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Postpsychiatry in the Australian media: The 'vulnerable' talk back

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Abstract

This article takes as its point of departure increasing resistance to the biomedical model of mental illness and psychiatry's claims to knowledge, which underpin the main tenets of mental illness and suicide resource kits and guidelines for protecting the 'vulnerable'. Newly emerging work within 'postpsychiatry' and the activism of the psychiatric consumer/survivor/ex-patient movement provides the framework for our analysis. These perspectives read psychiatry 'against the grain' and 'talk back'. In the realm of media studies, taking heed of these perspectives may involve moving away from the assumption that people diagnosed with a mental illness are the passive and vulnerable recipients of 'negative' media coverage and, instead, recognising them as active audience members, media participants and critics. The article identifies examples from the Australian media that show some of the ways in which people are talkingbanc and drawing attention to discursive struggles in the mental health field.

Postpsychiatry in the Australian media: The 'vulnerable' talk back.

Guidelines and codes of practice for the reporting of mental illness and suicide are widespread throughout the world. The aim of such resources, whether promoted by government, not-for-profit agencies, or the World Health Organisation, is to promote responsible, accurate and ethical reporting of mental illness and death by suicide (Pirkis et al. 2006). In Australia, the current resource, *Reporting Suicide and Mental Illness* (Commonwealth of Australia 2002) contains issues for editors, journalists and broadcast news producers to consider when covering a death by suicide or news story involving mental illness. Centrally, the Australian resource and similar international resources are designed to protect audiences perceived to be at risk and especially vulnerable to news coverage. The most cited examples, which have been extensively researched, are the potential for 'copycat' or imitative suicidal behaviours (Pirkis and Blood 2001a, 2001b; Pirkis et al. 2006) and the role of the news media in perpetuating stigmatising portrayals of mental illness (Cross 2004; Francis et al. 2001; Philo et al. 1996; Pirkis et al. 2002).

Our departure point in this paper is the increasing resistance to the biomedical model of mental illness and psychiatry's claims to knowledge, which underpin the main tenets of mental illness and suicide resource kits and guidelines protecting the 'vulnerable'. In the flow of news and information about mental illness what has been the response of the Australian media to this resistance?

Psychiatry's claims to knowledge are notoriously controversial and productive of resistance and resistant identities. People who have first-hand experience of psychiatry and the mental health system are increasingly claiming the right to speak and act on their own terms. Many people challenge the medical objectification of their distress and the, at times, dehumanising treatment that this has legitimated. Psychiatrists themselves have been some of the most active and committed critics of psychiatry, and this tradition continues in recent articulations of 'postpsychiatry', which frame our analyses.

Postpsychiatry

One of the central tenets of newly emerging work within 'postpsychiatry' is to challenge the dominance of the medical model in mental health at all levels, based on the assumption that many people have been harmed by medical interpretations and treatments. One writer, Professor Bradley Lewis (2006), says that postpsychiatry requires reading psychiatric knowledges 'against the grain', part of which involves critiquing psychiatry's diagnostic labels and its vocabulary of 'mental illness', 'deficit', 'disorder' and the like, in favour of what Professors Patrick Bracken and Phil Thomas (2005) refer to as returning the ownership of 'madness' to those who experience it.

The medical model of mental distress is underpinned by realist ontology and a correspondence epistemology. According to this model, psychiatric classifications and descriptions refer to natural disease entities and 'mental illness' is assumed to exist as an objective biomedical 'fact'. It is underpinned by a referential theory of language, which assumes that it is an "unproblematic medium for the transmission of observed

categories and reasoned theories" (Lewis 2000: 74). Pilgrim and Bentall (1999: 261) argue:

> The logic of this position is that these entities are studied by diagnosticians with increasing sophistication, leading to a more and more accurate description of reality.

This perspective, which is dominant in biomedical psychiatry, buttresses the view that there is no need for a critical appraisal of the language of psychiatry. It views diagnostic categories as referring to real facts about the actual world, rather than serving to bring these conditions into existence through discourse (Lewis 2000). From this perspective, madness and distress are situated within the individual and individualised medical procedures are viewed as the most accepted way of 'treating' what is diagnosed as 'mental illness'.

