

## ORIGINAL ARTICLE

# Analyzing media representations of mental illness: Lessons learnt from a national project

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### Abstract

**Background:** Much research suggests that the general public relies on the popular media as its main source of information about mental illness. Assessing media representations of people with mental illness is vitally important, given that research suggests that the media exerts a strong, often negative, influence on public attitudes.

**Aims:** Few specific methodological guidelines exist to help researchers conducting media analyses. The aim of this article is to describe lessons learnt from over 2 years of experience conducting a large-scale systematic national project analyzing media portrayals of mental illness.

**Methods:** We do this by presenting and discussing five of the biggest challenges (and associated solutions) that have faced us as we have progressed in our national study.

**Results:** These are as follows: (i) defining relevant search terms; (ii) developing appropriate inclusion and exclusion criteria; (iii) creating a coding scheme; (iv) choosing strategies of analysis and dissemination and (v) staffing and training issues.

**Conclusion:** It is our hope that the information purveyed in this article may help those analyzing media representations of mental illness elsewhere.

**Keywords:** *media, mental illness, methods, psychiatry, Canada*

### Introduction

Much research suggests that the general public relies on the popular media as its main source of information about mental illness (Coverdale et al., 2002; Wahl, 1992). This includes newspaper reports, television programs, radio transmissions and online content. Studies suggest that the media plays an important role in the construction, consolidation and perpetuation of negative stereotypes of people with a mental illness (Stout et al., 2004; Wahl, 1995). Such portrayals can influence wider societal reactions, such as fear or derision (Stuart, 2006). This form of stigma can be internalized by people with a mental illness.

A number of studies have emerged in recent times assessing media portrayals of mental illness (Anderson, 2003; Corrigan et al., 2005; Coverdale et al., 2002; Francis et al.,

2004; Nairn & Coverdale, 2005; Olstead, 2002; Rowe et al., 2003; Stark et al., 2004; Stuart, 2003; Wahl et al., 2002; Whitley & Hickling, 2007). These have taken divergent methodologies, including quantitative content analysis, qualitative thematic analysis and a variety of other approaches. Given the differing aims and objectives of each of these studies, such methodological diversity is justified and should be considered a strength of the current literature. A consequence of this situation is that there is no agreement on the standard procedure in media analyses of mental illness and few specific methodological guidelines. This may be a hindrance to new researchers and students setting out on media analyses.

Given this situation, the aim of this article is to act as a basic methodological primer for individuals wishing to conduct such analyses. We are not proposing a standardized approach, and value the richness of methodologies employed in previous studies. Instead, we describe five of the principal lessons learnt from over 2 years of experience conducting a large-scale systematic national project analyzing media portrayals of mental illness. In this project, we have collected and analyzed over 11 000 newspaper articles related to mental illness, involving numerous coders and analytical approaches. A paper describing the study and its findings has been accepted for publication (Whitley & Berry, in press) and the project was funded after competitive peer review by the Mental Health Commission of Canada (MHCC). The MHCC commissioned this study as part of its anti-stigma initiative to understand how Canadian media portray mental illness, with the aim of using such information to develop strategies to diminish negative portrayals of mental illness in the media. As such, we believe the five lessons learnt may be valuable to novice or experienced researchers and are presented as follows:

### *Defining relevant search terms*

Media analysis has been significantly eased by new online search tools, including Lexus Nexus, Infomart and Google News. These search tools allow researchers to specify dates, media sources and terms when gathering media content for analysis. Researchers will need to choose dates and sources according to the scope (and available resources) of their particular study. However, one of the most challenging aspects of conducting a media analysis of mental illness involves the selection of appropriate search terms. This must be done judiciously to ensure that all relevant articles are included, as well as optimizing the exclusion of irrelevant articles. In our study, we used four search terms: “schizophrenia”, “schizophrenic”, “mental health” and “mental illness”. These terms were chosen to ensure breadth without capturing an overwhelming number of false positives – false positives meaning stories including a word that could be associated with a mental illness, but where the story is not at all about mental illness.

Avoiding false positives may be impossible when specifically investigating certain mental disorders. For example, in discussing our methodology at the commencement of the study, we considered including the words “depression” and “anxiety” as search terms, as these are the two most common mental disorders (Goldberg & Huxley, 1992). However, a trial run suggested that we would be flooded with false positives; the terms captured a massive number of stories about the “economic depression”, another sizeable number referred to a meteorological “depression over the Atlantic”, and others referred to a geological “depression” in the nature pages of the newspaper. The word “anxiety” produced similar false positives regarding generalized societal “anxiety over the economy” or anxiety suffered by sports fans, whose teams are underperforming.

