervous when around someone with a mental illness.

1 2 3 4 5 6 7

17. When talking with someone with a mental illness I worry that I might say something that will upset them.

1 2 3 4 5 6 7

18. I can tell that someone has a mental illness by he or she acts.

1 2 3 4 5 6 7

19. People with mental illnesses do not groom themselves properly.

1 2 3 4 5 6 7

20. People with mental illnesses will remain ill for the rest of their lives.

1 2 3 4 5 6 7

21. I don't think I can really relax and be myself when I am around someone with a mental illness.

1 2 3 4 5 6 7

22. When I am around someone with a mental illness I worry that he or she might harm me physically.

1 2 3 4 5 6 7

23. Psychiatrists and psychologists have the knowledge and skills needed to effectively treat people with mental illnesses.

1 2 3 4 5 6 7

24. I would feel unsure about what to say or do if I were around someone with a mental illness.

1 2 3 4 5 6 7

25. I feel nervous and uneasy when I am near someone with a mental illness.

1 2 3 4 5 6 7

26. I can tell that someone has a mental illness by the way he or she talks.

1 2 3 4 5 6 7

27. People with mental illness need to take better care of their grooming.

1 2 3 4 5 6 7

28. Mental health professionals such as psychologists and psychiatrists can provide effective treatments for mental illnesses.

1 2 3 4 5 6 7

c) Newspapers put too much emphasis on the negatives of mental illness.

1 2 3 4 5

d) Information on mental illness in newspapers is more opinion than fact.

1 2 3 4 5

e) Newspapers often associate mental illness with criminality.

1 2 3 4 5

Thank you for completing this questionnaire. Should the topic have caused you any distress contact details for the Samaritans are:

Address 112 Marlborough Street, Dublin 1

Between Abbey Street and Eden Quay - opposite the Abbey Theatre

Call in 10:00am - 9:00pm Seven days a week
No appointment is necessary

Phone 1850 60 90 90 lo-call
or (01) 872 7700 Dublin branch only

Email jo@samaritans.org Note: This email address is for emotional support requests only. We do our best to respond within 24 hours

Appendix 2 *Day's Mental Illness Stigma Subscales*

This stigma scale consists of statements relating to seven dimensions:

1. Treatability – beliefs about whether mental illness can be successfully treated
2. Relationship disruption – beliefs about whether a person with mental illness can engage in a meaningful relationship
3. Hygiene – beliefs about whether a person with mental illness takes care of their appearance
4. Anxiety – feelings of uneasiness and fear when around people with mental illness
5. Visibility – beliefs that people with mental illness act differently from those who do not
6. Recovery – beliefs about the potential of recovery from mental illness
7. Professional efficacy – beliefs about the abilities of mental health professionals

The questionnaire items relating to the different factors are shown below:

28. There are effective medications for mental illness that allow people to return to normal and productive lives.

Treatability

29. I don't think that it is possible to have a normal relationship with someone with a mental illness

Relationship disruption

30. I would find it difficult to trust someone with a mental illness.

Relationship disruption

31. People with mental illnesses tend to neglect their appearance.

Hygiene

32. It would be difficult to have a close meaningful relationship with someone with a mental illness.

Relationship disruption

33. I feel anxious and uncomfortable when I am around someone with a mental illness.

Anxiety

34. It is easy for me to recognise the symptoms of mental illness.

Visibility

35. There are no effective treatments for mental illnesses.
Treatability - reverse scored
36. I probably wouldn't know that someone has a mental illness unless I was told.
Visibility – reverse scored
37. A close relationship with someone with a mental illness would be like living on an emotional roller coaster.
Relationship disruption
38. There is little that can be done to control the symptoms of mental illness.
Treatability – reverse scored
39. I think that a personal relationship with someone with a mental illness would be too demanding.
Relationship disruption
40. Once someone develops a mental illness they will never be able to fully recover from it.
Recovery – reverse scored
41. People with mental illness ignore their hygiene such as bathing and using deodorant.
Hygiene
42. Mental illness prevents people from having normal relationships with others.
Relationship disruption
43. I tend to feel anxious and nervous when around someone with a mental illness.
Anxiety
44. When talking with someone with a mental illness I worry that I might say something that will upset them.
Anxiety
45. I can tell that someone has a mental illness by he or she acts.
Visibility
46. People with mental illnesses do not groom themselves properly.
Hygiene
47. People with mental illnesses will remain ill for the rest of their lives.
Recovery – reverse scored

48. I don't think I can really relax and be myself when I am around someone with a mental illness.

Anxiety

49. When I am around someone with a mental illness I worry that he or she might harm me physically.

Anxiety

50. Psychiatrists and psychologists have the knowledge and skills needed to effectively treat people with mental illnesses.