Rather than understanding psychiatric knowledges as universal truths, from a postmodern perspective psychiatric knowledge is always mediated through non-transparent language. Lewis (2006: 79) writes:

> Postmodern theory…joins pragmatic theories of representation and Foucauldian theories of discursive practice and power to form the bedrock of a theorized postpsychiatry.

Postpsychiatry challenges the underlying assumptions of modern psychiatry. It is the manifestation of the views of critical psychiatry, with the addition of further elements of the postmodern critique of modernism and its institutions, values, methods and forms of knowledge (Bracken and Thomas 2005; Lewis 2006). Postpsychiatry calls for a shift in the phenomenological approach of psychiatry; methodological pluralism; a non-transparent view of language; and a shift toward cultural studies of psychiatry. It suggests a more inclusive and expansive research agenda to keep pace with the views and experiences of survivors of psychiatry and people who use mental health services.

Lewis envisages four key aspects of psychiatry as a result of its encounter with postmodern theory. These include: a shift in clinical knowledge structures away from their recent exclusive focus on neuroscience and quantitative social science toward the more qualitative approaches of philosophy, literary theory, anthropology, women's studies, African studies, cultural studies, disability studies, and the arts; a grounding of clinical activities in the wisdom of practice rather than the 'objective truth' of research; a greater emphasis on ethics, politics and pleasure as guidelines and goals for clinical progress and knowledge production; and increased democratisation of all aspects of psychiatric practice (research, education and treatment) (Lewis 2006). In calling for a deconstruction of the binary of 'mental health' and 'mental illness' (Lewis 2000), postpsychiatry directs us to rethink the discursive practices and interventions predicated on this distinction.

Bracken and Thomas (2005) also call for a rethinking of the politics of mental health, which would be characterised by the lessening of the role of the medical profession in making key decisions such as removing a person's liberty. Bracken and Thomas (1999) argue for a new relationship between medicine and madness, which requires a shift in the power relationship between doctor and patient and returning the ownership of madness to those who experience it.

Talking back & the psychiatric consumer/survivor/ ex-patient (c/s/x) movement

The most important aspect of postpsychiatry, as both a theoretical and practical orientation, is the importance it places on being grounded in and responsive to those it intends to talk with and about, particularly those who fall under its gaze. Unlike anti-psychiatry, which was criticised for excluding patients (Crossley 1999), postpsychiatry is explicit about its origination in the work of service user and survivor groups (Thomas and Bracken 2004). Frustration with clinical academic research is often a key motivation of service users and survivors, who view it as fragmenting the experience of living with a diagnosis (Telford and Faulkner 2004), and failing to engage with issues and outcomes important to them (Bracken and Thomas 2005).

The symbolic power of psychiatry, Crossley (2004) argues, emanates from the cultural authority society grants to its classification system, on the basis of which people are defined and treated as 'mentally ill'. In response to this, Crossley (2004: 167) says survivors of psychiatry:

> …have generated a radical or oppositional habitus; a socially distributed and disseminated disposition to interpret one's experiences differently, to challenge and to refuse to play the role required by psychiatry; a disposition, as survivors see it, to think and see through the discourse of psychiatry and the medical model.

The concept of 'talking back' was coined by Hooks (1989) in her book *Talking Back: Thinking Feminist, Thinking Black*, and is described as "the expression of our movement from object to subject" (p. 9). Talking back has also been used to refer to resistance to psychiatry on a variety of fronts. Morrison (2005) uses the concept in her book *Talking Back to Psychiatry: The Psychiatric Consumer/Survivor/Ex-Patient Movement*, and the term has also been used in books by Breggin and Breggin (1994) titled *Talking Back to Prozac* and Breggin (2001) *Talking Back to Ritalin*. It is a concept that is central to identity politics, which Sampson (1993) describes as "a politics based on particular life experiences of people who seek to be in control of their own identities and subjectivities and who claim that socially dominant groups have denied them this opportunity" (p. 1219). Moussa and Scapp (1996) suggest that 'talking back' is tantamount to the Foucauldian notion of 'counter-discourse'.

The psychiatric consumer/survivor/ex-patient (c/s/x) movement is particularly concerned with the ownership of knowledge and the link between knowledge and social action. Participants in the movement challenge the dominant orthodoxies that have defined 'mental illness' within a medical paradigm and imply a different source of authority from which to claim a right to participation in public policy debates (Barnes 2002; Bracken and Thomas 2005).

