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“Hit by Life”: Individualisation as (de)stigmatisation in Media Representations of Mental Illness

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ABSTRACT The chapter examines how media representations of mental illness can be either stigmatising or destigmatising in the light of the increasing individualisation of health news journalism. The chapter analyses how, by including patient narratives, a journalistic campaign can give a voice to the individual patient who is then allowed to define her- or himself beyond a diagnosis and an illness. The analysis of the patient utterances and of the media representations shows that: 1) a diagnosis can be seen as a dividing practice that categorises the individual as a subject within a biomedical discourse; and 2) the discourse of individualisation relies on a false sense of empowerment and that the “disembedded” individuals must draw on available language and structural settings to make sense of their condition. Despite the existence of many different explanations for mental illness – sociological, psychological and medical – the biomedical discourse provides the structural and discursive setting within which the individual can be understood. This has consequences for the ability of patients, experts and journalists to contribute to media practices that destigmatise the mentally ill.

KEYWORDS Mental health, Stigmatisation, Bio-power, Discourse analysis, Journalism

1 INTRODUCTION

I carry out a series of rituals every time I leave my flat. Seen from the outside it seems insane, but it gives me peace of mind. Once, I was embarrassed and hid how I am, but I have let this go after many years of struggling. Now I am an open book (*Politiken*, 16.03.18).

I just left the hospital. Without telling anyone. Not even my wife who stood there with our tiny sick son who had a huge operation scar across his chest. It was all too much. It felt like my brain was destroyed. Everything that happened around me went straight in, no filter. The thoughts rushed, my pulse was sky-high, I was sweating, and I could not remain in the Central Hospital for a second longer (*Politiken*, 09.03.18).

“Down, lonely, anxious, sleepless, stressed. According to the Health Board, every 8th Dane has a hard time coping with ordinary daily life.” This is how the Danish national newspaper *Politiken* introduced their campaign “Hit by life”, which sought to show how anyone can be “knocked out” by circumstances that can lead to a mental illness. In this media campaign, a few of the avowed 12.5% of the population who are affected by mental health conditions were given a name, a face and plenty of column space to tell their stories in their own words. In a media landscape where too often the mentally ill are portrayed as dangerous or problematic for society, this campaign stood out in its attempt to let patients speak for themselves, as individuals, with narratives that go beyond the shame and stigmatisation of their diagnosis. When individuals face the health system, they may often encounter an authoritative and professional structure in which they have to find or negotiate their place as a patient, a relative, a citizen or a consumer (Olafsdottir & Beckfield, 2011). The chapter works on the assumption that media representations of mental health have an impact on how patients are perceived and treated within and outside the healthcare system. Media and journalistic practices thereby play a role in raising awareness of the marginalisation of people suffering from mental health illnesses, but the media can also accentuate and contribute to practices that foster inequality and exclusion.

Building on previous studies into the tendency in journalism to emphasise individuals and personalised narratives (Fonn, Hornmoen, Hyde-Clarke & Hågvar, 2017, p. 14), individualisation can be seen as a simplifying feature in which health stories focus on only one particular angle or individual story (Mik-Meyer, 2009, p. 109). It can also be read into an empowering discourse in which patients are

given a voice in the public debate. Individuals telling their own story may become positive exemplars, or “illustrative individual cases”, in relation to which others can reflect upon their own experiences (Hinnant, Len-Ríos & Young, 2013, p. 539). However, building stories on the narratives of vulnerable persons also bears with it a range of ethical dilemmas (Figenschou, 2017). This chapter argues that while giving people a chance to express themselves in their own voice may contribute to destigmatising mental illness, the focus on individualisation can also lead to subtler, less direct forms of exclusion. Mental illness, and health reporting on this topic, can be understood in relation to a wider biomedical discourse of knowledge and particular cultural conceptions of what illness is. Within this discursive understanding, mental illness is explained mainly as chemical disorders of the brain that must be treated medically. This discourse is neither politically neutral, nor is it open to alternative explanations of mental health. With a careful analysis of how people with mental health experiences spoke and were spoken about during the campaign “Hit by life”, the chapter therefore addresses the way in which media representations and public debate can be seen to contribute to creating particular patient identities, which may be stigmatising, through media practices and discursive, linguistic and textual strategies. The campaign may therefore, paradoxically, draw on both stigmatising and destigmatising elements at the very same time.

The chapter therefore examines the research questions: How do media representations that seek to destigmatise mental illness through individual narratives rest on particular discursive conceptions of mental health? What are the consequences of individualisation for the stigmatisation of mental illness?

1.1 METHODS

The analysis of how the relation between individualisation and stigmatisation is presented and debated in the Danish press is developed through a case study of a series of feature and interview articles named “Hit by life” in the Danish broadsheet newspaper *Politiken* that was published over a three-week period from 4 to 25 March 2018. This series constituted a campaign that was an example not only of how journalists use individuals to illustrate an issue, but one in which journalists explicitly sought to empower individuals touched by mental health problems by giving seven people ample space to tell their stories in their own words, either directly or indirectly through interviews. Following intense interest in the campaign on the newspaper’s Facebook profile, an additional eleven people were invited to share their stories in the print edition as well. The patient narratives were supplemented by interviews with different experts from psychological,

psychiatric, theological and public health perspectives. This provided not only a number of scientific analyses of the causes and consequences of mental illness, but also a discursive expert frame within which the individual stories were told. Combining expert perspectives with narratives of individual experience is a characteristic feature in health reporting (Mik-Meyer, 2009) as well as in news reporting in general (Albæk, 2011). As journalists routinely make use of experts as privileged sources in order to render a feature credible (Allan, 2002, p. 83), it is unlikely that individual stories would stand completely alone. The data corpus consisted of all the articles that made up the campaign, and was distributed as follows:

TABLE 1 Data distribution according to article type

Data: article types	
In-depth articles with patient narratives	7
Expert interview articles	7
Other background articles	4
Follow-up articles with patient narratives	11
Debate comments + leading article	6
Front page references and illustrations	9
Total	44

All articles were hand-coded and subjected to a qualitative analysis that identified five main themes developed in the texts: individualisation, diagnosis, medicalisation, stigmatisation and expert explanations of mental illness.

