

# Media essays - media representations public



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## **Media Representations Public**

### **Abstract**

The purpose of the study is to examine how mental illness and crime is currently represented in the UK media; to what extent, if any representations have changed over the past decade. Furthermore, the study will adopt the theory of social representations, given the theory's useful theoretical perspective for the investigation of media representations. The study will be qualitative in nature, comprising of content analysis of UK tabloid and broadsheet newspaper articles.

Content analysis is considered to be 'one of the classical procedures for analysing textual material' (Flick 1998: 192), and is the only method for the analysis of textual material within the social sciences (Bauer (2000). Also, the study will try and discover whether media representations differed considerably in accordance with the type of newspaper and the political orientation of a particular newspaper.

### **Introduction**

Previous research by the Department of Health found that media representations of mental illness have a negative effect on public perception (Rose, 1998). Another study by the Glasgow University media group, confirmed the belief that people who saw a strong link between mental illness and violence, derived their beliefs largely from the media (Philo, 1993).

Although the relationship between the media and public attitudes are complicated, there is however evidence supporting the view that details of

mental illness promote and reinforce negative public perceptions (Cutcliffe & Hannigan, 2001).

Negative representations and the effect that the media has had when dealing with mental illness according to Cutcliffe & Hannigan, (2001) makes the point “ that supervision registers, supervised discharge and the appearance of a generally more controlling mental health policy framework in the 1990s emerged, in part at least, as a result of media-fuelled moral panic”.

This was as a result of the powerful media coverage of mental health issues relating to the death of Jonathan Zito at a London underground station and the horrific death of Ben Silcock by a lion at London zoo (Cutcliffe & Hannigan, 2001).

Meanwhile, according to (Cutcliffe & Hannigan, 2001) “ Despite the recent European Convention for Human Rights Act coming into force in October 2000, some developments in British mental health care appear to be moving away from the position that upholds, wherever possible, the individual’s personal freedom as sacrosanct, towards a position more concerned with minimizing risk to others”. This development is evident in the policies and legislations that have been introduced by the Labour government since their election in 1997 (Cutcliffe & Hannigan, 2001).

Over the past 30 years a substantial amount of research has been conducted to determine the effect of the media on the public’s belief system. If public perception of mental illness is based on negative and false images perpetuated by the media, there is a danger that government responses to

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systems and people in the mental health field will also be based on these false realities, rather than on the true needs and issues of people suffering from mental illness (Cutcliffe & Hannigan, 2001; Rose, 1998).

### **Media Representations of Mental Illness Promote False and Negative Images and Stereotypes**

According to Edney, (2004) “ The media play an influential role in shaping people’s attitudes about the world they live in and about the individuals who inhabit the world with them. Stories about or references to people with mental health issues are rarely out of the headlines in news stories, yet research indicates that media portrayals of mental illness are often both false and negative”.

### **Negative Images and Stereotypes in News Media**

Furthermore, Edney, (2004) a “ 1993 Glasgow University study that conducted a content analysis of 562 newspaper items containing representations of mental health and illness identified within local and national media over the course of one month. The study concluded that 62% of those stories focussed on violence towards others in relation to a person with mental illness. Stories that garner the most media attention appear to be those that make a link between mental illness, crime, and violence”.

### **Violence and Criminality in News Media**

Meanwhile, Edney, (2004) “ nearly two-thirds of all news stories examined involving those with psychiatric diagnoses could be classified as crime news. Yet, when news on the whole was examined, only 10% of stories were crime news, with the other 90% of stories revolving around issues unrelated to crime or violence, such as politics, entertainment and health. Thus it is not

that news overall is dominated by stories about crime, but rather that news stories featuring people with mental health problems are overwhelmingly given this specific and negative focus.

### **Negative Media Portrayals and public's Negative Attitudes**

However, according to Edney, (2004) " The few acts of violence committed by people with mental illness are generally directed at family members, not strangers. Media depictions of persons with mental illness attacking a stranger shape public opinion. The saliency of such high-profile crimes, despite their infrequency, makes it appear as though violent crimes committed by individuals with a psychiatric diagnosis are common, and that the general public has reason to fear people with mental illness".

Furthermore, Edney, (2004) " the media's representation of people with mental illness as violent, dangerous, and unpredictable has resulted in the mentally ill suffering societal scorn and discrimination. However, mistaken and negative depictions perpetrate the public's damning image of people with mental illness and sustain continued intolerance oppression. Such erroneous and negative associations are woven so thoroughly into the fabric of the public consciousness that sensationalism need no longer occur for the public to equate mental illness with dangerousness."

Meanwhile, according to Anderson, (2003), " Media representations of mental illness can have a significant effect on public images of people who experience mental health problems. The implications for people living in the community are considerable, particularly when the media depict people suffering from a mental illness as being ' dangerous' and violent".

Throughout the 1990s, Anderson, (2003), “ the media increased attention on issues surrounding governmental community care legislation and the discharge of people from institutional care. This resulted in a stream of news reports on homicides involving a person known to be suffering from a mental illness”. Furthermore, Anderson, (2003) says that “ Newspapers in the UK have been one of the most powerful forms of media portraying such incidents. The case of Stephen Laudat, a person known to be suffering from schizophrenia, and who was convicted of killing Bryan Bennett, is identified as the ‘ Killer who should not have gone to jail’ in an article attempting to illustrate the inadequacies of community care provision”.

