STIGMA: PERSONALITY DISORDER AND HOMICIDE IN THE U.K. RED-TOP TABLOID PRESS, 2001-2012

Thesis submitted in accordance with the requirements of the University of Chester for the degree of Doctor of Philosophy

by Matthew Laurence Bowen

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Declaration

The material being presented for examination is my own work and has not been submitted for an award of this or another HEI except in minor particulars which are explicitly noted in the body of the thesis. Where research pertaining to the thesis was undertaken collaboratively, the nature and extent of my individual contribution has been made explicit.

Signed: ……

Dated: ……28.08.18

Stigma: Personality Disorder and Homicide in the Red-Top Tabloid Press, 2001-2012

Matthew Laurence Bowen

Abstract

There is evidence of stigma towards people with personality disorder from within healthcare systems, but relatively little known about other aspects of stigmatisation. This study explored the image within the red-top tabloids of people with personality disorder who have committed homicide and how this may have contributed to the processes of stigmatisation. The analysis was underpinned by a symbolic interactionist perspective on individuals and society and was informed by the modified labelling model. The role the press plays in the processes of stigmatisation is elaborated through exploration of the theoretical models and empirical evidence.

The data set for the thesis was articles published by the red-top tabloids between the years 2001 and 2012 (inclusively) that made reference to personality disorder. The data set was analysed using three methods: content analysis, corpus linguistics and frame analysis. The three methods were used in a mixed methods approach with a sequential design so that the results from one stage of the analysis fed into the next stage.

The content analysis of the data set identified that of the 552 articles published about people with personality disorder, 42% met the criteria for being homicide themed. Analysis identified that there was a significant reduction in the proportion of homicide themed newspaper articles in the period 2007-2012 compared to 2001-2006 ($\chi^2(1, n=552) = 7.38$, $p < .05$), however, the effect size was small ($\varphi = .12$).

Corpus linguistics analysis was used on articles that were homicide themed and identified 22 words that were stigmatising in their use, and were used proportionally more frequently than a comparator data set. These words were categorised as either epithets (e.g. psycho, monster), qualities (e.g. evil) or contributing to the process of labelling (e.g. branded). Comparison between 2001-2006 and 2007-2012 identified a proportional increase in the use of stigmatising descriptors, but to a level that was not considered to be significant ($\chi^2(1, n=114110) = 1.53$, $p > .05$).

Frame analysis of the homicide data set identified a dominant news frame in the articles, referred to as *lock them up and throw away the key*. This news frame was structured on a model that the problem was a failure to protect *us*, the public, from the risk presented by *them*, dangerous people with personality disorder who commit homicide.

The results of the study are discussed in relation to the model elaborated in the study of the role the red-top tabloids may play in the processes of stigmatisation. Implications for practice include using personality disorder in press guidance, and training for clinicians about attitudes towards people with personality disorder to include reviewing the impact of the press.

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Table of contents

Declaration i
Abstract ii
Acknowledgements iii
List of Tables x
List of Figures xii
Chapter 1: Introduction 13
1.1. Introduction to the thesis 13
1.2. Motivation for undertaking the study 15
1.3. Terminology 17
1.4. Research aim 17
1.5. Organisation of the thesis 19
1.6. Conclusion 26
Chapter 2: Background 27
2.1. Introduction 27
2.2. Personality disorder – contemporary understanding 27
2.2.1. Clinical features 27
2.2.2. Aetiology 31
2.2.3. Personality disorder and treatment 31
2.2.4. Personality disorder and violence 32
2.3. Personality disorder – historical development 33
2.4. The context of the period, 2001-2012 36
2.4.1. NHS & Community Care Act (1990) 36
2.4.2. Michael Stone 36
2.4.3. Dangerous and severe personality disorder 37
2.4.4. The Mental Health Act (1983/2007) 39
2.4.5. High secure hospitals 42
2.4.6. Culpable homicide and diminished responsibility 43
2.5. Conclusion 44
Chapter 3: Theoretical Framework I 46
3.1. Introduction 46
3.2. Epistemological position 46
3.3. Methodology 49
3.4. Stigma 56
3.4.1. Critique of Goffman's concept of stigma in context 59

3.5. Modified labelling theory and stigma 60
3.6. Impact of stigma 65
3.6.1. People are treated differently as a result of the label 65
3.6.2. People anticipate being treated differently as a result of the label 67
3.6.3. People re-evaluate their self as a result of the label 69
3.7. Alternate models of stigma and mental illness 71
3.8. Stigma and personality disorder 73
3.8.1. Public's psychiatric literacy about personality disorder 73
3.8.2. Attitude of professionals towards people with personality disorder 75
3.8.3. Stigma experiences of people with personality disorder 81
3.9. Conclusion 84
Chapter 4: Theoretical Framework II 86
4.1. Introduction 86
4.2. Newspaper representation of mental illness 86
4.2.1. Dangerousness theme 86
4.2.2. Stigmatising language 92
4.2.3. News frames and dangerousness 94
4.2.4. Patterns of change over time 99
4.3. Impact of media on the public's attitudes to people with mental illness 100
4.4. Model of the role of the red-top tabloids within the processes of stigmatisation 105
4.5. Conclusion 114
Chapter 5: Research Design 115
5.1. Introduction 115
5.2. Research aim 115
5.3. Research questions 116
5.4. Hypotheses 117
5.5. Data set 118
5.5.1. Sampling 119
5.5.2. Managing the data set 121
5.6. Research methods 122
5.6.1. Content analysis 123
5.6.2. Corpus linguistics 126
5.6.3. Frame analysis 128
5.7. Conclusion 133
Chapter 6: Content Analysis – Findings 135

6.1. Introduction 135
6.2. Coding 135
6.2.1. Inter-rater reliability 137
6.3. Results of the coding 139
6.3.1. Number and proportion of homicide articles – total data set 139
6.3.2. Number and proportion of homicide articles – by newspaper 139
6.3.3. Change over time 143
6.4. Conclusion 145
Chapter 7: Corpus Linguistics – Findings 147
7.1. Introduction 147
7.2. Corpus linguistics methods 147
7.2.1. Areas of enquiry 148
7.3. Metaphoric use 149
7.4. Equator descriptors 149
7.5. Stigmatising language for discharge/admission/detention 152
7.6. Stigmatising descriptors 156
7.6.1. Keyness 156
7.6.2. Key words in context 160
7.6.2.1. Epithets 161
7.6.2.2. Qualities 174
7.6.2.3. Labelling 180
7.7. Stigmatising language – changes over time 181
7.8 Conclusion 185
Chapter 8: Frame Analysis - Findings 187
8.1. Introduction 187
8.2. Initial readings of the data set 188
8.3. Framing the social context 188
8.4. Linguistic devices informed by the review of the social context 191
8.5. Identification of further linguistic devices 197
8.6. News frame matrix 204
8.7. Identifying a 'lock them up and throw away the key' news frame 208
8.7.1. In the headlines 208
8.7.2. In different news stories 209
8.7.2.1. DSPD services 210
8.7.2.2. High secure hospitals, prison and jail 211
8.7.2.3. In the community 213

8.7.2.4. Legislation 217
8.7.2.5. The courts 219
8.8. Application of news frame to individual articles 221
8.8.1. Close reading 1: In the community 222
8.8.2. Close reading 2: High secure hospitals, prison and jail 224
8.8.3. Close reading 3: DSPD services 225
8.8.4. Close reading 4: The courts 226
8.8.5. Close reading 5: Legislation 227
8.9 Conclusion 234
Chapter 9: Discussion 235
9.1. Introduction 235
9.2. Relationship to wider sources of stigma 236
9.2.1. Housing 237
9.2.2. Employment 237
9.2.3. Legislation 238
9.2.4. Treatment 239
9.2.5. Prison services 239
9.2.6. Family and friends 240
9.2.7. Reduced life expectancy 241
9.3. Red-top tabloid representation 243
9.3.1. Repetition of theme 243
9.3.2. Repetition of othering language 246
9.3.3. Repetition of news frame 250
9.4. Understanding the impact on people's lives 253
9.4.1. Treatment by others 255
9.4.2. Anticipated treatment by others 259
9.4.3. Re-evaluation of self 261
9.5. Summary 263
9.6. Conclusion 265
Chapter 10: Conclusion 267
10.1. Introduction 267
10.2. Summarising the thesis 267
10.2.1. How the proportion of articles about people with personality disorder who committed homicide, across the red-top tabloid sector, may have contributed to the processes of stigmatisation 267

10.2.2. How the language used in articles about people with personality disorder who committed homicide may have contributed to the processes of stigmatisation 269
10.2.3. How the dominant news frame in articles about people with personality disorder who committed homicide may have contributed to the processes of stigmatisation 270
10.2.4. The manner of the red-top tabloids' contribution to the processes of stigmatisation 271
10.3. Limitations – validity and reliability 272
10.4. Contributions to new knowledge 274
10.5. Implications for practice 276
10.5.1. The press 276
10.5.2. Clinical practice 277
10.6. Future research 278
10.7. Concluding thoughts 279
Reference List 281
Appendix 1. Literature Search Strategy 356
Appendix 2: Literature Quality Assessment 359
Appendix 3: Coding Manual 362
Appendix 4: Publications and Conference Papers 364

List of Tables

Table 2.1 Personality disorders and clinical features, DSM-5 (2013) and ICD-10 (1992) 28

Table 4.1 Results of content analysis studies that identified themes of danger/aggression/crime 88

Table 4.2 Readership figures and demographics 112

Table 6.1. Results of coding a sample by two coders 138

Table 6.2. Interpretations of Kappa values 138

Table 6.3. Frequency and proportion of non-homicide and homicide articles by each newspaper 140

Table 6.4. Critical values of Chi-squared at an alpha threshold of α = .05 142

Table 6.5. The frequency and proportion of non-homicide and homicide articles in two time periods 143

Table 6.6. Interpretation of Phi coefficient and effect size 144

Table 7.1. Summary of guidance about language usage 148

Table 7.2. *Personality disorder** concordance examples 150

Table 7.3. *Psychopath** concordance examples 151

Table 7.4. *Released* concordance examples. 153

Table 7.5. *Locked up* concordance examples. 154

Table 7.6. *Caged* concordance examples 155

Table 7.7. Critical values of log-likelihood at different alpha values 158

Table 7.8. Stigmatising descriptors ordered by statistical value 159

Table 7.9. Stigmatising descriptors grouped into epithets, qualities and labelling 161

Table 7.10. *Monster* concordance examples 162

Table 7.11. *Psycho* concordance examples 164

Table 7.12. *Vampire* concordance examples 165

Table 7.13. *Fiend* concordance examples 166

Table 7.14. *Pervert* concordance examples 167

Table 7.15. *Monsters* concordance examples 168

Table 7.16. *Pariah* concordance examples 169

Table 7.17. Beast concordances examples 169

Table 7.18. *Psychos* concordances examples 170

Table 7.19. *Fiends* concordance examples 171

Table 7.20. *Weirdo* concordances 171

Table 7.21. *Hannibal Lecter* concordances examples 172

Table 7.22. *Maniacs* concordance examples 173
Table 7.23. *Sicko* concordance examples..... 173
Table 7.24. *Perverts* concordance examples 174
Table 7.25. *Evil* concordance examples 175
Table 7.26. *Twisted* concordance examples. 176
Table 7.27. *Deranged* concordance examples 178
Table 7.28. *Warped* concordance examples..... 178
Table 7.29. *Crazed* concordance examples..... 180
Table 7.30. *Branded* concordance examples 181
Table 7.31. Pearson Chi-squared test of change in proportional use of stigmatising descriptor in the periods 2001-2006 and 2007-2012 182
Table 7.32. Keyness analysis of stigmatising descriptors using log-likelihood, contrasting periods 2001-2006 and 2007-2012..... 184
Table 8.1. Keyness analysis, using log-likelihood test, of names used as exemplars 198
Table 8.2. Keyness analysis, using log-likelihood test, of the words *free*, *freed* and *freedom*. 199
Table 8.3. Examples of words used to describe acts of homicide 202
Table 8.4. Matrix for *lock them up and throw away the key* news frame 207
Table 9.1. Words clustered by connotations of stigmatising qualities 247
Table A1. Literature search results 357
Table A2. Quantitative studies quality assessment 360
Table A3. Qualitative studies quality assessment..... 361

List of Figures

Figure 4.1. Model of the role of the red-top tabloids within the processes of stigmatisation 106

Figure 5.1. Research design based on Leech and Onwuegbuzie's mixed methods model (2009). 134

Figure 9.1. Model of the red-top tabloids' contribution to the processes of stigmatisation of people with personality disorder 265

Figure A1. PRISMA Flow diagram of selection of studies for inclusion in the review (Moher *et al*., 2009) 358

Chapter 1: Introduction

1.1. Introduction to the thesis

This chapter provides a roadmap for the thesis. It introduces the aim of the research, its development and the methodological approach adopted in the study. It provides an overview of each chapter, and in doing so it supports an appreciation of the thesis as a whole, prior to engaging with each discrete part.

Since the 1950s and the work of Nunnally (1957) and Gerbner (1959) there has been interest in the contribution that the media makes to the public's understanding about mental illness. Research in this field has indicated that newspaper representations of people with mental illness have often emphasised an attribute of dangerousness (Bowen & Lovell, 2013; McGinty, Kennedy-Hendricks, Choksy, & Barry, 2016) and an identity of *other* (Foster, 2006; Nairn, 2007). There is a concern that this type of emphasis negatively affects the understanding of some of the public about mental illness and thereby contributes to the processes of stigmatisation that lead to loss of life opportunities (Aragones, Lopez-Muntaner, Ceruelo, & Basora, 2014; Rhydderch *et al.*, 2016). This thesis follows in that tradition. Underpinned by a sociological understanding of stigma (Link & Phelan, 2001), and a symbolic interactionist perspective on individuals and society (Blumer, 1969; Mead, 1934), the study explored how the representation in the United Kingdom (UK) red-top tabloids of people with personality disorder who have committed homicide may have contributed to the processes of stigmatisation. The data set that formed the core of the analysis was articles produced by this group of newspapers, which are physically distinguished from middle-range tabloids by their red masthead and from broadsheets by their compact size (Brook, 2007), and which have a reputation for more sensationalistic journalism (Wynne-Jones, 2011). The analysis explored how articles about people with personality disorder may have contributed to the processes of stigmatisation through the repetition of images of individuals

who have committed homicide. Research into the lives of people who have a mental illness and have committed serious violent crimes has highlighted the challenges they face in negotiating an identity around the two labels of mental illness and criminality (Coffey, 2012). The repetition of such images in the press is understood to contribute to the conflation of those labels. The study explored how headlines such as, “Monster works in shopping mall” (Gekoski, 2003, p. 22), may have contributed to the processes of stigmatisation, through both the use of stigmatising language and communication of a latent logic about the identity and rights of individuals and groups of people. Whilst this was the focus of the analysis, the study contextualised how this can be understood in relation to the wider sites of stigmatisation (G. Thornicroft, 2006), which from a symbolic interactionist perspective are understood to arise from the meanings given to situations and to be expressed through the actions and interactions of individuals (Charon, 2010). Similarly, the study was interested in the processes involved in how readers may be affected by the representations in this group of newspapers (Angermeyer, Dietrich, Pott, & Matschinger, 2005; Corrigan, Powell, & Michaels, 2013) and how they may in turn contribute to processes of stigmatisation.

With regards to people with personality disorder, it is known that some aspects of healthcare systems have contributed to stigmatisation (Bonnington & Rose, 2014; Dickens, Lamont, & Gray, 2016). However, there is relatively little research about other areas of social life, including representations of mental illnesses in the press (Roberts, Bourne, & Basden, 2013; Whitley, Adeponle, & Miller, 2015). Likewise, whilst there have been a number of studies about the representation of mental illness in UK newspapers there is relatively little known about its specific representation in the red-top tabloids. Typically, they have either not been included in data sets of studies (Goulden *et al*., 2011; Knifton & Quinn, 2008) or their contribution has been very small (Foster, 2006). However, what research there has been suggests that they are characterised by a pattern of more

stigmatising representations than other newspapers (Clement & Foster, 2008; Flynn, Gask, & Shaw, 2015). Furthermore, it is known that readership of this group of newspapers has been consistently high (National Readership Survey [NRS], 2013), and consequently their impact may have some significance.

1.2. Motivation for undertaking the study

This study was informed by my clinical experiences in services for people with personality disorder; more specifically, by the experiences of working in therapeutic communities for people with personality disorder, including pre-training experiences in the charity sector, mental health nurse training experiences in the third sector and post-qualifying work in the National Health Service (NHS). The latter was initially at Guy's Hospital, London and then for eight years at the Henderson Hospital, London until the service closed in 2008.

There were a number of experiences and observations that shaped why I chose to research this area and consider it an area of importance. I think it is worth articulating some of these at the beginning of the research, to support transparency of personal motivation and assumptions. In a decade of working as a mental health nurse, I worked with between 500 and 600 people with personality disorder and the types of difficulty that people experienced were diverse. A relatively common aspect, however, was that many people were highly sensitised to the experience of someone or some group or organisation harbouring negative thoughts about them, and felt profoundly affected by that experience. The impact could be witnessed in a range of individual responses, some more overt than others, but impact there was, even when based on no more than an intimation. Unfortunately, there was evidence that many people had experiences of more than just intimation that they were not wanted, and that these included their interactions with health and social care professionals; for example, through referring agencies being reluctant to provide ongoing care. Indeed, another

striking feature of working in services for people with personality disorder was the responses of other health and social care professionals when they discovered that this was my area of specialism. Often, there was a sharp intake of breath, a visible wincing and a comment such as, “Rather you than me.” This was by no means the only response, and many health professionals expressed curiosity and interest in working with this group of people. However, it was a relatively common response and it clashed with my experiences of working closely with people in a therapeutic community environment. I was curious, therefore, to explore whether there were areas outside health and social care that may contribute to the processes of stigmatisation towards this group of people.

During that period, I was also interested in applying systematic approaches to understanding the clinical work. Soon after completing my nursing training I implemented a small study (which I went on to present and publish (Bowen & Staebler, 2002)) to explore the staff’s understanding of the unit at Guy’s Hospital for people with personality disorder during a period in which the service’s survival was uncertain. After moving to the Henderson Hospital I undertook a Master’s programme in Group and Intercultural Psychotherapy, and for my dissertation used systems thinking to consider aspects of the treatment process in relation to its wider social environment, an account of which I then published (Bowen, 2007). As my career at the Henderson developed, I had input into the training of new staff across all disciplines, and to support this role undertook a study into the experiences of good practice of more experienced staff, which I later published (Bowen, 2013). These experiences have contributed to developing skills in conducting research, and highlighted the personal value of research both as an activity in its own right and a productive one that has changed my perspective and my behaviour.

Subsequent to the closure of the Henderson Hospital I started working as an academic at the University of Chester, and have taken advantage of the

opportunity to become involved in the research environment of the Faculty of Health and Social Care. I enrolled as a PhD student in January 2011 and have been fortunate to have supervisors within the Faculty with experience of sociologically driven studies and of managing mixed methods studies, and from within the English Department with expertise in linguistic analysis.

1.3. Terminology

There is an issue about the use of terminology when referring to people with mental illness. The direction from proponents of people-first language (http://www.thearc.org/who-we-are/media-center/people-first-language) is that the term *people with a mental illness* is preferable to *the mentally ill* or terms that relate to a particular illness such as *schizophrenics*. The rationale is that people-first language does not reduce a person's identity to a particular condition. There is, however, concern that to refer to people as *people with mental illness* is to medicalise the problems that they experience in living, and to divert from their experience of mental distress (Nairn, 2007; Slade & Longden, 2015). These concerns have a direct bearing on the issue of stigma and the relationship between public representation, the construction of identities and the impact on people's lives. The phrase *people with mental illness* is by far the most commonly used term in the literature about stigma (C. Henderson *et al*., 2016; Pugh, Hatzenbuehler, & Link, 2015). By extension, the phrase *people with personality disorder* is used in this thesis as it directly relates this study to the research in the field, and has been the approach used by the researcher elsewhere (Bowen, 2016).