Beresford (2005) suggests one important lesson the c/s/x movement may take from the disabled people's movement relates to the distinction people with disabilities made between organisations *for* disabled people and organisations *of* disabled people. Morrison (2005: 159) echoes this point in relation to the c/s/x movement:

> Their common goal of achieving voice for consumers and survivors and ex-patients, rather than being 'spoken for' by others, ultimately trumps their competing views of the appropriate relations with psychiatry.

This common goal is encapsulated in the slogan 'Nothing about us without us', which is the motto of the World Network of Users and Survivors of Psychiatry (WNUSP) and the Australian Mental Health Consumer Network (AMHNC) on whose website the slogan is slightly transformed into 'Nothing about me without me'.

A major goal of the c/s/x movement internationally is to create a space for consumer/survivor perspectives and first-person voices to have a real impact on mental health services, research, practice, policy and public opinion. This means recognising the inherent expertise of personal experience and the need to challenge its exclusion from knowledge production, service provision and education within the mental health field - domains that have traditionally been owned by clinicians, academics and bureaucrats. This involves challenging the view of consumers and users of mental health services as the passive recipients of care and treatment (Lammers and Happell, 2003) and the objects or subjects of the system and practitioners' agendas.

In the realm of media studies, taking heed of the claims of the c/s/x movement may involve moving away from the assumption that people diagnosed with a mental illness are the passive and vulnerable recipients of 'negative' media coverage and, instead, recognising them as active audience members, media participants and critics.

News media reporting & portrayal

The media resources on reporting mental illness and suicide primarily reflect the potential for media imitative suicidal behaviours, or for perpetuating stigma about mental illnesses in the community. Many researchers recognise that for some audiences there is a causal relationship between the reporting of suicide and actual suicide (Pirkis and Blood 2001a; 2001b; Schmidtke and Schaller, 1998). Francis et al.'s (2001) review also lends support to the power of the news media to shape beliefs about mental illness. These concerns about the role and influence of news media are played out in much public and media debate and are vitally important in informing guidelines for news media workers. But there are other issues that are also important. These issues widen the debate and the requirements of policy advice beyond notions of media effect.

At a theoretical level, Blood and Pirkis (2001) question the almost exclusive focus of the international research program on collecting quantitative evidence to support a causal relationship between exposure to news media content and suicide rates (or similar indicators of suicidal ideation or attempts), or between exposure to news media content and levels of stigma about mental illness in the community. A stimulus-response model underpins the theoretical framework. But the capacity of diverse audiences to make meaning out of news information, or to misinterpret messages, or to resist messages, is not explored. Media content is not adequately assessed primarily because of the quantitative content analytic methodology most frequently used in this research program. News content is taken as a given and viewed as a 'stimulus'. Little attempt is made to analyse the range of meanings available in media portrayals of suicide, mental illness and related issues.

From a policy perspective, the focus on research projects designed to support or question relationships between media coverage of suicide and the prevalence of suicidal behaviours, or between stigmatised portrayals of mental illnesses and community stigma, provides an overly narrow framework for evaluating news content and could lead to a very limited conception of news worker's responsibilities. The research programs give little recognition to contemporary media reception theory (Alasuutari 1999; Tulloch and Lupton 1997).

Importantly, qualitative investigations of media content have identified the range of meanings available to audiences in news media portrayals of mental illness. For example, the Glasgow Media Group's research (Philo, 1996) set an important agenda for both research and policy-making by documenting (Philo et al. 1996: 50-65) how the British media primarily portrayed mental illness as 'violence to others'. Similar work in New Zealand (Coverdale et al. 2002) showed how discursive resources enabled depictions of mental illness as 'dangerous to others' (see also Allen and Nairn 1997; Nairn et al. 2001; Wilson et al. 1999). Olstead's (2002) research on Canadian newspapers found that links between mental illness and criminality were primarily achieved through the use of ideological, polarised talk between 'us' and 'them', and by the creation of a hierarchy of mental illness (the mentally ill criminal, the passive patient, and class-based illness depictions).

Australian research by Hazelton (1997) argued that news media coverage of mental illness tended to conform to a set of readily identifiable framing strategies that drew on standard and predictable narratives, discourses, and preferred images. These framing devices, he argued, may lead audiences into specific interpretations of mental health and mental illness issues such as, for example, seeing people with schizophrenia as 'dangerous others'. Blood et al. (2002) documented that audiences were likely to draw from news reports an increasing fear of people diagnosed with mental illnesses and a heightened sense of risk that they might pose to the community (see also Blood and Holland, 2004; Wearing 1993).