In choosing search terms, the leakage of false negatives is another important issue to consider. A false negative refers to articles about mental illness which are not captured by the

search criteria. This may most often occur when journalists use derogatory slang, such as “psycho”, “crazy” or “loony” to describe people with a mental illness. Investigators need to consider whether such search terms should be utilized in their search, and to identify a parsimonious set of terms for inclusion based on local slang and language conventions. If these terms are carefully selected and included within a media research study of mental illness, they can capture a comprehensive and representative sample of media descriptions and portrayals of mental illness.

Search terms must be chosen carefully, with overarching research questions in mind, but the inclusion of these terms must also be governed by the resources and time available to the research team. A systematic study of portrayals of depression in the media will likely require more time and resources than a similar study of schizophrenia, simply because the former has numerous synonyms unrelated to mental health. Studies of disorders which lack synonyms, for example, Alzheimer’s disease or anorexia nervosa, will likely produce fewer false positives and may be more feasible for small-scale exploratory studies.

### *Developing appropriate inclusion and exclusion criteria*

A systematic study of media portrayals of mental illness should have systematic inclusion and exclusion criteria, beyond the mere mention of the search terms in the articles. These criteria may refer to *type* of article as well as *content* of the article. With regards to exclusion criteria by type, for example, the word “mental health” frequently appears in nearly every type of newspaper article. Beyond its appearance in regular news stories, we found that “mental health” often appeared in entertainment reviews, book reviews, obituaries, letters to the editor, and editorials and events listings. A decision must be made as to whether these types of articles should be included in the analysis. Various factors must play into this decision. For example, if the aim of the study is to understand how journalists portray mental health issues, then letters to the editor, obituaries and the like must be excluded, as these are not written by journalists. However, if the aim is to assess general images and portrayals of mental illness, letters and obituaries should be included. This drives home the point made in the introduction that the aims of the study should determine decisions such as what types of articles are included or excluded. These decisions should be carefully discussed and documented, and the consequent set of criteria must be systematically adhered to throughout the study.

The same requirements apply to the development of exclusion/inclusion criteria for content as for type of article. For example, a common finding in our study was that the word “schizophrenic” occurs frequently in articles with nothing to do with mental illness. Instead the word is used metaphorically, for example, talk of “the schizophrenic economy” or a sports team’s “schizophrenic season”. Choosing whether to include these articles is again fraught with difficulty. On the one hand, these metaphorical uses often rely on the inaccurate assumption that schizophrenia is a “split personality” and, therefore, could be considered as portraying schizophrenia erroneously. On the other hand, the stories are not about schizophrenia *per se* and thus may leave little impression on the reader’s mind *vis-à-vis* people with a mental illness.

Another important question of content relates to articles that only make the most passing reference to mental illness. We would quite regularly find a 500 words article where the phrase “mental illness” or the term “schizophrenia” was included, but not referred to or commented on in any shape or form. An example is a story that simply reported profit margins for a pharmaceutical company from a drug used to treat schizophrenia. Another example of a passing reference would be a report of an accident near a mental health

institution; mental health and mental illness may be incidentally but non-substantively discussed in such cases. We decided to exclude articles such as these.

Having noted the importance of developing these exclusion/inclusion criteria, it is worth noting that such decisions are not straightforward, and coders often require close supervision to ensure that the process is conducted in a similar manner. Making thoughtful decisions about these issues can affect the type of inferences made in a media study. For example, many studies attempt to give percentage figures as an outcome, such as the statement that 40% of articles about mental illness relate to crime and violence. However, making such a calculation depends on the enumeration of a valid and reliable denominator. Inclusion and exclusion criteria must be carefully crafted to ensure that only articles relevant to the research question are included. This will give the researcher greater confidence when making assertions regarding percentages and proportions of articles that portray mental illness in a certain manner.