1.4. Research aim

Informed by experiences in clinical practice and awareness of the wider research into the press representation of mental illness (Bowen & Lovell, 2013), I decided to explore the manner in which the red-top tabloids represent people with personality disorder as having committed homicide. Homicide presents a clearly identifiable and stark image of threat to others,

which if repeatedly associated with people with personality disorder may contribute to processes of stigmatisation.

The research aim of the study was to explore the manner by which the representation in the red-top tabloids of people with personality disorder who have committed homicide, between 2001 and 2012, may have contributed to the processes of stigmatisation of people with personality disorder.

Informed by the review of the literature a series of research questions were constructed to guide the study. Research questions that were at least partially addressed through quantitative data (R1, R2, R4) were supported through a series of related hypotheses. These could provide focus to specific features of the data set, for example clarifying differences between different red-top newspaper outputs (H1) would support the broader research question about the contribution of the sector as a whole to stigmatisation (R1).

Research questions:

R1. How may the proportion of articles about people with personality disorder who committed homicide, across the red-top tabloid sector, have contributed to the processes of stigmatisation?

R2. How may the language used in articles about people with personality disorder who committed homicide have contributed to the processes of stigmatisation?

R3. How may the dominant news frame in articles about people with personality disorder who committed homicide have contributed to the processes of stigmatisation?

R4. Was there a change over the period in the way in which the articles may have contributed to the processes of stigmatisation?

Hypotheses:

H1. There will be a significant difference between red-top tabloid newspapers in the proportion of articles about personality disorder that are themed as homicide.

H2. Articles in the red-top tabloids about people with personality disorder who commit homicide will be characterised by a significantly higher proportion of stigmatising words than articles in other national newspapers about people with personality disorder.

H3. There will be a significant decrease in the proportion of articles about people with personality disorder that are themed as homicide, in the red-top tabloids, between the periods 2001-2006 and 2007-2012.

H4. There will be a significant increase in the proportional use of stigmatising language in articles about people with personality disorder that are themed as homicide, in the red-top tabloids, between the periods 2001-2006 and 2007-2012.

1.5. Organisation of the thesis

The processes of stigmatisation pervade many areas of society (Hatzenbuehler & Link, 2014; G. Thornicroft, 2006), and consequently it was necessary in this study to explore the social context of the group of people who are the focus of the enquiry. To that end, chapter 2 explores the contemporary understanding and historical development of the concept of personality disorder, which serves to illustrate how the construction of knowledge about this social object has changed in relation to wider social forces (Manning, 2000, 2002). The chapter proceeds to survey issues pertinent to the context of the period being reviewed (2001-2012). This understanding fed directly into the study and in particular the exploration of the manner in which issues of that time were represented in the red-top tabloid press, which is presented in Chapter 8.

The relationship of the newspaper outputs to processes of stigmatisation was not a given and required elaboration of a model to give meaning to the findings of the study. Chapter 3 starts this elaboration of the theoretical framework. It lays out the understanding of stigma used in the thesis, informed by an epistemological position of social constructionism (Berger & Luckman, 1991) and by the methodological approach of symbolic interactionism (Charon, 2010), and draws on modified labelling theory (Link & Phelan, 2001) to understand the stages of the stigmatisation process and their impact. In doing so emphasis is given to the integrity of an approach in which social interaction is central to understanding the processes of socialisation, the development and maintenance of self, and the communication of knowledge. An important aspect of this model is an understanding of power as the ability to define situations (Altheide, 2013), which informs interactions that enable stigma to be enacted and becomes a communication to others about a logic underlying the understanding of a social object, such as people with personality disorder. This understanding of the role of power in the processes of stigmatisation and in society is used to emphasise the importance of social structures and roles as well as individual interactions. The model addresses the theoretical tension of structure and agency with an approach that emphasises that individuals are goal-orientated and have the ability to think independently, but are constrained by the social construction of knowledge within society and through their interactions are in an ongoing process of reproducing the society they inhabit (Altheide, 2014; McCall & Becker, 1990). The concept of the generalised other (Mead, 1934; Blumer, 1969) is used as a way of understanding both the capacity to understand others and the transmission of cultural norms, which affect interactions with others as well as understanding and evaluation of the self.

Stigma and mental health are understood as affecting how people are treated (Angermeyer, Matschinger, & Schomerus 2013; Livingston, 2013), how they anticipate being treated (Clement *et al*., 2015; Link, Wells, Phelan,

& Yang, 2015) and their evaluation of their self (Corrigan & Rao, 2012; Link & Phelan, 2013). Research into stigma and mental illness is explored to support an understanding of the sites in society where stigma has been found to exist (Livingston, 2013; G. Thornicroft, 2006). There is relatively limited research into the specific examples of stigma experienced by people with personality disorder, therefore research into the broader area of stigma and mental illness is drawn upon. However, close attention is given to research into stigma and personality disorder, including the level of the public's literacy about personality disorder (Furnham, Lee, & Kolzeev, 2015), the attitudes and behaviours of healthcare professionals (Bodner *et al*., 2015; Newton-Howes, Weaver, & Tyrer, 2008) and the experiences of people with personality disorder (G. Black, Thornicroft, & Murray, 2013; Veysey, 2014), particularly within healthcare settings.

Chapter 3 laid out the foundations for a symbolic interactionist understanding of society and individuals, and of stigma and mental health. Chapter 4 continues the development of the theoretical model by exploring the role of the press in the processes of stigmatisation. From this position the press are broadly understood as contributing to the public's understanding of social objects (Altheide, 2014), such as personality disorder. Research into the manner in which newspapers have represented mental illness emphasises three key components that appear to have a bearing on how the press affect readers. The first aspect is the repetition of a particular theme in the representation of people with mental illness (Bowen & Lovell, 2013), the second is the use of stigmatising language (Murphy, Fatoye, & Wibberley, 2013), and the third is the use of a latent logic or news frame that encourages a particular perspective (Kesic, Ducat, & Thomas, 2012). This review serves both as an exploration of the knowledge in the field to inform the findings of the study, and as foundational work to inform decisions about this study's design. Research into the impact of newspaper representations of mental illness on their readers is also reviewed to support the broad principle that a relationship

exists between the press's output and the public's understanding (Hoffner, Fujioka, Cohen, & Seate, 2017; McGinty, Webster, & Barry, 2013). The chapter comes to an end by drawing together the theoretical position and empirical evidence to articulate a model of the relationship between the sites of stigma in society, the red-top tabloids' representation of people with personality disorder who commit homicide, and the production of stigma by their readers in their social interactions and relations to selves. This model is underpinned by a symbolic interactionist perspective and is supported by developments in interactionist approaches to frame analysis (Koon, Hawkins, & Mayhew, 2016). The model is novel to the extent that it has a particular focus on the processes of stigmatisation and the press from a symbolic interactionist perspective. The articulation of this understanding of the relationship between these different areas is fundamental to the study. It supports an understanding of every stage of the study and their relationship to each other.

As noted earlier the development of the theoretical framework directly informed the research design, which is elaborated in chapter 5. The review of the literature had identified three broad approaches to analysis of press outputs about mental illness: the frequency and proportion of particular themes through content analysis methods (Krippendorff, 2012), analysis of the use of stigmatising language (Clement & Foster, 2008), and frame analysis (Van Gorp, 2007) of latent logics that encourage a particular perspective. This study is somewhat novel because of its focus on personality disorder and the red-top tabloids; however, by responding to these three research approaches the study aimed to contribute new knowledge whilst relating to the existing body. The research questions and hypotheses that guide the study were constructed in response to the review of research in the field, and these are articulated within the chapter. The tensions of a mixed methods approach are explored with regards to how the theoretical framework can incorporate a combination of quantitative and qualitative methods, and issues of research rigour are considered for

each method (Johnson & Onwuegbuzie, 2004; Leech & Onwuegbuzie, 2009). The design is sequential in nature with results from the content analysis of the data set leading to the construction of a new data set of homicide themed articles. This homicide data set was explored using corpus linguistics methods as these support the identification and analysis of stigmatising language in a relatively large data set (Drange, Hasund, & Stenstrom, 2014; McCarthy & O'Keefe, 2010). The results from this analysis fed into the frame analysis (Van Gorp & Vercruysse, 2012) of the homicide data set to explore a dominant news frame.

The content analysis of the data set of all articles produced by the red-top tabloids that reference people with personality disorder is presented in chapter 6. This identified the total number of articles produced, the frequency and proportion of homicide themed articles, differences between the newspapers in their output and changes between the time periods (2001-2006 and 2007-2012). This quantitative approach to the research was primarily descriptive in nature. However, as well as the descriptive statistics of quantity and frequency, appropriate statistical tests were used to address hypotheses (McHugh, 2013) about correlations between the proportion of homicide themed articles and different newspapers, and across different time periods. The finding that 42% of all articles in the data set made reference to people with personality disorder committing homicide was understood as significant in terms of the model of stigma and the contribution this may make to readers' understanding being characterised by attributes of dangerousness, particularly risk of homicide. The large proportion of articles themed as homicide supported the meaningfulness of further exploration of their characteristics, to better understand the manner in which they may impact on readers.

The sequential nature of the research design meant that an outcome of the content analysis was the construction of a new data set of articles that were all themed as homicide. Chapter 7 presents the findings from corpus

linguistic analysis of the patterns in word usage that are characteristic of this homicide data set. To support the validity and reliability of this aspect of the study, guidelines for journalists about language use when writing about mental health inform the specific areas of enquiry, namely, metaphoric use, equator descriptors, stigmatising language for discharge/admission, and stigmatising descriptors (Clement & Foster, 2008). The use of journalist guidelines provides some consensus about the types of word that are discouraged as being stigmatising, as they are directly meaningful to the activities of the journalists who produced the articles being reviewed. That said, the specific choices of words that are considered to be stigmatising involves a subjective decision, and this is explored through reviewing the words in the context in the articles and consideration of their function. The study made use of the advantages of corpus linguistics software to support the analysis of the frequency and patterns of relatively large data sets (Motschenbacher, 2016). This included the opportunity to compare the homicide data set with an alternative data set of articles about people with personality disorder, in other types of newspaper. The statistical tests involved in this comparison of the relative frequency of word usage in two data sets enabled the analysis to provide results to respond to the hypothesis that the homicide data would be characterised by the use of stigmatising language. The use of this type of language is given meaning in light of the theoretical model and the role language plays in constructing identities that are viewed as *other*, such as monster, beast and fiend.

The exploration of an underlying logic in the presentation of articles about people with personality disorder who commit homicide is explored in depth in chapter 8. The analysis used the findings from the corpus linguistic analysis of stigmatising words. It responded to the survey of the relevant contextual issues presented in Chapter 2, such as concerns around Care in the Community, changes to mental health legislation and high profile cases of people with personality disorder who have been found guilty of committing homicide. It also involved further close readings of the data set,

and further use of corpus linguistics methods to identify patterns of word use to support the identification of a dominant news frame (Baker, 2012). This led to the construction of a news frame matrix which drew on the work of Van Gorp (2005) for its structure: problem definition, problem source, responsibility, moral response, solution, stereotypes, lexical choices/catchphrases, and wider cultural references. The utility of the matrix was explored by further reading of the data set to identify evidence of the news frame's presence across the period 2001-2012, and across a range of different news stories. A small purposive sample of five articles was used to illustrate the subtleties of the employment of devices to support the news frame, in the presentation of a range of different news stories and across different newspapers. This process supported the view that the identified news frame could be considered a dominant perspective.

The model articulated at the end of chapter 4 of the relationship between the sites of stigmatisation, the representations in the press, and the readers was used to structure the discussion in chapter 9. This supported the bringing together of the findings from the three stages of the study to address the research aim, whilst placing these findings clearly in the context of wider social processes in which they had been produced. The relationship between the sites of stigmatisation and the newspapers is highlighted through examples of repetition of the manner in which enacted stigmatisation is re-affirmed through the press, often as taken-for-granted knowledge. This supports the model used in the study, which emphasises the need for power to be present to enable stigmatisation to exist (Link & Phelan, 2001), for example through the power to define situations in which people with mental illness are considered to be too great a risk to be employed. The newspapers demonstrate that they, often casually, reproduce the underlying logic that is evident in these enactments of stigma, e.g. "Monster works in shopping mall" (Gekoski, 2003, p22). In doing so they contribute to the automatic assumptions made in understanding social objects (Altheide & Devriese, 2007). However, they are only able to

communicate these messages and casually assume that they are understood because of the exercise of power in the society where these sites of stigmatisation are enacted (Van Gorp, 2007). Similarly, the newspapers are seen as being constrained by the journalists', editors' and newspaper owners' understandings of the generalised other (Altheide, 2014) and the expectations of their readers (G. Morris, 2006). Consistent with the theoretical model used, the findings from the study are considered with regards to how they may impact on how people are treated, how they may anticipate being treated, or how they may re-evaluate their self as a result of the label of having a personality disorder.

The conclusion in Chapter 10 briefly summarises the study and demonstrates that the research aim, research questions and hypotheses have been addressed. Consideration is given to the limitations of the study, as part of the ongoing process of addressing the issue of research rigour. Consideration is also given to the areas of original contribution presented in the thesis. These include a greater understanding of the representation of people with personality disorder in the red-top tabloids, the combination of content analysis, corpus linguistics and frame analysis in a mixed methods approach, and the development of a model to help conceptualise the contribution of the press to the processes of stigmatisation. The thesis ends with considerations about the possible impact of the study, including recommendations for practice and future research.

1.6. Conclusion

This chapter presented an overview of how the thesis is organised to address the research aim of the study. The subsequent chapters provide detail about each component of the study.

Chapter 2: Background

2.1. Introduction

This chapter provides contextual information relevant to the research. It presents a contemporary understanding of personality disorder to highlight the range of difficulties in living that people experience and the evidence of any link between the disorder and violence. A social constructionist epistemology underpins the thesis, which is supported by an understanding of the historical development of the concept, emphasising the contextual nature of knowledge. This chapter explores the context specific to the period reviewed in the study, which informs an understanding of its findings. It also serves a more specific purpose of supporting the frame analysis (presented in chapter 8), which relies on a thorough understanding of the social context of a phenomenon to enable an exploration of the media's presentation of the issues (Van Gorp, 2005).

2.2. Personality disorder – contemporary understanding

2.2.1. Clinical features

There are two major classificatory systems for mental illnesses, the *International Classification of Diseases* (10th ed.; ICD-10, World Health Organization [WHO], 1992) and the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM-5; American Psychiatric Association [APA], 2013), both of which identify a range of discrete personality disorders. There is considerable overlap between the two systems, though DSM-5 is distinct in grouping different personality disorders into three clusters (A, B and C). Table 2.1 identifies the different personality disorders in both of these classificatory systems and the distinguishing clinical features.

The table demonstrates the range and diversity of the types of difficulty that people with personality disorder experience in day-to-day living, including: paranoia, emotional detachment, callousness, unstable mood, unstable self-image, attention-seeking, grandiosity, self-consciousness, submissiveness,

and perfectionism. It is apparent that a group consisting of people with personality disorder are heterogeneous with regards to the types of difficulty in living that they experience.

Table 2.1 Personality disorders and clinical features, DSM-5 (2013) and ICD-10 (1992)

Personality disorders and clinical features.		
DSM-5 (2013) only.	**DSM-5 (2013)**	**ICD-10 (1992)**
Cluster A. (Odd–Eccentric).	Paranoid • Distrust and suspiciousness. Schizoid • Socially and emotionally detached. Schizotypal • Social and interpersonal deficits; cognitive or perceptual distortions.	Paranoid • Sensitivity and suspiciousness. Schizoid • Emotionally cold and detached. No equivalent.
Cluster B. (Dramatic–Emotional).	Antisocial • Violation of the rights of others. Borderline • Instability of relationships, self-image and mood. Histrionic • Excessive emotionality and attention-seeking. Narcissistic • Grandiose, lack of empathy, need for admiration.	Dissocial • Callous disregard of others, irresponsibility, and irritability. Emotionally unstable (a) Borderline – unclear self-image, and intense, unstable relationships. (b) Impulsive – inability to control anger, quarrelsome, and unpredictable. Histrionic • Dramatic, egocentric, and manipulative. No equivalent.
Cluster C. (Fearful – anxious).	Avoidant • Socially inhibited, feelings of inadequacy, hypersensitivity. Dependent • Clinging and submissive. Obsessive-compulsive • Perfectionist and inflexible.	Anxious • Tense, self-conscious, and hypersensitive. Dependent • Subordinate personal needs, and needs constant reassurance. Anankastic • Indecisive, pedantic and rigid.

One of the most commonly used definitions of personality disorder is that found in the *Diagnostic and Statistical Manual of Mental Disorders* (4th Revised ed.; DSM IV-TR; APA, 2000), which characterises personality disorder as:

> An enduring pattern of inner experience and behaviour that deviates markedly from the expectations of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early childhood, is stable over time, and leads to distress or impairment. (p. 685).

Common to most, perhaps all, mental illnesses, personality disorder affects a person's internal experiences, for example thoughts, emotions and perceptions, as well as their behaviours towards others and self-oriented behaviours such as self-harm. A distinct feature of personality disorder that demarcates it from other mental illnesses is that these difficulties must have been evident since early childhood or adolescence (APA, 2013). This is different from other mental illnesses such as depression (Solomon & Taylor, 2014), anxiety disorders (Solomon, Stein, & Sareen, 2015) and schizophrenia (Owen, Sawa, & Mortensen, 2016) where some people experience the difficulties associated with the mental illness during this earlier period but many others do not. An extension of this early appearance of these difficulties in personality disorders is that they endure over time, which also is distinct from other mental illnesses, as often someone may have a mental illness for a relatively short period and then recover (Slade & Longden, 2015). They are also characterised by the difficulties being present in a range of contexts and situations, which is not the case for all mental illnesses, particularly some anxiety disorders such as phobias (APA, 2013; National Institute for Health and Care Excellence [NICE], 2013).

It is these characteristics of being persistent, pervasive and problematic (Gordon, Knight, Fawkes, & Yeandle, 2017; Ministry of Justice [MJ], 2011) that give personality disorders the unique feature among mental illnesses of being inseparably linked to the psychological construct of personality. Kendell (2002) has argued that this inextricable link contributes to it being a disputed diagnosis within psychiatry. This is despite the high level of distress and impairment that accompanies these difficulties (Kendell, 2002), the high

level of co-morbidity with other mental illnesses (Hayward & Moran, 2008) and the negative impact on life expectancy (Fok *et al*., 2012; Nordentoft *et al*., 2013).

The distinction between personality disorder and other mental illnesses, in part to do with the link to personality, was seemingly manifest in the decision by the American Psychiatric Association to include personality disorders on a different axis of the DSM-IV (APA, 1994; Krueger & Eaton, 2010; Manning, 2006). The period of preparation for the construction of the DSM-5 highlighted the lack of consensus about the classification of personality disorders. There was discontent that the discrete categories in DSM-IV (APA, 1994) had proven to be inadequate, reflected in the clinical experience that many people diagnosed with one personality disorder also met the criteria for a number of personality disorders (Manning, 2006; Skodol *et al*., 2011; Widiger, 2013). The DSM-5 Work Group responded to these areas of discontent by proposing a dimensional, rather than a categorical, model of personality disorder that would include both an indication of severity as well as distinction along lines of personality traits rather than discrete disorders (Skodol *et al*,. 2011; Tyrer, Reed, & Crawford, 2015). This model, however, came under criticism in part because of the apparent lack of empirical evidence to support the proposed model (Widiger, 2013; Zimmerman, 2011). It was also criticised for being overly complex for clinical use, generating an open letter to the DSM-5 Work Group by a number of clinicians considered experts in the field (Shedler *et al*., 2010). Ultimately, the DSM-5 retained the categorical model but removed the distinction of personality disorders appearing on a separate axis. However, they also included a hybrid categorical-dimensional model as a supplement, to encourage research into a dimensional approach to conceptualising personality disorder (APA, 2013). The debate about the appropriateness of a categorical or dimensional model has continued and the World Health Organization, at the point of writing, is in the process of producing ICD 11, though there has been discussion about the development

of different dimensional models for this new classification system (Newton-Howes, Clark, & Chanen, 2015; Oldham, 2015; Tyrer *et al*., 2015).

