1 Introduction

In 2003, the British newspaper *The Sun* ran the front-page headline “Bonkers Bruno Locked Up”. The story reported on the former professional boxer, Frank Bruno, being taken to a psychiatric hospital after being sectioned under the 1983 Mental Health Act. Bruno had been experiencing depression and was later diagnosed with bipolar disorder.

The headline generated a media furore because of the language the newspaper used to describe Bruno’s hospitalisation and because the article referred to Bruno as a ‘nut’. In response to the backlash and in an attempt to right the offence caused by the headline, *The Sun* re-released the article with the new headline “Sad Bruno in Mental Home”. Speaking to *The Guardian* newspaper about *The Sun* headline, Marjorie Wallace, the then chief executive of the mental health charity SANE, said, “It is both an insult to Mr Bruno and damaging to the many thousands of people who endure mental illness to label him as ‘bonkers’ or ‘a nutter’ and having to be ‘put in a mental home’” (Gibson, 2003). After the release of the new headline, mental health professionals were still dissatisfied with the language used by *The Sun*, commenting that the use of “mental home” in reference to the psychiatric hospital Bruno was admitted to did not properly convey the purpose of such institutions (as places to recover from being ill), and said that the headline did not reflect the positive step that being sectioned can be, that is, it is at that point that a person may finally get help (Persaud, 2003). *The Guardian* article equated the reporting of Bruno’s hospitalisation by *The Sun* with a previous article the newspaper had published in 1989 reporting on the Hillsborough disaster in which 96 people died. The article reported that Liverpool football fans attacked police while they tried to rescue injured fans.  

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1 The Hillsborough disaster (named after the Hillsborough stadium in Sheffield, UK) was a fatal human crush in which 96 people were killed and 766 people were injured as a result of overcrowding in the tunnels leading into the Hillsborough football ground. The event has been widely discussed ever since, with reports focussing on getting justice for the 96 people who died, after the press and the police falsely blamed the fans for the incident. As
2 Introduction

leading to a mass boycott of the newspaper that is still ongoing today. Discussing both the Hillsborough disaster and the representation of Bruno’s hospitalisation, the journalist Owen Gibson described the negative reaction to the articles as being a result of the newspaper misjudging “the public mood” (Gibson, 2003). Gibson’s comment here is an interesting one, as it suggests that there had been a shift in the public understanding or awareness of mental illness that had not been understood by the press at that time. Gibson’s decision to equate the public reaction to the ‘Bonkers Bruno’ headline and the Hillsborough disaster demonstrates how strong Gibson felt the public reaction was to the language used in the article at that time.

Since the ‘Bonkers Bruno’ headline, a range of media guidelines about how to responsibly report on mental illness have been created. For example, Time to Change, an anti-stigma initiative launched in 2007 by the UK mental health charities Mind and Rethink Mental Illness, has a section of their website dedicated to offering advice about how to accurately portray mental illness in the media and in fictional depictions. They write:

Avoid using:
- ‘a psycho’ or ‘a schizo’
- ‘a schizophrenic’ or ‘a depressive’
- ‘lunatic’, ‘nutter’, ‘unhinged’, ‘maniac’ or ‘mad’
- ‘the mentally ill’, ‘a person suffering from’, ‘a sufferer’, a ‘victim’ or ‘the afflicted’
- ‘prisoners’ or ‘inmates’ (in a psychiatric hospital)
- ‘released’ (from a hospital)
- ‘happy pills’

Instead, try:
- ‘a person who has experienced psychosis’ or ‘a person who has schizophrenia’
- someone who ‘has a diagnosis of’ is ‘currently experiencing’ or ‘is being treated for . . .’
- ‘a person with a mental health problem’
- ‘mental health patients’ or ‘people with mental health problems’
- ‘patients’, ‘service users’ or ‘clients’
- ‘discharged’
- ‘anti-depressants’, ‘medication’ or ‘prescription drugs’

(Time to Change 2019a)

Taken together, the response to the ‘Bonkers Bruno’ headline and the guidelines released by Time to Change demonstrate that the language used to refer to and discuss mental illness is extremely a result of the press reports, the Hillsborough disaster has become a highly contentious and even taboo subject.
important. They also show that the public are increasingly aware of the role that language plays in public perceptions of mental illness. The introduction of media guidelines for how to write about mental illness is a positive step because it indicates that there is greater awareness of the ideological effect language can have on how the mental illness in question is perceived. However, the language that anti-stigma initiatives such as *Time to Change* prescribe is not based on any linguistic research. The lack of linguistic research into the area of prescribed forms for discussing mental illness, then, constitutes a gap in the existing research that this book aims to fill.