### *Creating a coding scheme*

A systematic study must involve a coding scheme. Naturally, this coding scheme should be determined by the aims of the study, and any underlying hypothesis. Our coding scheme consists of three parts, and may be considered as a model for other studies. First, it comprises basic descriptors. This includes date of the story, province of publication, word count of the article, page number and language (English or French). This lays a foundation for a later comparison of articles over time, place and by factors such as length, language and placing. Second, it comprises what we label as “objective” questions. These consist of questions which are largely matters of fact, and involve little exercise of subjective opinion. In our study, this includes questions such as “are people with mental illness quoted in the text either directly or indirectly?”, “are mental health experts quoted in the text either directly or indirectly?” or “are mental health interventions discussed in the story?” These questions form the backbone of our study, as they are verifiable and indicate the insight and depth of portrayals of people with a mental illness in the media. Third, the coding scheme comprises questions which we label “subjective” questions. This is somewhat of a misnomer inasmuch as the questions posed do involve the deployment of objective criteria. However, the margin of error is greater for these questions than for the “objective” questions and, consequently, we found that inter-rater reliability was lower, thereby necessitating greater coding supervision, team discussions and potentially re-coding.

Examples of the most “subjective” questions include “is overall tone optimistic/positive about mental health?” and “is the story stigmatizing in tone and/ or content?” We felt that it was very important to include questions that attempted to summarize overall tone of the article, and also the degree of stigmatization of people with a mental illness. This is due to the fact that a substantial proportion of interest in the area of media representations of mental illness centres on the question of whether the media stigmatizes mental illness, and how much this has changed over time. Interestingly, we found that these two questions had the least inter-rater reliability and posed the most problems for our team of analysts. For example, we encountered difficulties and inconsistencies among coding for stories that linked together crime, homelessness and mental illness. We found that journalists may report successful vocational programs for people with a mental illness in tandem with crime and homelessness issues. On the one hand, such stories could be considered negative and stigmatizing, as they uncritically link together mental illness with crime and homelessness. On the other hand, such stories could be considered positive and non-stigmatizing as they report successful interventions that lead to socially desirable outcomes.

Finally, some of the questions we used could be classified at the boundary between the subjective and the objective. These include “is recovery/rehabilitation a significant theme?” and “is danger, violence or criminality linked negatively to mental illness?” These questions rely less on subjective opinion or “gut feeling”, and more on carefully assessing the presence or absence of an underlying theme. We found that one way to overcome some of the inherent difficulties coding these “subjective questions” is to add a “neutral” category to the item responses (in addition to the yes/no responses which can be used exclusively with the more objective questions) so that articles with mixed messages can be reliably coded. Such a category is superfluous in the objective questions. Similarly, research assistants need extra supervision and training on the more subjective questions. Researchers may be advised to include more objective questions in their coding scheme, and if including more subjective questions, to make these very specific (e.g. asking if crime or recovery are themes) rather than general questions about tone.

### *Choosing strategies of analysis and dissemination*

A large-scale project can produce an overwhelming amount of data which has the potential to drown or immobilize a research team. As such, researchers should carefully plan an analytical strategy that includes both *a priori* and *a posteriori* approaches. An analysis of media representations of mental illness can be both quantitative and qualitative. Indeed, we recommend a mixed-method approach and have taken this approach in our own study. Quantitative approaches may best be guided by hypotheses or at least *a priori* research questions. Frequency counts can be given regarding the key questions in the coding scheme: What percentage are stigmatizing? What percentage is about crime or violence? What percentage reports recovery or rehabilitation? These questions would obviously have been designated as important through their *a priori* inclusion in the coding scheme. In longitudinal studies, time-trends can be assessed to investigate whether coverage of mental health issues has worsened, improved or remained the same.

Qualitative approaches may be more data-driven rather than theory-driven, relying on *a posteriori* analysis arising from the ongoing process of quantitative coding. For example, a qualitative analysis might involve in-depth case studies of specific events, for example, a well-known celebrity declaring their mental illness, examining the underlying language, tropes and techniques used to describe the event. Similarly, the results from the quantitative analysis may drive new qualitative studies. We found, for example, that a large proportion of stories about mental illness are related to crime and violence. A qualitative sub-analysis can examine how these stories are either contextualized or sensationalized (as the case may be), again assessing language and techniques. This form of analysis can be used to generate templates, prototypes and best (or worst) practice examples that can form the basis for guidelines or educational interventions with current or future journalists. Indeed, we are currently using articles from our database at anti-stigma workshops at journalism schools across Canada organized by the MHCC to illustrate best practice in reporting of mental illness.

