The Ideology of Madness in the Media:

A Textual Analysis of International Newspaper Coverage of Mental Illness
Acknowledgements

My personal interest in matters of science and health has always informed my academic study in high school and college. Outside the classroom, issues of social justice endlessly occupy my mind and push me to maintain an awareness of a world external to my own life. The field of communication has brilliantly fostered the fusion of these two fascinations, and this thesis represents my efforts to achieve some small semblance of harmony across my personal passions, vocational goals, and duties as a modern-day global citizen.

To this extent, I could not have been remotely successful without the help of several individuals, from whom I receive endless support and love through all my endeavors. I’d like to thank my friends and roommates, Julie, Sarah, Grace, Michelle, Elizabeth and Nicole for consistently being willing to engage in discussion and tolerating me throughout this lengthy process; my siblings, Milan and Amee, for their solid counsel, incessant positivity and wonderful Skype chats; and my parents, Manu and Aruna, for their selflessness in pursuit of the highest standard of education for all of their children, which I will never take for granted and always be grateful for. Finally, I’d like to thank my advisor, mentor and friend, Dr. Elfriede Fürsich, for her willingness to tackle this seemingly insurmountable task with me, despite being an ocean away. Your enthusiasm for communication and support of my interests has been a driving force in my academic career, and has showed me that personal passions, no matter how varied, do not have to exist in separate spheres.
The Ideology of Madness in the Media ii

Table of Contents

Acknowledgements i

Table of Contents ii

Abstract iii

Introduction 1

Literature Review 2

Method 10

Analysis 13

Discussion 48

References 63
Abstract

This study is a textual analysis comparing the coverage on mental illness in international newspapers from China, India, Russia and the United States. It aims to shed light on varying cultural representations of mental disorders in print media, and how different media portray mentally-ill people. While the topics covered vary across countries, the analysis finds that the coverage overall presents an ambivalent discourse: While many articles advocate awareness of social stigma as a means for reducing the frequency of cases, they nevertheless portray mental illness as a stigmatic disease. Moreover, the media coverage presents an unresolved juxtaposition of mental illness as an affliction for the sufferer versus mental illness as part of the identity of a sufferer. The stance that mental illness is an affliction externalizes responsibility for disease, while the view that mental illness is part of an identity internalizes responsibility, perpetuating stigma. Throughout almost all coverage, agency is denied for mentally ill individuals; while causes for mental illness can be both external and internal, solutions for mental illness are always portrayed as external to the mental illness sufferer.
Introduction

On January 20, 2010, *New Scientist* magazine ran an article by Ethan Watters titled “How the US exports its mental illnesses.” The article discussed culturally sensitive interpretations of mental illness, describing several accounts of psychological reactions from across the globe that deviated from traditionally Western perspectives surrounding the experience of mental illness. While cultural variations regarding mental illness are significant “…and do not take the same form from place to place,” the article argued that “…mental health professionals in the US, who dominate the global discussion about how mental illnesses are categorized and treated, have often ignored or dismissed these differences” (Watters, 2010a). The impact of globalization on the potential for exporting Western concepts of mental illness in order to increase profits for pharmaceutical companies like GlaxoSmithKline is described as revolutionizing the way the world diagnoses and interprets mental illness; critics argue that the pharmaceutical industry imposes manufactured symptoms of disease on cultures previously unaffected by Western forms of mental illness (2010a).

According World Health Organization, mental illness affects millions of people and left untreated, can cause immense damage to neurological health as well as weaken general immunity ([WHO], n.d.). While the World Health Organization states that the “lack of recognition of the seriousness of mental illness” contributes to its proliferation (WHO, n.d.), the question raised by the juxtaposition of the WHO’s global perspective on the “lack of recognition of the seriousness of mental illness” and Watters’ notion that
global ideas surrounding mental illness are distinct in both perspective and treatment raises an interesting contradiction. This study aims to shed light on some of Watters’ questions and concerns by examining mental illness as it is portrayed in international print media, an area communication scholars have neglected to investigate. Using a textual analysis to investigate newspaper coverage from four different countries, this study proposes a cross-cultural examination of concepts of mental illness. The central contribution of this study is to illuminate potential interpretations surrounding disease by investigating the circumstances that generate mental illness coverage, the instances in which mental illnesses are portrayed as stigmatic diseases, and the causes and solutions favored in coverage to explain mental illness.

**Literature Review**

In this literature review prior studies on the coverage of mental illness by the print media will be discussed as they relate to this project. In addition, previous representations of disease, health issues and the formats in which they are represented will also be detailed.

**Themes of Mental Illness Coverage**

Print journalists have often covered mental illness and depression negatively. This adverse framing seems to engender negative public perceptions towards individuals suffering from these diseases. Part of the reason for such adverse response from the public directly correlates with the frames in which these news stories are reported. There
are a number of themes used in reporting of depression and mental illnesses that researchers have repeatedly found contribute to societal hostility towards the depressed.

**The Perpetuation of Stigma**

Violence and destruction are among the most prominent themes journalists use to depict mental illness. In an analysis of print media sources in New Zealand, Coverdale, Nairn and Claasen (2002) found that adverse depictions of mental illness were most prominent, featured in more than half of articles analyzed (p. 698). These articles portrayed the mentally ill individual as dangerous, criminal and vulnerable, thus perpetuating stereotypes asserting that individuals suffering from mental illness are unstable (Coverdale et al., 2002, p.698-699). Angermeyer and Schulze reported similar findings in their content analysis of a German tabloid, which asserted that crime reporting was the subject for over half of all press coverage analyzed (2001, p.472).

Several more recent studies have found that reporting on violence associated with mentally ill individuals has decreased. According to a study reporting on newspaper coverage on mental illness in the year 1999 by Wahl (2003), only “26% [of articles] involved accounts of crimes and/or violence perpetrated by a person with a mental illness” (p. 1595). Corrigan et al., (2005) confirmed this decline in violent coverage with similar findings, reporting that articles related to dangerousness were 39 per cent of all stories researched (p. 554). However, despite the fact that this does represent a decrease from earlier research that typically found that over half of mental illness reporting connected to violence, the majority of articles still fall into this category. These results
substantiate a sustained need for journalistic change with regards to mental health coverage (Corrigan et al., 2005, p. 554).

The frames used in newspapers to represent the murders of Isabel Schwarz and Jonathan Zito quite soundly assert this need. The coverage analyzed in a study by Paterson (2006) was typical in its featuring of destructive crimes committed by mentally ill individuals. The analysis of newspaper coverage from the time when these murders happened illustrated the connection between resulting policy changes and an increased public sentiment for measures to control the mentally ill, who became established as “potentially dangerous” (Paterson, 2006, p. 296). While the general public blames the mentally ill for their violent actions, they simultaneously shift responsibility for the proliferation of mental illness to the government that needs to enact policies that keep individuals safe by supervising those with issues of mental health. This emphasis on government responsibility and change in social policy effectively serves two purposes: to isolate the mentally ill as dangerous individuals in need of a keeper (in this case the government), and subsequently to strip the patients of all sense of responsibility and related identity (Paterson, 2006, p.298-299).

Vulnerability is another common theme used in news media to portray mental illness. In a study by Nairn and Coverdale (2005), a sample of print media articles about mental illness were analyzed for testimony from individuals living with mental health disorders. Emerging from this research was the notion of vulnerability felt among those living with mental illness, who described their personal experiences “as subjected to the
prejudices of the wider society” (p.284). Individuals mention constantly feeling nervous about their mental disorders and the way others perceive them (Nairn & Coverdale, 2005, p.285). These feelings are not unfounded and were supported by Nairn, Coverdale and Claasen’s 2001 study that highlights the depiction of a mentally ill individual in the press after he sexually assaulted a young boy (p. 655). The results of this study show an inherent tendency of the news media to discuss Ryder as a helpless individual who never received the proper therapies for his condition (Nairn et al., 2001, p.656). This language serves to deprive the man/perpetrator of the opportunity to take responsibility for his actions.

This language of vulnerability serves to isolate those individuals living with mental illness and works to perpetuate the stigma that these individuals feel in a variety of situations, including the spheres of employment, housing, and daily interactions (Nairn & Coverdale, 2005, p.285). The sense of stigma can also be presented as a lack of agency attributed to those living with mental illness. Rowe, Tilbury, Rapley, and O’Ferrall (2003), for example, found that the dominant sources informing articles on depression in Australian newspaper media were “medical professionals, researchers and politicians” (p. 682). Very few articles quoted people diagnosed with depression, and the ones that did supported the views of the experts. According to Rowe et. al (2003),

The privileging of medical or bureaucratic experts and the lack of voice of the lay person, produces depression as a condition outside the realm of everyday comprehension and within the domain of those with special knowledge and expertise. Ownership of the problem is thus vested in the hands of the experts rather than ordinary people. (p.684)
Nairn and Coverdale (2005) also noted this lack of directly-affected sources in print media coverage from their study; only five of six hundred articles quoted an individual living with a mental health disorder (p.282). The resulting loss of agency for the individual suffering from mental illness proves to be a great factor in implicitly stigmatizing them.

*Demographic Differences*

Several other themes have been found to affect the depiction of mental illness in the media that are based on socio-demographic differences. One of the primary differences in coverage of depression and mental illness is attributed to gender. Gender portrayals in media, particularly with reference to depression, have very distinct modes of representation.

As Metzl argues, females have long been the targets of pharmaceutical company advertisements for depression (as cited in Gardner, 2007, p.540). In fact, according to Gardner (2007), women are not only strongly linked to depression, but are in fact becoming synonymous with it. Advertisements are beginning to convey the notion that depression is a biologically inherent disease for females (p.540). Gardner (2007) argues that a myriad of diagnoses, from general, everyday stresses to psychological disorders following traumatic experiences, get swept up under the umbrella of depression and projected on women. Young girls targeted by Eli Lilly’s online marketing campaigns are taught to equate panic disorder with substance abuses, despite the inherent differentiation
in symptoms, and are encouraged to remain vigilant over their bodies lest some uncontrollable disease such as this sneak up on them (p.543). As Gardner (2007) put it:

These pharmaceutical ads introduce new “risk” factors in order to market recently created women’s disorders and drugs old and new. These campaigns provide the dual message that depression, while a risk for the general population, poses a greater risk to females, and reinforce the need for women to undertake auto-surveillance and biotechnical work upon the self. (p.543)

Advertisements from pharmaceutical companies thus encourage women to monitor their mental and emotional states closely, creating manufactured neuroses that companies are able to diagnose, treat, and gain from financially, while simultaneously perpetuating a fabricated misconception associating women with mental illness throughout society.