Recent reports into the stigma around mental illness suggest that attitudes towards mental illness are changing for the better. For example, Corker et al. (2016: 6) report that discrimination “has fallen significantly” in recent years, which they suggest may be related to (but cannot be directly attributed to) the *Time to Change* anti-stigma campaign. The research conducted by Corker et al. (2016), like the majority of previous research into the stigma surrounding mental illness, is based on analyses that make use of methodological tools such as bespoke scales (Corker et al. (2016) use the Discrimination and Stigma Scale). Such gradations are often based on Likert-type scales, for example, a statement alongside a four-point scale that the participant can agree or disagree with, using the scale to denote the degree of their agreement/disagreement. Nonetheless, such studies are typically interested in attitudes towards mental illness and not in how language affects these attitudes.

In addition to the research that uses scales to assess attitudes to mental illness, much previous research has also used bespoke coding schemes for analysing stigmatising themes in newspaper discourse. For example, Rhydderch et al. (2016) explored the effect that the *Time to Change* campaign had between 2008 and 2014 using a coding scheme to inform a content analysis (i.e. a process by which a text is analysed for its constituent themes). After analysing the results using univariate logistic regression models, Rhydderch et al. (2016: 5) concluded that there was a decrease in stigmatising articles, with “an increase in the proportion of anti-stigmatising articles which approached significance at $p < 0.05$”. The analysis conducted by Rhydderch et al. (2016) (i.e. a content analysis with the aim of finding stigmatising articles that is then quantified for statistical analysis) is typical of the existing research into press representations of mental illness, in that (i) the focus is on locating stigmatising articles, (ii) the method is thematic in the first instance and then quantitative in the second, and (iii) there is no or very little exploration of language (Rhydderch et al. (2016) do hypothesise that there will be a decrease in ‘pejorative language’, but they do not explain what they mean by this term).
The widespread use of scales and coding models (which I discuss in more detail in Chapter 2) means that the analysis of representations of mental illness in the press is typically quantitative and does not privilege language as an object of study. This has led to an extraordinary situation in which there exist prescribed linguistic forms for discussing mental illness (i.e. those listed previously by Time to Change) and very many studies on the stigma surrounding mental illness in the press yet no research into how these things are related; that is, how prescribed linguistic forms may affect stigmatising attitudes. A lack of research also means that it is unclear whether there really is a linguistic basis for these prescriptions. There is an implicit assumption in the existing research that language does indeed affect how people view mental illness (otherwise, why prescribe language for talking about mental illness and why generate hypotheses based on language use?), and yet there exists no comprehensive account of how, linguistically, mental illness is represented by the press. This is the context for the project reported in this book.

Despite the fact that previous research demonstrates an improvement in attitudes towards mental illness, it is now 19 years since The Sun’s headline about Bruno, and it is still the case that media depictions are often inaccurate, over-simplistic and stigmatising. A recent example of a damaging media representation from February 2019 concerns the death of the musician Keith Flint. Against extant advice developed by The Samaritans on how to responsibly report celebrity suicide in the media, The Daily Mail reported Flint’s death by giving specific details of the method of suicide, and The Sun reported the story via a front-page headline. Both newspapers stated that the cause of Flint’s suicide was depression caused by the breakdown of his marriage. The Samaritans advise that celebrity suicides should not be sensationalised, reported as a front-page item or attributed to simplistic causes. Moreover, research conducted by The Samaritans has shown there to be a link between media coverage and suicide rates with suicide rates increasing significantly if “suicide methods are reported, if the story is placed prominently and if the coverage is extensive or sensationalised” (The Samaritans, 2019). The language used to describe mental illness, then, has real-world and potentially fatal consequences. Moreover, mental illness is increasingly prevalent in the UK. Statistics show that one in four people in the UK will experience a mental health problem each year, with one in six people in the UK reporting a mental health problem each week2