2.2.2. Aetiology

There is a high rate of childhood abuse and neglect reported for all personality disorders (Battle *et al*., 2004; Berenz *et al*., 2013), and this is particularly high for people with borderline personality disorder (MacIntosh, Godbout, & Dubash, 2015; Martin-Blanco *et al*., 2014). Further, evidence indicates that there is a relationship between the degree of abuse and neglect that people have experienced in childhood and the severity of their symptoms in adulthood (Elices *et al*., 2015; Martin-Blanco *et al*., 2014; Skodol *et al*., 2005). However, the evidence suggests that it would be an oversimplification to regard personality disorder only as a trauma-based disorder. There has been mounting evidence of a genetic component in all personality disorders (Kendler *et al*., 2008; Reichborn-Kjennerud, 2010), supported by further research into the strength of genetic influences on cluster B (DSM-IV) personality disorders (Torgensen *et al*., 2012) and specifically borderline personality disorder (Cattane, Rossi, Lanfredi, & Cattaneo, 2017; Reichborn-Kjennerud *et al*., 2013). The evidence points to a picture of a combination of genetic and environmental risk factors with evidence that childhood experiences negatively impact on biological structures (Cattane *et al*., 2017).

2.2.3. Personality disorder and treatment

There has been a long-standing dispute in psychiatry about the treatability of personality disorder (Adshead, 2001; Lewis & Appleby, 1988; Pickersgill, 2013), which influenced the decision by the National Institute for Mental Health in England (NIMHE) to review the provision of services (2003). Subsequent to the review there have been NICE guidelines on the treatment for people with borderline personality disorder (2009a) and antisocial personality disorder (2009b), as well as Quality Standards (2015).

The evidence for the effectiveness of treatments is variable. There is evidence to support the use of psychosocial interventions for people with borderline personality disorder (Bateman & Fonagy, 2009; Choi-Kain, Finch, Masland, Jenkins, & Unruh, 2017; Davidson, Tyrer, Norrie, Palmer, & Tyrer, 2010; McMain *et al*., 2009). Research into the use of psychopharmacology for this group suggest it is only effective for symptomatic relief rather than underlying disorder (Lieb, Völlm, Rücker, Timmer, & Stoffers, 2010). There is also evidence of effectiveness of psychosocial interventions for people with cluster C personality disorders (Emmelkamp *et al*., 2006; Simon, 2009; Svartberg, Stiles, & Seltzer, 2004), though not for psychopharmacology (Bateman, Gunderson, & Mulder, 2015). There is little evidence for effective treatment, or indeed research into treatments, for people with cluster A personality disorders (Bateman *et al*., 2015). Whilst there is some evidence for psychosocial interventions (Gibbon *et al*., 2009) and psychopharmacological treatment (Khalifa *et al*., 2010) for people with antisocial personality disorder, this is not strong.

2.2.4. Personality disorder and violence

This thesis explored the manner in which red-top tabloids represented people with personality disorder as a threat of homicide; it is helpful therefore to have an understanding of the prevalence of violence in the group. In relation to the broad issue of rule-breaking, Fazel and Danesh's (2002) review of 62 surveys across 12 countries indicated that 47% of the male prison population have an antisocial personality disorder, and 65% any personality disorder. Among women this figure is lower with 21% of the female prison population having an antisocial personality disorder and 42% any personality disorder. A community study by Coid, Yang, Roberts *et al*. (2006a) found that the incidence of people with any personality disorder having committed an act of violence in the previous five years was 2.3 times higher than the public – which was lower than people with any affective/anxiety disorder (2.49 times higher) or psychosis (3.2 times higher). The incidence of violence, however, increased to a level of 6.12

times higher for people with antisocial personality disorder. Samuels' (2011) review of community studies suggested that globally the incidence of violence among this group in the previous five years was between 1.6 to 2.3 times higher than the public. As Short, Lennox, Stevenson, Senior and Shaw (2012) noted, the evidence of a link between personality disorder and violence is strong, particularly for people with cluster B (antisocial, borderline, narcissistic and histrionic) personality disorders. It is helpful to hold in mind, however, that there is considerable difference between the higher incidence of violence compared to the public and the very small proportion of the 2.3 million people in the community with a personality disorder (Coid, Yang, Tyrer, Roberts, & Ullrich, 2006b) who will commit homicide in their lifetime (Appleby *et al.*, 2013).

2.3. Personality disorder – historical development

The origins of the modern concept of personality disorder are typically traced to Pinel's text on mental illnesses, *A Treatise on Insanity* (1806), and his comments about *mania without delirium*. He noted that he was sceptical of a notion of madness in the absence of delusions or hallucinations, but that his experience at Bicetre had convinced him otherwise. In the UK, Prichard's *Treatise on Insanity* (1835) is generally credited with being the first English language work about the diagnostic category that later became personality disorder. He wrote about a group of people whose "moral and active principles of the mind are strangely perverted and depraved; the power of self-government is lost or greatly impaired" (1835, p. 15). Pritchard referred to this disorder as *moral insanity*. A number of modern commentators on the history of personality disorder (Prins, 2010; Whiteley, 2004) note that the word *moral* in nineteenth century psychiatry did not indicate an ethical code, but instead referred to psychological and social relations.

The earliest indications of the UK state providing a legislative response to this group was the Mental Deficiency Act (1913). This legislated for the involuntary detention of a group referred to as moral imbeciles, who were

characterised as having a "permanent mental defect coupled with strong vicious or criminal propensities on which punishment has had little effect" (cited in Darjee & Crichton, 2003, p. 400). Hence, this first juncture of the state legislating for the detention of people in psychiatric services appears, in part, to be a response to the failings of punishment, presumably including the criminal justice system. The Mental Deficiency Act (1927) used the same definition, though the term changed to *moral defective*.

Between the 1927 Act and the subsequent Mental Health Act (MHA) in 1959 there was an expansion of interest in the area that was to become personality disorder. Internationally, perhaps the most significant contribution during that period was the publication in 1941 of Cleckley's text *The Mask of Sanity* (5th ed., 1988), which was later used as the foundation for Hare's Psychopathy Checklist and revised checklist ([PCL-R], Hare, 1991). The latter has become commonplace in forensic psychiatry in the UK, and was used as part of the assessment process for people admitted to the Dangerous and Severe Personality Disorder (DSPD) units (Ramsay, 2011).

In the UK the most significant academic writing during this period was from D. K. Henderson whose seminal text *Psychopathic States* (1939) classified three types of psychopathic personality: aggressive, inadequate and creative. The Percy Commission (Royal Commission on the Law relating to Mental Illness and Mental Deficiency 1954-7, 1957) recommended adopting D. K. Henderson's categories of inadequate and aggressive psychopathic states, proposing their incorporation into a new MHA as psychopathic personality. Instead, the MHA (1959) adopted the term psychopathic disorder which it described as: "a persistent disorder or disability of mind (whether or not including subnormality of intelligence) which results in abnormally aggressive or seriously irresponsible conduct on the part of the patient, and requires or is susceptible to medical treatment" (1959, p. 403., cited in Darjee & Crichton, 2003). This marked a shift from the 1913 and 1927 Acts, away from a definition through failure to respond to punishment and

towards a definition that is in relation to treatment. K. Jones (1998), commenting at the time of the introduction of the MHA (1959), noted the concern that the term psychopathic disorder engendered in clinicians with regards who would treat these people and in what institutions. The definition in the MHA (1959) demonstrates the close relationship with psychopathic disorder, which is a psychological construct rather than a diagnosis but has often been used in relation to people with personality disorder and particularly people with antisocial personality disorder (Bowen & Mason, 2012; Decuyper, De Pauw, De Fruyt, De Bolle, & De Clercq, 2009). The term psychopathic disorder was retained in the MHA (1983) and was only removed after the amendments to the Act in 2007.

The historical development of personality disorder in relation to legislation has emphasised aggression and rule breaking, and is most closely aligned to what is now referred to as antisocial personality disorder. Manning (2000), however, comments that since the late 1960s there has also been considerable interest in borderline personality disorder. The term borderline personality disorder is understood to have its origins in Stern's 1938 paper "Psychoanalytic investigation and therapy in the borderline group of neuroses"; however, it remained undeveloped until 1967 and 1968. Manning (2000) proposes that it is noteworthy that there were two separate drives towards developing the concept of borderline personality disorder – one from within the psychoanalytic tradition (Kernberg, 1967) and one from within the tradition of academic psychiatry (Grinker, Werble, & Drye, 1968). He comments that the simultaneous development of the same phenomenon from two disparate sources is an indication of the strength of the social context within which this phenomenon has arisen. Manning (2000) speculates that it was "the focus on personal fulfilment through close personal relationships and the movement of identity issues into the heart of popular culture" (p. 632) that contributed to the rise in interest in borderline personality disorder and the types of problem in living that people were presenting. Interestingly, his analysis of the change mirrors the analysis of

N. Rose and Miller (2008) about the cultural changes of the late 1960s and their reflections on the impact this had on subjectivity. The increase in the interest in borderline personality disorder is relevant to this thesis, as much of the research into healthcare workers' attitudes towards people with personality disorder focused on people with borderline personality disorder.

2.4. The context of the period, 2001-2012

The thesis reviewed and analysed articles published during the period 2001-2012; to support placing this data set into the context of the social world that it was reporting on, a review of the key issues of the period was undertaken.

2.4.1. NHS & Community Care Act (1990)

With regards to policy change in the UK, it is worth noting that the NHS and Community Care Act (1990), which placed greater emphasis on provision of psychiatric services in the community rather than inpatient hospital provision (Gilburt, Peck, Ashton, Edwards, & Naylor, 2014) received media attention (Cummins, 2010; Hallam, 2002). This included the apparent reality of failures in the provision of community care that contributed to the high profile killing of Jonathon Zito (Coid, 1994) and the subsequent identification in the press of a news frame around care in the community failure (Paterson, 2007; D. Rose, 1998; Stark, Paterson, & Devlin, 2004).

2.4.2. Michael Stone

On October 23rd 1998 Michael Stone was found guilty of the murder of Lin and Josie Russell, and the attempted murder of Megan Russell. Stone was found guilty of having attacked Lin Russell, her two daughters, and their dog with a claw hammer in a country lane in Chillenden, Kent, on July 9th, 1996. In summing up the case, Mr Justice Ian Kennedy commented on the brutality of the attack, the everyday nature of the scene of a mother returning home with her children, and the apparent motiveless nature of the crime (Duce & Frean, 1998).

At the point of sentencing, it became known that Michael Stone "suffered from a severe psychopathic or antisocial personality disorder, widely regarded as untreatable" (Duce & Frean, 1998, p. 5), that he had been in contact with psychiatric services prior to the killings and had spoken about violent fantasies. This immediately sparked criticism of both the government policy of care in the community, and of the MHA (1983). The then Home Secretary, Jack Straw, responded by addressing the House of Commons on October 26th 1998 with "a vehement attack on the psychiatric profession for refusing to take on patients like Stone unless they were regarded as 'treatable'" (C. Brown, 1998, p. 10). This was immediately rebuffed by the then President of the Royal College of Psychiatrists, Dr Robert Kendell, who wrote in *The Times* that "Mr Straw's charges appear to betray an ignorance of the law, the current state of the NHS and the aspirations of psychiatrists" ("Straw joins row", 1998, p. 3). This event is considered the catalyst for two government initiatives: the introduction of the DSPD programmes (Ramsay, 2011); and the attempt to introduce a new Mental Health Bill, leading to the eventual amendments to the MHA (1983/2007) (Foster, 2006).

2.4.3. Dangerous and severe personality disorder

In July 1999 the Home Office (HO) and Department of Health (DH) released a joint paper *Managing Dangerous People with Severe Personality Disorder*, which laid out the government's position with regards to the phenomenon of people with a personality disorder who commit serious violent crimes. The paper stimulated debate in the academic and clinical fields (Buchanan & Leese, 2001; Haddock, Snowden, Dolan, Parker, & Rees, 2001; Mullen, 1999) but there is little evidence that it was debated in the press at the time; for example, there were no references to it in *The Times* in 1999. The proposal was radical in two respects. Firstly, it introduced a new term: dangerous and severely personality disordered. The government asserted this was an administrative term for identifying a particular group of about 2000 people with a personality disorder for whom existing provision, "fails to protect the public from the danger these people represent because in

many cases they have to be allowed to return to the community even though they remain dangerous" (HO/DH, 1999, p. 4). Many mental health professionals felt that the government had stepped outside its jurisdiction; as Gunn (2000) wryly commented, DSPD's "unusual feature is that this disease was invented by politicians" (p. 73).

The second radical aspect of the government's proposal was that the drive to "managing dangerous severely personality-disordered people involves the idea of detention based on the serious risk such people present to the public" (HO/DH, 1999, p. 9). The elevation of risk as a guiding principle to inform detention, apparently irrespective of therapeutic gains, was criticised ideologically as a significant shift in the role of mental health services towards privileging public protection over treatment (Corbett & Westwood, 2005; Manning, 2002). At a more practical level, the ability of the principle of risk to identify a group of people who would commit a serious violent crime remained under dispute. As Tyrer *et al*. (2010) noted, the most accurate risk assessment tools seem only to be able to identify groups of people who pose a risk, rather than accurately identify which individuals will commit a serious violent crime. More recently, research by Coffey *et al*. (2017) has highlighted how across mental health practices the process of risk assessment, particularly to the risks to others, is founded on relatively unstable evidence, though often conducted as if it could provide objective and independent outcomes.

This issue of privileging risk, alongside the existing principles of punishment for crimes committed and detention for treatment, was framed as an issue of human rights. The government addressed this directly from a legislative position with regards to the European Human Rights Act (1998), arguing that because this group would be identified as psychiatric patients in treatment it would be possible to detain them for reviewable periods of time irrespective of the crimes they had committed (HO/DH, 1999). The complexity of this position was that they simultaneously identified that

many of those who would enter the DSPD programme would be within the prison system rather than psychiatric services, therefore not at that point considered psychiatric patients in need of treatment.

The government started commissioning the DSPD programme in 2001. It consisted of four units, two in the prison service (Whitemoor and Falkland) and two in high secure hospitals (Broadmoor and Rampton), and included research to evaluate the programme and develop knowledge in the field. Evaluation of the services in 2010 indicated mixed successes, but was relatively consistent in indicating that the prison based services had performed better than the hospital based services with regards to cost, retention, and satisfaction (Ramsay, 2011; Tyrer *et al*., 2010). The unit at Broadmoor was de-commissioned in 2012, and the other three DSPD units became incorporated into *The Offender Personality Disorder (OPD) Pathway Strategy* (Joseph & Benefield, 2012). The terminology of DSPD appears to have been abandoned with more recent documentation referring to DSPD only as a pilot scheme, and monies that had been attached to the project have now being diverted to the new OPD pathway (National Offender Management Service [NOMS]/DH, 2015).

Tyrer *et al*. (2010), who took a critical view of the successes and failures of the DSPD programme, made an interesting positive comment about the decision by the government to invest so heavily in treatment for people with personality disorder who had committed serious violent crimes. They noted that in, "many countries of the world, probably the majority, the management of those with dangerous and severe personality disorder could be summarised in the hackneyed phrase, 'lock them up and throw away the key'" (p. 96).

2.4.4. The Mental Health Act (1983/2007)

As noted above, one of the immediate criticisms after the trial of Michael Stone was that people in the community who had a personality disorder and

were considered a danger to others were not being admitted to hospital under a section of the MHA (1983). This was because of doubt about whether they had a treatable disorder – referred to as the *treatability test*. Jack Straw indicated immediately that the government planned to remedy this apparent problem, and in 2000 the government produced the White Paper: *Reforming the Mental Health Act – High risk patients*. The latter described the problem with the existing legislation as "a narrow interpretation of the definition of the 'treatability' provision" (DH, 2000, p. 1). It determined that new legislation would provide the authority for detention, so that "in high risk cases, the use of compulsory powers will be linked to the availability of a treatment plan needed either to treat the underlying mental disorder or to manage behaviours arising from the disorder" (DH, 2000, p. 2). Hence, there would no longer be the need to provide treatment for the illness, *per se*, to have the authority to detain. A plan of care that stopped the person from acting violently would suffice and indeed not to detain in these circumstances would become a dereliction of duty. This addressed the issue of detention. The second component was the proposal that "it is expected that discharge from detention in hospital will be followed by a period of compulsory care and treatment in the community" (DH, 2000, p. 18). This would address some of the concerns about care in the community and the perception, and reality, of people having poor support and supervision.

In 2002, the government introduced a Draft Mental Health Bill, which included the two components of removing the treatability test and introducing powers for compulsory treatment in the community. It also proposed the removal of reference to psychopathic disorder and incorporating personality disorder into the broader category of mental disorder that included "any disability or disorder of mind or brain which results in an impairment or disturbance of mental functioning" (DH, Sec 2(6), 2002). The reaction to these proposals from an alliance of mental health groups was very critical and, as Foster (2006) notes, when the government

released the Draft Mental Health Bill in 2002, the response from organisations in the field was immediate, which was repeated after the release of the 2004 Draft. The Mental Health Alliance took issue with the focus on public protection and, as the then President of the Law Society, Fiona Woolfe (2006), expressed it on the alliance's website, "our main concerns are that the legislation fails to uphold the human rights of patients" (www.mentalhealthalliance.org.uk/news/prbillpublished). There was support for the government's initiative, however, in other areas, most notably from the Zito Trust who had campaigned vigorously for greater support and supervision in the community (Zito Trust, 2007). Foster's (2006) analysis of the UK newspapers' representation of the debate about the Draft Bill indicates that it was not taken up by many of the red-top tabloids and was largely represented as a positive development, with an emphasis "focused almost exclusively on the 'locking up' of 'psychos'" (Foster, 2006, p. 291).

Ultimately, the government abandoned the approach of introducing a new Mental Health Bill. In July 2007, however, there was Royal Assent of the Mental Health Act, which was an amendment to the MHA (1983). The MHA (1983/2007) removed reference to psychopathic disorder and instead used the broad term of mental disorder to refer to "disorder or disability of the mind" (DH, 1983/2007, Sec 1(2)), and removed the treatability test with the broader requirement that "appropriate medical treatment is available" (DH, 1983/2007, Sec 1(4)). These changes did not receive much welcome from many quarters, particularly the introduction of Community Treatment Orders, which on the one hand raised concern about a move to containment rather than treatment and were described by the Sainsbury Centre for Mental Health as "disappointing and a cause for concern" (Sainsbury Centre, 2008, p. 7). On the other hand, the Zito Trust were concerned that the Community Treatment Orders had too many restrictions that would limit clinicians in their application (Zito Trust, 2007).

The MHA (1983/2007) does not apply to Scotland. During the period reviewed there were two incidences in Scotland that are pertinent to this study. In 1999 Alex Reid, who was diagnosed as having a personality disorder and was detained at Carstairs Hospital without limit of time, successfully challenged the refusal of his application for discharge, based on not suffering with a treatable disorder (*Hutchison Reid v. Secretary of State for Scotland, 1999*). The outcome of this was a redefinition of treatment that meant that, "supervised care which endeavoured to prevent deterioration of the symptoms, but not the disorder itself, might in a particular case justify liability to continued detention" (cited in Prins, 2010, p. 156). Prins (2010) notes that later in the same year the Scottish Parliament passed the Mental Health (Public Safety and Appeals) (Scotland) Act 1999, in response to an appeal from Noel Ruddle against his detention in hospital. The Scottish legislation clarified that personality disorder was to be considered in the same category as other mental disorders, and that detention in hospital for the protection of others was an appropriate application of the law. Hence, it can be seen that there were similar concerns in Scotland and England about the position of personality disorder in relation to other mental disorders, and the protection of the public, with a move towards prioritising public protection.

2.4.5. High secure hospitals

At the time of writing, there are three high secure hospitals in England (Broadmoor, Rampton and Ashworth) which collectively provide about 800 beds for people who are considered to be a "grave risk of harm to others" (NHS, 2013). The MHA (1983/2007) provides the legislative authority to direct people who are considered to suffer from a mental disorder and to be a high risk to be detained in a high secure hospital rather than prison through the application of Section 37/41 of the MHA (1983/2007). Whilst this might be for a limited period, "far more commonly it will be indefinite" (HO & DH, 1999, p. 45).