Another common theme predominant in advertisements for women and depression is the notion of the female being biologically and environmentally predisposed to the disease. Advertisements portray incidents of sexual assault as moments that can be overcome by pill-popping with antidepressants, which is part of a greater idea to convince women that while many violent acts are uncontrollable to them, the idea of powerlessness can be negated and overturned through self-medication (Gardner, 2007, p.545). Instead of drugs for those who actually suffer from depression, pharmaceutical companies like Eli Lilly make drugs like Cymbalta for “everyday women,” a phrase that in itself normalizes mental illness as a personality trait and thus names half of the human race as victims of depression (Gardner, 2007, p. 546).

In terms of male-targeted advertisements, depression is seen less as a hormonally triggered illness and more as a biological defect within the brain that can only be treated
with drugs. Whereas women were forced to accept complete lack of agency without any
menial form of control over their circumstances save for constantly monitoring their
bodies for inevitable signs of illness, males were given full agency and encouraged to
take drugs to avoid what Eli Lilly asserts men should consider as “real illness” (as cited
in Gardner, 2007, p. 546). These advertisements serve to perpetuate traditional yet
outdated gender roles, implicating overburdened women as incapable of handling the
daily stress of their modern lives and men as the masculine figure in control of women
and themselves.

Another theme involving demographic differences highlights the differences in
the representation of various age groups in newspaper articles. Slopen, Watson and
Gracia (2007) explained how articles written about children versus adults with mental
illness were broadly constructed with reference to the type of article, disorders mentioned
in the article, themes discussed in the article, and how much “responsible journalism”
was present in the article (p.4). Articles about children with mental illness were more
likely to be feature stories, while adult articles were more commonly news stories. Adult
disorders mentioned were those that commence in adulthood, whereas childhood
disorders mentioned included anxiety and eating disorders. In terms of the nature of the
articles written, a greater portion of child articles discussed behavior problems while a
greater portion of adult articles discussed criminal acts committed. Finally, articles about
children were written with far less stigmatizing terminology than articles written about
adults, and showed concerns for health care issues relating to mental illness in children
(Slopen et al., 2007, p.11-12).
Media Representation of Disease

Researchers have placed disease into various frames based on the overt and hidden tones employed by the media. Smith (2007) highlighted two frames utilized in portrayals of disease in the media: “challenge” and “stigma” formats (p.233). In the stigma format, various tactics are employed to isolate and denigrate a particular group of individuals from a community. According to Smith, “stigma serves social functions” that allow “people associated with threats to resources, socialization, health and reproduction…to be marked and labeled as a separate social entity” (2007, p. 236). Once fear of a particular group is detected amongst societal members, four specific components are exploited to communicate stigma: mark, responsibility, group labeling, and peril (Smith, 2007, p.236). Marks serve to create ease for identifying and classifying a stigmatized group; responsibility holds the group accountable for their circumstances; group labeling distances the stigmatized from the larger society, signaling the presence of danger from the stigmatized group; and peril outwardly acknowledges the potential threats faced by the community because of the stigmatized group (Smith, 2007, p.237-238).

On the other hand, certain diseases are represented as challenge diseases. Challenge frames disease as an entity that can be controlled and battled, because the community “…may feel like they possess more than enough resources to meet it” (Smith, 2007, p.238). Viewed in a non-threatening light, challenge communication encourages acceptance and inclusion of individuals with disease by adopting a combative, communal
The Ideology of Madness in the Media

stance on eradicating illness (Smith, 2007, p.239). While stigmatic coverage is generally pessimistic, challenge coverage is optimistic, focusing on disseminating “recommendations for those directly and indirectly facing the health issue” (Smith, 2007, p.239).

Mental illness itself has informed several previous studies on media portrayals of disease. However, the noticeable absence of comparative media studies that involve an investigation of cross-cultural coverage of mental health problems, combined with findings from previous mental illness studies informs the following research questions: What is the nature of mental illness/depression reporting abroad, i.e. what issues generate coverage? What themes and frames are emphasized? What kinds of agency are designated or denied to mentally ill individuals? What culturally sensitive perceptions of mental illness are communicated to the public via newspaper coverage?

**Method: Textual Analysis**

This study was conducted using textual analysis. Textual analysis proved to be the most effective method to evaluate sources due to its in-depth assessment of ideological and cultural assumptions reflected within the media chosen for study. As Fürsich (2009) explains, “Textual analysis allows the researcher to discern latent meaning, but also implicit patterns, assumptions and omissions of a text” (p. 241). While quantitative analysis attempts to remove the personal bias’ of the researcher from interpretation, “the quantitative analyst…can hope to avoid ‘interpreting’ his data only if he concerns himself entirely with ‘manifest,’ or denotative meanings…” (Schröder, 2002, p.103). As I aimed
to focus this study on discerning the cultural premises that inform newspaper coverage on mental illness using a strategic sample, the advantages of textual analysis emerged as a means to “…[acknowledge] the autonomy of cultural practices or objects as signifiers in their own right, independent of the intentions of the authors and producers or reception of the audience” (Fürsich, 2009, p.240).

I used four different international newspapers in this study to assess media portrayal of mental illness across the globe. The four newspapers were chosen to provide a unique and broad sample to allow comparison across four distinctive cultures. The newspapers used were the China Daily, The Moscow Times, The New York Times, and The Times of India. All newspapers chosen were published in English to accommodate my language limitations. The China Daily was selected because it is the only English daily newspaper in China. Claiming a readership of over 300,000 in over 150 countries, China Daily was founded in 1981 and “is targeted at Western mainstream society,” as well as being “one of the most authoritative newspapers in the country” (China Daily, n.d.). The Moscow Times of Russia was chosen because it is a leading English newspaper in Russia. According to their website, it is distributed in the Moscow area for free; while it was conceived in 1992 for foreigners living in Moscow, it currently enjoys a high Russian readership as well (The Moscow Times, 2010). The largest newspaper in the United States with a circulation of just fewer than 1 million on weekdays, The New York Times was chosen for its legitimacy as a major United States publication, its extensive readership and its renowned international news coverage (The New York Times, 2010). The Times of India is a leading English daily newspaper in India (facts according to the
Factiva database). Additionally, I chose these four newspapers and countries because they yielded the greatest number of articles focused on mental illness in my initial searches in Factiva.

I performed four separate searches to pull the articles from the Dow Jones Factiva database. Each search was limited to a period of five years, from March 21, 2005 to March 21, 2010. I used the search terms “mental illness” and “depression” to retrieve articles from The New York Times, The Times of India, and China Daily. I narrowed down the initial search by excluding irrelevant content (e.g. searches resulting in the Great Depression as opposed to depression as a clinical illness) and articles with fewer than 330 words in order to obtain articles with the greatest amount of coverage. In order to obtain the most relevant articles representing of the entire time period of coverage, I used the search modifier to order the results by relevance. Since coverage across the five year period was not equal for each year of each newspaper, I tallied the total number of articles published per year on mental illness for each newspaper and selected a proportionate number of articles based on these tallies, using the most relevant articles for each year to sample a total of fifteen articles each. For The Moscow Times, I used the search terms “mental illness” in one search and “mental disorder” in another search, but could retrieve only five articles. Of these five articles, I eliminated one that referenced the term “mental disorder” in passing without any other discussion or context alluding to mental disorders, yielding a sample of four articles. These four articles were included to provide at least a glimpse of Russian interpretation of mental illness. A total of forty-nine articles were analyzed.
Analysis

Context of Coverage

In The New York Times, a majority of the coverage that has been generated on mental illness and depression remains focused on the importance of acknowledging depression and mental illnesses as physical diseases external to human control. While the articles themselves report on the issue in a myriad of ways, undertones implying that the uncontrollable nature of mental illness can be likened to such diseases as cancer or smallpox suggest that the way mental illness is covered by the media has a direct correlation to the prevention and treatment of mental illnesses. For example, in the earliest article sampled from April 2005, Dr. Peter Kramer discusses the physiological destruction of not only neural pathways, but also the cardiovascular, skeletal, and endocrine systems (2005). He proceeds to discuss the importance of accepting the idea of depression as “…neither more nor less than a disease, but disease simply and altogether.” (Kramer, 2005). Viewing depression as greater than a disease or less than a disease reduces the urgency in combating it, allowing the illness to fester in society as a seemingly necessary component of human nature. Several other articles that discuss endeavors being made in the field of mental health hold this view of mental illness as a physical disease as a central tenet to their progress, such as a controversial ad campaign that tersely highlights the consuming nature of mental illness in children (Kaufman, 2007); the passing of a bailout bill which allows for the long-awaited mental and health
insurance parity in the United States (Pear, 2008); and the progress imaging studies are making in the direction of standardizing treatment for mental illness, thus reducing stigma and creating a behavioral explanation that shifts guilt away from the persons affected by mental illness (Carey, 2005b).

On the other hand, some of the articles covered in this time period were at odds with this notion of standardizing mental illness as a disease, such as Ethan Watters recent article, “The Americanization of Mental Illness.” In this article, Watters argues that mental illnesses worldwide are not “…discrete entities like the polio virus with their own natural histories” (Watters, 2010b), and that such illnesses are variable in different parts of the world based on diverse cultural upbringings. Similarly, another article highlights the subjective nature of interpreting mental illness, analogizing the removal of homosexuality to the overnight healing of “an estimated four to five million ‘sick’ people” (Carey, 2005a).

The remaining articles were varied in subject matter, covering a wide spectrum from improved access to mental healthcare in the US and abroad in India, to efforts in reducing mental health stigma through entertainment venues, to human-interest pieces focusing in on the struggles and experiences of those living with mental illness. Surprisingly, only one of the articles selected reported mental illness in connection with criminal activity.

*In the China Daily*
The nature of the articles in the China Daily differed greatly from those in the New York Times. A majority of the articles reported on the presence of widespread mental health issues across China. Amongst these issues are the escalating problems and deficiencies in mental health care, and articles covering mental illness report dire statistics, such as “…11 hospital beds and less than two psychiatrists for every 100,000 patients,” that highlight these deficiencies (Qian, 2009a). Other problems often reported include the lack of medical insurance amongst the poor, stopping 60% of those in critical need of medical care from receiving it (Feng & Lisheng, 2006); the need for better mental health care legislation, which currently under serves 80% of those who suffer from mental illness in China (Juan, 2007); and the increasing numbers of Shanghai residents being affected by depression (Hongyi, 2008).