2 The statistics taken from Mind (www.mind.org.uk/information-support/types-of-mental-health-problems/statistics-and-facts-about-mental-health/how-common-are-mental-health-problems/#two) are based on people living in private housing in England. As
(Mind, 2019a). In addition to this, because of the existing stigma of mental illness (and the resultant self-stigma) caused by the language surrounding mental illness, the rate at which people experiencing mental health problems access and continue to access healthcare is hindered (Flynn et al., 2016; Schomerus et al., 2012a). It is also the case that despite a tendency to link mental illness with crime and violence in the press, 45 per cent of people with a mental illness will be a victim of crime themselves, with people experiencing schizophrenia being more likely to be victims of a crime than perpetrators of it. For the reasons outlined in this section, there is much scope for research into the language of mental illness in the press and the potential ideological effects that language choices can have. Moreover, applied linguistics provides an ideal approach to socially motivated linguistic research like that reported in this book. The reason for this is that social justice is a concern in applied linguistic research (e.g. Cowal & Leung, 2020; Hall et al., 2017; Kubota, 2020), and the study of representations of politically loaded topics in the press is commonplace in applied linguistics (e.g. Baker et al., 2013; Koteyko et al., 2008; Mason & Hajek, 2020).

In the following section, I briefly summarise the value and importance of studying media discourse from a linguistic perspective to gain a perspective on the language of mental illness. Following this, I outline the research questions (RQs) that I go on to answer.

1.1 The Language of Mental Illness

Fairclough states that “media texts constitute a sensitive barometer of sociocultural change, and they should be seen as valuable material for researching change” (1995: 52). Newspaper discourse, then, provides insight into the language of mental illness for reasons wider than those detailed in the previous section. Studying media discourse enables us to look not just at the reporting of individual events (such as the case of Keith Flint) but also at the linguistic patterns that are indicative of public perceptions of mental illness, such as the labels used to describe specific mental illnesses and the people that ‘have’ mental illness. For example, there is a significant difference between describing someone as ‘a person with schizophrenia’ and ‘a schizophrenic’; similarly, there is a difference between calling someone ‘a patient’ and ‘a sufferer’ of mental illness (I explore these two issues in more detail in Chapters 7 and 8, respectively). Moreover, studying media discourse as a result, they may not be indicative of the mental health problems faced by “people in hospital, prison, sheltered housing, or people who are homeless” (Mind, 2019a).
diachronically allows us to chart how these usages and their effects have changed over time. Through linguistic analysis, it is possible to study empirically the ‘public mood’ that Gibson (2003) invoked to explain the outrage at the ‘Bonkers Bruno’ headline.

In recent years, a wealth of research has been conducted into the language of mental health in the press. The vast majority of this research, however, has been carried out by researchers working in the fields of psychiatry or media studies and, consequently, has not deployed the systematic tools for language analysis developed in linguistics. Moreover, the few analyses that have been conducted by linguists have tended to be qualitative or specific to one theme in mental health research, resulting in small-scale studies that are open to criticism, particularly the over-reliance on the subjective interpretation of findings. Generally, previous studies of how mental illness is discussed in the press tend to focus on a particular theme (e.g. analysing stigma) or a particular mental illness (e.g. schizophrenia). These studies tend to either find evidence that stigma exists (although this is perhaps unsurprising given that studies analysing stigma already presuppose its existence) or only offer valuable information about a specific mental illness. In contrast, in this book, a range of mental illnesses (as defined by the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, hereafter DSM-V) are analysed with no a priori expectations of their representation. For example, while my RQs are not concerned specifically with stigma, they do not neglect the possibility (and in fact high probability) that stigmatising language may be found. It is my opinion that corpus-assisted discourse analysis that asks specific questions of the data in question (e.g. ‘how is stigma manifest in language?’) only succeeds in corroborating the existence of top-down social constructs since it does not explore the data from the bottom-up, which is what is needed in order to explore how meaning is constructed in the data. Furthermore, the analyst already knows that such constructs are present in the data because the very nature of a specialised corpus requires that the analyst collects data using specific search terms. As a result, the analyst already knows that certain terms related to a particular construct, for example, stigma, will be present in the data. To remedy criticisms of such interpretative positivism in corpus analysis, it is necessary to broaden RQs (and data collection) significantly more widely than previous studies have done. Doing this offers a means of remedying the claims of positivism inherent in corpus linguistic analysis (i.e. the notion that a corpus can only tell you what is in it and not what is absent), as well as advancing our

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understanding of mental health and illness reportage. The reason for this is that the topics discussed in articles concerning mental illness are significantly more diverse than stigmatising language, for example, newspaper reports of mental illness and arts initiatives (Atanasova et al., 2019).