Through these themes the case study sheds light on how journalists attempted to adopt de-stigmatising practices in reporting on the issue of mental vulnerability as a societal problem through an engagement with subjects affected by it. “Hit by life” is therefore an example of campaign journalism in which stories are reported from a particular point of view (Danesi, 2009). The campaign drew on the genre characteristics of the journalistic feature in its attempt to dig deeper and understand a particular, more complex subject matter from several angles. A feature usually employs narrative strategies and adopts a partially subjective stand in its attempt to campaign or educate for a greater understanding of a societal issue (Taylor, 2005, p. 118). All of these genre qualities were present in some form in this particular campaign. The analysis therefore focuses on media and journalistic representations of patient narratives, and despite the avowed purpose of giving patients a voice, the narratives included in this feature were the result of journalistic selection criteria.

2 INDIVIDUALISATION AS BIO-POWER IN MENTAL HEALTH DISCOURSE

This chapter explores how media representation and journalism play a role in the complex processes that in various ways contribute to making the individual patients a subject in health discourses in an increasingly mediated and mediated world. We follow Foucault's conceptualisation of discourse as particular power/knowledge systems of meaning (Foucault, 1977, p. 27) when examining how the individualisation of mental health may in fact limit rather than expand the options available to the individual. This leads to the argument that the individualisation of a mental health discourse occurs in relation to a historically and culturally specific situation marked by negotiations between medical, social, political and journalistic discursive understandings of mental health.

Sociologists (e.g. Giddens, 1990; Beck & Beck-Gernsheim, 2002; Bauman, 2000), have identified processes of individualisation as a 'disembeddedness of the individual' in which the individual no longer stands on the firm ground of a socially or economically pre-given identity. In a health context, this has led to policies of free choice, calls for reflexivity, transparency and patient inclusion in the light of increasingly complex and expert-driven practices. This (post-)modern obsession with the individual has been connected to the pressures relating to the obligation and personal responsibility to make rational (healthy) choices (Giddens, 1990). The societal pressure, in turn, is sometimes identified as a possible cause for depression, anxiety and related disorders. Moreover, personal and professional reflexivity about one's life situation may not just lead to a greater awareness of mental illness as medical conditions, but to a call for individuals to take responsibility for their own situation through developing individual coping strategies.

This discourse of individualisation in health policies and health reporting caught up in the idea of the 'disembeddedness of the individual' rests on an approach that not only ignores the economic structures in which pharmaceutical companies push for medical solutions, but that can also in a critical light be seen as an expression of bio-power (Foucault, 1978). The subject cast as an 'individual', with all the features, rights and characteristics of the individual, relates closely to a particular discourse. As Bauman puts it, we are forced to individualise and the free choice is revealed as an illusion: "Freedom comes when it no longer matters" (Bauman, 2000, p. 35). The forms of 'freedoms' available to deal with mental illness still have to be found within medical, political and administrative discourses that set out a fixed range of options within which the individual can act. Individualisation is therefore embedded in discourses that are neither neutral nor necessarily indicative of equality in healthcare.

For Foucault, bio-power is "... an explosion of numerous and diverse techniques for achieving the subjugations of bodies and the control of populations" (Foucault, 1978, p. 140). This includes the development of different disciplinary forms of knowledge about mental illness, its diagnoses and treatments, and its prevalence in society. Amongst these techniques of 'calculated management of life' are statistical data and other presentations of factual knowledge in the media describing mental illness in populations. The diagnosed subject scrutinised by medical science is objectified as part of a mentally ill subgroup in society. The classification and quantification of the individual are, again, pre-conditions for governing subjects within medical discourse; a governing that occurs not only through medical treatment and the regulation of this, but also through the way that subjects come to understand themselves as objects within a medical discourse (Foucault, 1978). According to Rose and Ani-Rached (2013) a biomedical and biochemical discourse has emerged in the psycho-pharmaceutical field within the last few decades. This discourse has largely but not completely replaced the psychoanalytical paradigm in mental illness that has been dominant for much of the 20th century. This has led to a focus on the chemical and genetic causes for psychiatric disease and has, in turn, meant a shift in treatment strategies towards using primarily pharmaceutical methods. Representing individuals in the media according to these techniques of power and to a biomedical discourse can contribute to constituting and governing the subjects classified as mentally ill.

Foucault (1983, p. 208) famously shows us three ways in which humans are turned into subjects, all of which can be applied to media representations of mental illness: First, media representations of mental illness draw on *modes of inquiry* constituted as (medical, psychological, sociological) sciences. This provides a discourse used by journalists to turn patients into meaningful subjects. Second, media representations can, through journalistic selection and framing, create *dividing practices* within or between subjects. The way that media discourse may contribute to stigmatising mental illness can be seen as one such dividing practice. Third, the individuals as news sources turn themselves into individualised as well as medically objectivised subjects. This happens when they assume their role as mentally vulnerable or ill and place themselves in relation to other people and the (medical) regime they are facing.

