The Challenge of Improving the Public Representation of Mental Illness

A Case Study of Crime Reporting, and a Call for Radical Change

Joel Rasmussen

Örebro University, Sweden

Introduction

This paper continues a theme featured in a case study by Larissa Grunig from the early 1990s, namely the stigmatization of people with mental disorders and strategies for how discrimination can be curbed. Grunig’s (1990) aim was primarily to demonstrate the value of the focus group method for development of public relation strategies, with a case study on the stigma of mental illness as empirical example. This paper sets the main focus on the issue of stigmatization of mental illness, and then highlights public relation strategies that can be used to improve media reporting from the perspective of equal rights regardless of people’s psychological differences.

A majority of people labeled with mental disorders experience discrimination (Wahl, 1999; Corrigan et al., 2004). Although appearing to have less direct consequences than discrimination in housing or employment, discriminatory media portrayals are serious in that they reproduce stereotypes that underlie harmful self-images, and discriminatory acts which may have real, social and economic consequences. For example, when the media describes a minority as dangerous they are just using words, but the consequences could be that there are repercussions in policy and the legal system, causing ill-deserved human suffering (Smitherman & Van Dijk, 1988).

This paper presents a study of the Swedish online-press and its portrayal of mental illness in the context of Anders Behring Breivik’s terrorist attacks in Norway in 2011. The study was funded by the national campaign, Hjärnkoll (www.hjarnkoll.se), that works for greater openness.

about mental health with the goal that everyone should have the same rights and opportunities regardless of mental differences. The background to the study is that Hjärnkoll’s intelligence showed major deterioration of media images of mental illness after Anders Behring Breivik’s terrorist attacks in Norway in 2011, with rapidly rising proportion of negative news.

Numerous studies demonstrate that the press reproduce harmful stereotypes about mental disorders (for extensive reviews, see Signorielli, 1993; Klin & Lemish, 2008; Pirkins & Francis, 2012). The discriminatory aspects, however, are indeed side effects in the press’ pursuit of drama and newsworthiness rather than an end in its own right (Grunig, 1990). Given that dramatization is a calculated construct in news institutions, others see stereotypical reporting about mental ill-health as intentional structural discrimination (Corrigan et al., 2004). As mental ill health has become a ground for discrimination in many countries, including Sweden, there are now more than ever before officially authorized grounds for examining media portrayals of mental illness and demanding that discriminatory reporting ends.

The present study intends to contribute to research in three ways. First, contrary to all previous studies of media content and mental illness, this study enables comparisons of material from editorial (and opinion) sections and also news sections, and focuses on the less researched online press. Second, besides a few discussion pieces and a small study on Danish press images of Anders Behring Breivik (Morgensen, 2013) this is the first empirical study of press coverage after the terrorist attacks in Norway. Third, besides presenting a content analysis of an important case, the study draws on public relations research in order to complete the paper with a discussion about how anti-stigma advocates may challenge and help change stigmatizing media coverage.

Overall, the study aims to examine how mental illness is represented in the online press after Anders Behring Breivik’s acts of terrorism in Norway in 2011. The following research questions are examined to answer the overall aim:

1. In the articles that mention both Breivik and mental disorders; are specific diagnoses mentioned and, if so, which and to what extent?
2. Which actors are quoted or referenced in the articles and to what extent?
3. To what extent do the press show caution in the naming and portrayal of mental ill-health, given that harmful stereotypes of mental illness and dangerousness exist?
4. What differences in the representation of mental illness emerges between news and the editorial, culture, and opinion sections?
In the following, previous research on media representations of mental disorders will be discussed; also with the aim of describing the communication strategies for anti-stigma campaigns that one stream of research has proposed. After the methodology of content analysis has been presented, the analysis will particularly elaborate on results along four main dimensions: 1) the exploit of specific diagnoses; 2) who is enabled voice and to what extent; 3) pejorative naming and stereotypes, including 4) a comparison between news sections and editorial, culture and debate sections. The study concludes by discussing the results and proposing communication strategies for anti-stigma campaigners.