Another major source of coverage in the articles from the China Daily is crimes associated with mentally ill individuals. Six of the fifteen articles gathered referenced a criminal act involving mental illness, five of which report on mentally ill individual directly committing a murder. One article describes the sentence of a girl who murdered her younger sister after years of suffering from depression that was induced by her sister’s mental illness (Zhiling & Wei, 2008). The other four homicide articles offer the murderer’s history with mental illness as the direct explanation for the murders committed, despite that a few cases were still under investigation. The sixth crime-related article reports on a “mentally ill” individual who was murdered at a “Reboot Camp” for curing Internet Addiction (IA), despite the article’s disclosure that “‘there is no national standard on whether IA is a mental disease…” (Tian & Yanting, 2009).
Suicide is a source of coverage for a couple of articles, presented as “…the fifth-biggest cause of death in China.” (Yan, 2006). Prevention is a focus of both articles, emphasizing the need for enacting practical methods like a suicide-hotline to assist those experiencing extreme thoughts (Yanrong, 2010). Remaining articles discuss research uncovering a link between mental illness and diet (Lawrence, 2006) and job discrimination against mentally ill individuals (Zhenghua, 2008).

*In the Times of India*

Coverage was the most variable in the *Times of India*, and reporting was based on an array of subjects. Some of the articles were informative reports on the state of mental health issues in India, discussing everything from the lack of mental health care throughout the region for people in rural and urban areas (“People have poor access,” 2009) to a new government-proposed program focused on improving this poor access to mental health care (Sinha, 2009). Other articles discuss research developments for preventing and treating mental illness. One of these articles highlights the link between deficiency in vitamin B12 and depression (Iyer, 2009); another discusses the study from the Banaras Hindu University of how music therapy can increase “chances of recovery from mental illness” (“Music,” 2010). The remaining articles cover a diverse set of subjects: the rights of mentally ill individuals; the impact of mental illness on self-inflicted violence; reducing stigma of mental illness; and the effects of violent conflict on mental illness.

*In The Moscow Times*
There was very little coverage on mental illness between 2005 and 2010 in *The Moscow Times*. A total of four articles were obtained from the search. One article was a letter to the editor regarding the onset of both physical and mental illness with the coming of spring; the article cites “spring madness” as the cause for mental health problems (Berdy, 2008). A statement regarding Georgian leader Mikhail Saakashvili is mentioned in passing in this article, and also served as the focus of another article which discussed the incident where he “…absentmindedly stuffed the end of his red silk tie in his mouth and bean to chew it in an apparent attack of nerves” (Malpas, 2008). One article discusses an employee discrimination lawsuit filed by an individual who was declined a job “…due to a note on his military record that he suffered from a mental disorder. The mark was made in 1992, when homosexuality still retained its Soviet-era classification as a “perverse psychopathy” (Titova, 2006). The final article mentions mental health in passing, in regards to a law allowing individuals suffering from mental disorders or addiction to reclaim property sold during a state of mental duress (Delany, 2007).

**Stigmatic Disease**

Across all countries, mental illness is represented as a stigmatic disease, rather than a challenge disease. According to Smith (2007), the communication of stigmatic disease involves four main components:

(a) a mark for categorization in a stigmatized group, (b) responsibility for placement in the stigmatized group and resulting group threat, (c) cues to danger facing the group and its members, and (d) reminders for unmarked members to protect themselves and to support collective efforts to eliminate the threat. (p.236)
With the exception of the attachment of a categorizing mark, indications of stigmatic components were found present in newspaper coverage in all four sources.

*Marks*

The first element of stigmatic disease is a mark, which serves as the “…sociofunctional process using cues that evoke automatic reactions easily for quick recognition, learning potential, and suggested social response” (Smith, 2007, p.237). One quality of marks, concealment, “…provides a greater opportunity to be recognized” so that the individual who is stigmatized becomes a prominent target, while the other quality attributed to marks, disgust, cues the repudiation of the individual (Smith, 2007, p.237).

Marks were found present in coverage from the Moscow Times. The article discusses a gay man who is denied employment at a railroad because of his homosexuality, which was at one point considered a mental illness. The article states:

> When the diagnosis was made, the man was registered at a local psychiatric clinic and required to undergo periodic psychiatric assessments. He was classified as being incapable of serving in the Army and issued a military card with the mark ‘7b,’ which indicated a psychopathic mental disorder. (Titova, 2005)

The mark here is the military card, which prevents concealment of the mental illness and impedes the individual from gaining employment and leading their life as the normally would. Furthermore, even after homosexuality is removed from the registry of mental illnesses, “…the military refused to cancel his diagnosis and confirmed it still considered him unfit for services because of his homosexuality” (Titova, 2005).
Though no articles from *The New York Times* or *The Times of India* referred to or used marks in their coverage, one article from *China Daily* references the need to create a mark for identification of mentally ill. An article spurred by recent crimes committed by mental illness sufferers quotes the vice-minister of Public Security in China as saying: “We should get comprehensive information about people with high potential danger and keep a close eye on them to maintain social stability,” (Qian, 2009b). The article mentions the inherent threat mental illness sufferers pose to public security, generalizing all people suffering from mental illness as dangerous. This idea is exacerbated by the title of the article, “Mentally Ill People in Public Security Risk List,” which follows the marks component of stigmatic disease by isolating all “Mentally Ill People” as being a “potential danger to public security” (Qian, 2009b).

**Responsibility**

Connected to the concept of responsibility is the belief “…that [their] targets choose their stigmatized condition” (Jones et al., 1984, as cited in Smith, 2007, p.237). Stigmatizers assume that the stigmatized individual has engaged in immoral behaviors, thus triggering the onset of illness (Smith, 2007, p.237). An article in the *China Daily* asserts that “…anxiety, depression, and other disorders” are “…caused by bad life habits including drug and alcohol abuse” (Feng & Lisheng, 2006). This same article asserts that there is an enormous dearth in the quality of healthcare afforded to those with mental illness. Equating the spread of disease to the absence of free treatment, the article states that “…mental disease patients…put great pressure on and pose potential danger to their
families and society…” (Feng & Lisheng, 2006). While the article holds the government responsible for the spread of mental illness, these two statements hold the mentally ill responsible for their “dangerousness” as a consequence of their previous poor “habits.” Another article in the China Daily discusses a son with the mental illness of “internet addiction.” His uncle, Li Jian, is quoted as saying, “‘He used to get good scores at school before he got hooked on online games last year,,’” (as cited in Tian & Yanting, 2009). Though the article later mentions that internet addiction is not officially listed as a mental disease in China, the family viewed their son as having a mental illness (internet addiction) that led to the forming of his bad habits (neglecting his school work), and thus sent him to an unofficial facility for the treatment of internet addiction (Tian & Yanting, 2009). Thus, his choice to become addicted to the Internet resulted in his academic demise.

In The Times of India, one article discusses the role of gender in mental illness, with particular reference to the causes for mental illness in women. Indian psychologist Maitreya Parekh attributes materialism to dissatisfaction, and states that “for women, the need for social security is much higher than in men” (as cited in Kaul, 2006). Addictions are also mentioned later in on the article, earmarking women as vulnerable to the dangers of alcohol and drugs. (Kaul, 2006). However, later on in this article, psychologist Vinod Goyal credits the setup of Indian society and the submissive role women are encouraged to occupy as the reason for the self-inflicted harm associated with mental illness (Kaul, 2006). The article endorses one viewpoint but is written from the perspective of another; while attempting to explain mental illness by denying agency to the mentally ill
individual (the woman), the article is written to prescribe blame to this same individual, acknowledging only the woman’s vulnerability to materialism and addiction.

Other articles in *The Times of India* also assign the responsibility for mental illness to those who are afflicted. In Sinha (2007), it is acknowledged that “mental illness in India is considered a taboo – a behavioural disorder rather than a health menace.” While statistics about mental illness and suicide are reported in this article, these statistics were focused on women and only casually mention male suicide attempts. Chitlangia’s 2008 article opens by recalling the incident of a 55-year old women who “…was beaten to death by her three sons who were convinced she was ‘possessed’ by the evil spirit of a relative…” The article continues to detail a common perception across both rural and urban areas of India to associate mental illness with possession by evil spirits. As Smith (2007) states, this rhetoric implies those dealing with mental illness have a choice in their affliction, “…[resulting] from a character flaw of immorality (Goffman, 1963) or another controlling entity” with the controlling entity in this case being an evil spirit (p.237). Responsibility, though not always stated outright, is also implied in these articles. One article quotes Prof. R. Thara’s discussion of healthcare policy: “Since we do not have any social security benefits for the mentally ill, it becomes essential for them to resume work soon. In short, a patient should not be a burden on the family for long,” (as cited in Sharda, 2010). Despite the fact that social security for mentally ill is not provided by the country itself, the blame for burdening a family is rested directly on the individual afflicted by mental illness.
Responsibility for mental illness in *The New York Times* was presented in a multitude of ways. Responsibility is sometimes attributed to the mentally ill individual. In one article discussing the gunman from the 2007 Virginia Tech shootings, Schwartz and Carey (2007) write: “The clips suggest a person with holes in his soul who lacked features like emotional control and empathy for others that keep a lid on the violent impulses anyone might have.” This statement implies that there was something lacking from the individual; crucial human qualities that most people possess were missing in his case, inferring that his was a subhuman identity. While many articles that report on mental illness imply that mental illness has a biological foundation and thus remains out of the control of the individual, stating that a person possesses “holes in his soul” conveys the impression that the “emotional control” that is missing is in fact present, but rather not being exercised. Thus, blame is transferred to the individual, not the disease.