In the light of bio-power in the biochemical discourse, assigning potentially stigmatising attributes to people is the very opposite of seeing each individual as 'disembedded' from their social and cultural structural situation. To be stigmatised is to be embedded in negative attributes, which are both culturally, socially and discursively assigned. Stigmatisation of mental illness can be defined as negative

perceptions of an individual based on perceived differences and deviance from normality. In Goffman's work a stigma is "...an attribute that is deeply discrediting" (Goffman, 1963, p. 3) but can only make sense through the establishment of a relationship between the discrediting attribute and the stereotype considered; between the discredited and the 'normal'. Applying Foucault to Goffman, stigmatisation therefore becomes a dividing practice between and within subjects.

The news media play a role in the medical discourse by presuming, presenting and contesting the spread of knowledge about mental illness. The media's role in creating and maintaining stigma is well covered in the literature when, for instance, newspapers and other media outlets represent persons with mental illnesses as dangerous and unpredictable in a manner that is negative (Wahl, 2003; Stuart, 2012; Allen & Nairn, 1997; Corrigan, Roe & Tsang, 2011). Journalists may use a number of framing devices (Entman, 1993) that make us aware of the media's power to provide a representational framework that shapes and reproduces some collective cultural perceptions of mental illness and categorises subjects according to dividing practices such as normal/divergent, acceptable or not, or sick/well (Hall, 1997, p. 262; Hall, 1985). Media can contribute to stigma through a negative representation of sufferers of mental disorders in which mental illness is connected with violent crime, academic failure, unemployment or other socially unacceptable categorisations. At times, the media also display a tendency to label the mentally ill with negative qualities such as laziness, low intelligence, deviance, and so on (McGinty et al., 2014; Klin & Lemish, 2008; Olstead, 2002). For Corrigan et al. (2005, p. 363), chemical or genetic explanations of mental illness can be paradoxical because, on the one hand, they can lead to de-stigmatisation of sufferers, e.g. in relation to less attributions of blame. On the other hand, these explanations are often also accompanied by more negative attitudes towards patients and readers, as to a larger degree they see mental health sufferers as dangerous and unpredictable beyond their own control. Positive labelling may also occur, attaching mental disease with genius, authenticity, etc., but this has less effect on the overall image of mental health drawn by the media (Wahl, 2003; Stuart, 2012).

However, regardless of whether the mentally ill are represented in a negative or positive manner, these studies all illustrate how patient voices are mostly or exclusively represented by journalists and other professional and political representatives. Experts, mostly doctors, particularly predominate as sources often speaking more or less on behalf of their patients (Morlandstø, 2010). Including patient narratives and giving them more space to develop their positions can be a route towards the destigmatisation of mental illness by challenging stereotypical notions and dividing practices within a mental health discourse. Yet, patients

are still subjected to journalistic mediating and draw on a more general discourse of individualisation that contributes to making them subjects in a particular biochemical health discourse, within which there is limited space for (individual) action. The following analysis therefore examines how individuals and journalists in this media campaign talked into these discursive formations, as well as how they attempted to resist these power/knowledge complexes.

3 ANALYSIS: INDIVIDUALISING MENTAL ILLNESS

The “Hit by life” campaign was characterised by its emphasis on individuals with mental illness experiences. The avowed purpose of the campaign was to show the people ‘behind’ the diagnosis and to give patients a voice in the public domain. It did not, therefore, include examples of direct vilification or negative labelling of individuals with mental health disorders, and also seemed devoid of other kinds of direct stigmatisation. But if the campaign did not directly present individuals in a stigmatised way, it showed them very much as products of individualisation, or as disembedded individuals. This invites us to consider how the individuals in the campaign were cast into pre-existing discursive understandings of mental illness that are vested in relations marked by bio-power. The analysis is divided into three parts, each showing different dimensions of how journalists and their sources discussed and represented three prevalent and interconnected issues in the campaign: 1) *the status of diagnosis and medication*, 2) *expert explanations of mental illness*, and 3) *individualisation as a condition and cause for mental health problems*. This leads us to consider how (de-)stigmatisation and individualisation can foster other, less discernible, forms of exclusion.

3.1 DIAGNOSIS AND MEDICINES IN QUESTION

In the “Hit by life” campaign, journalists deliberately eschew taking diagnosis as a point of departure for discussing mental health. This fits the explicitly articulated editorial purpose of the campaign: to focus on the person, not the diagnosis. Therefore, in most of the articles presenting the individual narratives, the diagnosis was only mentioned implicitly, as a secondary object, in passing, or as an explanatory dimension in the life story of the individual in question. However, paradoxically, even when trying to turn the gaze away from this, diagnosis as a form of biomedical categorisation tool remained central for the representation of mental illness in the campaign. The analysis below indicates that in this campaign the question of diagnosis was continually read into either a biomedical or a socio-psychological discourse, and that diagnosis, particularly

within the biomedical discourse, may have worked through bio-power to control and subjectify the person as an individual or as a patient and a 'case' in medical and journalistic terms.

Several of the individuals featured in the campaign expressed a sense of stigmatisation attached to receiving a diagnosis, showing how they have sought to overcome this stigma by either embracing their diagnosis or emphasising other dimensions of their selves. The ambiguity of how individuals relate to their diagnosis was pointed out by Anna Arendse Thorsen in the headline to her debate comment: "I hate my diagnosis. And I am proud of it" (*Politiken*, 18.03.18). In the same piece she described her diagnosis with the words: "illness", "relief", "liberation", "a tumour", "a virus", "a meat-eating microbe that has devoured my everyday life", "badge of failure", and "necessary". Despite this colourful complexity and ambiguity, diagnosis works as a dividing practice within and between subjects (Foucault, 1983, p. 208) as it sets the person apart from others and provides a language with which the individual can speak and make sense of the effect mental illness has on their life and personality. In the words of Theodor Min Ho Gjerding, who was quoted extensively in one of the feature articles:

As a teenager I took a number of tests in the psychiatric unit at Augustenborg. It was my mother's idea ... I was diagnosed with a version of ADHD, some obsessive-compulsive thoughts and started on Ritalin (*Politiken*, 16.03.18).