In 1999, there was a high profile review of the personality disorder service at one of the high secure hospitals, Ashworth. This was initiated after Steven Daggett, a patient at Ashworth, had absconded from the unit and made claims that there was paedophile activity on the ward and drugs and pornography were readily available. The Fallon Report (1999) confirmed that they "found Mr Daggett's description of the environment on Lawrence Ward to be largely accurate" (p. 11) and that whilst there was no evidence of paedophile activity that an ex-patient had been bringing his eight-year-old daughter onto the ward, who was "in our view, being groomed for paedophile purposes" (p. 11). The report concluded that they had "no confidence in the ability of Ashworth Hospital to flourish under any management. It should close" (1999, p. 11). The Fallon Report (1999) was immediately discussed in a range of broadsheet newspapers (Brindle, 1999; Bruggen, 1999; Laurance, 1999) but there was no evidence of it being discussed in the red-top tabloids.

2.4.6. Culpable homicide and diminished responsibility

Historically, there have been differences in approach towards the issue of mental functioning and degree of responsibility between the Scottish courts and courts in England and Wales. In the 1800s "Scots courts took 'mental weakness' into account as a factor that might mitigate sentence or lead to a recommendation of mercy" (Loughnan, 2012, p. 228), whereas in England and Wales there was no flexibility between the two poles of murder and not guilty of murder on the grounds of insanity. In Scotland, this degree of mitigation was incorporated into the charge of culpable homicide, and remains so. In England and Wales the Homicide Act (1957) introduced the plea of diminished responsibility exclusively in cases of homicide, under the terms that "where a person kills or is a party to the killing of another, he shall not be convicted of murder if he was suffering from such abnormality of mind" (HO, 1957, Sec 2(1)). In 1960, the case of Byrne who murdered and mutilated a school girl established the precedence of psychopathic disorder as a basis for the plea (Loughnan, 2012).

Making a plea of diminished responsibility is the sole responsibility of the defence and in doing so the accused is admitting that they committed the act. Psychiatric reports are a common feature of the plea as it is necessary to establish that the person had suffered an abnormality of the mind; however, it is the jury's responsibility to accept or reject pleas of diminished responsibility (Loughnan, 2012). The sentence for manslaughter on the grounds of diminished responsibility would ordinarily be less than that of murder, but it is always available to the courts to recommend hospital treatment under section 37 or 37/41 of the MHA (1983/2007), and time spent detained in hospital would not be part of the time served for the sentence.

2.5. Conclusion

This chapter has illustrated that there are a range of different personality disorders (APA, 2013; WHO, 1992) and that whilst there is a common feature of the difficulties that people experience as being persistent, pervasive and problematic (MJ, 2011), the range of difficulties that people experience means that the group is very diverse. The review of the history of the development of the concept highlighted that clinical interest initially was focused on the group that now would most closely meet the criteria for antisocial personality disorder, but that since the late 1960s the focus has become increasingly divided between this group and people with borderline personality disorder.

This chapter informs the frame analysis in chapter 8, as it guides the analysis to identify how the manner in which the phenomenon of people with personality disorder who commit homicide is understood in the wider society is reflected in the news perspective adopted within the red-top newspapers. The review of the social context of the period indicated that the key issues that could be present in the red-top tabloids are: community care, protecting the public, risk, dangerousness, treatability, the MHA (1983/2007), DSPD units, Michael Stone, high secure hospitals, court

sentencing, and human rights. Of particular interest are the comments by Tyrer *et al*. (2010) who note that in "many countries of the world, probably the majority, the management of those with dangerous and severe personality disorder could be summarised in the hackneyed phrase, 'lock them up and throw away the key'" (p. 96). Whilst the technical term *dangerous and severe personality disorder* is not seen as an equator for people with personality disorder who commit murder, if this is the dominant view in many places in the world then it could be expected to be present in the newspapers' accounts of this group.

Chapter 3: Theoretical Framework I

3.1. Introduction

The model of stigma and the impact that it has on the lives of people with mental illness are important components of the theoretical framework of this thesis. This chapter explores the epistemological position of social constructionism and the methodological perspective of a symbolic interactionist approach to elaborate on the sociological understanding of stigma used in this study. There is an exploration of the impact of stigma in relation to mental health, and a review of the research into stigma and personality disorder. This review supported the development of a model to understand the relationship between the processes of stigmatisation and the red-top tabloids' representation of people with personality disorder who commit homicide.

3.2. Epistemological position

An epistemology foundation refers to the underlying assumptions about the nature of knowledge and as Gringeri, Barusch and Cambron (2013) highlight it is an important component of demonstrating the integrity of a research design and the transparency of the researcher's position. Social constructionism is an epistemological position (Georgaca, 2014) and it underpins this study. This perspective on the nature of knowledge is informed by Berger and Luckmann's text: *The Social Construction of Reality. A Treatise in the Sociology of Knowledge* (1991). They provided an account of the social development and maintenance of knowledge within societies, illustrated through references across cultures and time periods that highlight how the taken-for-granted knowledge of a period and place "is developed, transmitted and maintained in social situations" (p. 15). The radical nature of this perspective is that social context is not viewed as merely an influencing factor; instead, no human experience is considered to be unmediated by the effects of a social world that pre-dates each individual's own biography (Burr, 2015; Nairn, 2007).

An important component of a social constructionist position is that there is a process of elaboration whereby an understanding about a phenomenon is constructed through social actions related to knowledge, as well as theories, that coalesce as concepts (Berger & Luckmann, 1991; Burr, 2015). A well-used example of the social construction of knowledge is the relationship between homosexuality and mental illness. The understanding in much of the world now is that to consider homosexuality as a mental illness is discriminatory (Dickinson, Cook, Playle, & Hallett, 2012; Toscano & Maynard, 2014). Mendelson's (2003) review of the history of homosexuality and psychiatry, however, highlighted that homosexuality was considered a mental illness within the Diagnostic and Statistical Manual until 1973 (APA, 1973) and within the International Classification of Diseases until 1992 (WHO, 1992), and therefore prior to those times the social construction of homosexuality included an understanding of homosexuality as illness. As Dickinson *et al*.'s (2012) research indicated, however, this was not the only construction of homosexuality during that period and many individuals challenged that perspective. This indicates that whilst there was psychiatric knowledge about homosexuality as a mental illness, and social actions of psychiatric treatments that supported this perspective, there were also competing views and practices. From a social constructionist position, this illustrates that individuals are not merely empty vessels passively filled up by society's construction of reality, or that society has only one unified construction of reality (Gamson, Croteau, Hoynes, & Sasson, 1992; Murnen, 2015). Each individual has a unique biography of personal experiences and a unique mixture of beliefs and attitudes. An individual's understanding, however, is constrained by the limited range of ways in which society constructs knowledge (Berger & Luckmann, 1991; Altheide, 2014).

Within mental health there exists an established tradition of social construction underpinning an examination of the field, including social interactions and labelling (Scheff, 1963), historical analysis of the development of the field (Foucault, 1988; N. Rose, 1979) and historically

informed analysis of current practices (N. Rose, 2003). There have also been analyses of the development and contextual state of knowledge about discrete disorders, including schizophrenia (Boyle, 2014), depression (Parker, Georgaca, Harper, McLaughlin, & Stowell-Smith, 1995), obsessive-compulsive disorder (Wakefield, 2015), and anorexia nervosa (Gelo, Vilei, Maddux, & Gennaro, 2015). Whilst these studies have adopted different approaches to their research, they share a common position that mental illnesses are not entities that can be researched to produce a definitive, end state understanding. Rather, they are socially constructed objects that are produced through the social production of concepts, the applications of related technologies and the ongoing social interactions necessary to reproduce them.

This study has taken a similar position in relation to personality disorder. The historical development of the term, outlined in chapter 2, highlighted that the understanding of personality disorder has evolved within specific historical and cultural contexts; that the language used, such as *moral*, has at different times had different meanings (Prins, 2010; Whiteley, 2004); and that there is evidence that in the context of changing social mores different personality disorders, such as borderline personality disorder, appear to have risen in prominence (Manning, 2000; N. Rose & Miller, 2008). Indeed, there has historically been uncertainty about the position of personality disorder in relation to mental illness (Kendell, 2002; Manning, 2000), and there continues to be uncertainty about the fundamental manner in which is it conceptualised with regards to categorical or dimensional models (Newton-Howes *et al*., 2015; Skodol *et al*., 2011; Tyrer *et al*., 2015).

This study has taken a social constructionist view of personality disorder as a fundamental component of the methodology. However, as Burr (2015) observes a social constructionist perspective does necessitate adopting a position of absolute relativism, and as Manning (2000) notes one way of considering this is with regards to the utility of the social construction to

explain the social world. In this context it is noteworthy that Tyrer *et al*.'s (2007) review of the inter-rater reliability for the diagnosis of personality disorder (i.e. the consistency of two psychiatrists both identifying the same disorder) indicated that the DSM-IV structured personality disorder interview (First, Gibbon, & Spitzer, 1997) had strong reliability, with a Kappa value of k = .90. This has been supported by further research by Lobbestael, Leurgans and Arntz (2011) which similarly indicated an excellent level of inter-rater reliability with the same diagnostic process. This suggests that whilst personality disorder is a social construct, there is a utility to the process of identifying a group as having personality disorder, to the extent that it is relatively reliable. Further, there is evidence that for at least some members of this group, which is characterised by distressing experiences (APA, 2013), appropriate treatment ameliorates this distress (Bamelis, Evers, Spinhoven, & Arntz, 2014; Bateman *et al*., 2015; Lieb *et al*., 2010).

The focus of this study has not been the development of the concept of personality disorder; however, it is important to be clear about the position that the study has taken about its development. The focus has been an enquiry into the social construction of personality disorder outside of its development within mental health services and academe, and the manner in which is it constructed within the wider society through social interaction. The study was in the tradition of social constructionist approaches to the exploration of the media's role in the processes of the public constructing meanings of mental illnesses as social objects (Nairn, 2007; Nairn, Coverdale, & Coverdale, 2011).

3.3. Methodology

The research methodology of a study is an important component of bringing together the key concepts and the methods of the research (Kramer-Kile, 2013). This study uses social constructionism and symbolic interactionism to understand the purpose of the research, the appropriateness of the research methods, and the analysis of the findings.

Social constructionism is typically the epistemological foundation for a symbolic interactionist approach (Altheide, 2013; Knoblauch & Wilke, 2016; Spencer, 2005; Steets, 2016). Symbolic interactionism considers knowledge of the world to be impossible to separate from the human experience of the world, whilst at the same time believes that the world has an "obdurate character" (Blumer, 1969, p. 23) that indicates that there is an objective reality that defies being limited to meanings that have no utility.

Symbolic interactionism was originally developed by Mead, and his vision has been most clearly articulated in lectures published posthumously in the text, *Mind, Self and Society* (1934). Blumer developed these ideas in the text *Symbolic Interactionism: Perspective and Method* (1969) and he summarised the central tenets of symbolic interactionism as:

- People act as a result of the meaning that the situation has for them.
- This meaning arises from the interactions that people have in the social world.
- This meaning is personal to the individual and arises from experiences and a capacity to think about and modify the meaning of the situation.

It is clear from Blumer's message that meaning is central to a symbolic interactionist position, and that a person's definition of the situation is central to decisions about action. Charon (2010) elaborates further on the significance of the meaning of the situation by postulating that humans use this meaning to identify their goals within a situation and strategies to achieve these goals – i.e. people are goal-oriented in their actions.

Consistent with a social constructionist position, meaning is seen as derived through a social process, contextual to a particular time, and with a focus on social interaction. Individuals are socialised into an understanding of the world through their interactions, including their observations of social interactions (Potts, 2015; Steets, 2016). Initially a child merely imitates the

actions that they see around them, in a manner that may stimulate a response but does not have meaning for the child (Charon, 2010; Jenkins, 2014). It is through the development of language that there is a transformation in the generation of meaning (Burr, 2015). This is not to say that language is the sole mechanism for ascribing meaning. Meaning arises from a range of social interactions (including speech), and observed social interactions; however, language provides a clear and shared articulation of the implicit meaning that is demonstrated through a logic that underlies action (Charon, 2010; Mead, 1934). The manner in which other people react to a social object (e.g. a person identified as having a mental illness), or the manner in which institutions respond (e.g. employment or housing) are all vital aspects of the communication about the meaning of an object. Language is, however, the *sine qua non* for meaning to exist and as such has a particularly important part in the generation of meaning (Burr, 2015; Mead, 1934).

Meaning generates what social interactionists refer to as objects, and Blumer (1969) stated they typically fall into three categories: physical objects (such as hospitals); social objects (such as personality disorder); and abstract objects (such as discrimination). Central to the process of an individual developing an understanding of an object is symbolic communication. The symbolic nature of communication arises through meaning ascribed by people within society. Charon (2010) comments that symbols typically fall into three categories: words, objects and acts. It is through the use of words (language), through actions and through the use of objects, that individuals develop, maintain, and perpetuate meaning for themselves and others. This process relies on a capacity in people to believe, and assume, that there is a shared understanding of the meaning of symbolic communication. It is conceptualised that this capacity arises from humans' ability to "take the role of the other" (Mead, 1934, p. 160). The phrase *taking the role of the other* refers to an innate ability to assume that we understand what other people in a social interaction also understand as the definition of

a situation (Whitehead, Carlisle, Watkins, & Mason, 2001). To develop an understanding of the social world, a child needs to be able to take the role of the other to appreciate the meaning that others have of the world as they interact with the child, and as the child observes them interact with others. Without this capacity, it would not be possible for the child to develop an understanding of the meaning of the social world, and their communication would not progress beyond the use of a series of non-symbolic signs and stimuli, in the manner that other animals communicate with each other (Mead, 1934; Potts, 2015). This capacity is central to subsequent social interactions as it enables communication through a shared understanding of meaning, and enables an individual to develop a definition of the situation.

Berger and Luckman (1991) illustrated that the meanings of objects change over time and are different in different cultures. A social interactionist perspective also highlights that meaning is dynamic within different contexts: as Blumer noted, "the actor selects, checks, suspends, regroups, and transforms the meanings in the light of the situation in which he is placed and the direction of his action" (1969, p. 5). This modification of the meaning of objects in part arises through an ongoing process within a situation as people adjust and adapt their understanding through responding to their appreciation of other peoples' understanding (McCall & Becker, 1990). This dynamic quality also arises because the definition of the situation highlights particular aspects of the objects within the situation as being more or less pertinent, and certain qualities of those objects as more or less relevant. This is illustrated through research findings about the different emphasis placed on dangerousness or threat, by individuals, as an attribute of mental illness dependent on the context (Angermeyer & Dietrich, 2006; Ilic, Henderson, Henderson, Evans-Lacko, & Thornicroft, 2014). In the latter cases, the quality of dangerousness or threat tends to be emphasised in a situation where safe childcare is the goal, whereas the quality of dangerousness is less likely to be understood as salient in a work environment or broader questions about inclusion in a neighbourhood.

Meaning is dynamic, applied to specific situations and changes in the process of interaction. Charon (2010) refers to the process of filtering information and giving particular meaning to objects as having a perspective, commenting that, "the best definition of perspective is conceptual framework, which emphasizes that perspectives are really interrelated sets of words used to order physical reality" (Charon, 2010, p. 4). He notes that research into attitudes can help to elucidate the types of perspective held, but whereas attitudinal research tends to assume a relatively static attitude towards a social object, a perspective highlights the dynamic and processual nature, as a perspective is applied to a variety of situations. He notes that the perspective does not determine the outcome of decisions and actions, but it will influence the latter through the process of selecting salience of issues and their meaning in context. His comments link with the media analysis approach of frame analysis (which is explored further in chapters 4, 5 and 8), which has been adopted by media research using symbolic interactionism (Altheide, 2014; Spencer, 2005).

This emphasis on individual interaction relies on an understanding of the individual as having the capacity for thought, active interpretation and decision-making (Blumer, 1969; Jenkins, 2014). The model proposes that this arises from the internalisation of the social process of meaning, and the individual's capacity to debate the differences in meaning that are inherent in the dynamic manner in which meaning is present in the social world. This relies on a capacity of the individual to be reflexive and to treat aspects of the self as social objects that it relates to: as Mead noted, "reflexiveness, then, is the essential condition, within the social process, for the development of mind." (1934, p. 134). This process of relating to the self as a social object reflects that just as meaning is dynamic, so the nature of the self is dynamic and contextual (McCall & Becker, 1990). The manner in which people behave in different contexts, how that changes, and how aspects of the self may only be known by the self in relation to the self, indicates the

complexity of identity (Jenkins, 2014; Mead, 1934), which is better understood as a process rather than a stable state (Charon, 2010).

An important aspect of this processual state of self, and linked to the capacity to take the role of the other, is Mead's concept of the "generalised other" (1934, p. 154). As Charon (2010) notes, the capacity to develop a relationship to a generalised other is an important development stage, after the child has developed language and has started to develop meaning through interactions with those immediately around them – notably, their significant others. The generalised other refers to the understanding that an individual has that there is a shared meaning ascribed to objects by an abstracted group of others (Robinson, 2007). This is a significant development for individuals to attain as their social world moves beyond the immediate and small group of people involved in their lives (Potts, 2015). It allows people to be able to communicate with people they have not met before and to give meaning to situations that are novel. To the extent that the meaning of the generalised other is internalised as the meaning that the individual ascribes to objects, it becomes the central mechanism through which cultures establish and maintain social control, through taken-for-granted meanings that direct actions (Altheide, 2014). However, as reflexive beings the generalised other is also used by the individual as a social object by which it critiques its own interpretation of the meaning of and relationship to objects, and the emotional responses to that process of critique (e.g. feelings of guilt, shame, anger) are themselves social objects that the individual relates to (Charon, 2010; Robinson, 2007). In relation to mental illness, for example, an individual with mental illness may have a relationship to an understanding of mental illness that is experienced as the commonly held view of a generalised other, but is at odds with their understanding of themselves as an individual with a mental illness. Their own understanding can exist distinct from a commonly shared view because of the individual's capacity to reflect on and interpret experiences, but they cannot stop having a relationship to a generalised other in regards to mental

illness, and this relationship has an impact. The generalised other changes over time, and indeed Mead (1934) was clear that whilst it was an abstracted other it was also contextual, and that an individual would have a relationship to a generalised other that is affected by the situation and an abstracted group relevant to that situation. Robinson's (2007) research, for example, highlighted that with the emergence of online communities, the concept of generalised other was productive in analysing the impact on identity construction in relation to a new format of community. Charon (2010) expands on this point and refers to a generalised other regarding different reference groups. The generalised other is central to an understanding of the culture of a society, and the social mores that are often taken for granted, and each individual plays some part in both perpetuating but also over time modifying this, as cultural norms change.

Whilst meaning arises through a social process, symbolic interactionism places considerable weight on the individual as a thinking being, actively involved in the interpretation of the social world, and actively involved in decisions in an attempt to meet personal goals (Roe, Joseph & Middleton, 2010). This has contributed to a criticism of symbolic interactionism as placing too great emphasis on agency and insufficient attention on social structures (Crossley, 2010; Low, 2008). This may well have been fuelled by interactionist research typically focusing on the interactions of individuals rather than social structures (Peterson & Harvey, 2015; R. J. Smith, 2011). This debate about the role of agency and structure in society has broad relevance to sociology. Social structures refer to the processes whereby social behaviour is ordered (Knafo, 2010; Musto, Rodney, & Vanderheide, 2015), whereas agency refers to the capacity for individuals to be reflexive and make decisions (Herepath, 2014; Vadrot, 2017).

From an interactionist perspective, social structures pre-date individuals and the patterning in society that an individual becomes a part of plays an important role in the socialisation processes that enable individuals to

develop understandings of, and interact with, their social world (Mead, 1934; Low, 2008). Social structures such as bureaucracies, status position, social role and class are seen as important concepts for understanding social situations (Blumer, 1969; Charon, 2010). However, from an interactionist position social structures are understood as fundamentally relational, because they are always expressed through social interaction (Choby & Clark, 2013). They are understood as expressions of the meaning given to situations, and therefore meaning is seen as a vital component of understanding the processes. With regards to the issue of power, for example, Altheide (2014) comments that "power is the ability to define a situation, and the interaction and communication that help accomplish and enact definitions" (p21). Discrimination, therefore, is understood to arise because of the power that has enabled an underlying logic that defines a situation in which different values are attributed to people. It is enacted because of this power to define the situation in this way, and the enactment is itself a communication of the meaning of the situation (Charon, 2010; Maratea & Monahan, 2013).