**Previous research**

Research on media portrayals of mental illness has been conducted since at least the 1950s (see Taylor, 1957). Since then a very large number of international studies demonstrate that media representations of mental illness are overwhelmingly negative, with violent crime as the most frequent theme that mental illness is related to. In the media, people who are labeled with mental ill health are coupled with the characteristics dangerousness and unpredictability (Goulden et al., 2011; Rasmussen & Höjjer, 2005; Rasmussen, 2007; Signorielli, 1993; Klin & Lemish, 2008; Pirkins & Francis, 2012). This media image reproduces long-standing, cultural stereotypes about mental illness that are reflected also in popular culture (Rasmussen, 2007; Cross, 2010; Wahl, 1995).

Studies further show that there is a hierarchization of various mental health problems in the media, a tendency which Cross (2010) argues is widespread in Western culture. Studies investigating the media’s representations of depression find less sensational and negative reporting compared with studies examining media images of psychotic illnesses such as schizophrenia (Goulden et al., 2011).

Unfortunately it does not stop at the point of depreciative media representations, rather, “when the news media portray a group in a negative light, they propagate prejudice and discrimination” (Corrigan et al., 2004). The media images – certainly in combination with other cultural factors – have effects on citizens’ attitudes and behaviors. In a German study, Angermeyer and Matschinger (1996) examine people’s attitudes and preferences for social distance from people with severe mental health problems. By measuring attitudes before and after reported violent acts committed by persons with serious mental disorders, the researchers could measure media effects. The results show worsened attitudes and an increased preference for social distance toward people with the label mental illness. Furthermore, in an American study, Thornton and Wahl (1996) find that people, who read newspaper articles describing a murder
committed by persons labeled mentally ill, are increasingly seeing people with mental illness in general as more dangerous and they show less social acceptance for them. Moreover, in an Australian study, young people got to recall memories of stories about mental illness, and it turned out that there was a strong relationship with media reports of violent crime. Related to these results was the attitude that mental ill-health is something that should not be talked about openly, and the belief that people with mental illness are weaker than others (Morgan and Jorm, 2009). In addition to fueling the public’s negative attitudes and behavior towards people labeled mentally ill, there is research that shows that media reporting, in the aftermath of unexpected and seemingly inexplicable violent attacks, has an impact on politicians’ and professionals’ agendas, giving these groups incentive to see users of psychiatric care as risk objects that require tougher control for the sake of public safety (Philo & Secker, 2002; Hallam, 2002). Similar debates with repressive rhetoric arose in Sweden after the murder of the Swedish foreign minister Anna Lindh (Rasmussen & Höijer, 2005). While studies of media content and public attitudes are numerous, research that shows how public relations can be used to improve media coverage and reduce the stigma of mental illness is scarce. Media scholars in the field of health communication typically focus on communication in health care delivery and health promotion to reduce ill health per se, while public relations scholars rarely focus on health care institutions, users’ organizations, health advocates or health issues (Wise, 2001). Not much has changed since Wise’s study.

However, a few studies provide valuable guidance. A useful method for anti-stigma advocates would be to build alliances with other actors who can stand behind the program and its call for action, a strategy which has been used by other, non-commercial and egalitarian movements (Hon, 1997). In her paper on how focus groups can be used to create strategies for a program to reduce the stigma of mental disorders, Larissa Grunig (1990) suggests that campaigners use celebrity spokespersons who themselves have a history of psychological problems. Furthermore, the focus groups suggested additional spokespersons such as:

- the police (because they get involved if there is trouble with group homes for the mentally ill),
- elected officials (who could assist in zoning battles),
- teachers (because the community looks up to them)
- and nurses (as frontline providers of care) to the list of logical spokespeople for the mentally ill (Grunig, 1990: 46).