It is noteworthy that, as such, everyone – the patients, the healthcare professionals and experts quoted as sources, as well as the journalists and editors who have authored the articles and selected the material – depends upon the language of diagnosis to give meaning to mental illness, with all the limitations and possibilities that this entails. This was even the case in this campaign where the newspaper explicitly set out to avoid the potentially stigmatising effects of defining an individual via a diagnosis. At least three levels of meaning are at play here: the source level, in which patients express their concerns and feelings about their own diagnosis; the level in which journalists produce the texts according to professional selection criteria and a particular campaign focus that is mostly critical of diagnosis; and a discursive level that influences both sources and journalists.

While not all the individuals referred directly to their diagnosis, nearly all of them expressed strong opinions on medication, and contentious, often contradictory, positions were voiced in the articles. This shows, again, the unavoidability of relating oneself, as an individual, to diagnosis as a biomedical tool. A diagnosis is a prerequisite to receiving medical treatment, which is seen as one of the most pervasive biomedical tools in controlling bodies as well as populations.

The contradictory positions on medicine expressed by the sources in the media representations of mental illness also emphasise the way in which diagnosis and the subsequent treatment work as dividing practices, not least within the subjects themselves. For an unequivocally critical stance, Niels Mørup Pedersen, who has lived with a lengthy pill addiction following a nervous breakdown, stated: “On 18 April 2017, I took my last pill and I haven’t touched the white devils since” (*Politiken*, 05.03.18). Helle Thestrup likewise shared her negative experiences combined with an ambiguous sense of the necessity of the treatment:

And I got plenty of medication – enough to anaesthetise a medium-sized hippopotamus. It did not help much, and I felt that I was sitting inside a balloon looking out at the world without being part of it. It was not a good feeling, but perhaps necessary (*Politiken*, 18.03.18a).

Theodor Min Ho Gjerding also talked about the numbness, but emphasised in particular the stigma and shame attached to his diagnosis and medication:

The medicine made me empty inside, but it also relaxed me even if it was shameful for me to take the pills. I hid it. In school, I sneaked out to the toilet to swallow my pill, so nobody saw it. I did not want to be known as the guy on pills (*Politiken*, 16.03.18).

These examples show that despite their explicit resistance, individuals are forced to see themselves as medical cases via medical treatment. The cultural meaning of mental illness therefore unavoidably draws on a dominant biomedical discursive reading of medicine (and of diagnosis) as a central categorising tool. This contributes to representing individuals in relation to certain stereotypical conceptions of what it means to be mentally ill. The medicine made them numb, lethargic, “empty inside”, it made them feel like a person “outside of the world”. They hereby expressed that, by losing “themselves” in this way, they lose, in a certain sense, an individuality that is controllable. Likewise, the image invoked by a psychiatric diagnosis may not have been the most visible attribute in the data, but it can still give rise to a feeling of stigma through shamefulness in relation to the perception of other people and of society. That this feeling can be seen as a dividing practice, felt and maintained within the subjects themselves, is illustrated when Theodor Min Ho Gjerding reflected on the fact that as a result of his treatment,

I had more energy in my daily life, and it meant that I could start being open about it and tell people that I had to take the pills to have as much energy as the

rest of you guys. I was not met with prejudice and nobody called me a loser or a nutcase (*Politiken*, 16.03.18).

Resisting this stereotypical image of mental illness, Julie Meyer Ingemansson described herself as “educated, enlightened and well informed and I’ve always been convinced that the doctors’ medication for mental challenges just puts a lid on the problems”. And for her, “it was the stories in my head I needed to change, but medication cannot do that” (*Politiken*, 11.03.18). She expressed a strong wish to define herself and her personality as something apart from her diagnosis, a position shared by all the individuals. The narrative purpose for all of the individuals taking part in the campaign was to establish and explain their version of how they ended up with a diagnosis; to tell the stories and explanations behind their medical and diagnostic categorisation. The narratives were varied but shared certain traits. Some of the detailed explanations emphasised in their stories were: dysfunction and neglect in childhood (*Politiken*, 11.03.18, 23.03.18), extreme and prolonged work and/or family life pressure, bereavement (*Politiken*, 04.03.18, 09.03.18), unemployment (*Politiken*, 09.03.18), being victims of traumatising crimes/events (*Politiken*, 18.03.18, 23.03.18), and so on. They therefore maintained that the root causes were neither chemical nor medical but tied to concrete events or social-psychological conditions.

Insisting on the stories behind the psychiatric diagnoses can be read as an attempt to oppose the biochemical discourse’s favouring of chemical and genetic causes to mental illness developed through bio-power practices that categorise and regulate patients (Rose & Ani-Rached, 2013). Following this almost anti-chemical stance, several of the patient narrators mentioned the use of different kinds of treatments as alternatives to medication, some successful others not so much: meta-cognitive therapy (*Politiken*, 11.03.18), hypno-therapy (*Politiken*, 18.03.18), etc. Julie Meyer Ingemansson elaborated on the absurd variety of alternative methods on offer:

I have been to tons of psychologists and therapists: cognitive therapy, body awareness, psycho-therapy, zone therapy, craniosacral therapy, bodydynamics, yes, I’ve taken my damn share of “green happy pills”, but nothing has helped (*Politiken*, 11.03.18).