3.4. Stigma

Though the term stigma dates back to its use in Ancient Greece and the branding of slaves as an indicator of ownership and to dehumanise them (Goffman, 1963), the modern development of the concept started with Goffman's work, *Stigma. Notes on the Management of Spoiled Identity* (Goffman, 1963). Goffman proposed that we readily draw on stereotyping as a way of managing the gaps in our knowledge about others as we construct their social identity, using a combination of "personal attributes such as 'honesty'…. as well as structural ones, like 'occupation'" (1963, p. 12). This leads to us acting as if the assumptions that we have made about a person's social identity are an accurate reflection of their personal biography. The identity that we have constructed of them he refers to as a *virtual social identity* and he distinguishes this from *their actual social identity*, the latter reflecting a rounded appreciation of their attributes and

structural roles congruent with their personal biography. Stigma arises because of a "special kind of relationship between attribute and stereotype" (Goffman, 1963, p. 14) in which an attribute has a strong negative evaluation and is sufficiently powerful that the person "is thus reduced in our minds from a whole and usual person to a tainted, discounted one" (Goffman, 1963, p. 13). The attribute is distinguished because of the combination of its negative value and its strength in reducing the usual complexity of social identity into one dominated by a narrow range of qualities, and as a result establishing a massive fissure between the *virtual* stigmatised identity and the *actual* social identity. One of the implications and effects of this process is that "by definition, of course, we believe the person with a stigma is not quite human" (Goffman, 1963, p. 15).

As Goffman noted, in these instances the "attribute is a stigma" (1963, p, 13). He was keen to emphasise, however, that it was not the qualities of the attribute, *per se*, that gave it the quality of a stigma, but the processes of stigmatisation that imbue it with this power. Alluding to the limitations of language to communicate this notion, he commented that, "a language of relationships, not attributes, is really needed" (Goffman, 1963, p. 13). This emphasis on the interactions between people in the production of stigma has meant that Goffman's model has often been used within symbolic interactionist studies of stigma (Ritter & Ueno, 2017; Whitehead, 2001).

The impact of stigmatisation on the individual was summed up by Goffman as having "the effect of cutting him off from society and from himself so that he stands a discredited person facing an unaccepting world" (1963, p. 30). The quote highlights two significant components. The first is the centrality of something "vaguely, called `acceptance'" (Goffman, 1963, p. 19), an experience that is wished for by the stigmatised, but denied by mainstream society. The second is the effect of being dislocated from a self that is accepted by the self, which reflects the symbolic interactionist position of the self as a social object (Mead, 1934).

With regards to the impact of being dislocated from society, Goffman summed this up by stating that, “we exercise varieties of discrimination, through which we effectively, if often un-thinkingly, reduce his life chances” (1963, p. 15). He added that to do this we, “construct a stigma theory, an ideology to explain his inferiority and account for the danger he represents” (1963, p. 15). Goffman identified three broad types of stigma: “abominations of the body”; “blemishes of individual character”; and “tribal stigma of race, nation, and religion” (1963, p. 15). He referred to mental disorders as an example of “blemishes of individual character.” The stigmatisation of people with mental illness illustrates another concept of Goffman’s: the *discredited* and the *discreditable*. Goffman referred to those whose stigma is immediately perceptible, e.g. a physical disability, as *the discredited*. He highlighted that in immediate social interactions people who have a *discredited* identity always have to manage the implications and effects of the processes of stigmatisation. By contrast, *the discreditable* have a stigma that is not immediately available to perception; for example, someone currently or previously using mental health services. For people who are part of this category, a key “issue is not that of managing tension generated during social contacts, but rather that of managing information about his failing” (Goffman, 1963, p. 58), e.g. the degree of self-disclosure. Goffman highlighted some of the tensions embedded in this dilemma about disclosure of personal biography to others, using the example of a mental health service user, stating that, “he must face unwitting acceptance of himself by individuals who are prejudiced against persons of the kind he can be revealed to be” (1963, p. 58). The decision to disclose to others, as described by Goffman, has a Catch-22 quality to it. By disclosing their experience of using psychiatric services, the individual runs the risk of becoming more dislocated from society as people treat them as a tainted and dangerous individual. However, by concealing this aspect of their biography, their *virtual* social identity rather than their *actual* social identity is accepted, and they run the increased risk of being dislocated from a self that accepts itself.

3.4.1. Critique of Goffman's concept of stigma in context

The concept of stigma, since it was originally developed by Goffman, has been frequently used in research studies (Link & Phelan, 2013). However, the nature of this research and the underlying perspective informing this research has come under some criticism. One area of concern about the type of research that has been undertaken is that it has focused too heavily on Goffman's understanding of the role of stereotyping in the processes of stigmatisation (Fiske, 2000). Research in social psychology has identified that stereotyping is a common process that allows humans to manage efficiently the complexity of their interactions and to attend to multiple tasks. Research into these processes supports a fuller appreciation of how and why stereotyping takes place and this in turn can enhance an understanding of the processes of stigmatisation (Link & Phelan, 2001). However, whilst stereotyping is common not all groups in society are stigmatised. To suggest that any group that is in receipt of stereotypical understanding is being stigmatised expands the concept of stigma very broadly. In doing so it fails to differentiate between groups who experience the negative consequences of stigma on their day-to-day lives, and those who are left largely unaffected by the attached stereotypical images of a group they belong to. This consequently ignores the important place of discrimination in an understanding of stigma.

Thornicroft (2006) has argued that as a consequence stigma research has often been slow to link with broader research fields of discrimination and slow to promote discrimination focused responses. In particular, the viewing of stereotyping as a central concern has led to public health responses that focus on improving the knowledge and attitude of the public, such as the Royal College of Psychiatrists' *Changing Minds* campaign (Crisp *et al*., 2005). Whilst such campaigns are consistent with a stereotyping focus they are out of step with a discrimination focus, which would emphasise structural responses such as legislation.

Another area of concern about stigma informed research, outside of social psychology, is that it has concentrated heavily on the lived experiences of those who have experienced stigma (Scambler, 2009). Whilst this provides helpful insights into people's lives it has been criticised for presenting accounts of people that are victim oriented, with some suggestion that this tendency may have arisen in part through research primarily being conducted by people who are not part of the stigmatised group (Kleinman *et al*., 1995). Such a focus runs the risk of failing to appreciate the complexities of the lives of people who at times are empowered and at times disempowered, but arguably it also fails to pay sufficient attention to the wider issues of power that enable stigmatisation to take place (Parker & Aggleton, 2003). As Scambler (2009) notes, these tendencies within stigma based research have collectively led to an emphasis on individualised accounts that have paid little attention to the issue of power and how different groups experience discrimination within society. This has possibly favoured the drive towards interventions promoting attitudinal changes of individuals over attention to structural changes such as an onus on reasonable adjustments in the workplace to support people in employment (Shefer, Henderson, Frost-Gaskin, & Pacitti, 2016).

This criticism was taken up by Link and Phelan (2001) and Thornicroft (2006), and the following section expands on how the model of stigma used in this study pays close attention to issues of power and discrimination in the processes of stigmatisation.

3.5. Modified labelling theory and stigma

Modified labelling theory is largely associated with the work of two key writers in the field of mental illness stigma, Link and Phelan (Link, 1987; Link, Cullen, Struening, Shrout, & Dohrenwend, 1989; Link & Phelan, 2001), and stems from the earlier work of Scheff (1963). In the same year that Goffman published his seminal text on stigma, Scheff (1963) published a sociological

perspective on the role and significance of labelling in the field of mental illness.

Scheff's line of interest was not the causes of mental illness, which he understood to arise from diverse sources that include biological and genetic factors, early life experiences, personality traits, and external stressors. His area of interest was why some people have relatively transitory experiences of mental illness and others have a long-term condition. Scheff (1963) noted that community studies indicated that the proportion of people who had experiences that met the criteria for mental illness was considerably higher than the proportion diagnosed as having a mental illness. Scheff (1963) proposed that it was the process of being labelled as having a mental illness that was the deciding factor in whether or not someone had a transitory experience, or established a life course as a mental health patient. He described social processes whereby once labelled as a mental health patient, through the process of receiving a diagnosis, there were incentives to accept this role through social rewards of being viewed by psychiatric services as a *good* patient (Scheff, 1963); that there were social barriers that made it difficult to re-establish a role in mainstream society with regards to work and friendships, because of the negative stereotypes held by members of the public, i.e. stigma; and that, as a consequence, this left the person vulnerable to accepting the role of being mentally ill as a long term status, which in turn undermined the person's confidence in being able to manage future challenges in life, and made them vulnerable to being caught in a cycle of breaking down under stress. He concluded that it is the process of labelling that is the single most important cause of long-term mental illness.

His theory came under heavy criticism, most notably from Gove (1970) who asserted that negative reactions from the public towards people with mental illness were primarily a reaction to the individuals' challenging behaviour rather than a label of mental illness. This view was rebuffed by Scheff (1974) who argued that Gove's attention was on people who were hospitalised, and

therefore missed the complexities that Scheff (1963) tried to illuminate of the processes involved in whether people did or did not receive a diagnosis of mental illness.

In the eighties, Link and colleagues proposed a modified version of Scheff's original labelling theory, which they referred to as modified labelling theory, and this has been developed consistently by Link and colleagues (Link *et al*., 1989; Link & Phelan, 2013) and adopted by other writers in the field (Kroska & Harkness, 2006, 2008; Ray & Dollar, 2014). There are two substantial modifications to Scheff's (1963) original model. The first is that for the majority of people with mental illness, receiving treatment is positive for their well-being (Rosenfield, 1997; Link & Phelan, 2013). In modified labelling theory, appropriate treatment and stigma are conceived as working in opposing directions on the wellbeing of individuals, appropriate treatment to improve and stigma to undermine wellbeing. The second major difference is that whilst there are identifiable patterns in the impact of stigma, there is also demonstrable diversity, and therefore it is more accurate to say that the label of having a mental illness can jeopardise wellbeing (Link & Phelan, 2014).

Modified labelling theory asserts that, through a process of socialisation in childhood and adulthood, people develop beliefs and affective responses towards a social object of *people with mental illness*, including how they are treated in society (Kroska & Harkness, 2008). This process of socialisation includes the language used in day-to-day conversation (D. Rose, Thornicroft, Pinfold, & Kassam, 2007; O. F. Wahl, 1995) and the representation of mental health on television (Diefenbach, 1997; Wilson, Nairn, Coverdale, & Panapa, 1999a, 1999b), in films (Lawson & Fouts, 2004; Goodwin, 2014a, 2014b; O. F. Wahl, 1995; Wahl, Wood, Zaveri, Drapalski, & Mann, 2003), in books (O. F. Wahl, 1995), and in newspapers (Bowen & Lovell, 2013; Z. Ma, 2017). All of these sources contribute to the socialisation of children and adults into developing an understanding of the qualities of people with mental illness;

and likewise, to people's understanding of psychiatric treatment, of how people with mental illness are treated by family and friends, by prospective lovers and employers, by insurance companies, their own government and other nation states (Link & Phelan, 2014; Livingston, 2013). This process of socialisation also includes the experiences of lost life opportunities as a result of having a mental illness that people see for themselves and hear about from others, or see represented in the media, which all contribute to the individual's construction of mental illness as a social object.

Link and Phelan (2001) have elaborated on the five stages involved in the processes of stigmatisation:

- Identifying and labelling human differences.
- Negative stereotyping – linking labelled people with undesirable characteristics.
- Establishing a separation of 'us' from the labelled 'them'.
- Status loss and discrimination that negatively impacts on life chances.
- The power to enable the preceding stages to happen.

A social constructionist perspective emphasises the active, and contextual, aspect of the processes of identifying and labelling human differences. In the context of this study, diagnostic categories are a clear example of this process. The diagnostic criteria for personality disorder (see chapter 2) are a list of human characteristics that when identified in patterns with each other construct a social object known as personality disorder. Prior to this term entering into the psychiatric classification systems (see chapter 2), these same human characteristics would not have been understood as constituting a personality disorder, as such an approach to identifying and labelling human differences did not exist. Link and Phelan's model (2001) highlights this active process.

Identifying and labelling human differences is an inescapable function of making sense of the world, and not itself a problematic process. Many differences do not have strong negative evaluations; for example, people identified through their choice of favourite colour. Negative stereotyping involves the process identified by Goffman (1963) whereby the attributes ascribed to the social object – for example, personality disorder – that function as a label applied to understanding an individual contain strong negative evaluations.

The third stage of separating us from them relates to Goffman's comment that "by definition, of course, we believe the person with a stigma is not quite human" (Goffman, 1963, p. 15). The importance of this is that negative stereotyping has such a powerful impact on social interaction, or anticipation of social interaction, that it is enacted as a breakdown in shared human qualities or rights. Link and Phelan (2001) note that this is evident in language in which a person is reduced to their diagnostic label, for example, a schizophrenic. Similarly, it may be seen in language that reduces people to sub-human categories, such as monsters (Dickens, 2008; Nairn, 2007). Link and Phelan (2013) have also noted the importance of affective responses in this process, such as fear and anger, and in this regard this stage can be thought to include the concept of prejudices, which are typically considered to combine negative stereotyping and strong negative affective responses (Corrigan & Watson, 2002).

For stigma to exist there has to be not just a process of strong negative meanings being ascribed to a social object, that function as a label in social interactions; this has to be enacted in such a way as to reduce life opportunities, through discrimination and status loss (G. Thornicroft, 2006). This is explored further in section 3.6.

And finally, Link and Phelan (2014) note that these stages can only exist because of the existence of differentials in power within society. This model

is consistent with the symbolic interactionist approach taken within this research, which focused on the significance of the construction of meaning and the power to define situations enacted through institutional practices (Altheide, 2014; Charon, 2010).

3.6. Impact of stigma

In this study the experience of loss of life opportunities was considered in three broad domains, which are elaborated below:

- People are treated differently as a result of the label.
- People anticipate being treated differently as a result of receiving the label.
- People re-evaluate self as a result of the label.

3.6.1. People are treated differently as a result of the label

One example of the impact of stigmatisation is the pattern of interactions characterised by social distancing strategies towards people with mental illness (Link, Phelan, Bresnahan, Stueve, & Pescosolido, 1999; Angermeyer, Matschinger, Carta, & Schomerus, 2014). As well as this being characteristic of the interactions of some members of the public, it has also been identified in the behaviours of some friends and close family (Hamilton *et al*., 2016; Webber *et al*., 2014) and in professionals with regards to intimate aspects of people's lives such as parenting (Jeffery *et al*., 2013). Collectively, this contributes to experiences of not feeling accepted within society.

Link and Phelan (2014) highlight the importance of recognising that stigma can only happen because of the existence of disparities of power within society. This point has been taken up more broadly with the concept of structural stigma, which highlights that as well as the stigma that is enacted in day-to-day encounters with individuals, there are aspects of how society is structured that contribute to the processes of stigmatisation (Link & Hatzenbuehler, 2016). From a symbolic interactionist position, these can be understood as being enacted through individuals, but patterned in such a

manner as to indicate the power to define situations and construct the structures of society. The healthcare system has been implicated as a source of the structural stigma of mental illness because of the use of coercive practices, which distinguish it from healthcare for other health disorders (Link, Castille & Stuber, 2008; Rüsch *et al*., 2014a) and because of the negative impact of some psychiatric medication (Lee, Chiu, Tsang, Chui, & Kleinman, 2006). The under-resourcing of appropriate healthcare for people with mental illness (Rüsch & Thornicroft, 2014), including services for people with personality disorder (NIMHE, 2003), and under-resourcing of research into effective treatments (MQ, 2015) are also factors, along with a pattern of reduced quality of physical health care – from healthcare professionals – experienced by people with mental illness (Hamilton *et al*., 2016; Van Nieuwenhuizen *et al.*, 2013). Collectively, this is part of the context of the pattern of increased mortality rates for people with schizophrenia (Brown, Kim, Mitchell, & Inskip, 2010), bi-polar affective disorder (Hoang, Stewart, & Goldacre, 2011) and personality disorder (Fok *et al.*, 2012; Nordentoft *et al.*, 2013).

Other examples of structural stigma include the pattern of a disproportionately high number of people with mental illness being homeless (Crisis, 2009), or living in housing areas that are considered undesirable (T. Byrne *et al*., 2013). The latter is implicated in higher rates of re-admission to hospital (Melnychuck, Verdun-Jones, & Brink, 2009), which can compound poor health outcomes. The pattern of low levels of full-time paid employment (Luciano, Nicholson, & Meara, 2014), particularly among those who are also homeless (Poremski, Whitley, & Latimer, 2014), and evidence of discrimination in the employment process (Hipes, Lucas, Phelan, & White, 2016), has had considerable negative impact on the pattern of people's financial resources (Sharac, McCrone, Clement, & Thornicroft, 2010). Further, research in the UK into welfare benefits, which on one hand counter the negative impact of not having employment, has highlighted that the nature of the interactions involved may contribute to the processes of

stigmatisation through the manner in which application, assessment and appeal processes are conducted (Shefer *et al*., 2016). Research indicates that the impact of less than optimal health and social care allocation is experienced not just by those individuals, but also leads to greater financial costs to society as a whole (Osumili *et al*., 2016).

As was noted in chapter 2, there is also evidence of very high levels of members of prison populations meeting the criteria for a diagnosis of personality disorder (Fazel & Danesh, 2002). Along with high rates of suicide in prisons, including 107 suicides in 2015 (MJ, 2016), this has led some commentators to question whether the prison system in the UK since the closure of the asylum has become an alternative centre for inappropriate health care delivery (Edgar & Rickford, 2009). This is further suggestive evidence of the enactment of stigmatising approaches through inappropriate service provision.

The research supports a model of understanding the processes of stigmatisation as interactions of multiple sites (C. Henderson & Thornicroft, 2009; Pescosolido, Martin, Lang, & Olafsdottir, 2008). As Livingston (2013) has emphasised, these different aspects of structural stigma often compound the negative impact on life opportunities; for example, prison sentencing affecting employment and housing opportunities, which negatively affect future health. Together, the strength of this pattern of disparity that people with mental illness experience has led Hatzenbuehler, Phelan and Link (2013) to propose that stigma should be regarded as a social determinant of health.

3.6.2. People anticipate being treated differently as a result of the label

People who experience symptoms of a mental illness, or have been diagnosed with a mental illness, are typically aware of the negative attributes linked to an understanding of mental illness and the experiences of lost life opportunities (Freidl *et al*., 2007), as a result of their capacity to

relate to a generalised other. This awareness of the stigma within their society can have a negative impact separate from any actual experiences of discrimination. Link *et al*. (2015) refer to this as symbolic interaction stigma, a term they use to emphasise the aspect of rehearsing the anticipated reactions of others in defining situations and acting. This issue of how people manage living in a world that they understand as discriminatory towards the group that they belong to, because of their label of having a stigmatised identity, was central to Goffman's (1963) account of the management of spoiled identities. It is worth noting one of the results from the Attitudes to Mental Illness Survey in the UK (Health and Social Care Information Centre [HSCIC], 2015) indicated that a very high proportion of the public (87%) believe that people with a mental illness experience stigma and discrimination. On the one hand, this can be seen as a level of empathy, or at least sympathy, towards people with a mental illness. From a modified labelling theory perspective, however, an implication of this result is that the majority of the public would anticipate that if they receive a label of having a mental illness they will experience stigma and discrimination themselves.

One aspect of this awareness is that it is known that some people delay seeking treatment when they experience symptoms of a mental illness, which could negatively affect their wellbeing and the course of the illness (Corrigan, Druss, & Perlick, 2014; Wang *et al*., 2004). A systematic review by Clement *et al*. (2015) demonstrated that stigma has a moderate negative impact on this process of people delaying seeking treatment, and that an important component of this was the negative associations with treatment itself – which is referred to as treatment stigma. Link and Phelan (2013) note that this may also contribute to the relatively high rate of people who leave treatment before they have received the full benefits: that, as goal-oriented beings engaging in a dynamic, cost-benefit analysis, for some the costs of stigmatisation outweigh the benefits of receiving the full course of treatment.