Moreover, in addition to arranging protests against stigmatizing reporting and using media volunteers, anti-stigma advocates in Scotland have successfully provided journalistic guidelines and related information briefings in newsrooms and with the journalists in broadcasting companies.
In an assessment of the reporting of schizophrenia in two broadsheet newspapers, Knifton and Quinn (2008) found that the campaign had the effect of reducing the negative, stigmatizing media depictions. However, because there was also a decrease of positive reports, the researchers suggest anti-stigma advocates should promote positive reporting. Furthermore, in order for anti-stigma campaigners to meet the media halfway when it comes to media logic and newsworthiness, the researchers suggest that one should encourage some positive, sensational reporting of, e.g., the clichéd connection between genius and mental illness. Such reporting, the authors argue, could open the doors for other positive, and more important, stories on recovery from mental disorders (Knifton and Quinn, 2008). An important, relational aspect of the campaign was that anti-stigma advocates conducted personal briefings to facilitate understanding of, and support for, the media guidelines that were distributed. They also targeted regulatory bodies so that they would bring in aspects of the anti-stigma guidelines into ethical codes of conduct (Skehan et al., 2006).

To conclude this literature review, I would like to emphasize that despite many studies on media content, there is no research on editorials and other opinion material. Also, very few studies have focused on newspapers online (for an extensive review, see Pirkis and Francis, 2012). The present study may therefore contribute with new knowledge in that it presents comparisons of articles published in the editorial, culture and news sections, and focuses on online press. In contrast to many other analyses of media content, it concludes by drawing on public relations research to suggest ways of improving stigmatizing media portrayals of psychiatric disorders.

**Methodology**

The study uses quantitative content analysis, examining 231 Swedish online press articles, starting the day after Anders Behring Breivik’s attacks and 14 months ahead. The online press material consists of articles that mention both Breivik and some aspect of mental ill health. All articles have been read and categorized along several important dimensions. The selection of news outlets was broad, using the same online press sources as the ongoing intelligence work done in the campaign Hjärnkoll (www.hjarnkoll.se). To obtain as relevant material as possible, keywords, complementary key words, and excluding keywords were used. In cases where the same article from the news agency TT (Tidningarnas Telegrambyrå), the national wire service, were published in multiple sources, only one version was analyzed and counted. Moreover, articles from television and radio websites were excluded because they were too few to be meaningful to analyze in a quantitative study. After these
selection criteria had been applied, 231 online articles from 31 newspapers remained, and they were published between 2011-07-23 and 2012-09-27. It is unusual to use as many different new outlets in a quantitative content analysis and not have a large number of units from one or two sources in order to demonstrate as reliable results as possible. In this case, a more comprehensive strategy was chosen, using the campaign’s business intelligence sources, and getting material from nearly all Swedish newspapers online. Instead of just being able to show results for a few newspapers, or only tabloids or quality press, the results of this study indeed demonstrate how mental illness is portrayed broadly in today’s online press in the context of a violent event. Moreover, the choice to exclude multiple publications of news pieces from the wire services TT reduces the number of units greatly, which makes it reasonable to use a large amount of news sources (Bryman, 2012: 293).

The procedure for the content analysis consisted of encoding according to a pre-defined template. It is important that the material is encoded in the same way regardless of coders and time of encoding. Thorough instructions for the coding were specified in a codebook. Since the author performed the coding alone, intra-coder reliability was tested. 30 articles were coded on the basis of all of the dimensions studied (i.e., the full codebook), four weeks apart, with 98 percent similarity. The test indicates that the study was conducted with a high degree of intra-coder reliability.

Results

The psychiatric diagnoses mentioned in connection with Breivik and the terrorist attacks in Norway 2011

The majority of the articles that mention both Breivik and mental illness also mention a diagnosis, that is, 60.2 percent, or 139 of 231 articles. The diagnosis mentioned in most articles is paranoid schizophrenia, with 39.4 percent. If we also include the items that mention schizophrenia, generally, they number together 44.6 percent. If one includes articles mentioning “psychosis” or “delusions” in addition to the articles that mention the psychotic disorders schizophrenia or paranoid schizophrenia, they amount to a total of 73.6 percent of the material. Different personality disorders are mentioned in 17.3 percent of the articles. Furthermore, personality disorders in many varieties are mentioned; borderline or empathetic personality disorder, schizoid and depressive personality disorder, antisocial personality disorder, and the one mentioned in most articles; narcissistic personality disorder. Neuropsychiatric disorders like Tourette’s and Asperger’s syndrome are also mentioned, albeit only in a few articles. Articles mentioning Breivik and depression or psychopathy
were coded in an “other” category, although psychopathy is not a diagnosis according to diagnostic manuals ICD-10 and DSM-IV. In 130 articles it is Breivik who is assumed to fit the diagnosis. In nine articles Breivik is mentioned but the diagnosis is related to another person, usually another perpetrator with whom Breivik is compared.