1.2 Research Questions

So far I have outlined the context for this book and the importance of studying the linguistic representation of mental illness in news reports. Below are the RQs that I answer in the chapters that follow:

1. How are the terms ‘mental illness’ and ‘mental health’ used in the MI 1984–2014 Corpus?
2. What linguistic strategies are used to name, label and describe people with mental illness in the MI 1984–2014 Corpus?
   2.1. To what extent is person-first language present in the MI 1984–2014 Corpus?
   2.2. What themes are present in the corpus for referring to people with mental illness?
3. What processes are associated with mental illness in the MI 1984–2014 Corpus?
   3.1. What terms do the press use to refer to having mental illness?
4. Is the depiction of mental illness realistic?
   4.1. Are the symptoms of each disorder type (e.g. depressive illnesses) accurately portrayed in the press?

Answering these questions requires both qualitative and quantitative analysis, as well as top-down and bottom-up approaches. The analysis of the basic linguistic units of the noun phrase and the verb phrase in RQs 2 and 3 constitute a bottom-up analysis because I am not starting my analysis by looking at any a priori feature above what naming strategies or processes are frequent in the corpus. By contrast, RQs 1 and 4 are more top-down because I start my analysis with the intention of exploring a predetermined feature of the texts, that is, how ‘mental health’ and ‘mental illness’ are used in the corpus (RQ1) and whether the symptoms of illness are present in the corpus (RQ4).

Answering these RQs also requires the use of a representative corpus. In the following section, I introduce the MI 1984–2014 Corpus and show how I designed the corpus to allow me to answer the questions listed in this section.

3 Despite this, research to date has focussed on negative press representations.

I discuss the corpus creation procedure in detail in Chapter 4; however, I will briefly introduce the data here. The corpus comprises 44,668,938 words of newspaper articles reporting on mental illnesses between 1984 and early 2014. The time frame of the corpus saw a relatively high level of mental health reform. For example, the Mental Health Act 1983, the Mental Health (Patients in the Community) Act (1995), the Mental Capacity Act (2005), the amendments to the 1983 Mental Health Act in 2007 and the 2013 Mental Health (Discrimination) Act all occurred during the time period covered by the corpus. The dates covered by the MI 1984–2014 Corpus are broad enough to provide insight into any diachronic change in the lexis and structural forms associated with mental illness, as well as being fitted to a relevant period in UK mental health history. The MI 1984–2014 Corpus is, then, continuous and longitudinal.

The articles were collected using the LexisNexis database. The search terms were collated using information from the Mind ‘A-Z of mental illnesses’ (Mind, 2018) and were informed by the DSM-V. To allow for maximum coverage of mental illnesses and their associated lexical forms, e.g., nominal forms such as psychosis, and adjectival forms such as psychotic, wildcards (such as !, e.g. psycho!) were used. After the construction of the search terms, the following sampling frame was used to search the LexisNexis UK Newspapers database from January 1983 to January 2014 (articles were grouped for high similarity):

(mental illness!) OR (mental health!) OR (mental ill health) OR (mentally ill) OR (mentally un!) OR (agoraphobi!) OR (anorexi!) OR (anxiety) OR (binge eating disorder) OR (bipolar!) OR (borderline personaliti!) OR (BPD) OR (bulimi!) OR (depress!) OR (dissociative disorder) OR (dissociative identity disorder) OR (eating disorder) OR (multiple personality disorder) OR (mptd) OR (obsessive compulsive disorder!) OR (obsessive compulsive) OR (ocd) OR (paranoia) OR (personality disorder) OR (postnatal depression) OR (posttraumatic stress) OR (post traumatic stress) OR (post-traumatic stress) OR (ptsd) OR (psychosis) OR (psychotic) OR (schizophreni!) OR (seasonal affective disorder!) OR (social phobia) OR (bulimia) OR (hypomania) OR (hypermania) OR (mania) OR (mania!) OR (manic) OR (manic!) OR (schizo)

The corpus creation procedure facilitated the creation of illness subcorpora in addition to year subcorpora, guided by the original search