The anticipation of stigma can also affect people's choices about disclosure. A systematic review by Brohan *et al*. (2012), for example, identified that anticipatory stigma was an important factor in people deciding not to disclose their mental health status at the workplace. Further qualitative research by Brohan *et al*. (2014) and by Waugh, Lethem, Sherring and Henderson (2017) provided further support of this process. This can also negatively affect people's ability to access appropriate support at work (Brohan *et al*., 2012) and contribute to the stressful negotiation, identified by Goffman (1963), of seeking acceptance in an environment that it is feared will be discriminatory.

In response to an expectation that they will be judged negatively and rejected by others, it appears that some people use strategies to psychologically protect themselves, such as being secretive about their mental health and service use, or withdrawing from contact with others. Alternatively, some people attempt to change the attitudes of those who might stigmatise them by trying to educate others about their actual experiences of mental illness and service use (Ray & Dollar, 2014). These strategies all run risks to mental wellbeing. Being secretive is an ongoing process that has to be guarded against slippage, and therefore is a persistent reminder to the person that they do not feel accepted within their immediate society (Brohan *et al*., 2014; Goffman, 1963). Social withdrawal, by contrast, risks the person having fewer social resources to maintain their mental wellbeing (Link & Phelan, 2014). Whilst educating others offers the possibility of empowerment (Corrigan, Kosyluk & Rüsch , 2013), it also runs the risk that the person becomes treated in a stigmatising manner as a result of their social label of having a mental illness (Ray & Dollar, 2014).

3.6.3. People re-evaluate their self as a result of the label

The process of socialisation in a culture that includes negative images and messages about the qualities of mental illness can also impact negatively on people who have a mental illness through a process of re-evaluation of self

(Link & Phelan, 2013). People's wellbeing can be jeopardised through drawing on the negative stereotypes of mental illness to understand themselves, referred to as self-stigma (Corrigan, Rafacz & Rüsch , 2011), which in turn can lead to lowered self-efficacy and self-esteem (Markowitz, Angell & Greenberg, 2011; Rüsch, Lieb, Bohus, & Corrigan, 2006; Watson, Corrigan, Larson, & Sells, 2007). From a modified labelling theory position, this is not an inevitable consequence for all people, and research indicates that some people appear to successfully protect themselves against this outcome (Corrigan, Watson & Barr, 2006).

Corrigan and Rao (2012, p. 466) identified the four components of self-stigmatisation as:

- *Awareness* (the person is aware of public stigma towards the stigmatised group).
- A*greement* (the person agrees that the negative stereotyping is accurate).
- *Application* (the person applies these negative stereotypes to understand themselves).
- *Harm* (the application negatively impacts on self-esteem and self-efficacy).

Research by Rüsch *et al*. (2006) has indicated that some people with borderline personality disorder demonstrated the negative impact of this process whereby they not only perceive themselves to have been discriminated against, but also legitimised the acceptability of the discrimination. This internalisation of beliefs can then compound the process of stigmatisation through self-imposed limitations on life chances, which is sometimes referred to as the "why try effect" (Corrigan & Rao, 2012, p. 465). A participant in the *See Me Scotland* campaign, Danny, gave an example of the processes of re-evaluation of self when he commented that:

> I would love to go out more places such as the local pub and library but I am too frightened to in case I am dangerous. I have never been dangerous but you read about schizophrenics being dangerous all the time in the paper, so I thought that because I have schizophrenia that I would be dangerous if I went out. (http://www.seemescotland.org.uk)

Danny illustrates this process of re-evaluating self that arises from applying stereotypical beliefs of schizophrenia and dangerousness, which he identified as being a response to images in newspapers, as an accurate understanding of himself. The impact of the *why try effect* (Corrigan, Larson & Rüsch, 2009) then limited his ability to do things he found meaningful.

3.7. Alternate models of stigma and mental illness

Link and Phelan's (2013) work provides a sociological perspective on the processes of stigmatisation. Their model is central to the understanding of stigma within this thesis. However, there have been very significant contributions to the research in the field of stigma and mental illness that have slightly different models of understanding the processes of stigmatisation. Corrigan and Watson (2002) view stigmatisation from a social psychology perspective and emphasise the three components of stereotyping (commonly held belief about groups of people), prejudice (commitment to negative beliefs about groups and accompanying negative emotional response), and discrimination (behaviour that impacts negatively on people based on prejudice). They have differentiated between public stigma which is enacted towards those who are stigmatised, and private stigma which is enacted by those who are stigmatised towards themselves (Corrigan & Watson, 2002). Initially they focused on the similarities of the processes of public and private stigma, but work by Corrigan and Rao (2012) has highlighted specific stages in the process of self-stigmatisation. They have undertaken research in a range of areas including the nature of

newspaper representations of mental illness (Corrigan *et al*., 2005) and the impact of newspapers on readers (Corrigan, Powell, & Michaels, 2013).

In the UK context, the work of G. Thornicroft and colleagues at the Institute of Psychiatry has been highly influential. The *Time to Change* programme was shaped by the work of G. Thornicroft and colleagues, and has been the largest programme in England designed to reduce stigma and discrimination towards people with mental illness (C. Henderson & Thornicroft, 2013). G. Thornicroft (2006) names the three components of stigma as the cognitive processes of knowledge (ignorance) which combined with negative attitudes (prejudice) leads to rejecting behaviour (discrimination). C. Henderson and Thornicroft (2009) have at times also included concepts of power, labelling and separating/out-grouping, all of which sit comfortably within the sociological model more typically used by Link and Phelan (2001). The research into stigma produced by researchers based at the Institute of Psychiatry has been extensive, and has included examinations of newspapers' representation of mental illness (Goulden *et al.*, 2011; Rhydderch *et al*., 2016; A. Thornicroft *et al*., 2013).

These three groups of researchers have each made significant contributions to an understanding of stigma and mental illness. Whilst there are differences between the models used by the three groups, as Clement *et al*. (2013) note there are considerable similarities which have allowed findings from different groups of researchers to inform each other's work.

The decision to use the sociological perspective of Link and Phelan (2013) to understanding stigma arose in part through personal preference for understanding the phenomena of stigma, which in part arose from the experience of exploring the concept originally through Goffman's (1963) work, which is a sociological text. It also arose from the specific nature of the study which by focusing on newspaper representation, rather than individual experiences, was an exploration of a form of structural stigma

(Corrigan *et al*., 2005) and therefore more congruent with a sociological model. That said, research into stigma and mental illness by researchers drawing on different models has been invaluable in the development of the study and was drawn on throughout.

3.8. Stigma and personality disorder

All research into the nature of stigma to people with mental illness has a bearing on this thesis, as it contributes to the broad understanding of the processes of stigmatisation. However, to support the development of a model to understand the nature of the contribution of the red-top tabloids' representation of people with personality disorder, it is helpful to explore in greater depth the nature of stigma and personality disorder.

3.8.1. Public's psychiatric literacy about personality disorder

Psychiatric, or mental health, literacy refers to the ability of the public to identify specific mental disorders, and their knowledge about aetiology and treatment options (Jorm, 2000). Studies have been conducted to explore the public's psychiatric literacy about personality disorder. Research by Furnham, Abajian and McClelland (2011) used ten vignettes produced to typify each of the ten personality disorders, based on DSM-IV TR (APA, 2000). Participants in a convenience sample of 187 people, a combination of opportunistic sampling and student mailing lists, indicated whether the person in the vignette was experiencing a mental illness. Their results indicated that the most commonly identified personality disorders were paranoid personality disorder (29%) and obsessive-compulsive personality disorder (25%), but that less than 10% of the other personality disorders were identified. Further research by Koutoufa and Farnham (2014) with a sample of 342 participants indicated that compared to depression and schizophrenia there was very low recognition of obsessive-compulsive personality disorder as a mental illness.

Furnham and Dadabhoy (2012) researched the competence of the public in identifying borderline personality disorder compared to their ability to identify depression, schizophrenia and psychopathy through a series of vignettes. Their results indicated that their participants were very competent at identifying depression (74%), less able to identify schizophrenia (37%) or psychopathy (22%), and very poor at identifying borderline personality disorder (5%). Limitations of the study were that it only included 102 participants, and 43 of those were studying psychology or psychiatry and therefore would have more opportunity to be better informed than the general public. However, the results suggest a limited understanding of this specific disorder.

Furnham *et al*. (2015) have also researched the public's literacy about borderline personality disorder compared to depression and schizophrenia. Using a convenience sampling approach, 193 people were provided with eight vignettes; six represented a person with borderline personality disorder, one a person with depression and one a person with schizophrenia. The participants were instructed to identify the diagnosis. Their results indicated the participants' ability to identify accurately a diagnosis for borderline personality disorder was very low (ranging from 0.5% to 4.1% of the six vignettes) compared to depression (72.4%) and schizophrenia (65.8%). Wright and Furnham (2015) also found that the level of mental health literacy about narcissistic personality disorder was low compared to depression and schizophrenia.

The sampling approaches in these studies compromises the generalisability of their results, but they suggest that the public's knowledge about personality disorder is low compared to some other mental illnesses. This is relevant to this research because it suggests that the public may be more vulnerable to accepting the media's messages about personality disorder as accurate as they may have little alternative knowledge.

3.8.2. Attitude of professionals towards people with personality disorder

The NIMHE stated that, "no mental disorder carries a greater stigma than the diagnosis 'Personality Disorder', and those diagnosed can feel labelled by professionals as well as by society" (2003, p. 20). Their assertion was supported by comments from service users involved in the creation of the NIMHE guidance on personality disorder services. It was also informed by research by Lewis and Appleby (1988) who had engaged 240 psychiatrists (approximately 12% of the psychiatrists in England, Scotland and Wales) in research in which they responded to one of six case vignettes where the inclusion or exclusion of a previous diagnosis of personality disorder was a distinguishing factor. The analysis of the results indicated that "patients previously labelled as personality disordered were seen as manipulative, difficult to manage, unlikely to arouse sympathy, annoying, and not deserving NHS resources" (1988, p. 47).

There is evidence of some persistence of these views amongst health professionals since Lewis and Appleby's (1988) research. Deans and Meocevic's (2006) survey of 65 psychiatric nurses indicated that the most common perception of people with borderline personality disorder was that they were manipulative (89%) and that less than half of the nurses (44%) felt that they knew how to care for this group of people. Their study was relatively small, and from one geographical area (a mental health service in Melbourne, Australia); however, it is understandable that the authors lament that it is of "concern to the profession that one of the problems confronting people with BPD is the negative attitudes of those staff that care for them" (Deans & Meocevic, 2006, p. 47). Cleary, Siegfried and Walter (2002) conducted questionnaire based research to elicit information about the knowledge, attitudes and experience of 229 mental health nurses in New South Wales. This indicated that despite 85% of the respondents having clinical contact at least once a month with people with borderline personality disorder, 84% felt that the group was the hardest clients they worked with. James and Cowman (2007) used a modified version of the

same questionnaire with 65 mental health nurses in Dublin, Ireland. Their results were quite similar, with 80% of the respondents stating that they considered people with borderline personality disorder to be the most difficult client group, and 81% felt that services were inadequate. By contrast, research by Giannouli, Perogamvros, Berk, Svigos, & Vaslamatzis (2009) with nurses in Greece, also using the questionnaire developed by Cleary *et al*. (2002), found that a smaller proportion of nurses (62%) considered this the hardest clinical group to work with. However, a high proportion (85%) considered people with borderline personality disorder to present with moderate to high management difficulties. D. W. Black *et al*. (2011) developed their own self-report questionnaire, which examined the attitudes of 706 health clinicians. This revealed that 46% of the respondents indicated a preference not to work with people with borderline personality disorder.

Carr-Walker, Bowers, Callaghan, Nijman and Paton's (2004) research, using the Attitude to Personality Disorder Questionnaire (APDQ) with 645 mental health nurses in high secure hospitals and 55 prison officers working with prisoners in a newly formed DSPD unit, provides an interesting contrast between professions. Carr-Walker *et al*. (2004) identified that the officers demonstrated: greater enjoyment of the work, less fear, greater acceptance, a greater sense of purpose in their work and were more enthusiastic towards working with this client group. These findings are interesting in part because it might be assumed that healthcare professionals would have a more positive attitude. Furthermore, when the DSPD units in the prisons and high secure hospitals were later evaluated, the results of qualitative research through interviewing 60 patients and prisoners indicated that those in the prisons felt less coerced and expressed greater satisfaction with their treatment (Ramsay, 2011). It would be overly simplistic to assume that there is a direct link between the differences in attitudes identified by Carr-Walker *et al*. (2004) and the experiences reported by the users of the DSPD services seven years later, but there may be a relationship between the two. It is also

worth noting that, unlike the questionnaires used in the previously cited research, the psychometric qualities and test-retest reliability of the APDQ have been validated (Bowers & Allan, 2006).

Further research by Bowers, Alexander, Simpson, Ryan and Paola Carr-Walker (2007) to examine student nurses' attitudes with the APDQ identified a pattern that students' attitudes actually became more negative as their training progressed. Research by Markham and Trower (2003) explored the hypothesis that the reported poor attitudes towards people with borderline personality disorder were in part due to staff attributing to them a greater degree of control over their actions than service users with different mental illnesses. Their research with 48 mental health nurses responding to six scenarios of challenging behaviour identified the nurses' perception of locus of control in the incident, their level of sympathy towards the client and their level of optimism. The different case scenarios were changed only with regards to the service user having a diagnosis of borderline personality disorder, schizophrenia or major depressive disorder. The results from the research indicated that staff considered people diagnosed with borderline personality disorder to have greater control over their actions, and that staff were less sympathetic and least optimistic about change for this group. In another study by Markham (2003) in which 48 clinicians completed questionnaires to identify social distancing, optimism, and perception of dangerousness, he also identified that mental health nurses perceived people with borderline personality disorder as more dangerous than people with schizophrenia or depressive disorder, and were more likely to be socially distancing in their behaviour.

Newton-Howes *et al*.'s research (2008) lends support to the evidence of clinicians having stereotypical knowledge about people with personality disorder being aggressive. They elicited the attitudinal responses of clinicians in a community mental health team towards 30 people who had a clinical diagnosis of personality disorder, and 78 service users who were

identified as having a personality disorder through independent assessment but did not have a diagnosis of personality disorder. They identified that despite the two groups of service users having no difference in the level of aggression expressed towards staff, those with a diagnosis of personality disorder were regarded as more aggressive. This suggested that the clinicians were responding to the label of personality disorder as one with a characteristic of aggression, over and above the actual experiences of aggression in the biographies of the individuals.

Research by Treloar (2009) with 140 healthcare professionals who were invited to state broadly their experience of working with people with borderline personality disorder identified that the healthcare professionals attributed a range of negative characteristics to this group of people, which included being manipulative and wasting the professional's time. The latter comments were linked to a belief that the person would not make any therapeutic changes, so all efforts were a waste of time. In a small scale study by McGrath and Dowling (2012), interviews with 17 mental health nurses identified a number of negatively framed themes about their attitudes towards people with borderline personality disorder, including the service users demonstrating "manipulative, destructive and threatening behaviour" (2012, p. 5). They noted that two of the participants indicated that if possible, they would avoid having anything to do with this client group; and when it was necessary, they would only provide the most limited interaction. They also identified an expectation amongst the nurses that the treatment for people with borderline personality disorder would inevitably deteriorate, and many of the nurses would then wish to withdraw.

Bodner *et al*. (2015) conducted research into the attitudes of 710 health professionals in Israel towards people with major depressive disorder, borderline personality disorder and generalised anxiety disorder. Employing a large, convenience sample, participants were asked to rate 13 traits of a patient in a vignette who was differentiated only by their diagnosis. They

found that a sample of mixed professional groups ascribed more negative personality traits (selfish, manipulative, dramatic and passive) to the service user in the borderline personality disorder vignette than the major depressive disorder, though not more negative than the generalised anxiety disorder vignette. Their findings, therefore, provide some consistency with Markham (2003), but do suggest another clinical group that also elicits negative responses in clinicians.

The vast majority of research into healthcare professionals' attitudes towards people with personality disorder has been with those working in mental health services. Research by Noblett, Lawrence and Smith (2015), however, has identified a similar pattern amongst professionals delivering physical healthcare. Their study with 52 participants, who were trainee or qualified medics in the UK, used eight vignettes of an individual presenting with a physical health complaint whose only difference was historical information about the presence or absence of a mental illness, or criminal history. They identified that there were negative attitudes, particularly around unpredictability and motive, towards people with a diagnosis of schizophrenia or personality disorder and those with a criminal history. They contextualise this in terms of the known pattern of reduced life expectancy and the risk of negative attitudes contributing to reduced quality of physical healthcare.

Taken together, these research findings of healthcare professionals indicate some negative understandings of personality disorder as characterised by manipulative behaviour (Bodner *et al*., 2015; Deans & Meocevic, 2006; Lewis & Appleby, 1988; McGrath & Dowling, 2012; Treloar, 2009), and dangerousness and aggression (Markham, 2003; Newton-Howes *et al*., 2008). They provide evidence of negative attitudes of clinical staff with regards to pessimism (Cleary *et al*., 2002; James & Cowman, 2007; Markham, 2003; Markham & Trower, 2003; Treloar, 2009) and

discriminatory behaviour with regards to social distancing (D. W. Black *et al*., 2011; Markham, 2003; McGrath & Dowling, 2012).

The findings presented above, however, are moderated by research that has indicated a more positive understanding and approach by some healthcare professionals. Research by W. F. Ma, Shih, Hsiao, Shih and Hayter (2009), for example, through in-depth interviews with 15 nurses found that the attitude of nurses was variable, particular in response to disruptions in the clinical progress. They noted that six of the participants identified that they retained a realistically optimistic attitude, whereas nine of the participants were negative about the possibility of recovery, and five of these believed that treatment was a waste of clinical resources. It is noteworthy that those with attitudes that were more positive reported ultimately had more positive clinical outcomes with the service users. Research by Stroud and Parsons (2013) into the knowledge and attitudes of four community mental health nurses similarly identified differences between the nurses in their attitude and approach, which they characterised as being between two poles of dread and desire to engage. Interestingly, they comment that though some nurses tended more towards one pole than the other, they identified that the nurses' attitudes were dynamic and changed due to the context of the situation. This is only a small-scale study but the findings support a symbolic interactionist approach that attitudes are better considered as contextual, though with patterns of similarity, rather than static.

Research by Bergman and Eckerdal (2000), who conducted semi-structured interviews with 29 healthcare professionals, found that there was both strong evidence of an empathetic attitude and an interest in engaging with the work, despite managing feelings of frustration. O'Connell and Dowling's (2013) research into the experiences of ten community psychiatric nurses, conducted through semi-structured interviews, identified similar findings. Whilst the nurses commented on the emotional challenges of the work, they also identified a strong willingness to engage actively and indicated a broadly

positive attitude, which they affirmed through positive experiences of witnessing therapeutic progress. Research by Bowen (2013) focused on the experiences of good practice at a specialist service for people with personality disorder, through semi-structured interviews with nine clinicians. The research identified that the staff retained an optimistic attitude about recovery for the service users, a strong desire to engage with the service users, and a belief that they had strengths and capacities to support each other in their recovery.

These more positive findings about the attitudes of healthcare professionals are provided through qualitative research and therefore, due to small sample sizes, have limitations in the degree to which the findings can be generalised to the wider body of health professionals. However, the research method has been better suited to identify and emphasise the complex picture of some varied attitudes among health professionals, and suggests that these attitudes have a dynamic quality.

It is noteworthy that W. F. Ma *et al*.'s (2009) research suggests a link between the attitudes of the health professionals and the clinical outcomes, and this suggests that the broader evidence of some negative attitudes may have impacted on the evidence of high unmet need in the group (Hayward, Slade & Moran, 2006).