Table 1. Psychiatric diagnoses as described in reports on Anders Behring Breivik

<table>
<thead>
<tr>
<th>Diagnoses</th>
<th>Articles (n=231)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychotic disorders</td>
<td>135</td>
<td>58,4</td>
</tr>
<tr>
<td>Personality disorders</td>
<td>40</td>
<td>17,3</td>
</tr>
<tr>
<td>Neuropsychiatric disorders</td>
<td>7</td>
<td>3,0</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
<td>3,9</td>
</tr>
</tbody>
</table>

Furthermore, the results show that the articles that mention a diagnosis generally present the theme of mental illness in a more prominent position in comparison to articles that do not mention a diagnosis. When articles mention mental illness in the title, 67.5 percent of them mention a diagnosis. Of the articles that mention mental illness in the first paragraph or later, 41 percent mention a diagnosis. We can express it as follows: if a diagnosis is mentioned, the risk of mental health problems being mentioned in a prominent place in the reporting of Breivik and the terrorist attacks in Norway rises with 64.6 percent. This seems to indicate that psychiatric diagnoses are given particular newsworthiness.

Table 2. Articles that mention a diagnosis treat mental illness as a central topic

<table>
<thead>
<tr>
<th>Prominence of the theme mental illness</th>
<th>Psychiatric diagnoses</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Headline</td>
<td>81</td>
<td>39</td>
</tr>
<tr>
<td>Preamble</td>
<td>33</td>
<td>17</td>
</tr>
<tr>
<td>First paragraph</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>After first paragraph</td>
<td>17</td>
<td>25</td>
</tr>
<tr>
<td>Total</td>
<td>139</td>
<td>92</td>
</tr>
</tbody>
</table>

Most items reproduce the stereotype of serious mental illness and violent behavior

There is an established stereotype assuming a causal relationship between mental illness and dangerousness. The metonym lunatic is a good example which identifies both a person belonging to an imagined “deviant” group and who is assumed to be dangerous. As shown in table 3, 206 of 231 articles (or 89.2 percent) raise issues of mental illness and
violent crime without explaining that very few people labeled with mental disorders ever become guilty of violent crime. Eight articles mitigate, in varying degrees, the link between mental illness and violence. Three of these articles establish a link between mental illness and violence, but observe caution and explain that few people who have mental illness ever become guilty of violent crimes. Another three articles explain that all that is evil need not be due to mental illness, and that anyone with Breivik’s presumed diagnosis does not want to commit the crimes he did. For example: “No one believes that everyone with paranoid schizophrenia want to kill muslims and young social democrats” (Aftonbladet, 111130), and “People like to explain all evil with mental illnesses, but it is not always the case” (Svenska Dagbladet, 120926). The stereotype is laid bare in these examples as the authors and interviewees believe that it is relevant to negate the claim that all people with paranoid schizophrenia would commit the same crimes as Breivik did, and that all evil would be born of mental illness. If the stereotype of violence-proneness did not exist, these claims would be pointless.

Two additional articles consist of texts that completely avoid establishing any connection between mental illness and violence, although both Breivik and mental illness are mentioned, and these articles explain that few people who have mental illness are guilty of violent crimes. Yet another category of articles, 17 in number, rejects or does not mention that Breivik has mental health problems, and do not take further position on the issue if violence would be common among those with mental illness.

To conclude, if not the media questions a general correlation between mental illness and violent crime, it opens the door for stereotypes about the dangerousness and unpredictability of people labeled with mental disorders.