In their analysis of the reporting of depression in the Australian media, Rowe et al. (2003) noted an absence of lay voices and found that those deemed qualified to speak tended to be medical professionals, researchers and politicians. Specifically, they suggested the Australian press rely on the following sources in reporting depression: press releases from government agencies; extracts from the medical media; and press releases provided directly to newspapers by researchers (Rowe et al. 2003). They found that it was extremely rare for lay people diagnosed with depression to be heard and that when they were "the supposedly lay message is supportive of expertise" (Rowe et al. 2003: 683).

Guidelines, resource kits & postpsychiatry

News media resource kits and guidelines on suicide and mental illness can be positioned as embodying the goal of improving 'mental health literacy' (Jorm et al. 1997) by improving media coverage with the aim of 'educating' the public into thinking about 'mental illness' the way the 'experts' do. This reflects an acceptance of the expertise behind diagnostic labels and emphasises the need for the media to have the 'facts' about mental illness as they are constructed within the medical model. The

media and the 'lay' public are positioned as lacking understanding and knowledge of the 'reality' of 'mental illness' and in need of education about the 'facts'.

Corrigan and Penn (1999) argue that protest strategies targeting the representation of mental illness in the news media as a way of challenging stigma send two messages. The first is to the news media that they stop reporting inaccurate representations of mental illness, and the second is to the public that they stop believing negative views about mental illness. These strategies presuppose that the media do represent mental illness inaccurately and that the public passively absorbs negative views about mental illness. This echoes Blackman and Walkerdine's (2001) observation that the 'effects' tradition in media and communication research is underpinned by the assumption of the 'vulnerable masses' being at risk from the 'vulturous mass media'. Like the effects tradition, media reporting guidelines also reflect a simplistic understanding of the relationship between media 'messages' and audience 'reception', and the role of the media in contributing to stigma and the role of media audiences in feeling and enacting stigma. The reason the 'direct effects' theory of media and communication lost favour is because it is unable to account for the broader context, including other media messages and audience habitus, in which people engage with media and communication.

Postpsychiatry challenges taken-for-granted assumptions about who are the 'experts' in mental health and what constitutes authoritative knowledge in the mental health field. In this regard, it presents a challenge to many of the assumptions underpinning guidelines for the media's reporting of mental illness. People who have been diagnosed with a mental illness, for example, have an important role in contributing to public discourse through their own contributions as sources and actors in news media stories. In doing so, they challenge the view that they are always vulnerable audience members at risk from the media and they draw attention to some of the broader concerns of activists in the mental health field and the shifts in thinking suggested by postpsychiatry.

What examples of this type of coverage are evident in the Australian media?

Data sources

Data for this paper are drawn from a major research study conducted for the Commonwealth of Australia's Department of Health and Ageing during 2006 and 2007, which monitored news about suicide, mental health and mental illness for a 12-month period. All suicide and mental illness news items were identified by the commercial monitoring company, *Media Monitors*, for the period September 2006 to September 2007 for analysis. All major metropolitan and regional newspapers, selected suburban newspapers, and a random 5 per cent sample of all free-to-air broadcast news and current affairs programs were included in the sample. (Full details of the media sampled can be found in Pirkis et al. 2008). Using the databases *Factiva* and *TV News* (Informit) we extended the data to include news stories about mental illness in major metropolitan newspapers and television and current affairs from October 2007 to June 2008.

Talking Back

Predictably, there were no references to 'postpsychiatry' (or 'post-psychiatry') in any Australian news media during the period September 2006 to June 2008. Unless some authoritative source or 'expert' was advocating a postpsychiatry position it is unreasonable to expect the news media to be reporting items about postpsychiatry, given its relatively recent emergence. Nonetheless, we did identify a few news stories and features, and a prominent television current affairs program, that took on the flavour of postpsychiatry's aims and ideas.

A feature story in *The Sydney Morning Herald* (20 September 2006, p. 12) reported the comments of a performer who has been diagnosed with schizophrenia, headlined:

> Performers promise a true night of madness.