3.8.3. Stigma experiences of people with personality disorder

Research findings into the experiences of healthcare by people with personality disorder have mirrored some of the findings of the research into staff attitudes. Castillo's (2003) research involved 50 people with personality disorder who completed questionnaires with both open and closed questions. She concluded that "seventy-two per cent of the sample consider they have experienced bad treatment because of the label. Confirming that the diagnosis is stigmatising" (p. 129). Her research identified that people had experiences of feeling that they were ignored, treated as if they were

dangerous, and treated with hostility in a way that they attributed to healthcare professionals responding to the diagnosis rather than them as an individual. Some respondents also reported feeling blamed by staff for their experiences of difficulties in living. These findings are supported by research by Stalker, Ferguson and Barclay (2005) who interviewed ten service users with personality disorder, and identified that for half of the participants there was a negative impact of being aware that staff held prejudicial attitudes towards people with personality disorder.

G. Black *et al*. (2013) researched the experiences of people with personality disorder who used forensic services. Through interviews with ten service users they identified that some people were aware of the prejudicial attitudes towards people with personality disorder and felt self-conscious about how to navigate that. They also highlighted that some of the participants demonstrated prejudicial attitudes towards people with other mental illnesses, illustrating the complexity of both having a mental illness and being part of the general public and therefore having the general public's attitudes towards people with mental illness. This is a broader issue noted in other areas of stigma research within a symbolic interactionist approach and can be understood as part of the relationship to the generalised other (Ritter & Ueno, 2017).

Research specifically into the stigma experiences of people with borderline personality disorder have been largely congruent with the research into the wider group of people with personality disorder. Horn, Johnstone and Brooke (2007) interviewed five people with borderline personality disorder and identified a theme of people experiencing the process of receiving the diagnosis as leading to them being treated in a more rejecting manner by mental health professionals. Some interviewees commented that this experience negatively affected their thoughts about themselves and their place in society, and led to them withdrawing themselves from the services that they felt were rejecting them, e.g. "So I just thought, why come to

[Community Mental Health Centre], bugger them, I'm a reject'' (p. 262). Veysey's (2014) research, based on interviews with eight people with borderline personality disorder, also identified that service users had experienced mental health professionals as holding negative stereotypical beliefs that they were, "liars, attention seeking, unreasonable/difficult, manipulative and taking resources from other patients" (p. 7). Similarly, Rogers and Dunne's (2011) research into the experience of healthcare by people with borderline personality disorder identified a theme of "the 'pd' label", which they summarised to mean that "merely having the diagnosis of personality disorder triggered a lot of prejudices in staff, which the staff openly expressed to service users" (p. 230). Bonnington and Rose (2014) conducted qualitative research into the stigma experiences of 22 people with borderline personality disorder and identified a pattern of having their experiences pathologised, their distress dismissed, their diagnosis withheld, of being excluded from services, and being conscious of being treated as stereotypes rather than as an individual.

Research by Lawn and McMahon (2015) through a survey completed by 153 people with borderline personality disorder identified that 65% of participants reported incidences of treatment from mental health professionals that was disrespectful, and that 57% described that they had at times felt very anxious about being discriminated against because of the diagnosis of borderline personality disorder.

Some qualitative research (Fallon, 2003; Holm & Severinsson, 2011; Langley & Klopper, 2005; Perseius, Ekdahl, Åsberg, & Samuelsson, 2005), however, has also reported service users' experiences of positive attitudes. In these accounts, a positive attitude from clinicians towards recovery appeared to be an important factor in the establishment of trust within the therapeutic relationship, and positively influenced treatment outcomes.

Though the research into the experiences of stigma by people with personality disorder is typically based on small research numbers, reflecting the interview based qualitative approach favoured, there is strength from the consistency of the findings. These are supported by the fact that they mirror some of the findings of staff's prejudicial attitudes and the identification that historically many services in the UK have treated personality disorder as a diagnosis of exclusion (NIMHE, 2003), though this general pattern is in the context of people who also have positive experiences of care.

3.9. Conclusion

This chapter has clarified aspects of the theoretical framework of the research including the epistemological position of social constructionism, and the theoretical approach of symbolic interactionism, which are fundamental to the understanding of stigma, the construction of the research study and the analysis of the findings. Stigma is understood to function as a label that is applied to understanding and responding to individuals and groups who have a personality disorder (Link & Phelan, 2013). The impact of this label is understood to affect how people are treated, how they anticipate being treated and how they re-evaluate their self as a result of having the label. There is evidence of stigma negatively affecting people with mental illness in these three areas, and the model used is that these enactments of stigma not only impact directly on people but also play a significant part in the public's socialisation into understanding the meaning of mental illness and of personality disorder. There is evidence of stigma towards people with personality disorder; however, the research has primarily been in relation to experiences of healthcare – both those delivering and those receiving it. This study supports the understanding of the processes of stigmatisation towards this group of people. However, an understanding of some of the other sites in which stigma exists for people with personality disorder, such as housing, employment and personal

relationships, has drawn on research that has explored the wider group of people who have a mental illness.

Chapter 4: Theoretical Framework II

4.1. Introduction

This chapter starts with a review of the research into the manner in which the press represent people with mental illness. This leads into an exploration of the degree to which the press may affect the understanding and actions of readers towards people with mental illness, and the construction of a model of the relationship between sites of stigma, the red-top tabloids and their readers in the processes of stigmatisation.

4.2. Newspaper representation of mental illness

There have been a number of research studies into how the newspaper industry has represented mental illness. The following review presents the research that has specifically addressed issues that are relevant to how the press have represented mental illness, homicide and dangerousness. To support contextualising the study, and the development of the study design, a thorough review of the research literature was undertaken into the newspaper representations of mental health related to homicide, aggression, violence and crime. The search process is elaborated in Appendix 1. As part of this process, the literature was subjected to a quality review, which is elaborated in Appendix 2. The following sections present the findings from the literature review and the presentation of the literature has been weighted to reflect the outcome of the quality review.

4.2.1. Dangerousness theme

This study explored the degree to which the popular tabloids have represented people with personality disorder as having committed homicide. Homicide is a very specific example of behaviour that is a danger to others. There have been a number of studies that have used a content analysis approach to explore the degree to which people with mental illness have been represented as a danger or aggressive or having committed crimes. Whilst homicide is a narrower category, this study relates to these

findings. Table 4.1 summarises the findings of these studies, specifically in relation to these categories.

The majority of the studies outlined in the table have explored a broad range of mental disorders; however, a number have specifically examined the representation of people with schizophrenia. A number of studies included analysis across a number of time periods; in these cases the findings are presented in table 4.1 as the average finding for the period as a whole. Differences between time periods are taken up later in this chapter in section 4.2.4.

Research that adopts a content analysis method involves a number of decisions to address a range of challenges. One is to decide how to define the category. With a category such as *criminality* or *crime reporting* (Angermeyer & Schulze, 2001; Vahabzadeh, Wittenauer, & Carr, 2011), this is relatively straightforward as there is a social process of someone having committed a crime, but the category of *dangerousness* is open to wider interpretation. One way to address this is to have a coding manual with clear definitions of what is to be included and excluded from the category, and to demonstrate the rigour of the coding manual by determining the inter-rater reliability of a sample of the articles. A number of studies demonstrate this approach (Aragones *et al*., 2014; McGinty *et al*., 2016; Nawka *et al*., 2012).

Table 4.1 Results of content analysis studies that identified themes of danger/aggression/crime

Author & date of publication	Country	Sample size (no. of articles).	Time frame	Proportion of sample themed danger / aggression / crime.
Ottewell (2017)	Japan	n = 448	1987 - 2014	44%
Whitley & Wang (2017)	Canada	n = 24,570	2005 - 2015	47%
Aoki et al. (2016) *	Japan	n = 4677	1992 - 2012	39%
McGinty et al. (2016)	US	n = 400	1995 - 2014	55%
Rhydderch et al. (2016)	England	n = 4876	2008 -2014	22%
Whitely et al. (2015)	Canadian	n = 1168	2010 - 2011	55%
Aragones et al. (2014)	Spain	n = 362	2010	49%
Cain et al. (2014) *	Australia	n = 630	2011 - 2012	47%
Calo & Baban (2013) *	Romania	n = 79	2008 - 2011	38%
Murphy et al. (2013)	UK	n = 5537	1998 - 2008	21%
Roberts et al. (2013)	Bermuda	n = 277	1991 - 2011	39%
Thornicroft et al. (2013)	UK	n = 3001	2008 - 2011	18%
Whitley & Berry (2013)	Canadian	n = 11,263	2005 - 2010	40%
Nawka et al. (2012)	Slovakia & Czech Republic	n = 375	2007	31%
Goulden et al. (2011)	UK	n = 1361	1992 - 2008	19%
Vahabzadeh et al. (2011) *	US	n = 398	2000 - 2010	60%
Knifton & Quinn (2008) *	Scotland	n = 319	2001 - 2005	26%
Corrigan et al. (2005)	US	n = 3353	2002	39%
Coverdale et al. (2002)	New Zealand	n = 563	1997	61%
Wahl et al. (2002)	US	n = 600	1989 - 1999	28%
Angermeyer & Schulze (2001)	Germany	n = 186	1997	51%

* Indicates that study only reviewed representation of people with schizophrenia.

Decisions about how to construct the data set to be analysed are an important aspect of the research rigour. Databases such as LexisNexis allow

the researcher access to an extensive range of newspaper articles. However, the choice about the search terms used to identify articles affects the data set generated. Some studies with research aims of surveying mental health as a whole still limited their search terms to either generic terms of mental health and psychiatry, and also to the single disorder of schizophrenia (Corrigan *et al*., 2005; Roberts *et al*., 2013; Whitley & Wang, 2017). By only including one specific mental illness in the search terms, this runs the risk of over-representation of articles referencing schizophrenia and under-representing other disorders. The decision to limit search terms to the one diagnostic group of schizophrenia might encourage over-representation of negative findings as if they represent all mental health disorders, as research indicates that newspapers represent people with schizophrenia as violent more often than some other diagnostic groups (Goulden *et al*., 2011; Nawka *et al*., 2012). An alternative approach for studies that aim to survey the overall representation of mental illness is to use a wider range of diagnostic categories as search terms; a number of studies adopted this strategy (Ottewell, 2017; Rhydderch *et al*., 2016; A. Thornicroft *et al*., 2013) and this has the benefit of being more comprehensive.

Given the size of the possible data set, another important decision is often that of sampling. One research study (Coverdale, Nairn, & Claasen, 2002), limited the period of data gathering to one month and inevitably the researchers were vulnerable to the data sets being overly affected by one or two dominant stories, which Coverdale *et al*. (2002) note was the case. Other strategies include identifying all articles over a longer period (Knifton & Quinn, 2008; Whitley & Berry, 2013), or randomly selecting weeks within two or three month blocks over a year (Corrigan *et al*., 2005; Nawka *et al*., 2012) or randomly selected days within a month (Rhydderch *et al.*, 2016), all of which limit the risk of over-representation from one particular news item.

Another important decision is whether, or how, to limit the newspapers chosen. Whilst Goulden *et al*. (2011), for example, had comprehensive

inclusion criteria for the search terms used they limited the newspapers to two national broadsheets, a national mid-range tabloid and a regional tabloid newspaper. Their study highlighted that there were differences between the newspapers in the proportion of articles themed as bad news stories. However, the exclusion of red-top tabloids by Goulden *et al*. (2011), as well as the broad range of diagnostic terms used as search terms, could well have contributed to their findings of a smaller proportion of articles categorised as *danger to others* than results from many other countries. By contrast, Angermeyer and Schulze (2001) limited their search to one populist tabloid, which may have influenced the outcome of their higher findings of 51% of *crime reporting* articles. Research by Rhydderch *et al*. (2016), by contrast, included a range of national and local newspapers (in total 27), which adds confidence in their sample being representative of the industry as a whole, within the UK. Further, the similarity between their findings and those of Goulden *et al*. (2011) and Murphy *et al*. (2013) provides greater confidence about the accuracy of the findings as representative of the newspaper industry in the UK.

A number of research papers noted that the reporting of incidents of homicide are included in their broader category of *dangerousness* (Aoki *et al*., 2016; Roberts *et al*., 2013; A. Thornicroft *et al*., 2013; Whitley *et al*., 2015). There are few examples of specific data about the incidence of homicide related articles; however, Nawka *et al*. (2012) noted that 14% of their data set included homicide cases. Of particular significance for this study, they noted that homicide cases were more commonly referenced with regards to schizophrenia and affective disorder than personality disorder, though the articles about personality disorder were relatively infrequent. In Australia, Cain *et al*. (2014) found that 28% of news articles linked people with schizophrenia with homicide. However, Vahabzadeh *et al*. (2011), in the US, found a significant reduction in the proportion of articles linking schizophrenia and homicide in five month periods in 2000 and 2010, from 20% in 2000 to 3% in 2010.

Outside of the research that adopted a content analysis approach, there are two studies that specifically addressed the issue of media reporting of homicides and mental illness, which provide differing results. Carpiniello, Girau and Orru (2007) identified all reports of homicides in a sample of Italian newspapers and determined the proportion of reports where the perpetrator was referenced as having a mental illness. They reported that 43% of homicides were linked in this way, which they compared with evidence that the proportion of homicides committed by people with mental illness is approximately 10%. Their findings contrast with those of Kalucy *et al*. (2011) who identified all newspaper reports of homicides committed in the UK between April 2000 and March 2001. They indicated that of the 577 homicides, 40% were reported in the national press, and the presence or absence of mental health service use was not a significant factor in determining whether an incidence of homicide was reported. Neither study identified what proportion of articles about mental illness were related to homicide. Kalucy *et al*. (2011) also cautioned that the "stigmatizing effect of newspaper reporting of homicide by people with mental illness may have its foundations in the manner in which mental illness is reported rather than selective over-reporting" (p. 546). This point relates to the amplification of otherness using stigmatising language and an underlying perspective, and is taken up in sections 4.2.2. and 4.2.3.

There is relatively little research about the specific representation of people with personality disorder and dangerousness. Goulden *et al*. (2011) identified that a large proportion of personality disorder articles (1992, 86%; 2000, 85%; 2008, 56%) were categorised as *bad news* stories, but dangerousness was just one component of the *bad news* category, and the number of articles too small to identify significant trends. Rhydderch *et al.*'s (2016) research indicated that articles about people with personality disorder were more stigmatising than any other specific mental disorder, though the category was very broad and their data set only included 16 articles about people with personality disorder. Nawka *et al*. (2012) provide

evidence that in some Eastern European countries personality disorder was less frequently linked to homicides than schizophrenia and depression, but the articles in their data sets that referenced personality disorder were too few for them to identify any statistically significant patterns. They also present their results of personality disorder clustered with conduct disorder, mental retardation and sexual disorders.

4.2.2. Stigmatising language

Word choice is understood to contribute to processes of stigmatisation (Clement & Foster, 2008; Shattell, 2009). In relation to Link and Phelan's (2013) model of modified labelling theory and the processes of stigmatisation, the language used to represent people with a mental illness is particularly pertinent to the processes of separating *us* from *them*. One example of this area of enquiry has been research into the use of mental illness as a metaphor, as an example of language reinforcing negative connotations with mental ill health. Much of the research in this area has focused on the use of the words *schizophrenia* and *schizophrenic*. It is striking that this has been found to be relevant in a range of different countries, namely, the UK (Chopra & Doody, 2007; Clement & Foster, 2008), Turkey (Boke, Aker, Alptekin, Sarisoy, & Sahin, 2007) and Italy (Magliano, Read, & Marassi, 2011). This is also found in Romania (Calo & Baban, 2013), the US (Duckworth, Hapern, Schutt, & Gillespie, 2003; Vahabzadeh *et al*., 2011), and Japan (Koike, Yamaguchi, Ojio, Ohata, & Ando, 2015). Whilst these findings are not about personality disorder, these studies provide a wider context for appreciating the role that language has in the processes of stigmatisation in mental health, as well as issues of research method. One issue that is striking is research into the decision to change the name given to the disorder, schizophrenia, in Japan (Aoki *et al*., 2016; Koike *et al*., 2015). Aside from the findings themselves, which indicated some positive relationship between the name change and media reporting, the studies highlight the significance in the wider social context of the words used to name mental disorders and the stigmatising impact that this may have.

Other aspects of stigmatising use of language have been explored, in addition to the metaphoric use of *mental illness*. Clement and Foster's research (2008) identified that 14% of articles used stigmatising language, and that this was more common in tabloids (35% vs 5% in broadsheets) and in articles reporting violence (28% compared to 4%). One of the strengths of Clement and Foster's (2008) research is that they drew on press guidelines to determine their inclusion criteria for stigmatising language: metaphoric usage, stigmatising descriptors, equating descriptors, using the word *released* instead of *discharged* from hospital.

In terms of research method, Koike *et al*. (2015) were unusual as they used data mining software to identify the frequency of words used in the headlines of articles. This enabled them to manage a large data set to collate the most frequently used words, rather than search for the frequency of words that they had already determined to find.

Dickens' research (2008) was unusual because it focused on a specific area rather than a specific diagnostic group. He studied the pattern of the use of language when reporting on high secure hospitals in England. He looked specifically at the use of the words *schizo*, *psycho*, *nut*, *nutter*, *loony* and *fruitcake* in 1997 and 2007, and found that their usage was low in both years (ranging between 0 and 4 incidences), but that incidence of the words *maniac* and *monster* had increased (*maniac* 0 to 22 incidences; *monster* from 3 to 18 incidences).

Research by Nawková *et al*. (2012) into the representations of mental health in Croatia, Slovakia and the Czech Republic identified that 31% of articles used sensational form, but their definition of the term is unclear. Their results are considerably higher than those of A. Thornicroft *et al*. (2013) in the UK who identified that between 2008 and 2011 only 6% of articles used pejorative language, but it is hard to compare these results without clarity about the definition of each term.

The research by Carpiniello *et al*. (2007), noted earlier, into the reporting of violence in Italy identified that 10% of articles about people with mental illness who engaged in acts of violence used the stigmatising words *fool*/*foolishness*, *monster*/*monstrosity*, *maniac*/*maniacality*, *mad*/*madness*, *insane*/*insanity*, and *lunatic*. This compared to only 1% of articles about violence where the person had no link made to mental illness. They stated that press reporting guidance informed their choice of words. In the UK, Murphy *et al*. (2013) identified that over a ten year period (1998-2008) the words *psycho* (63 instances), *deranged* (59 instances) and *schizo* (22 instances) were used in articles about mental illness in a data set consisting of three broadsheet and one mid-range tabloid newspaper. Of particular interest to this study, Flynn *et al*.'s (2015) research into the representation of people who had committed homicide and then suicide in England and Wales between 2006 and 2008, found that the tabloid press were characterised by the use of more stigmatising and sensationalistic language, particularly in headlines, though they have not provided quantifiable data to support this.

Overall, the approaches in studies in this field have been diverse and results are difficult to compare. The use of pejorative language in the UK press does not appear to be frequent (A. Thornicroft *et al*., 2013); however, there is evidence that it is more common in the tabloid press (Clement & Foster, 2008; Flynn *et al*., 2015). With regards to determining an approach to these studies, linking the research to press guidance appears to support the validity of the work (Carpiniello *et al*., 2007; Clement & Foster, 2008).

4.2.3. News frames and dangerousness

Frame analysis is a research method that is able to elucidate underlying messages as well as overt communication, and identify how articles construct meaning not just on their own but as a part of a network. Frame analysis was brought to popular attention in the field of sociology through Goffman's text, *Frame Analysis: An Essay on the Organisation of Experience*

(1974) – though Goffman attributes the origins of the term to Gregory Bateson. Goffman presented frame analysis as a sociological approach that attempts "to isolate some of the basic frameworks of understanding available in our society for making sense out of events" (1974, p. 10). Goffman wrote very little about the role of the media in *Frame Analysis* (1974); however, frame analysis has been taken up with considerable interest in the field of media communications. Entman described the process of framing from a media studies perspective as, "to frame is to select some aspects of a perceived reality and make them more salient in a communicating text" (1993, p. 52). Framing is a way of the press managing complexity when they present information. An example of selection and salience can be seen in the reporting of the trial of Seamus Fitzgerald, who killed his father. *The Sun,* reporting on the outcome of the trial, produced the headline: "Son saw Goodfellas then strangled and knifed dad to death" (Doyle, 2008, p. 19), whereas the *Daily Mirror* had an article headline: "FATHER KILLER JAILED FOR LIFE; MUM BEGGED MINISTER TO HELP VIOLENT, DERANGED SON" (Hickey, 2008, p. 15). (Note that differences in the use of capitalisation follow the source material). In the article in *The Sun*, the responsibility for the killing is clearly emphasised as lying with Seamus Fitzgerald, and violent films are implicated. In the article in the *Daily Mirror,* the responsibility for the killing has broadened to include both Seamus Fitzgerald who had been jailed for his actions, and also the Health Minister for failing to act. Both articles were responding to the same social phenomena of the trial, and both made decisions about what information to select and which information to emphasise as being particularly salient.