A similar argument is waged in an article discussing a controversial public service campaign in which autism and four other disorders are portrayed as holding a child ransom. As Professor Vicki Forman of the University of Southern California attests, “Rather than promote public awareness, this reinforces stereotypes – that there is something damaged about the autistic person, something in need of a repair” (Kaufman, 2007). However, Professor Bennett Leventhal of the University of Illinois Medical Center argued that this perspective is at odds with the campaign’s intent, which was to “…speak to the point that these are real diseases and if you don’t do something they can consume your child” (as cited in Kaufman, 2007).
The above contrast between responsibility of the individual for the onset of disease versus responsibility of biological factors forms one of the most common discordances within reporting across newspaper articles from all sources. In a *New York Times* article, Professor Sheila Mehta’s 1997 experiment demonstrated that citing biomedical causes for illness attributes more stigma to an individual, who is then seen as “‘…almost a different species’” (as cited in Watters, 2010b). Thus, stigma is exacerbated instead of reduced, as society is unable to empathize with the person suffering from mental illness. This notion conflicts with Peter Kramer’s understanding “that depression is neither more nor less than a disease, but disease simply and altogether” (2005). Kramer’s idea is buttressed by several other articles, such as one that reported on developing imaging techniques that would serve as “standardized [tools] for diagnosing or treating psychiatric disorders” (Carey, 2005b). This endeavor to homogenize treatment for mental illness supports the idea that mental illness has biological causes external to the individual’s control.

In *the Moscow Times*, however, responsibility for mental illness was not necessarily connected to the individual. An article discussing a Russian law that allows people to “reclaim their property if they can prove that they were suffering from mental illness, drug addiction or even alcoholism at the time they sold it” (Delany, 2007), discusses a case in which one such owner reclaimed a property sold in this way. The courts sided with the individual, who was suffering from epilepsy; the discussion of the verdict in the article mentions that “…judges [are] often sympathetic to the claims of previous owners…” (Delany, 2007). The law itself does not seem to hold those suffering
from mental illness responsible for their misjudgment in selling their apartments; in fact, it allows them to undo this “mistake” and recover their property, creating difficulty instead for the individual who stumbled onto the property after the mentally ill persons sold it. One article, a letter to the editor, describes the coming of the season of spring itself to be the cause of mental health problems: “In the worse cases, you flip your lid as part of spring mental turmoil” (Berdy, 2008). The article also attributes several other physical and emotional reactions to the season of spring, avoiding naming the individual as the perpetrator of mental illness.

Titova’s 2005 article is the only one from selection of articles from *The Moscow Times* that does follow the rhetoric of responsibility, and it holds true to Jones & Davis’s 1965 attribution theory, which “…suggests…that people assume that others remain consistent with their choices. If they chose to hurt the group once, they are likely to do so again” (as cited in Smith, 2007, p.237). Titova’s article tells of a gay man who is prevented from being hired because of his military health record, which cites him as having a mental disorder because “the mark was made in 1992, when homosexuality still retained its Soviet-era classification as a ‘perverse psychopathy.’” Despite the fact that “the WHO has not classified homosexuality as a mental disorder since 1992,” in Russia “…people with previous records of psychiatric disorders or ‘bad military cards’…are routinely prevented from getting jobs” (Titova, 2005). Thus, while homosexuality is not considered a mental disorder anymore, homosexual individuals are still seen as suffering from “‘other disorders of sexual identity,’” (Titova, 2005). They are barred from
normal activities like obtaining a job; if they were “mentally ill” at one point, they must still be “mentally ill.”

Group Labeling

The component of group labeling “…stresses…a separate social entity in and of itself” (Smith, 2007, p.237). According to Devine, Plant & Harrison (1999), Link & Phelan (2001), and Morone (1997), group-labeling language generally attempts to “[separate] us from them” (as cited in Smith, 2007, p.237). An analysis of language in this way can “…provide verbal cues about a target’s membership and the social distance between the interactants: the readers, the speakers, and the targets” (Smith, 2007, p.237), thus generating insight to the societal relationships between individuals with mental illness and those without.

In China Daily, group labeling was evidenced strongly throughout much of the reporting on mental illness. While coverage focused on improving access to healthcare, the writing employed an “us” vs. “them” strategy to discuss these developments. One article quotes the vice-minister of Public Security as urging that a “close eye” must be kept “on them to maintain social stability” (Qian, 2009b). The “us” vs. “them” rhetoric is employed to marginalize those suffering from mental illness and force them into a category that equates their disorders with danger. In another article, the benefits of a draft law are able to “…help them return to normal life” (Juan, 2007). The use of the word “them” in the above statements distances those with mental illness from those without; Smith (2007) calls this phenomenon “out-group labeling” (p.239). The idea of returning
“to normal life” suggests the individual needs governmental assistance to be rescued from some separate, abnormal life created by mental illness.

Several of the articles in *The Times of India* discuss the need to decrease stigma associated with mental illness by reducing group labeling. However, the language that permeates these articles often weakens this advocacy. For example, an article ran in 2008 discussing the power of group labeling and the “us” vs. “them” context. The article highlighted the stigma attached to mental illness derived from the use of phrases like “psycho” or “schizo” in casual contexts. The article explains that “labeling someone and creating a division” creates “…a division – a superior ‘us’ group and a devalued ‘them’ group” (Sinha, 2008). The article advocates community change to help destigmatize mental disorders. Although the message for decreasing stigma is upheld in the previous example, in other articles that champion the same destigmatization, the language used connotes inferiority on part of the mentally ill. For example, an article discussing the common dismissal of mental illness as having supernatural origins suggested that greater discussion of such illnesses would lead to fewer stigmas. However, the same article mentions that Indians in society “…have to understand that we can’t expect a patient to become normal soon after treatment” (Chitlangia 2008). Normal becomes a term that somewhat undermines the articles intentions to decrease stigma by subliminally creating distance between the “normal” reader and the abnormal person suffering from mental illness.
In *The New York Times*, group labeling was less evident. The most significant instances of group labeling involved nomenclature that associated the disease with the person afflicted by it, such as referring to depressed individuals as “depressives” (Solomon, 2006) or individuals with mental disorders as “the mentally ill” (Satel, 2009). These labels convey the impression that the individual and the disease are one and the same, rather than signifying that the disease is external and separate from the individual.

Other instances in *The New York Times* reference group labeling as it pertains to alleviating stereotypical group associations, such as the tendency for people to associate creativity and artistry with mental illness. An article written about a Broadway musical that attempts to depict mental illness as truthfully as possible mentions that to retain this authenticity, they avoided scripting the mother (who suffers from manic depression) as a painter, as television shows like “United States of Tara” often do. (Cohen, 2009). The authors of the play cite Dr. Peter D. Kramer’s book “Against Depression” as the inspiration behind this endeavor, and another article from *The New York Times* written by Kramer himself chides society for endorsing these stereotypes: “…the aspect of the romanticization of depression that seems to me to call for special attention is the notion that depression spawns creativity” (2005). Dr. Kramer discredits group labeling that equates creativity with depression, reminding the reader that “if anything, traits eroded by depression – like energy and mental flexibility – show up in contemporary studies of creativity” (2005).
Dr. Kramer also avoids the “us” vs. “them” rhetoric throughout the entirety of his article and instead utilizes the term “we”: “We should have no trouble admiring what we do admire – depth, complexity, aesthetic brilliance – and standing foursquare against depression” (Kramer, 2005). He constructs the relationship between the reader, the author, and those who suffer from depression as a collective one where all parties must take responsibility for the existence of depression; the article candidly (through presentation of ideas) and intrinsically (through the use of language) encourages “normative inclusion” of the health issue at hand (Smith, 2007, p.239). Dr. Kramer’s article excels as an example of how normative inclusion can be integrated into news coverage.

In *The Moscow Times*, group labeling is evidenced in the article discussing Mikheil Saakashvili’s tie-chewing incident. The article mentions a tabloid’s remarks that the Georgian president is a “sociopath,” and also quotes a criminal psychologist specializing in serial killers stating that Saakashvili was “psychologically inadequate” (Malpas, 2008). The article on homosexuality mentions the “social stigma still attached to homosexuality in Russia,” but advocates human rights for gays and lesbians (Titova, 2005). The remainder of the article advocates for gay/lesbian rights and does not use language that distances this group as suffering from mental illness. The article on spring causing mental health problems even uses inclusive language, stating that because of “spring madness…We feel vague melancholy, headaches and dizziness. Capacity for work diminishes. People are enervated.” This letter to the editor implies collective problems with mental health and rejects singular, isolated instances.
Peril

The final characteristic of a stigmatic disease is peril. According to Deaux et al., (1995), Frable, (1993), and Jones et. al, (1984), “Peril is the perceived danger that a stigmatized group poses to the rest of the community” (Smith, 2007, p.238). Peril rhetoric functions to “cue peril to the community” via “signal words, hazard statements, hazard avoidance statements, and consequences statements” (Smith, 2007, p.238). Collectively, these four tools successfully identify what constitutes danger for a society and how it will proliferate if it is not controlled. As Smith states, “if they believe…that they do not possess the necessary resources, then they face a threat” (Smith, 2007, p.238). Thus, peril alerts a community to an imminent problem that needs to be reconciled.

*China Daily* not only illustrates a sense of abnormality among the mentally ill in its writings, but also extends this representation to a threat level. The quality of urban mental health care is viewed as sub-par because “…mental hospitals are usually located in suburban, rural, or even remote areas, because people regard mental health sufferers as dangerous and think they should be kept away’ ” (Feng & Lisheng, 2006). This physical expulsion of people with mental illness to less-densely populated areas is metaphorical of social isolation. Additionally, several other articles regard mental illness as “a serious threat to the nation’s public health” (Juan, 2007; Qian, 2009a; Jingqiong & Juan, 2009), isolating those who suffer as “threats” that jeopardize the state. One article even begins with the following statement: “People with mental health problems have been cited as a potential danger to public security after some recent crimes were allegedly committed by
some who were suspected to be suffering from mental illnesses” (Qian, 2009b). Thus, not only are people with mental illnesses a threat to the public health of China, but also a threat to the public’s general security. This statement does not even confirm that the individuals in question, who were only “suspected” of having mental illnesses, committed the allegations of the crimes.