The story appeared in the Arts and Entertainment section and was based on an interview with poet Sandy Jeffs who was quoted as saying:

> I'm not afraid to call myself a mad woman.
>
> A friend calls me the most famous mad woman in Australia. I have been living with schizophrenia for 30 years. I've had a long time to consider the mad mode, to consider the consequences of what being mad means.

The story reported that Jeffs is one of the stars of a performance called 'Mad Scenes', in which all of the performers either have schizophrenia or live with it daily through family or friends. The story reported that the performance was part of the festival, *For Matthew and Others: Journeys with Schizophrenia*, which was initiated by Dinah Dysart, as a memorial for her son who had been diagnosed with schizophrenia and later died by suicide. The story said of Jeffs and her fellow poets:

> They call themselves 'the Loose Kangaroos', a reference to the expression about mad people having 'a kangaroo loose in the top paddock'.

It is reported that this kind of 'black humour' is common in their performances and Jeffs says that it is vital to reclaim the word 'mad' from "the people who want to use it to stigmatise or vilify us", in the same way the gay rights movement reclaimed the word 'queer'.

This kind of reclaiming of the language is a familiar practice by those who see themselves as part of the international psychiatric survivor movement. The story provides an example of the way in which interviews with people who see themselves in this way result in news stories that humanise people who are too often dehumanised, medicalised or criminalised in news media reports. The content of the story also highlights the way in which art and humour are important strategies for challenging stigma and discrimination. Through stories such as this media audiences are exposed to ways of understanding madness and people diagnosed with a mental illness that are often relegated to the margins of public discourse.

Media stories do not need to be substantively about people diagnosed with a mental illness or be based on first-person accounts in order to evoke postpsychiatry sentiments. This was the case with a significant news feature looking at the importance

of social factors in mental health published in a 14 paragraph report in *The Age* (31 July 2007, p. 9). The story, headlined 'Give me strength, and the rural footy club always does' ,criticised the medicalisation of mental health. It reported in the lead:

> It may sound crazy, but the best mental health service in many rural communities is the local football club.

Further on, this point was expanded:

> We don't usually think of local football clubs as community mental health services. We have come to associate mental health services with professionals who provide treatment for people with mental illness.

The writers made a distinction between 'health care' and 'sick care' and argued that the latter was the focus of community mental health for the most part. They argued this has implications for the way in which health resources are allocated because the health budget is spent mostly on sick care. They said while medication in mental health is important for some people, so too are economic, social, cultural and environmental factors:

> Here lies a contemporary quandary: both mental illness and mental health are now treated as medical issues. This medicalisation of mental health is utter madness. Although evidence supports mental illness being treated medically, mental health is often a social issue.

The writers suggested that the most common treatments, such as cognitive behavioural therapy and medication "do not change the underlying social conditions that cause the distress". Thus, while the authors acknowledge that medicine has a role to play, it is not presented as a 'magic bullet' and their suggestion that 'mental health' is more than the absence of 'mental illness' is a move in the direction of deconstructing this binary.

This feature story was co-written by a researcher and a woman whose family are members of a rural football and netball club. It is rare for perspectives such as these, which challenge medicalisation in mental health, to appear in mainstream metropolitan newspapers. The challenge is, perhaps, for this kind of perspective to have a greater influence across the range of different types of media representation.

The media can also play a role in bringing to light resistance to medicalisation and the harm of psychiatric labels. *ABC Radio National's* award winning program, 'All in the Mind' (7 April 2007) in early 2007 investigated the psychiatric diagnosis of borderline personality disorder, explicitly questioning the nature of the diagnosis.

Reporter Lynne Malcolm described borderline personality disorder as a diagnosis "stigmatised by the very professions responsible for giving it". The program included interviews, some including graphic details of self-harm, with women who had been diagnosed as having borderline personality disorder, and with University of NSW Associate Professor of Psychiatry, Carolyn Quadrio, who agreed that the diagnosis was misnamed.

Early in the program, reporter Lynne Malcolm introduced a consumer activist with the following words:

> Mental health consumer activist Merinda Epstein usually introduces herself as a high profile nut case. She's had 14 different psychiatric diagnoses, but it is the label of 'borderline personality disorder' which she chooses to politicise because of her concern about the extreme stigma the diagnosis attracts.

Later in the program, the consumer activist, Merinda Epstein, said:

> While we have this thing called psychiatry that uses the diagnostic manual and is hell-bent on having a mental illness system rather than a mental health system, proof of pathology is the only way that you can get a service. And proof of pathology implies the medicalisation of people's distress.