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4 No data was collected for 1983 as the database returned no hits for this time period.
terms; for example, the terms collected as part of the eating disorder and obsessive-compulsive disorder (OCD) subcorpora are shown below:

<table>
<thead>
<tr>
<th>Eating disorder subcorpus</th>
<th>eating disorder, eating disorders*, bulimia*, binge eating disorder, anorexia*</th>
</tr>
</thead>
<tbody>
<tr>
<td>OCD subcorpus</td>
<td>Obsessive compulsive disorder*, obsessive compulsive, ocd</td>
</tr>
</tbody>
</table>

The design of the corpus and the illness subcorpora allowed for the analysis of diachronic (across time) as well as synchronic (across illness) variation.

The MI 1984–2014 Corpus, then, constitutes a significant resource for the investigation of constructions of mental illness in the UK press. In the following section, I explain how it is used in each of the subsequent chapters of this book.

1.4 Structure of This Book

In Chapter 2, I provide a review of the existing literature on the representation of, and attitudes towards, mental illness in a variety of text types, for example, online data, newspaper data and spoken data. In addition to research on the representation of mental illness in these different data types, I also discuss the theoretical position of social constructionism (particularly in reference to critical discourse analysis (CDA)). My review of the literature in Chapter 2 includes coverage of research from psychiatry, linguistics and counselling. As a result of including the research conducted into a wide variety of different text types, in addition to a wide variety of analytical fields (e.g. psychiatry and linguistics), the literature review in Chapter 2 is very broad. The reason I have included such a broad variety of literature is that no study to date has surveyed this range of work for what it says about the linguistic representation of mental illness. Moreover, due to the fact that the data contained in the MI 1984–2014 Corpus is so broad (in that it covers a significant period of time as well as a significant number of illnesses), I felt it important to thoroughly review the existing literature on a range of illness types as well as analytical methods.

In Chapter 3, I provide a brief overview of the particular approach to corpus linguistics that I adopt in this book: namely, corpus
linguistics as a method (as opposed to corpus linguistics as a theory) (McEnery & Hardy, 2012; Tognini-Bonelli, 2001). I also detail the specific corpus linguistic analytical methods that I use, such as collocation and keyness analysis, and the statistical tests and cut-offs associated with each analysis type. Due to the fact that I exemplify each analytical method using data from the MI 1984–2014 Corpus (specifically the data collected during a pilot study and an illness-specific sample of the data), I also illustrate the utility of each analysis type for analysing ideology in texts. Chapter 3, then, offers an overview of the corpus tools I use and also provides information about the theory underpinning each analysis. For example, a node word’s collocates (found by conducting a collocation analysis) provide evidence about the meaning of that node word, as in Firth’s statement that “you shall know a word by the company it keeps” (Firth, 1957: 11).

Following a similar structure to Chapter 3, in Chapter 4, I provide an overview of CDA, covering the early manifestations of linguistic enquiry into ideology in texts such as that of the East Anglia School (Fowler et al., 1979) to contemporary research into corpus-assisted discourse analysis that combines these early principles of CDA with computational methods. I also discuss and contest the notion that the automation of textual analysis offered by corpus linguistics provides a magic bullet for objectivity in CDA. As was the case in Chapter 3, I also outline the different CDA methods that I use in this book in Chapter 4. Specifically, I discuss and exemplify using relevant data Halliday’s transitivity model, taken from his model of systemic functional linguistics (SFL) (2003 (1973)), and naming analysis.

In Chapter 5, I describe the process of constructing the MI 1984–2014 Corpus, from compiling the sampling frame (e.g. search terms and dates covered) to the compilation procedure for the illness and year subcorpora. In particular, I provide a detailed discussion of the interpretative status of search terms and show how the dates the corpus covers are fitted and relevant to the topic matter in terms of legislation passed in this period. In my report on the corpus construction procedure, I cover practical issues related to compiling corpora such as cleaning the data. Furthermore, I include a discussion of the problems that the interdisciplinary nature of corpus construction poses for the researcher (i.e. that the researcher has to know about programming, statistical methods, etc. in addition to methods of linguistic analysis). I conclude Chapter 5 by showing how the corpus construction procedure resulted in a representative and evenly distributed corpus.

Chapter 6 is the first analysis chapter. In Chapter 6, I answer RQ1, “Has the meaning of mental illness changed over time in the press?”