Articles in China Daily tend to create a hierarchy in which the needs of the community are placed above those suffering from mental illness. For example, an article discussing legislation for “…better treatment and protection for millions of mental illness sufferers” states that “A key part of the law would be to reinforce control over those subject to serious mental disorders” (Juan, 2007), suggesting that people with mental illness are unmanageable and need to be controlled. This idea is further pressed in the article, when the Shan Juan asserts that although “…their plight has ignited public sympathy, there has been mounting concern over a potential threat to security from this population” (Juan, 2007). This security threat raises the needs of the mentally healthy Chinese population above those individuals with mental illness, as evidenced from the closing statement of the article, which states: “ ‘The Law is committed to protection of not only the mentally ill but the inner peace of the 1.3 billion Chinese’ ” (Juan, 2007). The “1.3 billion Chinese” people who are experiencing a disruption of their “inner peace” by the mere existence of the mentally ill will be able to rest at night when mental illness sufferers are under control, thus belittling the needs of the mentally ill who are held responsible for these disruptions by denying them the agency to govern their own illnesses.
In *The Times of India*, the aspects of peril often highlighted the impact mental disorders had on the families. Srinivasan’s 2006 article implies that for families of mental illness, their lives “…are emotionally and socially devastated” by these diseases. Another article on the consequences faced by families of mental illness sufferers mentions the effects of stigma on marriage: “A daughter suffering from a mental illness can be harrowing for an Indian father, for whom marriage is a social necessity” (Sinha, 2008). Sharda’s article mentions that treatment is necessary so that the individual can “resume work soon. In short, a patient should not be a burden on the family for long” (2010). Though mental illness is external to the individual, the consequences for their family members are emphasized in articles. Few articles suggested danger in relation to people with mental illness; one article mentions an individual going “on the rampage” and being hospitalized by the police (Srinivasan, 2006), but most others only emphasize the economic and social repercussions on the families of people suffering from mental illness.

In *the New York Times*, individuals with mental health disorders were rarely presented as dangerous. The only article that alluded to such warnings was the article about the gunman from the Virginia Tech shootings. In this article, different experts provide their opinions on the mental state of the gunman. One expert source, specializing on personality disorders and killers, mentions that “…these are people…who might see conspiracies all around, and who have so little empathy that they ‘can do the most heinous things almost as if they were whittling wood’ ” (Schwartz and Carey, 2007). However, no other articles served as categorizing individuals suffering from mental
illness as dangerous, and this article served to comment upon the state of a murderer after he committed several murders.

In *The Moscow Times*, the article discussing the difficulty homosexuals face in finding employment quotes one of the railroad employers as having “‘instructions not to allow anyone with mental problems to do work that involves certain risks…’” (Titova, 2005). Persons with mental illness are seen to be a potential danger, and giving them responsibility for hazardous tasks. The only other article that exhibits features of perilous stigma discusses the consequences of Georgian president Mikheil Saakashvili’s state of “mental unbalance” that could “[lead] to irresponsible political decisions, which lead to chaos, human deaths and humanitarian catastrophes” (Malpas, 2008). A criminal psychiatrist in the article, whose specialty is serial killers, analyzes the president’s actions, drawing a comparison between the mental health of the president to the instability of serial murderers (Malpas, 2008). This comparison highlights the danger posed by a person with mental illness and the extreme consequences facing the people of Georgia if such an illness were to affect a person in high political power.

**Frames of Coverage**

Various frames are utilized by the news media to represent mental illnesses, presenting audiences with a frame of reference through which coverage can be interpreted. The frames used throughout coverage of mental illnesses identify root causes and solutions of mental illnesses, the economic burden of disease, and the tendency of news media to target women in reporting.
Pressed for Success

One of the most frequent causes named for provoking mental illness in China Daily and the Times of India was the pressure to be successful. In The Times of India, narratives of people suffering from mental illness often involve a fall from grace. In these depictions, loss of success is portrayed as the culprit behind mental illness, where success is defined as being academically studious and professionally successful. For example, one article describing the difficulty doctors have in adhering to proper treatment regimens for mental illness cites as its example the story of a doctor who “…committed suicide after suffering from depression for two decades” (“Doctors”, 2006). The article proceeds to suggest that the man “…managed well till he lost a medical association’s election. And that drove him to suicide, according to his family” (“Doctors”, 2006). The pressure for success and the subsequent failure to attain it is directly implicated as the root cause for the depression that drove the doctor to suicide.

Other articles that emphasize a fall from grace do so in a much more subtle fashion, marking mental illness as the cause for academic and professional failure. Two different persons suffering from mental illness are featured in Srinivasan’s 2006 article as facing the consequences of mental illness through loss of success. A mother describes her son’s condition as being resolved when he is attentive to school work: “‘When on regular medication, he is much better and gets back to studies’” (Srinivasan, 2006). With regards to the other individual featured in the same article, theories denouncing compulsory institutionalization are not “…of help to Raja, once a star cadet of the police
The Ideology of Madness in the Media 34

academy” (Srinivasan, 2006). Here, the newspaper portrays Raja as having lost his status as “star cadet” to his past, which was free of mental illness. In these stories, failure to achieve academic success becomes an indicator that serious mental health problems are present and the most prominently featured consequence also becomes the most important consequence of inadequate mental illness management.

Articles in China Daily also name academic and occupational failure as a culprit for mental illness. Hu Yan’s 2006 article reports that demographics at high risk for depression include students, and mentions the case of a young man who “…committed suicide early this year, because he was worried about getting poor results on his final exams.” Another article details the story of a bank worker who murdered his wife and son and focuses on the brutality of crime in connection with mental illness. Although the cause for the bank worker’s mental illness is never directly recognized as failure, the brief background on the bank worker’s life at the end of the article begins with “After failing the college entrance exam” (Li, Yongqi & Yining, 2009). Of his thirty-seven-word biography, six words are devoted to describing academic failure. The majority of the biography itself discusses his occupation, while very little is mentioned about his personal life.

Children and Studies

As previously highlighted, one of the most prominent causes for mental illness was the pressure to succeed. In several of the articles from China Daily and The Times of India, this pressure to succeed was evidenced most conspicuously with regards to
children. Articles from both newspapers mention that the enormous pressure to do well academically that is placed upon children is often a cause of their mental illnesses. In *China Daily*, no less than one-third of the articles analyzed discussed the prevalence of issues like “heavy study burden” (Feng & Lisheng, 2006) or difficulty meeting parents’ expectations (Hanru, 2007) in causing mental health problems. In *The Times of India*, an article tells of a nine-year-old boy named Rohan who is taking depression medication because “‘His mother sends him for four classes after school. She feels other boys can cope, so why can’t Rohan?’” (Iyer, 2008). As this narrative demonstrates, the pressure to successfully navigate an unmanageable workload in order to succeed is forced upon children by their parents as early as age nine.

*Inducing familial shame*

Familial shame is another cause of mental illness that is often described in the *The Times of India* and *China Daily*. In these cases, the stigma that is attached to mental illness is often a reason that mental illness sufferers hide their illness. Avoiding stigma also often forces family members to conceal the mental illness, impeding the mental illness sufferer from receiving the proper treatment. One article states that “…a large number of Indian families believe marriage to be a cure for mental illnesses…” (Sinha, 2008). For this reason and for the daughter to be a more attractive prospect for marriage, the medical treatment for mental illnesses is terminated, and the illness is perpetuated by the lack of treatment. Another article openly discusses the consternation forcing families into such situations: “Families of people suffering from mental illnesses rarely discuss the
problem fearing social ostracisation and the stigma associated with it” (Chitlangia, 2008). Individuals are prevented from seeking out treatment by unhealthy societal attitudes towards mental illness.

In China Daily, similar findings were reported that cast stigma as the main reason many families hide mental illnesses: “In most cases, the family members suffer – and allow patients to suffer – silently, keeping mental problems a closely guarded secret…Those suffering and their families are afraid of the social stigma attached to mental illness” (Hanru, 2007). The article later states the full consequences faced by people with mental illness once exposed: “They may be excluded from family life, normal social networks, and employment opportunities. Rejection of people with mental illness also affects the family of the mentally ill and this leads to isolation and humiliation” (Hanru, 2007). While the failure to adhere to regular treatment for fear of inducing family shame is mentioned in one other article (Jingquiong & Juan, 2009), Zhao Yanrong’s article about a suicide-prevention hotline tells of a girl whose father refused to consider seeing a psychologist. This example illustrates what typifies the feelings of many Chinese people, and is supported by the following statement from the deputy director of a mental intervention center: “The most vulnerable groups are either too ashamed to talk about their problems with others and want to avoid showing weakness…” (Yanrong, 2010). Thus, a father is ashamed to show “weakness” by seeking out treatment.

Modern society as a stressor
Occasionally in coverage throughout most newspapers (with the exception of The Moscow Times), modern day society is chronicled as being a stressor in itself. Within this frame, it is assumed that the developments of the modern age have contributed to a much more stressful society than any prior era. One article in China Daily describes mental illnesses as being “…a malaise of the modern times” (Adhikari, 2007), which creates a rhetoric of acceptability for the existence of mental illnesses. Another article mentions national changes giving rise to mental diseases in China: “China is undergoing rapid changes with increasing social conflicts and pressure, medical experts say. The transformation of family and population structure has given rise to the problem” (Juan, 2007). In The New York Times, the chronology of mental illness over the past century is mentioned, stating that the American Psychiatric Association’s “…first diagnostic manual, published in 1952, included some 60 disorders, while the current edition has about 300…” (Carey, 2005a). The article acknowledges a geographical basis for the augment in illnesses listed in the manual, stating that “…some experts are convinced that modern life in the West – especially urban life – is more stressful than earlier periods” (Carey, 2005a). In The Times of India, urban lifestyle is highlighted as stressful, citing business competition in Mumbai as “…a trigger for mental illness,” which is “…on the rise across the busy metropolis” (Iyer, 2008). The more competitive and fast-paced urban lifestyle becomes in modern times, the greater the instances of mental illness.

Frame: Solutions

“Normalizing” mental illness: Affliction vs. Identity
The “normalizing” frame in mental illness acknowledges that perceptions of disease vary across cultures, and endorses various interpretations, diagnoses and treatments as an effective way of understanding mental disease. Cross-cultural differences in beliefs regarding mental illness are evidenced in articles from *The Times of India*, where it is widely accepted that supernatural causes are linked to mental illness and “faith healers like ojhas, tantriks etc.” are called in for treatment (Chitlangia, 2008). However, in this very same article, a psychiatrist immediately invalidates the notion crediting mental illness to paranormal or religious causes, marking the emergence of a standardized, Western perception of mental disease.