And on the diagnosis of borderline personality disorder, she said:

> It's an insidious damaging diagnosis and it doesn't mean anything any more; it just brings punishment within the system and it punishes women, and I don't see any point in giving people a label that brings disgrace and punishment.

Many health and medical professionals would have been concerned with the graphic accounts of self-harm and suicidal ideation given by some participants in the program. But these first-person accounts were used as a means of explaining people's distress and opportunities for treatment, and to challenge the very nature of the diagnosis. As a highly respected activist and researcher, Merinda Epstein's comments can be seen to embody the 'oppositional' habitus (Crossley 2004) of the international psychiatric survivor movement as well as postpsychiatry's recognition of the harm of medicalisation and psychiatric labelling.

During our study's timeframe one of the most prominent media items to give a voice to lay people's views was the ABC television program *Enough Rope* (7 April 2008). Titled 'Angels and Demons', segments for the program were recorded at a THEMHS (The Mental Health Services) conference, which is regularly attended by many people diagnosed with mental illnesses. Host Andrew Denton set the tone of the program with his opening remarks:

> This is the first time television cameras have been allowed into the conference. Many people wanted to talk. Perhaps because they're rarely heard.

Denton explained to viewers that he wanted to understand what it was like to experience a mental illness and whether there was hope for recovery. To this end, he participated with others in an experiment where participants wore headphones attached to an MP3 player which were constantly replaying several voices. Arana Pearson, a trainer in mental health recovery, led the voice hearing experiment. He also commented on being diagnosed with schizophrenia two years ago:

> I was distressed, at the time. They said I had schizophrenia. But there was a line in there that was really interesting, it said "he believes he teaches mental health professionals, exclamation mark, exclamation mark".

The program comprised interviews with a number of people diagnosed with mental illnesses. Sandy Jeffs, one of the key speakers at the conference, introduced the audience to a mock help line:

> Thank you for accessing our Schizophrenia line. Press 1 to continue. Press 2 to quit. If you are hearing voices Press 1. If you are having visions of the Virgin Mary Press 2. If you think we can help you, you are obviously delusional … (Audience Laughter).

The program was not limited to black humour and celebrating madness. Denton interviewed people about self-harm and being suicidal as well as young people from a specialist youth service about their mental health problems, some of whom expressed relief about receiving a label for what they were experiencing and medication to treat it.

Denton also interviewed a young woman, Heidi Everett, about her experience, including of being hospitalised, diagnosed with schizophrenia and medicated. In response to a question about what she hated about being in hospital, Heidi said:

> Hated that I was put in a room with only a small window and a mattress and no carpet, nothing, for the night, the first night I was ever in a psyche ward I was in that room and um I pissed my pants out of fear and the nurse wouldn't let me get changed or go ring a friend and get them to bring in some clean clothes, so I had to wear like, that for a while. And then you get jabbed in the arse with injections if you act up, which I think every person that gets dragged off to the psyche ward would act up. Any sane person, would act up. I hate the fact that um we weren't allowed outside for weeks. Um the only fresh air you got was in the smoking room at the time. I do now know that it's changed though and there's a lot more liberties for people but in those times you know that's what I hated about it and I hated the fact that – I could go on and on and on.

These kinds of experiences with the mental health system and mental health services are rarely the topics of news or feature stories about mental illness and are largely absent from public view. Stories about 'escapes' from psychiatric hospitals and violence committed by inmates of psychiatric hospitals, for example, are far more likely to make the news. Clearly, television programs like *Enough Rope* have greater freedom to explore personal stories and accounts of this kind than newspapers or television news. Nonetheless, the relative absence of stories like this in the media's reporting of mental illness is perhaps reflective of the media's reliance on a few enduring frames.

Towards the end of the program Denton asked Arana Pearson how he moved from a "hopeless diagnosis" to being hopeful. He said:

> Oh well, eh partly getting angry helped me. I mean I just, people talked about that today. I mean anger's not a bad thing. It's what you do with the energy. The more of us who have the conditions eh and experience that can front up um and talk through what our experiences are and talk about our recovery um publicly I think that goes a long way to helping.