Many of these were characterised by using psychological therapeutic techniques to obtain knowledge of the self. However, for Julie Meyer Ingemansson,

The cognitive therapy, where I was supposed to explore feelings and look into the past, just made things chronic and self-reinforcing. I learned to relive and feel all the uncomfortable things again, and it did not help (*Politiken*, 11.03.18).

In a few cases, the stories included a self-initiated process of de-medication in which medical treatment was replaced by exercise combined with moving to a new place/starting a new job/education or meeting a new partner (*Politiken*, 23.03.18, 18.03.18). They identified this as a process whereby they “break negative habits”. In the case of Jesper Mærsk Frilund: “I went cold turkey from all medication ... I went out on Lyngbyvej and signed up to the closest Fitness World, and instead of medicine, I exercised” (*Politiken*, 23.03.18). Helle Thestrup’s story included several of these elements:

I moved back to Løgstør. It was great to be back at the fjord. I could go for walks in nature, enjoy the light and the air without being surrounded by people constantly ... One day I said to the doctor: “hell no” and stopped taking my bowl of pills for breakfast ... I decided to take responsibility for what was going to happen, not leaving it to others. I started reading about what good food does for you, joined a fitness centre and trained a lot. Took an instructor course (*Politiken*, 18.03.18).

For others, the turning point came with the right treatment. Taking issue with the problem of medication, Anna Arendse Thorsen articulated and opposed the way in which some people may see medication as a quick-fix or as unnecessarily transforming negative turns in life into illness:

... no one chooses medication because they want to. Realising that medication is necessary is a huge defeat for most and especially for the high-performing girls who just want to manage life themselves and get top grades. I know it from myself. It took a long time for me to realise that it was what I needed. And I wished my illness could be cured with nettle tea and mindfulness exercises. But the truth is that for me it was not enough. I needed anti-depressants to see the joys of life (*Politiken*, 18.03.18b).

This shows an almost unavoidable return to the biochemical explanation and treatment at the expense of alternatives. The language of diagnosis therefore remained the dominant logic of how to understand mental illness, particularly in severe cases where exercise and self-developing strategies will be unlikely to lead to a cure. This position was at least partially supported by some of the expert statements in the “Hit by life” feature. While recognising the complexity and the cultural/scientific specificity of diagnoses, post doc in Public Health, K. B. Madsen, still emphasised the problem of under-diagnosis and concluded:

“We must therefore take the diagnosis for what it is – a categorisation which is useful as a starting point for receiving qualified help and treatment” (*Politiken*, 13.03.18). It may be that in parallel with the patient narratives, diagnosis was either taken for granted (*Politiken*, 10.03.18) or not mentioned at all within the expert discourses. However, given the particular legitimacy and authority of the expert source (Irwin and Wynne, 1996), the categorising ‘usefulness’ of diagnosis became the framework within which the ‘other’ dimensions of diagnosis, such as the cultural specificity and complexity, had to be thought out. It is exactly in its usefulness and in the necessity of categorisation that diagnosis reveals itself as a controlling form of (bio-) power that works on populations as well as individuals.

The “Hit by life” campaign’s attempt to draw in patient narratives allows us to analyse how media representations of mental illness contribute to a discussion of the complex and ambiguous relationship that individuals have with the diagnosis they have been given. According to the patients represented in the campaign, a diagnosis can result in stigma and shame, but can also bring a sense of relief when individuals are given a language and framework within which to think of their challenges. Moreover, the question of diagnosis is, for some of the interviewed individuals, intertwined with a strong expression of reluctance towards the excessive use of medication. The series’ change of focus from diagnosis towards the traumatic events that caused or triggered mental challenges shows that the inclusion of patient voices in media discourse seemed to muddle any straightforward connections between identity and diagnosis, as most mental illness sufferers were keen not to be defined by their diagnosis. Through patient narratives and journalistic selection, the media represented diagnosis on the one hand as a bio-power technique of categorisation that often had stereotyping and stigmatising effects. On the other, anti-medication positions were also seen by some to be counterproductive. The analysis therefore shows that, despite the opposition to it, patients unavoidably spoke into a discourse of diagnosis that belonged firmly within the biochemical discourse.

3.2 EXPERT EXPLANATIONS OF MENTAL ILLNESS

As “Hit by life” included seven articles in which experts from different disciplinary fields – psychiatry, psychology, public health studies, sociology, and theology – provided various explanations and causes for mental illness, the patient voices did not stand alone. Given the legitimacy and privileged voice of experts in media health representations, these play a particular role in the process whereby discourses of mental illness are given meaning in the campaign.

Within both expert and lay discourses there was a strong tendency to identify processes of individualisation, or the disembeddedness of the individual, amongst the main causes of the surge in mental health incidents. Chairman of the Association of Psychologists, E. Secher Mathiasen, for instance, drew on social psychology and sociology when she explained the surge in mental health diagnoses:

We have become instruments for progress in welfare and growth, and it is not up for discussion. We measure children from an early age and compare them to other countries, and people become controlled by an idealised version of life and ... normality is disturbed by the perfect life we see on social media (*Politiken*, 07.03.18).

Pointing to loneliness at the workplace, psychologist B. Bonnerup emphasised structural explanations: "... individualisation and the idea that positive thoughts automatically lead to positive things" (*Politiken* 20.03.18). The lack of community as a sociological logic is central when she calls for us to "... view loneliness as a communal problem" (*Politiken* 20.03.18). Being outside the labour market was also accentuated as a main cause for mental vulnerability, as supported by psychiatrist L. Aakerlund: "... patients have lost confidence and have become stressed after they lost their job" (*Politiken*, 21.3.18), and by senior researcher in public health V. Koushede: "good mental health is the result of meaningful communities to which you contribute" (*Politiken*, 21.03.18). Two aspects in particular were emphasised and re-occurred throughout the entire campaign: the role of social media in setting impossible standards, and a work life that is at the same time stressful and devoid of meaning. In other words, within the sociological explanations, mental illness became tied to the downside of individualised modern life and its rootlessness and anomy.