Articles from *The New York Times* offer a different perspective towards this phenomenon. One article points out that the difficulties in diagnosing mental illnesses are often caused by “changes in societies over time, and differences across cultures” (Carey, 2005a). According to Dr. Nancy Tomes, “…this is the story of the past century, the medicalization of many behaviors that once were seen in an entirely religious context” (Carey, 2005a). Thus, as times change, diagnoses change, while people may remain very similar biologically and mentally as they were in the past. Ethan Watters’ controversial article titled “The Americanization of Mental Illness” questions assumptions about diagnosing mental illness abroad. Watters suggests that Westerners have been “exporting our Western ‘symptom repertoire,’ ” forcing individuals in other countries to accept our diagnoses and cultural phenomenons as their own (2010b). He gives as example the case of media reporters who explained the death of a young girl by “[copying] out of American diagnostic manuals” (Watters, 2010b), which indirectly caused the
proliferation of anorexia in Hong Kong. Before this incident, women were rarely documented as intentionally fasting in order to lose weight; however, the media attention from the article encouraged the one-way transmission of information, “from West to East” (Watters, 2010b), and the number of traditionally western cases of anorexia skyrocketed in Hong Kong. Watters’ article argues against New York Times articles like “Psychotherapy for All: An Experiment,” which suggest that mental illnesses are as common in non-Western nations as they are in the West and should be treated using similar techniques as those the West already employs (Kohn, 2008).

Watters’ article also highlights the notion of mental illness as an affliction vs. mental illness as an identity. Watters details a study by the anthropologist Dr. Juli McGruder who spent time in a Muslim Swahili community that still believes mental illnesses are caused by supernatural forces. Dr. McGruder found that the benefits to such beliefs did not force the community to ostracize the individual, but rather “…kept the ill person bound to the family and kinship group” (Watters, 2010b) as they pulled together to assist the person suffering rather than exorcise him. “Since the illness was seen as the work of outside forces, it was understood as an affliction for the sufferer but not as an identity…Besides keeping the sick individual in the social group, the religious beliefs in Zanzibar also allowed for a type of calmness and acquiescence in the face of the illness that she had rarely witnessed in the West” (Watters, 2010b). The individual was able to experience inclusion in the community without being held responsible for the disease, thus reducing stigma for the sufferer and producing indirect benefits that mollified mental illness.
Standardizing mental illness

One of the most common frames that pervaded coverage on mental illness throughout the newspapers from China, India, and the United States was the need to systematically treat mental illness. The need to standardize perceptions regarding mental illness is communicated as a solution to alleviate stigma, thus encouraging those suffering from mental illness to take their illnesses seriously and seek out treatment. For example, in the *China Daily*, a law enhancing mental healthcare “…seeks to ensure that discrimination against the mentally ill is eliminated and that medical services are standardized” (Juan, 2007). Another article stresses the following:

The community must develop a more sympathetic and open-minded approach to dealing with mental health. It must provide accurate information on the prevalence, causes, effects and treatment of mental illness. Every effort must be made to counter the negative feelings and misconceptions…Steps must be taken to create an atmosphere…so that the mentally ill can live as equals among equals. (Hanru, 2007).

Stigma is thus acknowledged to be the primary reason individuals who suffer from mental illness fail to obtain treatment.

*The Times of India* followed suit, naming the “taboo” surrounding mental illness as the cause for the high rates of suicide, because “…the rates of people coming out in public and looking for medical intervention for their condition is low” (Sinha, 2007). Another article mentions that name-calling forces patients to “withdraw from society” (Sinha, 2008). The stigma around mental illness causes many parents to conceal their child’s illness or end treatment prematurely, which “[perpetuates] the illness” (Sinha, 2008). As Dr. Sameer Parikh mentions, “‘It is important to understand that mental illness
is just like any other medical problem, which needs to be cured timely,” (Chitlangia, 2008). Thus, similar to the China Daily, changing societal views of mental illness would allow for stigma to decrease and for treatment to reach those in need.

The majority of the articles in The New York Times focus their efforts on reducing stigma and standardizing mental illness. Dr. Peter Kramer’s article on depression examines the notion of accepting mental illness as a disease in and of itself, which he terms “the medical perspective” (Kramer, 2005). While he acknowledges that many audiences “endorse” this perspective, the responses to his question “Are you content to be rid of that condition?” provide the realization that many see depression as “the inherent tragedy of the human condition” (Kramer, 2005). Kramer states: “Depression is a multisystem disease, one we would consider dangerous to health…” (2005). If depression were treated as such, the quality of life would be increased and the lifeline would be extended for individuals suffering from the disease.

Dr. Kramer’s illustration of depression as a physical disease affecting multiple body systems is continued in Carey’s article on imaging treatment developments and their effects on “[convincing] people that the behavior problems had a biological basis and needed treatment, with drugs or other therapies” (2005b). They also “‘decrease the shame and guilt’ associated with the disorders” (Carey, 2005b), because individuals are able to see the illness as out of control of the sufferer. Solomon’s 2006 article mentions the need for “a network of depression centers” that would help improve access to mental health clinics and reduce the stigma that impedes depression sufferers from “[spiraling],
unsupported, into despair” (Solomon, 2006). Thus, the more prevalent the centers for depression, the more likely people who are not depressed will accept that those around them have real issues. Another article discusses a law requiring insurance providers to give “equal coverage of mental and physical illnesses” (Pear, 2008). One of the reasons listed for the strides in insurance parity is that “researchers have found biological causes and effective treatments for numerous mental illnesses” (Pear, 2008). Widespread acceptance of mental illness as having biological causes seems to standardize it as illness, reducing stigma.

None of the articles in *The Moscow Times* mention standardizing diseases to encourage treatment of mental illnesses.

**Local Solutions**

Local solutions frames emphasize the efforts made towards improvement of health care for mental illness sufferers, and were found throughout most articles in the *China Daily*. The *China Daily* featured an article emphasizing the importance of nutritional therapy and healthy foods for improving individuals’ mental health (Lawrence, 2006). In a news story outlining the pressure parents place on their children the journalist writes that, “…100 psychologists would soon be deployed in communities and schools to promote mental health among young people” (Adhikari, 2007). Another article mentions in passing “…the launching of the country’s first schizophrenia-centered pilot project…” in China, which endeavors to “establish management information systems that focus on schizophrenia pat[i]ents…” (Hongyi, 2008). Later articles highlight
efforts focused on prevention of mental illness, as opposed to its treatment (Qian, 2009a; Yanrong, 2010).

Many of The Times of India’s local solutions related to suicide prevention. One article told of a suicide prevention program “…that would counsel and protect mentally depressed patients from harbouring thoughts of ending their life” (Sinha, 2007). Several articles mentioned the statistic surrounding suicide in India, stating that “…1.2 lakh people end their lives by committing suicide while four lakh others attempt to do so unsuccessfully” (Sinha, 2007; Sinha, 2008; Sinha, 2009). Another news item that describes the widespread nature of suicide and lack of mental health treatment also provides a solution: “Shortage of medical facilities and staff in villages to treat mental illness can be addressed by conducting a three-month course in mental health for general medical practitioners in rural areas.” (People have poor access, 2009). The repeated disclosure of suicide statistics, both actual and attempted, emphasizes the need for solutions to prevent self-inflicted harm across The Times of India.

The local solutions provided by The New York Times centered on the reduction of stigma for those suffering from mental illness by increasing mental health literacy and improving treatment mechanisms to normalize mental illness. Most of these solutions follow the frame to standardize mental illness, such creating a far-reaching “network of depression centers” that familiarize people with mental illness and enhance communication of research findings (Solomon, 2006); promoting an advertising campaign that pressures society to understand the seriousness of mental illnesses
(Kaufman, 2007); and the value of “treatment promotion” in “altering public attitudes toward the mentally ill” (Satel, 2009). These endeavors serve to familiarize society with the ubiquitous nature of mental illness in favor of enhancing acceptance surrounding disease. Only one article extended the solutions frame to a global scale, citing the “urgent attention” required to cure depression and anxiety “in places with very poor people,” where “studies find that they are just as common” (Kohn, 2008). The solution presented is a program engineered by a psychiatrist from London that “trains laypeople to identify and treat depression and anxiety and sends them to six community health clinics in Goa, in western India” (Kohn, 2008). This article was the only one discussing treatment measures for mental illness in areas outside the United States.

No articles in The Moscow Times provided local solutions for treating or preventing mental illnesses.

Protection and Control

A common solutions frame component found in coverage of mental illness in The Times of India and The New York Times involved protection of mental illness sufferers. Several articles acknowledge a need to protect mental illness sufferers from themselves, indicating that people who are not suffering from mental illness can provide mental illness sufferers with a solution to their problems. For example, one article in The Times of India article states that “…involuntary treatment is the only means to ensure their right to health,” denying agency to the mental illness sufferer who cannot govern his own illness (Srinivasan, 2006). Another article mentions a suicide prevention program “…that
would counsel and protect mentally depressed patients from harbouring thoughts of ending their life” (Sinha, 2007); here, the mentally depressed individual needs external assistance to control his own thoughts. To fully reintegrate themselves into society, Dr. Jitender Nagpal states that “…we have to help these people in their new beginning,” implying the patience and acceptance society must acquire in order to destigmatize mental illness sufferers (Chitlangia, 2008). These statements, while treating mental illness as a disease external to an individual’s control, deny agency to the individuals who suffer from mental illness and encourage a sense of superiority among those who do not experience mental health problems.

In The New York Times, it is acknowledged that agency for controlling mental illness is often denied to children. Mental disorders are represented as controlling the individual in the article discussing the controversial ad campaign that held an “overarching theme…that 12 million children ‘are held hostage by a psychiatric disorder’” (Kaufman, 2007). As protestors of the campaign mention, the idea of being “held hostage by a psychiatric disorder” implies that “‘…there is something damaged about the autistic person, something in need of a repair.’” (Kaufman, 2007). Clemetson’s article on two college-age individuals with various mental illnesses describes the struggle they faced to make the decision to attend universities away from home, namely because their parents would lose control over their treatments. Though the beginning of the article highlights the control realized by the parents, the end of the article brings to light the successful transition to independence by both individuals (Clemetson, 2006).
The control themes found in articles from *China Daily* served to emphasize the need for an external agent to control people with mental illness in order to stabilize the country and reduce the threat posed to the nation, such as the article citing the need for a public security risk list for mental illness sufferers (Qian, 2009b). Another article mentions a village in China where community members collected funds to send a mental patient who murdered his brother to a hospital. The villagers, who “…demanded he be taken to a mental hospital,” were able to send him to the hospital but were concerned because they only collected enough to “[cover] hospital fees for three months” (Qian, 2009a). Despite the fact they are not family members, the community sees the need to control the mental patient’s future treatment plans with money in order to reduce prospective harm facing their village.