**Table 3. The articles varying positionings regarding a relationship between mental illness and violent crime**

<table>
<thead>
<tr>
<th>Description</th>
<th>Articles (n=231)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mentions mental illness and violence without questioning causality</td>
<td>206</td>
<td>89,2</td>
</tr>
<tr>
<td>Claims that few people who have a serious mental disorder are guilty of violent crimes</td>
<td>5</td>
<td>2,2</td>
</tr>
<tr>
<td>Opposes or does not mention that ABB might have a mental disorder and does not address the issue of causality</td>
<td>17</td>
<td>7,4</td>
</tr>
<tr>
<td>Claims that evil acts and violence do not have to be caused by mental health problems</td>
<td>3</td>
<td>1,3</td>
</tr>
<tr>
<td>Total</td>
<td>231</td>
<td>100,0</td>
</tr>
</tbody>
</table>

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Which parties or actors are heard in the press?

Given that psychiatric diagnoses are mentioned in 139 articles of 231 and are associated with a massacre, it would not be unreasonable if a federation of psychiatric users would get to explain the diagnosis based on their knowledge and experience. Such a thing does not exist. People labeled with mental disorders are for some reason not heard in these arenas of discourse, and mental disorders are thus continuously talked about as pertaining to “them” and not from the point of view of “us”. Other actors are entitled the privilege of interpreting the events and their connection to mental ill-health. In one article of 231, a theology and ethics scholar is interviewed, Ann Heberlein, and it is mentioned that she has been diagnosed with bipolar disorder. This is the only article in which a person who openly has a psychiatric diagnosis – and not being a perpetrator of violent crime – is referenced or quoted. It is typical of a discriminated group that they are talked about but not entitled the privilege of interpretation and voice (Hirdman, 1988, 2001). More privileged actors might say they are working for the rights of the discriminated group, but through their exclusion from the arenas of discourse, people labeled with psychiatric disorders risk being portrayed as villains who are untitled to speak or as passive victims.

Table 4. The number of articles in which different actors
are referenced or quoted

<table>
<thead>
<tr>
<th>Actor</th>
<th>Articles (n=231)</th>
<th>References/quotation s</th>
<th>Percent articles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatrists and other health care personnel</td>
<td>79</td>
<td>326</td>
<td>40,5</td>
</tr>
<tr>
<td>Court representatives and administration</td>
<td>72</td>
<td>232</td>
<td>31,2</td>
</tr>
<tr>
<td>Anders Behring Breivik</td>
<td>49</td>
<td>100</td>
<td>21,2</td>
</tr>
<tr>
<td>Journalists</td>
<td>19</td>
<td>47</td>
<td>8,2</td>
</tr>
<tr>
<td>Politicians</td>
<td>14</td>
<td>40</td>
<td>6,1</td>
</tr>
<tr>
<td>Humanities, social science, law experts</td>
<td>13</td>
<td>51</td>
<td>5,6</td>
</tr>
<tr>
<td>Victims and their relatives</td>
<td>13</td>
<td>38</td>
<td>5,6</td>
</tr>
<tr>
<td>Breivik’s relatives</td>
<td>9</td>
<td>14</td>
<td>3,9</td>
</tr>
<tr>
<td>Authors and writers</td>
<td>8</td>
<td>38</td>
<td>3,5</td>
</tr>
<tr>
<td>Breivik’s friends/acquaintances</td>
<td>7</td>
<td>39</td>
<td>3,0</td>
</tr>
</tbody>
</table>

Overall, it is psychiatrists and court representatives who are entitled to mainly define and explain the violent events and their connection to mental ill-health.
Pejorative naming practices, and a comparison of the editorial pages and other sections in the online press

Editorials are particularly interesting because they belong to a genre that is supposed to define and assess events and propose solutions in a compelling way. Editorials tend to position actors in more or less good and evil groups, and attempt to construct a “we” together with its readers. This “we” that is created represents moral correctness as opposed to less moral opponents or dissenters. When an editorial defines and assesses a situation, and proposes recommendations, it uses established frameworks and ways of talking (discourses) that are ideologically invested (van Dijk, 1991).