A less dominant expert opinion in the debate was the theological one. According to hospital priest L. Blicher Mørk, sorrow should not primarily be seen as a (mental) illness, but rather as something inevitable that we all meet in life. The theological perspective was somehow the one that most radically rejected the idea of diagnosis and illness – at least in relation to loss. Blicher Mørk also implicitly used sociological explanations and reformulated these in theological terms when she delved into the inevitability of sorrow: "We would like to fix everything, but sorrow cannot be fixed. We cannot act and react on sorrow ... we are very bad at letting go of control and daring to live with powerlessness. Sorrow requires devotion, submission" (*Politiken*, 14.03.18). Interestingly, this perspective is not once included in the personal stories about mental illness, neither is it brought forward by other experts.

In contrast to the sociological and psychological analyses of mental illness, professor in psychiatry and psychopharmacology R. Rosenberg referred to studies of identical twins showing that: "Half of your psyche, or personality, is genetically determined" (*Politiken*, 10.03.18). According to him, we become more like our parents with age and being genetically disposed to certain conditions, particularly alcoholism, schizophrenia and bi-polar disorders, make certain individuals mentally vulnerable. While he resisted the label 'determinist' because "...your life is not predetermined by your genes. It is the complexity that makes it difficult because genes interact with the environment" (*Politiken*, 10.03.18), mental illness was, overall, presented in biological and chemical terms. Another neuropsychiatrist quoted during the campaign, Professor P. Videbech, more explicitly drew on both psychological and chemical explanatory logics:

Freud was right ... if you had a difficult and traumatic upbringing and have been subjected to much stress or perhaps even abuse or neglect, you will not be hardened. You can become more sensitive later in life and react with anxiety and stress because the stress system within the body is on a setting to react with more force than otherwise (*Politiken*, 22.03.18).

During the campaign, experts from different fields were repeatedly quoted on the multiple causes of mental illnesses. However, these were placed within a hierarchy where social, cultural and even psychological aspects were subjected to a logic of genetic predisposition and the chemical evolutionary composition of the brain. The media representations of the explanations of mental illness therefore contribute to constructing mental illness in a way that gives primacy to a chemical explanation through the selection of expert sources and the way their argumentation is presented. This can be seen when both professors in psychiatry referred to symptoms related directly to the brain almost as a separate entity (*Politiken*, 22.03.18, 10.03.18), as when Professor Rosenberg presented an evolutionistic argument as a general explanation of mental health as a societal problem. "Our brains are developed and adapted through millennia to a level corresponding to the Stone Age. In evolutionary terms, it is not suited to present-day life" (*Politiken*, 10.03.18). This leads to a "decomposition of the brain" due to stress hormones. The biological, genetic and evolutionary logic emphasised by Professor Rosenberg shows us another aspect of the biomedical discourse as a discourse of necessity. Here, the symptoms of depression were seen as biological and chemical effects on the brain and therefore beyond the patient's control: "Everything is slower", "you cannot feel joy", "you cannot mobilise feelings towards ... children and partners", "you re-interpret your past" in negative terms (*Politiken*, 22.03.18). Presenting

biological explanations of mental disorders in the media representations of expert analyses can lead to de-stigmatisation of sufferers, e.g. in relation to diminishing attributions of blame. However, as shown by the above quotes, this also led to the general impression that the free will of the individual was checked by chemical and biological ‘imbalances’. Given the privileged status and particular legitimacy of expert sources in health reporting, this contributed to a general representation of individuals as subjects within a biomedical discourse of necessity that can be seen as an aspect of bio-power.

While most experts quoted during the campaign recognised the causal complexity and multiplicity when seeking out the causes for mental illness, the contrast between the psychiatric, psychological and sociological explanation was striking. All of these, however, contributed to maintaining bio-power in different ways. The biopolitical effects of the psychiatric explanation were explored through the previous analysis of diagnosis as a dividing practice that placed the individual as a subject in a medicalised discourse of categorisation. The sociological and socio-psychological explanations also constituted the subject as an individual who acts in particular ways in relation to work and family life in modern society.

3.3 INDIVIDUALISATION AS CAUSE AND CONDITION

The campaign calls for further investigation into the discourse of individualisation into which the subjects were placed in and the way in which this relates to the biomedical discourse examined above. How can we make sense of the apparent opposition between the subjects as individuals and the subjects as biomedical? On the one hand, the sense of being individuals was felt by the patients when they exerted themselves as ‘individuals beyond their diagnosis’. On the other hand, individuals became subjects within a biochemical explanatory logic. This logic was presented as unavoidable and necessary by experts, by their surroundings and by themselves. This, again, shows the prevalence of a biomedical discourse (Rose and Ani-Rached, 2013) as a pervasive framework for thinking about mental illness that the individuals participating in the campaign spoke either within or in opposition to.