**Frame: The economic burden of disease**

Coverage on mental illness often included some discussion on the economic impacts of disease. These impacts were mentioned with regards to society, as well as their impact on the families of mental illness sufferers. For example, in *The New York Times*, depression “costs more in treatment and lost productivity than anything but heart disease,” (Solomon, 2006), citing these as reasons to create an abundance of treatment centers to rid society of this lost productivity and excess cost. Greater improvements in mental illness treatments would force insurance companies to provide mental illness sufferers with coverage, establishing “the fiscal irresponsibility of leaving untreated an illness that causes enormous loss of productive work years” (Solomon, 2006). Both
society and the individual with mental illness will be able to benefit, receiving adequate treatment and contributing to the productive work force of modern society. One article discussing the plight of depression in the developing world recognizes that the urgency of severe depression is magnified if the sole breadwinner in a family is unable to attend to his job. In these cases, hunger takes over if the family has no means of getting food (Kohn, 2008).

The articles from *The Times of India* more frequently detail the economic impacts of mental illness on families and communities. One article in *The Times of India* underlines schizophrenia’s ability to rob a person of productive work years; this consequently makes life difficult for the mentally ill person, who “‘…[does] not have any social security benefits’ ” and thus remains “a burden on the family” as a result of unemployment (Sharda, 2010). Articles from *China Daily* also focus on reducing familial/societal burden; the lack of free treatment for mental illness sufferers “can put great pressure on and pose potential danger to their families and society” (Feng & Lisheng, 2006). The economic burden of mental illnesses faced by China as a nation is also mentioned in reporting, disclosing statistics on national spending for mental healthcare (Feng & Lisheng, 2006) as well as percentage of the national health budget devoted to mental illness treatment (Qian, 2009a; Jingqiong & Juan, 2009). Economic impact on the mentally ill individual is only mentioned indirectly in *the Moscow Times*, discussing the difficulty individuals labeled “mentally ill” have in finding employment and thus leading a normal life (Titova, 2005).
Frame: Targeting Women

Particularly in coverage from *China Daily* and *The Times of India*, undertones that designated mental illness as a feminine affliction were perceived. Women are mentioned as experiencing a greater incidence of mental illness than men (Feng & Lisheng, 2006), and an article detailing legislation that would provide greater treatment for mental illnesses mentions women as “priorities” for disease prevention (Juan, 2007). In *The Times of India*, one article is devoted entirely to discussing the mental illnesses that lead women to execute self-inflicted harm (Kaul, 2006). At least two articles cite the following statistics about mental illness that focus on women: “According to health ministry figures, over 900,000 women females in India need treatment for mental illness. Of these, nearly 280,000 fall in the age group of 10-29 and nearly 250,000 in the age group of 30-50. Though women attempt to commit suicide more, men usually become successful more often in their attempts” (Sinha, 2007; “Kilpauk mental health”, 2010). Thus, women are seen as experiencing higher rates of mental illness than men; statistics of males suffering from mental illness are not even disclosed, though males are highlighted as being likelier victims of suicide.

Discussion

The coverage on mental illness and those suffering from mental health problems showed considerable variation across the cultures and media sources investigated. The analysis of this coverage yielded multifarious interpretations and underlying assumptions regarding the media representation of mental illness, the events that triggered coverage,
and the way those afflicted are depicted. In the United States, coverage of mental illness holds as a central tenet the belief that mental illness is a physical disease, and that deviations in behavior directly result from the physical effects of the disorder on the brain. Reporting focused on emphasizing the need to standardize perceptions of mental illness through advocacy and treatment mechanisms, and journalists used medical and policy-driven language to articulate this emphasis in articles. The majority of these articles hold the view that encouraging society to accept mental illness as a physical disease that affects the brain leads to lesser instances of stigma. However, coverage was somewhat diversified in this opinion, as a minority of articles highlight the subjective nature of interpreting mental illness as varying based on culture or time period.

In contrast, coverage from China did follow Corrigan et al. (2005)’s finding that while criminal reporting does not completely dominate coverage, crime associated with mental illness still pervades coverage and was responsible for a significant minority of articles in China Daily. While a couple of these articles mention the mentally ill person as the victim of the crime, the majority of the articles broadcast that the perpetrator of the crime was mentally ill. The other dominant theme informing coverage was the extensive nature of mental health problems in China and the resulting lack of adequate treatment options and resources. Mental illness is portrayed as a growing health threat plaguing the nation, and the necessity for improved coverage is mentioned in a double argument: as a solution and recovery method for people suffering from mental illness and for those who do not suffer mental illness, as a protection mechanism from the dangerous mentally ill persons they are surrounded by.
Coverage in India was generated in response to a variety of subjects, ranging from the need for improved access to mental health care, increased prevention and treatment of mental illness, and reducing stigma associated with mental illness to encourage individuals to seek out treatment. Some articles emphasized the necessity of increased and improved treatment mechanisms, highlighting research developments in these areas; other articles focused on communicating the results of mental illness studies with the general public. Suicide is often mentioned as a consequence of untreated mental illness, and the general sympathetic tone towards mental illness was connected to the emphasis on preventing people from incurring such self-inflicted harm.

Russian coverage of mental illness is quite sporadic and seems to be lacking based on the nature and quantity of articles sampled from *The Moscow Times*. Over the course of five years, only four articles were written mentioning mental illness or mental disorders. Three of the four articles analyzed mentioned mental illnesses in a context that distanced them from being the focus of the article. The only article that did focus on mental illness discussed the association of homosexuality with mental illness in Russia, an idea which evolved from a previous categorization of homosexuals as being mentally ill that is no longer recognized in Russia and was not recognized as such when the article was written.

In congruence with Smith (2007)’s article, evidence of the components of stigma (marks, responsibility, group labeling, and peril) could be found across all coverage, suggesting that mental illness is still portrayed as a stigmatic disease. However, the
presence of all four components was only found in articles from China, which were the most strongly suggestive of the stigmatic nature of mental illness. Responsibility was attributed to the individual for engaging in bad habits, but also to the state for failing to control the spread of mental illness by enacting prevention and treatment mechanisms. Group labeling was asserted, using the “us” vs. “them” frame in several articles. Peril was demonstrated by consistently referring to people with mental illness as “threats” to the general public. In Russian coverage, while mental illness was not seen as the responsibility of the individual, evidence of marks, group labeling and peril were found as well. In Indian reporting, responsibility was assigned to the individual, with particular emphasis on women as being more vulnerable to mental illness than men. Mentally ill individuals were seen as sources of peril and danger for their family. Reporting promoted the elimination of group labels, but some articles that advocated reducing stigma were authored using language that did not conform to this idea, signifying group labeling undertones. Marks were not present in Indian coverage nor in coverage from the United States. Reporting from the United States did manifest instances of the components of responsibility, peril and group labeling; however, these instances were isolated in a few articles and often inconsistent with the general frames used in reporting. Responsibility was sometimes attributed to the individual, but more often to the disease itself; peril was only mentioned in the lone article connecting mental illness and crime. Group labeling was occasionally used in nomenclature that combined the disease with the person afflicted by it; the other instances of group labeling emphasized the stereotype connecting artistry and creativity with mental illness.
Across each country’s newspaper coverage, the presence and absence of different components of stigma suggests an important theme. While some mental illness articles are clearly written through a stigmatic perspective, there seems to be a mixture of both non-stigmatic and stigmatic representations. In an article from *The New York Times*, Dr. Peter D. Kramer suggests that a “medical perspective” about depression would decrease romantic notions regarding the disease and serve as the main catalyst for the eradication of depression as a whole, centering the illness in a biological sphere that can and should be battled (Kramer, 2005). He suggests that “Audiences [seem] to be aware of the medical perspective, even to endorse it – but not to have adopted it as a habit of mind” (Kramer, 2005). Perhaps this statement can be extended to best explain the variations in stigmatic coverage regarding mental illness: while articles from almost every newspaper sampled suggest or outwardly “endorse” a need to decrease stigma, there is still a discrepancy in the adoption of this mindset. The resulting nuances in language that lend themselves to creating stigmatic coverage are thus transferred to the public, enhancing stigmatic assumptions about mental illness in society.

Frames outlining causes of mental illness permeated coverage in China, India and the United States. Causes for mental illness in China and India were often related to academic or career demands. The pressure to succeed in a scholastic or occupational setting was often cited as the cause for mental illness and self-inflicted harm, including suicide. In Indian coverage, this reporting often followed a narrative structure detailing a fall from grace, either incurred by an individual who then became mentally ill, or whose mental illness was the cause for professional failure. In coverage from China, mental
illness was associated with failure. Some articles cited the pressure to do well in school as a cause for suicide and mental illness; other articles mentioned the history of academic and occupational failures of criminals suffering from mental illness, spotlighting the connection between failure and mental illness and portraying mentally ill individuals as derelict. Pressure to do well academically is cited as a cause for mental health problems in children, and articles often employ a sympathetic tone advocating the need to reduce unreasonable expectations that are placed on children. Occupational and academic stressors were not named as causes leading to mental illness in coverage from Russia or the United States, suggesting the possibility that a greater emphasis is placed on professional or scholastic success in China and India.

Engendering familial shame was another major cause for mental illness in reporting from China and India. These articles disclosed that stigma within society forces both individuals suffering from mental illnesses and their families to conceal these illnesses from the community. The resulting level of social ostracism is so high that the natural consequence of being associated with mental illness is widely acknowledged as being shunned from the community. Mental illness is kept so quiet that sufferers are prevented from receiving proper treatment for fear of having their disorders revealed. This emphasis on protecting not only the individual, but also the family from social discrimination is highlighted only in articles from China and India, not the United States or Russia. The frequency and seriousness that is afforded to family protection in coverage from these two countries suggests that the strong roles played by family, community and honor in Chinese and Indian cultures have a direct effect upon the diagnosis, treatment
and prevention of mental illness in these countries. Here the media coverage often aims at de-stigmatizing mental diseases.

One last cause for mental illness across coverage from China, India and the United States was the stress of “modern” society. Coverage pointed to the rapidly changing societal structure, influenced by technological advancement, population increase and urban lifestyle, as the reason that instances of mental illness have increased so much in recent times. In the US, Western life is isolated as more stressful than other places; in India, stress is centered on urban living; and in China, rapid changes in social infrastructure are cited as the cause for many mental illnesses. Despite varying cultural emphases, newspaper coverage across the board heralds the motif of modernity (including social mobility, intensifying economic competition, and urbanization) as a major factor contributing to mental illness.