While the political focus is evident in editorial, cultural and opinion pieces, they typically also use more of a politicized and moralizing language regarding mental illness. More than half of the articles in the editorial, culture and opinion sections use an archaic and stereotypical language when signifying mental ill-health. More than a third of the articles in these sections use the words “lunatic”, “madman” or “crazy” to describe people labeled with mental disorders.

Table 5. Overview of the use of names as crazy/mad and lunatic/madman in the different sections of the online press

<table>
<thead>
<tr>
<th>Section</th>
<th>Are the names mad/crazy or madman/lunatic used?</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>News</td>
<td>8</td>
<td>146</td>
</tr>
<tr>
<td>Editorial</td>
<td>15</td>
<td>26</td>
</tr>
<tr>
<td>Culture &amp; debate</td>
<td>13</td>
<td>23</td>
</tr>
<tr>
<td>Total</td>
<td>36</td>
<td>195</td>
</tr>
</tbody>
</table>

In their quest to create a “we” who shares an outlook on an event and its causes, these articles exclude people who have mental illness from the interpretive community by using an aggressive, discriminatory language. Also, it is clear that these words are not used in the sense of just a “reckless person”, comparable with a speeding fool, instead of referring to people with mental illness. There are always explicit references to legal aspects or psychiatric issues in close proximity to the words mad/crazy or lunatic/madman, making it clear in what sense the words are used. In the following are some examples from the editorials:

He does not fear jail, he fears not to be taken seriously and that is why he does not for anything in the world want to be declared a lunatic (Dagens Nyheter, 120419).

New medical examination. New conclusion: Breivik was not crazy anymore, at least not that crazy, just disturbed and hence criminally accountable (Sydsvenskan, 120417).
They hope to the end that it is a madman, a mentally ill person who landed in the modern world (Dalademokraten, 120825).

During these weeks, the court shall rather consider whether Breivik is considered a lone lunatic or a determined terrorist who murdered strategically, if he is mentally sane or not (Folket, 120419).

A multi-published TT-article, referenced here from UNT (110726), had a preamble that reads:

Everything indicates that mass murderer Anders Behring Breivik is mentally ill, says his lawyer Geir Lippestad. But the psychiatrist and expert on perpetrator profiles, Ulf Åsgard, rejects the lawyer’s claim that Breivik is mad.

Later in the article the same discriminatory language is used, with quotes from the psychiatrist Ulf Åsgård, giving the offensive language expert legitimacy:

He has a personality disorder and has difficulties with consequence analysis. But there is a difference between a person with a personality disorder and one who is crazy in the traditional sense, suffering from hallucinations and hearing voices, he said to TT.

Again, these articles that use names as crazy/mad or madman/ lunatic, also use very evident references to forensic psychiatric reports, psychiatrists and mental illness, showing that the intended meaning of the words is mental ill-health and not just immoral or foolish human behavior.

Table 6. Overview of the use of archaic and stereotypical naming of mental illness in the online newspaper’s various sections

<table>
<thead>
<tr>
<th>Section</th>
<th>Articles naming mental ill-health in an old-fashioned or stereotypical manner</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>News</td>
<td>40</td>
<td>114</td>
</tr>
<tr>
<td>Editorial</td>
<td>24</td>
<td>17</td>
</tr>
<tr>
<td>Culture &amp; debate</td>
<td>17</td>
<td>19</td>
</tr>
<tr>
<td>Total</td>
<td>81</td>
<td>150</td>
</tr>
</tbody>
</table>