In deciding on analytical strategies, researchers need to be aware of temporal and human resources. More complex quantitative analysis (e.g. a time-trend analysis) may require the assistance of a professional statistician. Similarly, qualitative analysis may require the assistance of an experienced qualitative researcher, and can be quite lengthy given the attention to detail necessary to conduct a rigorous qualitative analysis.

Researchers need to think carefully about the appropriate forum for dissemination. Research on media portrayals of mental illness touches on the disciplines of psychiatry, sociology and media studies (among others). Deciding on which journals and conferences to

attend may be determined more by disciplinary positioning and professional development than any inherent “better or worse” venue for dissemination. Because of our commitment to knowledge translation and advocacy, we have gone beyond the traditional modes of dissemination to present at a wide range of venues, beyond our own disciplinary “homes”. We have presented at meetings of a journalists’ union, to graduate and undergraduate classes at journalism schools and to the general public in a “scientific café” setting. We have also uploaded video recordings of these events to Youtube. Researchers engaging in media analysis of mental illness should consider these venues for dissemination so that their research results may potentially affect every-day journalistic practice and also reach the general public.

### *Staffing and training issues*

Conducting a large-scale national study requires careful attention to human resource issues. For a study to be systematic and valid, research assistants must be well trained and closely supervised throughout the project. In our study, we took various measures to try and diminish individual bias in coding, through improving team integration and understanding. First, research assistants participated in a workshop led by the Principal Investigator upon entering the project. They “dummy coded” a common set of articles which had been previously coded by the authors. The authors then sat down with the research assistant to compare and contrast their coding response with the authors, explaining any discrepancies in the process. Second, the authors created a reading list of key papers that all research assistants were mandated to read before starting the coding proper. This list comprised papers on recovery, stigmatization, schizophrenia and media portrayals of mental illness. Research assistants then discussed these papers with the authors, to ensure that a common understanding of important concepts such as recovery was reached. Other papers were distributed and discussed with research assistants as issues or learning opportunities arose. For example, to ensure that research assistants received an adequate education in psychiatric matters, and to thereby enhance their common coding abilities, we distributed academic papers demonstrating that most people with a mental illness do make a good recovery, and that people with schizophrenia are much more likely to be a victim of crime rather than a perpetrator. This ensured that they could recognize inaccurate information as well as subtly stigmatizing stories. Third, we developed a workbook for each question on the coding scheme, with examples of stories that did or did not fall into the categories identified. For example, for the question on whether recovery was a theme in the story, we gave examples in the workbook of stories which portrayed a person with a mental illness in gainful employment and contributing to the community. A counter-example would be a derogatory story about a person with a mental illness in court for a misdemeanor. Our workbook is available to others by contacting the first author.

During the study we held regular group and one-on-one meetings to assess study progress and to gain feedback from the individual coders. During this process, we encountered a range of important challenges. First, we found that many coders experienced the process of ongoing coding of stories related to mental illness emotionally disturbing and unsettling. This was due to the fact that a large proportion of the articles focused on gruesome events such as murder, decapitation, cannibalism, sexual assault and the like. Regular immersion in such articles took an emotional toll, and despite creating space to discuss such issues, we had a relatively high rate of burnout amongst our research staff. Second, coding of articles day in day out requires a finely honed attention span. After the first 2 years of the project, we concluded that having more people work part time on the project was better than having fewer people working full time on the project. This way, people had less regular and



intense exposure to negative media articles, and also could focus their attention on the articles without being burnt-out.

Finally, we believe that it is important that people with lived experience of mental illness play a significant role in any project analyzing media portrayals of mental illness. In our study, our team has included a part time coder who has lived experience of severe mental illness, and a paid advisor with lived experience of severe mental illness who consults with us on a regular basis. The insights and participation of persons with lived experience have proven invaluable at various stages of the project, and must continue to be a critical element of future work in this field.

## Conclusion

Analysis of media coverage of mental illness is a growing sub-specialty that straddles the disciplines of medical sociology, social psychiatry and media studies, among others. Perhaps because it lies at the intersection of these three disciplines, a variety of methodologies have been employed, with a lack of guidelines for the novice researcher. This may be a blessing as much as a curse, as it gives researchers the freedom to be creative and imaginative in their attempts to assess media representations of mental illness. Whilst we would encourage the judicious exercise of such freedom, it is also important that such research follows the wider strictures of social science in terms of being logical, replicable and systematic. We hope that the information provided in this article will help those analyzing media representations of mental illness elsewhere.

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