Frames underscoring solutions for mental illness were also present across coverage from China, India, and the United States. Found primarily in coverage from the United States, the “normalizing” frame privileged the idea that interpretations of mental illnesses vary across different cultures and time periods, and thus have separate means for effective treatment. Evidence supporting the existence in variable belief systems regarding mental illness was found in reporting from *The Times of India* and *The New York Times*. However, only one article from *The New York Times* advocated the support of these alternative, non-Western methods of treatment for mental illness. The rest of these articles from *The Times of India* and *The New York Times* suggest that the belief
system that regards mental illness as a biological disease. Disease should be remedied using primarily Western treatment methods, such as psychiatric therapy and medication, which are much more commonly accepted across cultures. This coverage often rejects culturally distinct interpretations of mental illness as backwards ideologies, dismissing them as obsolete.

At odds with the notion of “normalizing” mental illness is the concept of “standardizing” mental illness. Frames that standardize mental illness endeavor to change societal perceptions of disease to counter stigma, thus motivating those who suffer from a mental illness to obtain treatment without enduring shame. Coverage that standardized illness strived to disseminate factual information about mental illnesses, depicting the disease in a biological sphere that presents control over illness as external to the afflicted individual, thereby reducing stigma. Coverage from across China, India and the United States adopted this tone, advocating that mental illness should be held to the same standard of treatment and response as any other physical disease.

By rejecting the “normalizing” frame from coverage in *The New York Times* and *The Times of India* and accepting the “standardizing” frame in *The New York Times*, *The Times of India*, and *China Daily*, I am led to two central conclusions: 1) There is a presence and spread of Western influence regarding mental illnesses across multiple cultures, supporting Watters’ (2010b) notion of “The Americanization of Mental Illness”; and 2) there is some universality in mental illness across cultures, validating the need for coverage that encourages the standardization of mental illnesses. If the first conclusion is
most strongly substantiated, then coverage from China, India and the United States as it has been sampled for this study suggests that journalistic viewpoints are currently fundamentally steeped in this predominantly Western perspective, trivializing potentially advantageous local strategies for accepting and reducing mental illness worldwide. However, if one supports the second conclusion, then the benefits of reducing cultural culture-specific stigmas about mental illness present across different cultures through standardization may outweigh the risks of inheriting a predominantly Western prognosis of mental illnesses, particularly if cultural beliefs that perpetuate stigma lead to harm for the mentally ill individual (such as the woman who was beaten to death by her sons to “exorcise” her mental illness [Chitlangia, 2008], or the son who was brutally murdered at a reboot camp for “internet addiction” [Tian & Yanting, 2009]).

Local solutions formed another solutions frame found in coverage. In China, these solutions were focused on improving access to mental healthcare facilities and enhancing the quality of treatments delivered to mental illness sufferers. In India, local solutions focused on the prevention of self-inflicted harm, with specific emphasis on suicide. Local solutions in the United States emphasized reducing stigma by promoting mental health literacy through various mediums, such as campaigns, extensive treatment networks and entertainment venues like television and Broadway.

The final solutions frame most commonly found in coverage was protection and control, which depicted individuals suffering from mental illness in a variety of ways. Coverage from India centered on protecting individuals suffering from mental illnesses
from themselves, asserting that external treatment methods facilitated by others form backbone for solving mental illness problems. In the United States, protection from mental illness is a theme most commonly associated with children, who are portrayed as needing adults for assistance in controlling their illnesses. The protection theme articulated in Chinese coverage implies that those who do not suffer from mental illnesses are the ones who actually need protection from the “dangerous” people suffering from mental disorders, and advocates external control over their medical treatment to ensure the safety of the public.

The frames of control and protection, while written from perspectives that privilege different agendas and interests, all have one commonality: they deny agency to the mentally ill individual, asserting that control over illness and treatment should be held externally. In some articles, the ability of the mentally ill individual to handle their mental illness by obtaining voluntary treatment and maintaining a steady treatment regimen are questioned by means of the language that pervades coverage. This imparts a sense of superiority to those who do not suffer from mental illnesses, extending the responsibility of supervising the mentally ill to them without acknowledging the capabilities of the mentally ill person to take care of him or herself. In other articles, the isolation of the mentally ill individual as a dangerous entity that needs to be controlled in order to promote the safety of both the community and the nation is enough to merit that their rights be involuntarily suspended and transferred to the general public. Both methods of control, whether sympathetic towards or wary of the mentally ill individual, nullify any potential agency had by the individual suffering from mental illness.
Denying agency to mentally ill individuals brings to light another important paradox found in coverage. In articles such as those from *The Times of India* and *China Daily*, agency for the mentally ill individual is often denied by asserting that there is a community/national need to control their behavior and treatment. However, this study has also established that coverage from both of these sources also attributes responsibility for mental illness to sufferers. Thus, on the one hand, individuals suffering from mental illness are held responsible for their behaviors, and their “proclivity” to engage in bad habits is cited as a cause for their mental illnesses. However, when it comes to governing their treatment, this agency is dismissed, along with the right to manage their lives. This confirms Smith (2007)’s notion that “…stigma serves social functions” (p.236). “To ensure the effective functioning of groups, people diagnose threatening characteristics of actions, mark people bearing the characteristics or exhibiting the actions, and ensure that the discredited people are eliminated from future interaction” (Smith, 2007, p. 236). Mental illness is feared and stigmatized, and the prominence of coverage associating mental illness with “bad habits” such as scholastic failure and crime ensure that blame for mental illness is assigned to the individual suffering from it and avoids tackling social problems. This defamation of mentally ill individuals creates a window of opportunity from which the prerogative of control is extracted from the individual and transferred to an external entity, which is then able to protect the community.

Another frame reflected in coverage was the economic burden imposed on people suffering from mental illness. In coverage from the United States, mental illness was portrayed as an aggressive menace that often steals the most productive years of work
from an individual, causing the individual, their family, and society great economic
strain. In India and China, the financial difficulties faced by families of mental illness
sufferers formed the focus of this coverage. Additionally, coverage from China also
highlighted the economic difficulties faced by the nation. In Russia, references to mental
illness as an economic burden were indirect and related to employment struggles
experienced by people suffering from mental illness.

One final frame that permeated coverage in China and India was the emphasis of
mental illnesses as female afflictions. In China, women are depicted as more likely to
suffer from mental illness, and their vulnerability makes them a priority for treatment.
Indian coverage credits high rates of self-inflicted harm among women to their inherent
vulnerability, and often reporting in The Times of Daily highlights statistics of mental
illness as they relate to women, barely mentioning the incidence of disease among men.

Coverage regarding mental illness is permeated by a question raised in Ethan
Watters’ (2010b) article: is mental illness represented as an affliction for the sufferer, or
an identity? With regards to stigmatic representation, marking individuals in order to
physically separate them, holding them responsible for their disease, enlisting the use of
group labeling to construct distance between an exclusive “us” group and “them,” and
ultimately representing the mentally ill individual as dangerous are all components that
seem to present the individual as indistinguishable from the illness, creating an
integration that the solutions frame of standardizing mental illness points to as a major
cause of stigma surrounding mental illness. Unifying affliction and identity in media can
lead to greater instances of mental illness in cultures where consequences of seeking out treatment include inducing familial shame. Highlighting professional or academic failure as a result of mental illness as an identity denigrates mentally ill individuals, both increasing stigma surrounding their abilities and creating difficulty in future occupational endeavors. Women are isolated as being more prone to mental illness, creating an inherent gender-based identity flaw; moreover, the economic burdens that mental illness sufferers pose on their families and communities generally hold the sufferer responsible for illness, again implying the fusion of identity with illness. Causes for illness become internalized as an inherent shortcoming for a mentally ill individual, and solutions become externalized as society seeks to exert some sort of protection and control over the “mentally ill.”

On the other hand, mental illness can also be represented as a mere affliction for the sufferer, separating the individual from the illness. Causes for mental illness become external: modern society and contemporary life become reason enough for the proliferation of mental illness, and intense academic/occupational pressures are no longer seen as the fault of the individual, but instead of a flawed societal obsession with success. Solutions, however, remain external, denying agency to the individual suffering from mental illness. Local solutions impel regional governments to increase access to mental healthcare, and while protection/control frames are sympathetic to individuals suffering from mental illness, they consistently deny their agency by suggesting the need for exclusively external assistance and involuntary treatment. The economic burden faced by the individual with mental illness does not hold the individual accountable for their
financial difficulties, attributing responsibility instead to the affliction. The solutions frame *normalizing mental illness* can sometimes be viewed as separating identity from affliction, in cases where cultural treatment efforts allow the mental illness sufferer to remain a part of the greater community, as Watters (2010b) would argue; however, in instances where cultural beliefs lead to increased discrimination for the mentally ill individual, normalizing mental illness becomes a major vehicle for unifying identity with affliction.

The results from this study are findings and interpretations generated from a qualitative analysis, and are open to other interpretations and emerging theories. The limitations of this study leave room for further examination enlightening the representation of mental illness within international media. Future studies could examine the representation of mental illness in print media from regions that were not analyzed. This study did not examine representations of specific mental illnesses; future studies investigating cross-cultural interpretations of media coverage on individual mental illnesses would serve to illuminate the potential impact of stigmatic coverage. Language limitations for this study narrowed the analysis to newspapers produced in English, a few of which aim to reach a Western audience. Studies examining local and regional newspapers in China, India and Russia would shed more light on the debate surrounding normalizing versus standardizing coverage and yield a more authentic picture of cultural approaches regarding mental illness.
Mental illnesses remain immensely damaging to the physical and emotional wellbeing of the sufferers. While Western perspectives toward mental illnesses generally promote a systematic method of treatment that is much less culture-specific, this strategy tends to disregard the distinctive cultural nuances that may also serve as valuable tools to eradicate mental illness. Despite their seeming clash, Western and non-Western approaches to understanding mentally-ill people provide important insights and solutions for this problem. This study took a first step by investigating how ideologies surrounding mental illness are produced and negotiated in the media and disseminated to the public. By investigating and understanding various public and mediated perceptions of the diseases in a variety of countries this study contributed to a unique system of checks and balances. This type of analysis prevents one approach from eclipsing others, and encourages the continued expansion of both medical and anthropological research on mental illnesses.
References