Another report by Anderson, (2003) “ confronts the reader with ‘ Mental patient Kills mother after quitting hospital’, which tells the tale of Gilbert Steckel, who was found to have killed a teacher and her two daughters soon after being discharged from a psychiatric hospital”.

These events, along with the cases of Christopher Clunis and Jonathan Newby, show the failings of health policies and the health service (Anderson, 2003). An article in the ‘ Independent’ announced ‘ NHS accused over mentally ill killers (Anderson, 2003).

Furthermore, according to Anderson, (2003), “ During the last decade a number of studies and analytical papers attempted to demonstrate that negative reports in the press have contributed to the formation of negative public attitudes towards the mentally ill. Broadsheet and tabloid newspapers made a significant link between mental ill health, criminality and violence. Such stories were often given more exposure than positive articles.

## **Social Representations Theory**

Given the amount of work carried out using social representation theory, I will concentrate on the aspects of the theory that are useful for media analysis. Social Representation theory provides a framework for the understanding of common-sense thinking, and does not privilege one particular form of research methodology, thus reducing the possibility of bias or error.

For example, social representations that emerge as a result of content analysis of media texts do not change as a result of being investigated, albeit representations rely on the interpretation of the researcher, and therefore may contain a degree of bias. In contrast, information gathered from individuals may be open to change, since individuals may behave differently once they are aware of the nature of the investigation (Farr, 1993). Social Representations theory also guides methodology as well as being theoretical and in this regard any researcher working with social representations need to be aware of their own bias.

Social representations theory was developed by Moscovici who defined social representations as a:

'system of values , ideas and practices with a twofold function; first to establish an order which will enable individuals to orient themselves in their material and social world and to master it; and secondly to enable communication to take place among the members of a community by providing them with a code for social exchange and a code for running and

classifying unambiguously the various aspects of their world and their individual and group history' (Moscovici 1973: viii)

Therefore, social representations are a system of organised structures of meanings which is expressed through the medium of practice and talk. It provides a person with a framework to make sense of their social world, and their understanding is influenced by the meanings associated to them by society.

One of the main principles of the theory is the process of making the unfamiliar familiar; which allows a person to make sense of events or something new which is unusual or interesting. The theory suggests that individuals develop further ideas as they do not like to live in a society that is strange or unfamiliar.

According to Moscovici, (2000) when " otherness is thrust upon us in the form of something not quite as it should be we instinctively reject it, because it threatens the established social order".

Newspaper articles showing acts of violence or crime sometimes sees the perpetrator as having a history of mental illness, or psychological disorder, which would suggest that mental illness, was the direct cause of violence.

So, to what extent can and should the mental health services protect the public against crime committed by mentally disordered offenders.

According to Turner, (1996). Section 1 of The mental Health Act (1983) defines 'mental disorder' as " mental illness, arrested or incomplete development of mind, psychopathic disorder and any other disorder or  
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disability of mind." Furthermore, the Act sets out four types of mental disorder, being severe mental impairment, mental impairment, psychopathic disorder and mental illness (Turner, 1996).

Whilst the definitions are in fact legal constructs the type of mental disorder attributed to individuals is dependant on the clinical judgement of doctors and psychiatrists. Thus, detention under the Mental Health Act (1983) depends on the recommendations of two medical professionals, and should the type of mental disorder differ between the two judgements then the detention is invalid.

Moreover, the 1983 Act states that individuals should not be deemed to have a mental disorder 'by reason only of promiscuity or other immoral conduct, sexual deviancy or dependence on alcohol or drugs'. In other words, behaviour that is not perceived to be within social norms is not a mental disorder. Whilst alcohol and drug abuse may cause mental disorder, and thus fall within the scope of the 1983 Act, in isolation they are not mental disorders.

Consequently, discussions on the best means of disposal of mentally disordered offenders has been the subject of many government policy initiatives. In relation to DSPD offenders the Home Office/Department of Health (1999) policy proposals for 'Managing Dangerous People with Severe Personality Disorder' identified the need to protect the public and to provide effective services for individuals suffering from DSPD.

Personality Disorder describes a range of different conditions, from those individuals who pose some threat to themselves as well as to their families

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or friends to individuals who are severely disordered and pose a high risk to the public. This group of individuals is characterised as having DSPD, and it is

estimated that over 2000 individuals within England and Wales suffer from this disorder. Current provisions of managing DSPD are problematic, since DSPD sufferers pose new challenges to the mental health services; the lack of knowledge about causes of the disorder and the nature of treatment of the disorder.

Although individuals with DSPD may also suffer from mental disorder as well as a personality disorder, they are perceived as having 'different needs from most mentally ill patients and often undermine hospital regimes' (Home Office/DOH, 1999). DSPD sufferers are less likely to receive consistent and long term treatment for their disorder, often treatment being a result of crisis intervention.