Even though the campaign’s explicit purpose may involve privileging a socio-psychological explanatory logic, the individuals drew heavily on the scientific/chemical explanations to frame and contextualise their experiences. The afflicted individuals not only felt the conditions in their own bodies, they also made sense of the symptoms within the discursive formations made up by the expert discourses. Several sociological explanations emphasised the feeling of failure: “My plan was to have one more child and have a nuclear family, and I felt I was a failure because it did not happen” (*Politiken*, 04.03.18). “I ... saw a giant baby without any

muscles in the mirror" (*Politiken*, 23.03.18). "It was a giant fiasco. It was so incredibly hard to be unemployed" (*Politiken*, 09.03.18). These led directly to psychological explanations such as: "I long for stability and some firm limits" (*Politiken*, 11.03.18). "That I worry too much and interpret my body's signals too much is, I think, something I have learned from my mother" (*Politiken*, 11.03.18). The genetic explanation was mentioned by Theodor Min Ho Gjerding, who could not identify a (known) psychological cause for his diagnoses: "I have been like this for as long as I can remember... It has to be said that I was adopted from South Korea and I don't know my biological parents. I don't know if there is something genetic" (*Politiken*, 16.03.18). Even if the biochemical explanations were not expressed as a direct cause for the conditions, they underlay most of the stories told. The biochemical discourse may have been opposed by the individuals, but it was always present in some form when scientific discourse was translated into public debate.

The media's emphasis on the social and psychological conditions of the individuals' experiences with stress, depression, anxiety, OCD etc. was linked to a discourse of individualisation in which individuals become responsible for their own life choices and well-being. Not being able to cope with life and succumbing to the 'pits' of mental illness were seen as the flipside of modern individuality. Several stories included a turning point, often in the form of a crisis, which led to the individuals acting or seeking help or treatment. Daniel Majholm experienced a change when he received the right medical and psychiatric treatment:

I was admitted to the closed unit because I was suicidal. It turned out to be a good experience. For the first time I was taken seriously for real. And for the first time I realised that something was totally wrong' (*Politiken*, 09.03.18).

For Julie Meyer Ingemansson, the crisis came in the form of a stress meltdown, partly resulting from her lifelong anxiety issues: "I had gone down with stress and had spent a month in bed with all the classical stress symptoms. I was just lying down crying and could do nothing" (*Politiken*, 11.03.18).

The stories all adopted a narrative strategy often employed by journalists that involved reaching rock-bottom before turning around and getting better. Even though this turn often relied on some form of medical treatment or intervention, the stories expressed a high sense of individuality: taking responsibility for one's life and condition. The subjects were called upon, or call upon themselves, to act as responsible and free individuals. The strategies mentioned above, including exercise, moving, getting a new partner, cognitive or hypnotic therapy etc. were all largely individualised. This feeling of individual responsibility is central for the way in which the subject becomes part of a biomedical discourse. This means that the patient-subject

is placed within a paradoxical situation, being simultaneously responsible for their own individual development and limited by the pervasive biomedical discourse of necessity. The subject assumes the responsibility of an individual while also being subjected to the bio-power structures of the biomedical subject.

4 CONCLUSION: INDIVIDUALISATION AS VOICE OR AS STIGMA?

The avowed purpose of the campaign “Hit by life” was to go beyond any stigmatising categorisation of individuals with mental health diagnoses through its focus on patient narratives. This discourse of individualisation exerted itself as a discourse of empowerment, not just in terms of fostering individual responsibility, but also in giving people the opportunity to define themselves and their troubles. Some of these individuals, when given a voice, resisted and argued against social and communicative practices, which they perceived to be stigmatising. The campaign also included subjects who defied being cast as ‘a case study of their diagnosis’ and who would not be defined by their condition. It therefore presented individualisation as empowering as well as destigmatising. However, following Bauman (2000), this discourse of individualisation may be a poor substitute for empowerment.

While the campaign drew on patient narratives and provided a space for individuals’ own voices and perspectives, the patients were still represented according to certain cultural and discursive media formats. The discursive and textual construction of mental illness in the media occurred in at least two ways. First, diagnosis became a ubiquitous dividing and categorising factor that was present even in a media situation that attempted to avoid it. Second, the individualisation of the mentally ill took on a particular meaning relating to the dominant health discourse. The patient was simultaneously cast as a subject compelled to choose to be an individual, as well as one that could resist being cast as a patient as defined by dominant scientific and popular perceptions of mental illness. As the analysis has shown, individuals were still cast into pre-existing discursive frames of what it means to be ‘depressed’, ‘stressed’, ‘psychotic’, etc. which can be stigmatising. This health discourse, on the one hand, drew on a ‘disembedding of the individual compelled to choose’ through the accentuated individual responsibility and strategies for coping with mental illness. On the other hand, patients were cast into a complex biomedical structure of scientific, commercial and regulative discourses in relation to which they have only a limited choice.

The analysis of media representations of mental illness has also shown that these complex structures can be read as expressions of bio-power; controlling individuals, populations and even ‘life itself’ (Rose, 2007). They control individuals by casting them as subjects into diagnostic categories, tying mental illness to

scientifically and popularly pre-set, stereotyping groups. They control populations by applying these categories statistically to broad descriptions and measures of the entire populace as 'a problem of mental illness'. They control life itself by introducing the biological and genetic body, which redefines not only mental illness, but also how we see human life in biomedical and pharmaceutical terms. Media discourse contributes to the many institutional techniques of power that maintain, support and sometimes challenge this biomedical discourse – as demonstrated by "Hit by life".