Table 6 shows an overview of the amount of articles that uses an overall archaic, stereotypical vocabulary. To demonstrate an example of stereotypical descriptions, UNT (110726) explains that Breivik’s mental illness makes him a “chameleon”, and Aftonbladet (120417) declares his split personality makes him appear to have “two faces”. These representations reproduce the stereotype that people with serious mental disorders are similar to Dr. Jeckyll and Mr. Hyde, a dangerous, split-
personality who shifts from calm to aggressive in a flash. It is clear in these articles that it is the mental illness that is believed to make Breivik a double nature, which cues readers to believe that others who are labeled with mental disorders can be expected to be similar. Furthermore, archaic or sensationalist naming include: psycho (Dagens Nyheter, 120416); deranged (Nerikes Allehanda, 120825); insane (Sydsvenskan, 111208); raving mad (Sydsvenskan, 120417); crazy (Dagens Nyheter 120418); fool (Piteå-tidningen, 120823); nut on steroids (Sydsvenskan, 111211). Entire sentences may illustrate further:

And even if the court will reach its decision, the conclusion is evident: Imprisonment in a mental hospital, where similar emperors, saviours and Napoleon figures belong and have always belonged (Sydsvenskan, 111211).

References to sensationalist, cultural images of mentally disordered offenders are also present, in the following case with references to the film The Silence of the Lambs: “To interview Anders Behring Breivik was like meeting film cannibal Hannibal Lecter – says a psychologist in Oslo court” (Borås Tidning, 120611).

Although some editorial, culture, and debate articles demonstrate knowledge of discrimination on the grounds of gender and ethnicity, there is great blindness of discrimination against people labeled with mental disorders. The awareness of ethnic discrimination is visible as editorials warn against Muslims being labeled as terrorists. One editorial explains that “The Others are portrayed as collectivist, traditional and oppressive, while we are portrayed as individualistic, modern and equal”. Breivik, a little further into the article, is described as a “mentally disturbed lunatic” (Dagens Nyheter, 120710). While criticizing ethnic discrimination, this editorial is simultaneously a good example of discrimination of people labeled with mental disorders. Taking a positive approach to this discriminatory reporting, one may recognize the value of the existing awareness of discrimination, and that this awareness could be extended to include the area of mental health problems.

Conclusion

As mentioned by Larissa Grunig (1990), reducing the stigmatization of persons labeled with psychiatric disorders is vital in an age of deinstitutionalization. Stereotypes impede on individuals’ opportunities regarding housing and employment choices. They impede on relations with family and friends, and one’s self-image. As the media have the potential of reproducing stereotypes as well as impacting productive change, this paper has analyzed how Swedish online press represent mental disorders in the aftermath of Anders Behring Breivik’s terrorist acts in Norway in 2011.
The results show that the news about Breivik establishes a clear link between both personality disorders and psychotic disorders and violence on the scale of a massacre. These links that are continuously created in the press reinforce the stereotype about people labeled with mental disorders as unpredictable and dangerous for others. Articles from the editorial, culture, and debate sections impair the public image of mental disorders further by using pejorative naming. More than a third of the articles from opinion sections use naming as lunatic/madman or crazy/mad. More than half of the articles from opinion sections use these or other old-fashioned and stereotypical names and descriptions to signify mental disorders.

Moreover, 60.2 percent of the articles that mention both Breivik and mental illness also mention a diagnosis. Several psychiatric diagnoses are linked to Breivik’s crimes and his character traits. The diagnosis mentioned in most articles is paranoid schizophrenia, with 39.4 percent. Simultaneously, no psychiatry users’ associations appear in the press, although they could share their experience of the diagnoses and provide a more balanced picture of the plausible symptoms. Those who get to define and explain mental ill-health are primarily journalists, psychiatrists and court representatives. The exclusion of psychiatry users is perhaps partly due to the users’ associations not wanting to be associated with acts of violence and the perpetrator. But it also shows the dual violation against the discriminated. People labeled with mental disorders are not only targets of press that reproduce stereotypes about them; they are not invited and trusted as active, knowledgeable subjects.

On the one hand, it seems inevitable that some of these associations between mental illness and violence are made, since institutions are systematically involved in the stigmatization of mental ill-health. When the legal system imposes different penalties depending on the offender’s mental health – and when the legal body’s choice of sentence renders great newsworthiness due to the seriousness of the crime committed – it is quite natural that mental disorders and proneness for violence are discussed in the media. It was therefore expected that the association between mental ill-health and dangerousness would be created with the assistance of experts who speculated about perpetrator profiles, and by the forensic psychiatric teams who investigated Breivik and made statements and authored reports that were widely cited.