Professional efficacy

51. I would feel unsure about what to say or do if I were around someone with a mental illness.

Anxiety

52. I feel nervous and uneasy when I am near someone with a mental illness.

Anxiety

53. I can tell that someone has a mental illness by the way he or she talks.

Visibility

54. People with mental illness need to take better care of their grooming.

Hygiene

28. Mental health professionals such as psychologists and psychiatrists can provide effective treatments for mental illnesses.

Professional efficacy

Appendix 3 *Gunter's Original Items*

Gunther (1992) used the following items measured on a five point Likert scale to judge the level of scepticism that people had toward news media. The original items (in italics) and adaptations for this study are given below:

News reporters usually try to be as objective as they possibly can.
Newspapers provide an objective view of mental illness.

Reporters frequently overdramatize the news.
Newspapers frequently give an overdramatized view of people with mental illness.

Newspapers put too much emphasis on what is wrong with America and not enough on what is right.
Newspapers put too much emphasis on the negatives of mental illness.

The news media often make people accused of crimes look guilty before they are tried in court.
Newspapers often associate mental illness with criminality.

Most news media are careful to separate fact from opinion.
Information on mental illness in newspapers is more opinion than fact.

*Appendix 4 Newspaper Search Terms*Neutral Terms

Psychiatry/psychiatrist/psychiatric
Mental illness
Hallucination
Psychotherapy
Psychologist/psychology/psychological
Dementia
Schizophrenia
Psychosis
Depression/depressed
Antidepressant
Manic depressive
Mania
Anxiety disorder
Anorexia
Bulimia
Retardation
PTSD

Labelling Terms

Schizophrenic
Neurotic
Psychotic
Alcoholic
Anorexic
Bulimic

Pejorative Terms

Madman
Madhouse
Lunatic
Maniac
Junkie
Psychopath

Appendix 5 *Newspaper Representations of Mental Illness*Coding for Sensationalism and Stigmatisation
from the (PICMIN Instrument)⁵

Newspaper	Irish Independent – 1 Irish Times – 2 Evening Herald - 3
Keywords	<u>Neutral Terms</u> Psychiatry/psychiatrist/psychiatric -1 Mental illness -3 Hallucination -4 Psychotherapy -5 Psychologist/psychology/psychological -6 Dementia -7 Schizophrenia -8 Psychosis -9 Depression/depressed -10 Antidepressant -11 Manic depressive -12 Mania - 13 Anxiety disorder -14 Anorexia -15 Bulimia -16 Retardation -17 PTSD -18 <u>Labelling Terms</u> Schizophrenic -19 Neurotic - 20 Psychotic -21 Alcoholic -22 Anorexic -23 Bulimic - 24 <u>Pejorative Terms</u> Madman -25 Madhouse -26 Lunatic -27 Maniac -28 Junkie -29 Psychopath -30
Level of Sensationalism	High – 2 or more of criteria are met -1 Low – 1 criterion is met -2 None -3

⁵ Rukavina, T.V., Nawka, A., Brborović, O., Jovanović, N., Kuzman, M.R., Nawková, L., Bednářová, B., Žuchová, S., Hrodková, M. & Látová, Z. (2012). Development of the PICMIN (picture of mental illness in newspapers) instrument to assess mental illness stigma in print media. *Social Psychiatry and Psychiatric Epidemiology* 47(7), 1131-1144.

Sensationalism Coding	Gossip/rumour/scandal/speculation -1 Exaggeration -2 Colloquial/Derogatory -3 Misuse of psychiatric theme -4 Two of above categories -5 Three of above categories -6 Four of above categories -7 None -8
Stigmatisation – title	De-stigmatising -1 Neutral -2 Stigmatising -3
Stigmatisation Title Coding	Destig - functioning in society -1 Destig - mental health promotion -2 Destig – overcoming mental illness -3 Destig – educational and evidence based with recommendations -4 Neutral – information based on science -5 Neutral – objective story -6 Neutral – not clearly connected with mental illness -7 Stig – associated with violence -8 Stig – myths and prejudice -9 Stig – social dysfunction -10 Stig – misuse of terminology -11
Stigmatisation – article	De-stigmatising -1 Neutral -2 Stigmatising -3
Stigmatisation Article Coding	Destig - functioning in society -1 Destig - mental health promotion -2 Destig – overcoming mental illness -3 Destig – educational and evidence based with recommendations -4 Neutral – information based on science -5 Neutral – objective story -6 Neutral – not clearly connected with mental illness -7 Stig – associated with violence -8 Stig – myths and prejudice -9 Stig – social dysfunction -10 Stig – misuse of terminology -11