Furthermore, involuntary admission to hospital for treatment of a psychopathic disorder is conditional on the basis that the individual will benefit from the treatment in hospital or prevent deterioration. In the case of DSPD sufferers, psychiatrists are less likely to recommend hospitalisation unless they also suffer from mental illness.

However, the majority of DSPD sufferers are found within the prison system, where it is argued they pose equally challenging problems for prison staff. Those individuals who are categorised as being 'disruptive' are held in Close Supervision Centres within the prison, whereby they are subject to high

levels of supervision. On the other hand, whilst some individuals pose no management problems in prison they present a risk to the public on release.

Furthermore, assessment of DSPD sufferers in prison by mental health services is not a matter of course, but rather a matter of chance. Some might question that this system is a breach of the duty of care on the part of both the criminal justice and mental health services to such individuals. Whilst the causes and possible interventions of the disorder are unclear it is hard to prove whether consistent and long term treatments have reduced the likelihood of re-offending, and the risk to the public.

More resources need to be put in place in order to provide the care required by particular mentally disordered people, thus not assuming that mentally disordered people are homogenous groups. Therefore, in this regard one would suggest that the mental health services should not only protect the public from the risk posed by DSPD individuals but also should protect the individual sufferers.

Nevertheless, the duty of care is not only the responsibility of the mental health services. The Criminal justice system plays an important role in the management of mentally disordered offenders. Diversion of mentally disordered offenders into psychiatric care can occur prior and during the process of criminal proceedings. Firstly, the police have the power under Section 36 of the Mental Health Act (1983) to take a person, they believe to be behaving in a disturbed manner in a public place, to a place of safety, such as hospital for assessment.

This power is open to the police even if an offence has not been committed. The Crown prosecution service may also take into account the mental health of an offender when deciding whether a prosecution is in the public interest. The power of the courts range from remanding the the individual in hospital for assessment, imposing a hospital or restriction order or order the transfer of an individual already in prison into hospital care.

However, Grounds, (1996) argued that the provisions of the mental health services in relation to mentally disordered individuals are not “ as full or comprehensive as is required”. Facilities within secure hospitals have been seen to be too custodial and non-therapeutic. As a result the Special Hospitals Service Authority was established in 1989 to manage the special secure hospitals of Broadmoor, Rampton and ashworth Hospitals (Grounds, 1996).

Furthermore, the Butler Committee interim report (1975) recommended increased provision for medium secure beds within regional health authorities. However, Grounds, (1996) argued that the target proposed by the Glancy committee of 1, 000 beds had not been met. According to the Department of Health and Home Office (1991) the number of secure in regional Secure units on 31 January 1991 was 597 (Grounds, 1996).

In addition, the provision for secure wards providing intensive care was consistent in some areas minimal, and 1community based forensic psychiatry services were also poorly developed’ (Grounds, 1996: 289). One of the principles of the Reed committee report (1990) was that all mentally disordered offenders who required care and treatment should receive it from

the health and social services rather than the criminal justice system. In practice, this is not the case since the Courts can only issue Hospital orders if a hospital is willing to admit the patient.

Thus, despite the fact that the Courts can impose hospital orders in the disposal of mentally disordered offenders whom they believe require treatment, the actual numbers issued are low in comparison to the number of mentally disordered offenders remanded in custody for assessment (Grounds, 1996).

The report suggested that in planning services for the disposal of mentally disordered offenders care should be based on the following criteria: wherever possible community based rather than institutionally based care; the level of security should be in line with the level of danger the individual poses to both himself and others; the type of care should maximise the rehabilitation of offenders, and assist individual in sustaining an independent life; and the location of treatment should wherever possible be as close to the individual's own home and family.

Although the Government White Paper, The Health of the Nation, (1992) set a health target for the effective service provision for mentally disordered offenders the resource provision is not expected to be high.

Another problem is that of risk assessment. Risk is a probabilistic quantitative notion, since it predicts the probability of specified harm in a specified time period. Risk assessment can be both false positives, where an event will occur but does not occur or false negatives, namely that a prediction is made that an event will not occur but it does.

The notion of dangerousness is in itself an an imprecise concept, one that is based on subjective judgement. Dangerousness is not a pathological attribute but depends on both the issue of context as well as individual characteristics. For example an individual who is characterised as being pathologically jealous would not be a danger to the general public, but would pose a risk to a partner.

The evidence highlights the fact that provisions within the mental health services of dealing with individuals who pose a high risk to the public are lacking. The detention of DSPD individuals in prisons without consistent and long term treatment plans is not only detrimental to the individual concerned but also increases the risk of re-offending as well as increasing possible risks to the public.

Moreover, lack of adequate treatments and support systems for individuals increases public perceptions of the failure of the Community Care policy. Furthermore, whilst it is clear that some individuals pose a threat to the public as well as themselves, some might argue that the process of risk assessment needs to be rigorous.

A greater understanding of the needs of DSPD individuals across both the mental health services and criminal justice services is urgently required; hence the need for the agencies involved with mentally disordered people to collaborate. Furthermore, provided there are adequate provisions available the majority of individuals may not pose any real threat to public safety, and the belief that all mentally disordered individuals pose a threat to the public is grossly exaggerated.