On the other hand, mental illness as a predictor of crime is less important and valid than, e.g., gender, alcohol and drug abuse, and age (Corrigan, 2002). A comprehensive meta-study of research published between 1970 and 2009 shows that alcohol and drug abuse are the strong predictors of violent crime. A serious mental disorder as sole predictor – without the contributing effect of alcohol or drugs – does not raise the risk of violence.
significantly (Fazel et al., 2009). So, given this “institutionalised” inevitability of portrayals of mental illness and violence in the media, it is not far-fetched to consider people labeled with mental disorders as targets of structural discrimination (cf. Corrigan et al., 2004).

Media reporting that reproduces the stereotype of mental illness and violence may lead to consequences as deteriorating attitudes, and social distance, and perhaps even repressive care policies toward people labeled with mental disorders (see Angermeyer and Matschinger, 1996; Hallam, 2002; Thornton and Wahl, 1996). Given the discriminatory grounds and grave consequences, users’ associations and lobbyists should not require less than that discriminatory media coverage of mental illness ends (Cross, 2010). But how could this be accomplished?

As suggested by Hon (1997) a useful method for non-commercial, egalitarian movements is to build alliances with other actors who can stand behind the program and its call for action. Additionally, Grunig (1990) suggests that campaigners use celebrity spokespersons who themselves have a history of psychological problems. Her focus groups also suggested the police, teachers, and nurses as partners in future antistigma campaigns. Persons who themselves had mental health problems would also be key participators to create insight, identification, and understanding.

Given the results of the present study, a guiding principle could be to forge alliances with the parties who speak frequently in the media when mental disorders are coupled with violent crime. Those parties would primarily be: a) journalists, b) psychiatrists (and other “psy” clinicians), and c) law professionals. The Swedish ethical guidelines for journalists mention, for example, all discriminatory grounds except disability. Thus, developing and expanding those guidelines could be a principal target. The ethical directive for journalists would have to be to not reproduce stereotypes, because if the ethical imperative targets speculation and bias, for instance, there is the easy way around it by having an interviewee speculating and providing the dramatic stereotype and perhaps having another interviewee saying something different. Additional guidelines on what the stereotypes are and how alternative reporting could be created would be necessary. The personal briefings in newsrooms on stereotypes, as reported by Knifton and Quinn (2008) appear right and proper. However, providing positive, dramatized stories about mental illness and genius as Knifton and Quinn (2008) suggests is problematic as the genius is only the individualistic flipside of the villain and victim stereotypes – a character who overcomes ill-health and gets acceptance through extraordinary, individual achievement. Most need acceptance despite not being able to overcome, but having to live with, ill-health, and not having a spectacular talent.
Finally, there is potential in social media for creating identification and understanding to assist an anti-stigma movement. Personally, after having read hundreds of news articles about violent crime and mental illness, I returned to a Swedish forum about schizophrenia (www.viska.se) where people write about health-related matters but also everything thinkable that people in general discuss (e.g., vacation plans, what to do on a rainy day, favorite films and music, relationships, news, sex, sports). This breadth of topics reminds everyone to not mistaking an illness for the person in toto. Users’ forums with their breadth of topics could be used in campaigns, in briefings and follow-up dialogues, because they would counter the synecdochal aspects of media coverage (cf. Cenite, 2005) where the illness and dangerousness are treated as all there is to a person. The forum also contains threads about news – some on violent acts and mental illness. One particular news item that was discussed in the forum used the naming “lunatic” to signify a person labeled with a serious mental disorder. A forum member commented that reading news with such vocabulary, that reinforces a stereotype of violent behavior, “feels like a slap in the face for someone like me”. This particular forum thread opened my eyes to how particular naming practices harm real people. Simultaneously, I got confirmation that naming practices would be important to include in the aim and coding manual of this particular research. Similarly, social media can be used to form research topics that are inspired by, or formed in dialogue with, people at grassroots level.

References