Most ABC audience members joining the after program on-line forum (**http://www2b.abc.net.au/enoughrope/forum2/archives/archive8/default.shtm**) were very impressed with the tone of the program and the message it sent. A posting by Fiona was typical:

> It was great to see the stories from the point of view of those suffering from mental illness.

While some participants wanted more on the mental health system and funding, and more about the impact of mental illnesses on relationships, the overwhelming majority of people supported the program and praised its approach. Many commented favourably on Denton's reflexive interview style, and the program was recognised with a TheMHS Broadcast Media Award in 2008.

The online forum after the Angels and Demons program highlights the important role of the internet in enabling people not only to respond to programs dealing with mental illness but also to share their experiences and their meanings with others. The internet is an important tool of the consumer/survivor/ex-patient movement in its attempts to publicise their claims to a global audience. As this paper suggests, traditional print and broadcast media can also play a role in elevating first-person perspectives and resistance to biomedical psychiatry to the public agenda. Consistent with Nairn and Coverdale's (2005) research into how psychiatric patients and people diagnosed with a mental illness depict themselves in the mass media, the items we have identified offer accessible and recognisably human self portrayals that differ considerably from those reported by most researchers.

Some of the examples we have identified do not strictly comply with the suggested guidelines of *Reporting Suicide and Mental Illness* (Commonwealth of Australia), primarily because of the language used. Yet, it is this very language usage that the consumer/survivor movement seeks to reclaim, as its members pursue their own identity construction. By highlighting these examples we are not suggesting that all people diagnosed with a mental illness choose the kind of identity politics that celebrates Mad Pride or challenges medicalisation and psychiatric labels. Our modest aim has been to highlight some media items in which dominant understandings of mental illness and people diagnosed with mental illness have been exposed to criticism and resistance. In doing this, it is possible to identify points of conflict between guidelines for the media's reporting of mental illness and the views of many people diagnosed with a mental illness, such as proponents of Mad Pride.

Conclusions

As can be seen from the media items discussed in this paper, there are problems with media resources and guidelines which emphasise the importance of encouraging the media to use 'correct' medical terminology when reporting mental illness. There are also problems with the underlying assumption of the guidelines that people diagnosed with a mental illness are especially vulnerable audience members who need to be 'protected' from certain types of media reporting. If such guidelines were adhered to, many of the stories we identify in this paper would not have been reported. We suggest that these kinds of stories are vital to ensuring that the media's coverage of mental illness is reflective of the contested knowledges about it. Moreover, it is equally important that media guidelines and resource kits are also reflective of, and responsive to the discursive struggles that exist in the mental health field.

It is far too early to say that Australian news media have embraced a new mode of reporting mental illnesses reflecting the main tenets of postpsychiatry. We note that

the recent quantitative and qualitative evaluations of suicide and mental illness news in the Australian press and broadcast media found some significant shifts. In 2000-2001 about 19.6 per cent of all mental health and illness items described the experience of an individual with mental health problems. But in 2006-2007 27.2 per cent did so. For radio, the percentage increased from 16.2 per cent in 2000-2001 to 25.2 per cent in 2006-2007. The trend was more evident for television where items describing the experience of an individual with mental health problems doubled to 33.3 per cent in 2006-2007 (Pirkis et al. 2008). Pirkis et al. (2007: 54) report this may reflect "increased community acceptance of mental health problems leading to a greater propensity for the media to report on people's 'lived experiences' and on service related issues". Although in this paper we have identified only a few examples of media coverage in which postpsychiatry sentiments have been included, these trends in news coverage suggest that the media may be opening itself to a broader range of perspectives and stories about mental illness, including those that challenge medical expertise and biomedical explanations.

This paper offers a preliminary exploration of how newly emerging perspectives from postpsychiatry and the activism of the consumer/survivor/ex-patient movement might inform our approach to the media's reporting and portrayal of mental illness. We have identified portrayals of people who have been diagnosed with a mental illness that are rarely seen in the news and current affairs media and, thus, are largely absent from media studies literature in this area. These include portrayals of people talking on their own terms about their lived experiences and, at times, challenging the expert discourses in which their interpretations are often medicalised or otherwise dismissed as a product of their 'illness'. Unlike stories of the 'violent mentally ill killer', for example, these stories do not have a tradition in our collective societal memory. Further research is needed to understand why these kinds of stories are for the most part at the margins of news media coverage of issues in the mental health field and to investigate how audiences read these kinds of portrayals.

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