REFERENCES

- Albæk, E. (2011). The interaction between experts and journalists in news journalism. *Journalism*, 12(3), 335–338. doi: <https://doi.org/10.1177/1464884910392851>
- Allan, S. (2002). *Media, risk and science*. Buckingham, Philadelphia: Open University Press.
- Allen, R. & Nairn, R. G. (1997). Media depiction of mental illness: An analysis of the use of dangerousness. *Australian and New Zealand Journal of Psychiatry*, 31(3), 375–381. doi: <https://doi.org/10.3109/00048679709073847>
- Bauman, Z. (2000). *Liquid modernity*. Malden and Cambridge: Polity Press.
- Beck, U. & Beck-Gernsheim, E. (2002). *Individualization: Institutionalized individualism and its social and political consequences*. London: Sage.
- Corrigan, P. W. et al. (2005). Mental illness stigma: Problem of public health or social justice? *Social Work*, 50(4), 363–368. doi: <https://doi.org/10.1093/sw/50.4.363>
- Corrigan, P. W., Roe, D. & Tsang, H. W. H. (2011). *Challenging the stigma of mental illness: Lessons for therapists and advocates*. Chichester: Wiley-Blackwell.
- Danesi, M. (2009). *Dictionary of media and communication*. New York: Routledge.
- Entman, R. M. (1993). Framing: Toward clarification of a fractured paradigm. *Journal of Communication*, 43(4), 51–58. doi: <https://doi.org/10.1111/j.1460-2466.1993.tb01304.x>
- Figschou, T. U. (2017). Patient narratives: Health journalists' reflections, dilemmas and criticism of a compelling journalistic tool. In B. K. Fonn, H. Hornmoen, N. Hyde-Clarke & Y. B. Hågvar (Eds.), *Putting a face on it. Individual exposure and subjectivity in journalism* (pp. 235–256). Oslo: Cappelen Damm Akademisk.
- Fonn, B. K., Hornmoen, H., Hyde-Clarke, N. & Hågvar, Y. B. (2017). Putting a face on journalism: An introduction. In B. K. Fonn, H. Hornmoen, N. Hyde-Clarke & Y. B. Hågvar (Eds.), *Putting a face on it. Individual exposure and subjectivity in journalism* (pp. 13–21). Oslo: Cappelen Damm Akademisk.
- Foucault, M. (1977). *Discipline and punish: The birth of the prison*. New York: Pantheon.
- Foucault, M. (1978). *The will to knowledge: The history of sexuality: 1*. London: Penguin Books.
- Foucault, M. (1983). The subject of power. In H. L. Dreyfus & P. Rabinow (Eds.), *Michel Foucault: Beyond structuralism and hermeneutics* (2nd ed., pp. 208–226). Chicago: University of Chicago Press.
- Giddens, A. (1990). *The consequences of modernity*. Cambridge: Polity Press.

- Goffman, E. (1963). *Stigma. Notes on the management of spoiled identity*. New York: Touchstone, Simon & Schuster.
- Hall, S. (1985). Signification, representation, ideology: Althusser and the post-structuralist debate. *Critical Studies in Mass Communication*, 2(2), 91–114. doi: <https://doi.org/10.4324/9781315158549-3>
- Hall, S. (1997). The spectacle of the ‘other’. In S. Hall (Ed.), *Representation: Cultural representations and signifying practices* (pp. 223–277). Milton Keynes: The Open University Press.
- Hinnant, A., Len-Ríos, M. E. & Young, R. (2013). Journalistic use of exemplars to humanize health news. *Journalism Studies*, 14(4), 539–554. doi: <https://doi.org/10.1080/1461670x.2012.721633>
- Irwin A. and Wynne, B. (1996). ‘Conclusions’. In A. Irwin and B. Wynne (Eds.), *Misunderstanding science? The public reconstruction of science and technology* (pp. 213–221). Cambridge: Cambridge University Press.
- Klin, A. & Lemish, D. (2008). Mental disorders stigma in the media: Review of studies on production, content, and influences. *Journal of Health Communication*, 13(5), 434–449. doi: <https://doi.org/10.1080/10810730802198813>
- McGinty, E. E., Webster, D. W., Jarlenski, M. & Barry, C. L. (2014). News media framing of serious mental illness and gun violence in the United States, 1997–2012. *American Journal of Public Health*, 103(3), 406–413. doi: <https://doi.org/10.2105/ajph.2013.301557>
- Mik-Meyer, N. (2009). Sundhedsstoffet: Risiko, ansvar og skyld. In A. B. Lund, I. Willig & M. Blach-Østen (Eds.), *Hvor kommer nyhederne fra: Den journalistiske fødekæde i Danmark før og nu* (pp. 109–119). Århus: Ajour.
- Morlandstø, L. (2010). Medier, makt og psykisk helse. *Tidsskrift for psykisk helsearbeid*, 7(2), 110–120.
- Olafsdottir, S. & Beckfield, J. (2011). Health and the social rights of citizenship: Integrating welfare-state theory and medical sociology. In B. Pescosolido, J. Martin, J. McLeod & A. Rogers (Eds.), *Handbook of the sociology of health, illness, and healing* (pp. 101–115). New York, NY: Springer.
- Olstead, R. (2002). Contesting the text: Canadian media depictions of the deflation of mental illness and criminality. *Sociology of Health & Illness*, 24(5), 621–643. doi: <https://doi.org/10.1111/1467-9566.00311>
- Rose, N. (2007). *The politics of life itself: Biomedicine, power and subjectivity in the twenty-first century*. Princeton and Oxford: Princeton University Press.
- Rose, N. & Abi-Rached, J. M. (2013). *Neuro: The new brain sciences and the management of the mind*. Princeton and Oxford: Princeton University Press.
- Stuart, H. (2012). Media portrayals of mental illness and its treatments: What effect does it have on people with mental illness? *CNS Drugs*, 20(2), 99–106. doi: <https://doi.org/10.2165/00023210-200620020-00002>
- Taylor, J. (2005). What makes a good feature? The different genres. In R. Keeble (Ed.), *Print journalism: A critical introduction* (pp. 117–128). London; New York: Routledge.
- Wahl, O. F. (2003). *Media madness: Public images of mental illness* (2nd ed.). New Jersey: Rutgers University Press.