News frames exist in relation to the manner in which social objects are given meaning through social interactions in society, including within institutions and bureaucracies. Taking a sociological perspective on framing, the media's role in the communication process can be considered in relation to three domains (Van Gorp, 2007; Yang, 2015). The first domain is that the initial social event is ascribed meaning through social interactions (Goffman, 1974;

Van Gorp & van der Goot, 2012). To use again the example of the trial of Seamus Fitzgerald, this took place in a court, which would have adhered to certain traditions and rituals that were understandable to those involved, but would have seemed strange and odd in a different context. The second domain is that the representation of this event was then influenced by the news frames in the different media outputs, which affected the selection of information and what emphasis to place in the article (Entman, 1993; Xie, 2015). The third domain is that the impact of the article on individual readers would depend on their own perspective, used to make sense of experience. Blumer (1969) made this point with regards to the differential impact of a media output mediated by the perspective and life experiences of the reader, and this has been taken up by researchers in frame analysis (Myers, Nisbet, Maibach, & Leiserowitz, 2012; Scheufele, 1999; Yang, 2015). To continue with the example of Seamus Fitzgerald, someone who had very strong beliefs about the negative impact of popular culture on social cohesion would be more likely to respond to the *Sun* headline: "Son saw Goodfellas then strangled and knifed dad to death" (Doyle, 2008) as confirming their belief. A different reader may experience the reference to Martin Scorsese's film *Goodfellas* (1990) as simply a narrative device to orientate the reader to an act of violence.

With regards to dangerousness, a number of researchers have explored how the systematic linking between mental illness and criminality has emphasised a differentiation "between US (the world) and Them (the mentally ill)" (Olstead, 2002, p. 629), or "'Other in comparison with the Self" (Foster, 2006, p. 296) and "seeing people with schizophrenia and other mental illnesses as 'dangerous others'" (Blood, 2002, p. 8). Moreover, that the *otherness* quality is routinely amplified "through their alignment with other stigmatized groups, such as alcoholics, drug addicts, and people who are HIV positive" (Bilic & Georgaca, 2007, p. 176), and people who are homeless (Olstead, 2002), and black men (Cummins, 2010). This form of analysis sits well within the chosen stigma model as it emphasises the

significance of the processes of separation of *us* and *them* and the exercise of power (Link & Phelan, 2001).

Research into the identification of news frames and discourses that amplify the dangerousness message has highlighted that reporting about failures in the state's responsibilities for the provision of health, social care and prison services, and its related legislation, have contributed to the message. It might appear counter-intuitive that criticism of the systems would amplify the impact of dangerousness of people with mental illness. There is evidence in New Zealand (Nairn, Coverdale, & Claasen, 2001), however, that the presentation of individual incidences was constructed so that "readers had grounds for viewing these releases as a threat to their families, and as evidence that those responsible for 'care in the community' were not concerned about the risks their practices were creating" (p. 657). Research by Kesic *et al*. (2012) in Australia similarly identified the repetition of a news frame about service failures, which they suggested focused on a view that mental health services "failed to manage the violence and danger posed by those experiencing mental illness" (p. 220). In the UK, research by Stark *et al*. (2004) also explored the news frame of service failure. They identified that in response to a review of an attack by a person with mental illness, newspaper reporters framed their questions around an "apparent failure of care in the community" (p. 639) and a search to identify those responsible, which meant that messages that could have reassured the public were largely omitted. Paterson (2007) in his analysis of newspaper frames in the UK between 1985 and 2000 identified three frames that relate to this issue: "The Community Care Tragedy", "The Social Policy Story" and "The Inquiry Story". These news frames identified qualities in the systems, rather than the stigmatised group, which amplified the quality of dangerousness through increasing the reader's view that violent incidences are emblematic of a broader threat to the public's safety. Paterson's (2006) research into the framing of two events in the UK, the deaths of Isabel Schwarz and Jonathan Zito who were both killed by people with a mental illness, highlighted the

emphasis placed on social policy in determining responsibility for the deaths. Dickens' (2008) research into the use of news frames in the representation of high secure hospitals in England highlighted a different element of criticism about the state's responsibility. He noted that there was a preoccupation with identifying any sign of privilege within the hospitals, including treatment and choice of food, which was portrayed negatively as a waste of taxpayers' money.

The studies previously noted can be contrasted with McGinty, Webster, Jarlenski, & Barry's (2014) research, in the US, into articles that linked gun violence with people with serious mental illness. They identified that the dominant news frame was to locate the danger in the people with mental illness, rather than with policies that allowed the public to purchase guns, including assault rifles. Their findings echo research into the framing of gun control policies in the US and the cultural development of those policies (Steidley & Colen, 2017). These instances of different news perspectives, in different countries, in the coverage of issues with some similarity highlight how closely embedded the news frame is within the wider social practices of the country.

Wondemaghen's (2014) study into the representation of people with a mental illness who had committed violent crimes highlighted that a different aspect of this framing of the issue is society. They identified that the media's representation was often denuded of the social context of the individual's actions. However, they noted that this reflected the social processes within the courts, which also focused on medical and criminal history rather than social context. Their analysis highlighted that the framing of the actions within the court process directly impacted on the information that the media received, which it then framed and packaged for its audience.

The use of news frames has been productive in providing an in-depth analysis of the qualities of the newspaper representation beyond the

identification of themes. This has included both an analysis of the people that emphasises an identity of *other* (Cummins, 2010; Foster, 2006), and of systems that apparently fail to adequately protect the public (Kesic *et al*., 2012; Paterson, 2007). The research has also been characterised by attempts to locate the findings within the broader social context (McGinty *et al*., 2014; Wondemaghen, 2014). There has not been a unified approach to undertaking frame analysis, which reflects the diversity with the broader field of frame analysis; this is explored further in section 5.6.3.

4.2.4. Patterns of change over time

One area of interest in this field is the identification of patterns of change in the representation of mental illness. There is a range of differences between research projects, such as different newspapers, different search terms, different sampling approaches, different categories, different inclusion/exclusion criteria for categories, and different countries. This means that drawing conclusions about patterns of change by contrasting results from different projects is imprecise. It is helpful, therefore, for studies to embed a comparison over different periods (i.e. a diachronic analysis) using the same method of analysis, which supports the reliability of the findings of comparison (Baker, 2012).

Results from such research have been mixed. Research in Bermuda (Roberts *et al*., 2013) indicated that there was a significant increase in the proportion of articles that referenced violent crimes between 1991 (12%) and 2011 (18%). On the other hand, research in Canada (Whitley & Berry, 2013) over the five year period of 2005 to 2010 indicated no significant change in the proportion of articles that referenced *danger, violence and criminality* (an average of 40% of all articles). Subsequent research by Whitley and Wang (2017) indicated a positive change in the degree to which Canadian newspapers have broadly taken a less stigmatising attitude between 2005 and 2015, but not with regard to the proportion of articles linking mental illness to violence.

Clement and Foster's (2008) research into the use of stigmatising language in the representation of schizophrenia also indicated no significant change in most examples of the use of stigmatising descriptors between 1996 and 2005, except a significant increase in the metaphoric use of the word *schizophrenia* by tabloid newspapers. By contrast, other studies in the UK have indicated a significant reduction in the proportion of *bad news* stories (Goulden *et al*., 2011) and articles themed as *danger to others* (Rhydderch *et al*., 2016; A. Thornicroft *et al*., 2013). This has also been the case in Japan, with separate studies indicating a significant decrease in the proportion of articles themed as *danger to others* in relation to people with schizophrenia (Aoki *et al*., 2016) and across all mental health disorders (Ottewell, 2017). As noted earlier, research by Vahabzadeh *et al*. (2011) also identified a significant reduction in the proportion of articles linking schizophrenia with crime between 2000 (22%) and 2010 (13%), but a non-significant increase in the proportion of articles that used the term *schizophrenia* in a metaphoric sense.

Overall, the international results do not present a consistent pattern. However, of particular significance to this study there is some indication of a reduction in the theme of dangerousness in the UK (Goulden *et al*., 2011; Rhydderch *et al*., 2016; A. Thornicroft *et al*., 2013), and some evidence that tabloid newspapers' use of stigmatising language has increased (Clement & Foster, 2008).

4.3. Impact of media on the public's attitudes to people with mental illness

Negative representations in the media are regarded as a source of structural stigma because they are part of the processes of the public's socialisation into developing an understanding of mental illness (Corrigan, Markowitz, & Watson, 2004). This theoretical model has been explored through research that examines the evidence of the media's impact on the public's knowledge and attitude. Research in this area has typically adopted one of two

approaches, namely to identify correlations between media consumption and attitudes to mental health in the public, or to conduct experiments to identify an immediate impact of reading different types of news message.

Philo *et al*. (1994) undertook one of the first pieces of research into the correlation between media consumption and attitudes. They conducted a series of exercises and interviews with 64 participants; they discovered that those who had indicated that the media was their main source of information about mental illness were more likely to associate mental illness with violence and danger (40%) than those who drew on personal experience as their main source (20%). They also noted that a number of participants indicated that although their main source of information about mental illness was benign experiences with service users, they still felt that media references to dangerousness underpinned their beliefs. One research participant, for example, commented on her experience of visiting a relative in a psychiatric hospital:

> None of them were violent – but I remember being scared of them, because it was a mental hospital – it's not a good attitude to have but it is the way things come across on TV, and films – you know, mental axe murderer…..the people I met weren't like that, but that is what I associate them with. (Philo *et al.*, 1994, p. 277)

Granello, Pauley and Carmichael (1999) conducted research with 99 students who indicated their primary source of information about mental illness and completed a Community Attitude towards the Mentally Ill (CAMI) (S. M. Taylor & Dear, 1981) questionnaire. The group who had indicated that their primary source of information was electronic, rather than print, media were more negative in their attitudes concerning authoritarianism, social restriction, and social integration. Granello and Pauley (2000) conducted further research with the group who had indicated that their primary source of information was electronic media, to investigate if there was any relationship between the amount and type of television watched and

attitudes. This indicated that watching more television positively correlated with more intolerant attitudes on the CAMI, and that watching a greater proportion of soap operas was positively correlated to a less benevolent attitude. Diefenbach and West (2007), in their telephone survey with 419 participants using components of the CAMI, also found that increased television consumption was positively correlated to increased intolerance of integration into the community. These findings echo earlier research by Levey and Howells (1995) into the attitudes of nursing students, psychology undergraduates and the public through questionnaires and a vignette. They found that, across the three groups, TV fiction was identified as the main source of information about schizophrenia and was positively correlated to beliefs about unpredictability. They also found that attitudes of presumed differentness and unpredictability were the most significant factors associated with a rejecting attitude towards people with schizophrenia. They proposed that the attribute of differentness allowed for stereotyping and stigmatisation, and that dangerousness became attached to the differentness. They inferred from this that attempts to establish empathetic responses to people with schizophrenia may be the most effective method of attitudinal change. Their findings provide some support for Link and Phelan's (2013) model, which emphasises the role of the separation of *us* and *them* in the processes of stigmatisation.

Angermeyer *et al*. (2005), using structured interviews with 5025 adults in Germany, conducted research into their media consumption and attitudes towards people with mental illness. Their results supported those noted above, with a direct relationship found to exist between increased hours spent watching television correlating to increased desire for social distancing. Of particular relevance to this study, they also found that whilst there was no relationship between increased hours spent reading a newspaper and social distancing, there was evidence that people who read tabloid and regional newspapers were associated with a greater desire for

social distancing, compared to those who read broadsheet newspapers, or did not read newspapers at all.

Gwarjanski and Parrott's (2017) approach is unusual within the field as they have not explored the correlation between media consumption and overall attitude, but between media consumption and level and type of engagement. They studied the correlation between types of online news reporting about schizophrenia and the level and type of online engagement by the readers. They discovered that stigmatising articles were associated with a high proportion of stigmatising responses and anti-stigmatising articles with a high proportion of anti-stigmatising responses. They suggested a process of amplification whereby readers are more likely to engage with articles that resonate with their perspective, and readers then find additional support when the majority of the online contributions confirm their standpoint.

There have been a number of studies using an experimental design to explore the immediate impact of reading a news item. One of the first in this field was work by Thornton and Wahl (1996), who conducted an experiment with 120 participants split into four groups of 30. One group was a control group, the other three read a newspaper article that was considered stigmatising. Two of those three groups also read a prophylactic article either presenting information about the nature of mental illness or about media distortion. All four groups then completed a CAMI questionnaire. The group who had read the stigmatising article alone indicated the highest scores in response to questions about the need to restrict people with a mental illness and being less accepting towards this group. The three other groups were not significantly different in their responses. In Corrigan *et al*.'s research (2013), 151 participants were provided with one of three types of story: a control group article about dental hygiene, a recovery focused article, and an article in which a prison service was implicated in failing to protect a prisoner with mental illness who stabbed himself to death.

Participants who read the latter indicated a significantly greater desire for increased coercive practices towards people with mental illness, irrespective of forensic history or work status. McGinty, Goldman, Pescosolido, & Barry (2015) explored the impact of articles that presented either a successful treatment or an unsuccessful treatment of mental illness, with a national sample of 3940 participants. They found that there was an immediate effect from reading articles, with those reading articles of unsuccessful treatment expressing a more negative attitude, and those reading articles about successful treatment evidencing less desire for social distancing and more positive attitudes towards people with mental illness.

McGinty *et al*. (2013) researched the impact of reading about a mass shooting on people's attitude towards people with mental illness. Their sample of 1,797 participants were either provided with one of three newspaper articles about a mass shooting, or allocated to a control group. They found that the news story of a mass shooting increased people's desire for social distancing and perceived dangerousness of people with mental illness. L. C. Wilson, Ballman and Buczek (2016) found similar results with regards to a sample of 293 students who demonstrated an increased perception of dangerousness and desire for social distancing towards people with a mental illness, associated with reading an article about someone with a history of mental illness involved in a mass shooting.

An unusual approach was taken by Hoffner *et al*. (2017), who researched the perceived impact of the media's portrayal of a real mass shooting committed by someone who had previously used mental health services. Their research with 198 adults using an online survey identified that people without a personal experience of mental health problems perceived that the media's portrayal of this incident had negatively affected their attitudes towards people with mental illness. Analysis indicated that the affective response of fear, identified by the participants, positively correlated to a perceived deterioration in attitude. Their research also indicated that for people who

had personal experience of mental health problems, their perception of the media having negatively affected the public's attitude to people with mental illness significantly correlated to an increased reluctance to engage with support around their own mental health. They understood this to be an example of the impact of stigma. This could be understood as an example of the individuals' relationship to a generalised other holding stigmatising views of people with mental illness impacting on help-seeking behaviour.

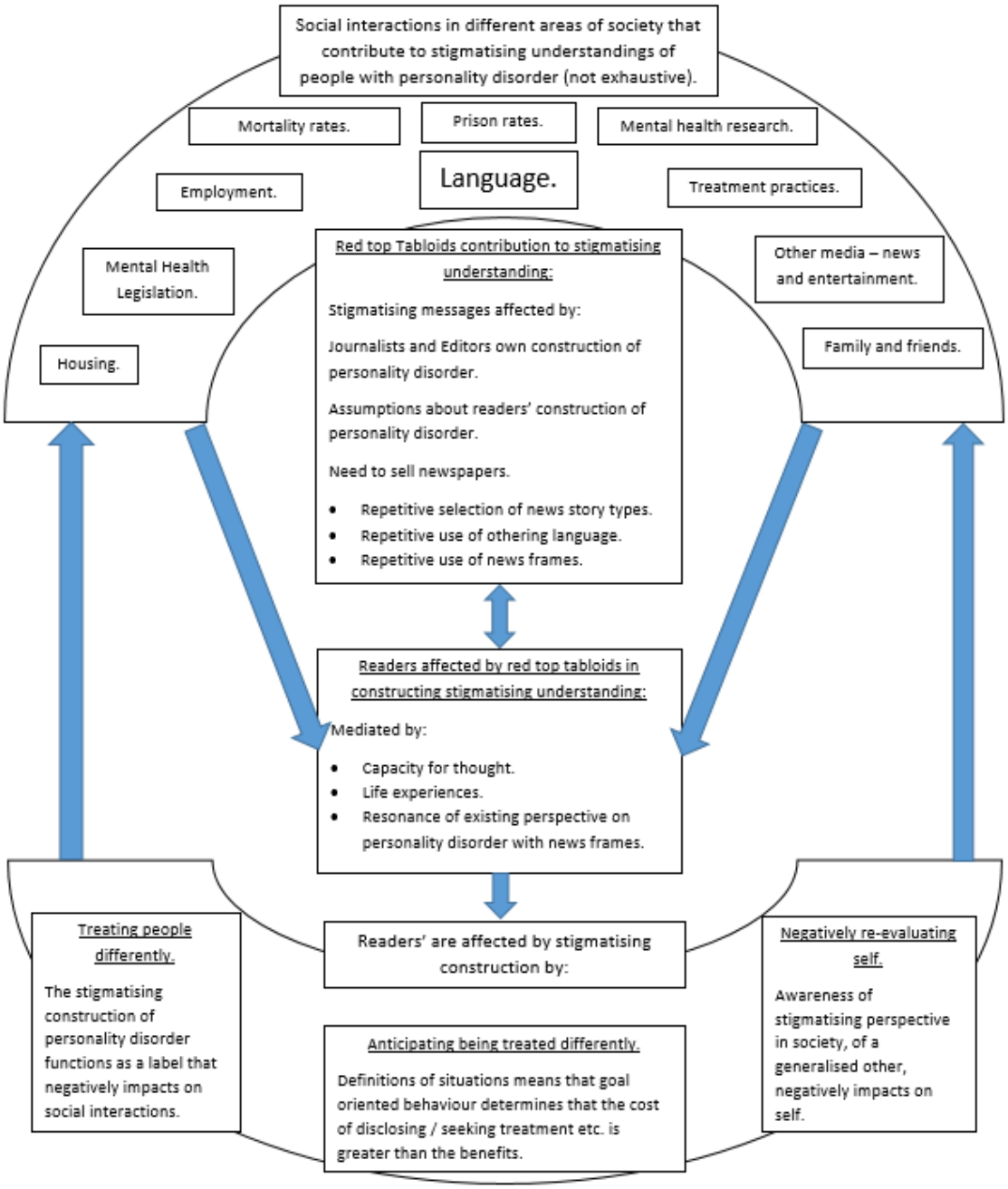
The research into the impact of the media suggests that there is an influence, but the exact nature of that influence is difficult to determine. It is unclear, for example, how lasting the impact of a negative news item is when the research measurements are conducted immediately after reading the article (Corrigan *et al*., 2013; McGinty *et al*., 2013; L. C. Wilson *et al*., 2016). Similarly, the degree to which the relationship between different media outputs (e.g. television soap operas) and negative attitudes reflects the impact of the media message, or indicates that people are drawn to media that produce messages that reflect their opinions, is not clear (G. Morris, 2006). That said, the similarity in the findings with regards to immediate impact, and the patterns of media consumption associated with different attitudes towards people with mental illness, both provide support for the view that the media does play a part in the public's attitudes.

4.4. Model of the role of the red-top tabloids within the processes of stigmatisation

The significance of the newspapers' representation of people with personality disorder is that it contributes to the social construction of the knowledge within a society about the nature of personality disorder, as a social object. The broad rationale for this attention to this media output can be summarised by Altheide and Coyle's comment that, "a key aspect in promoting 'spoiled identity' is the use of language and other symbols for defining others as illegitimate, and therefore eligible to mistreatment, punishment, moral disapproval" (2006, p. 287). However, whilst the manner

of the representation is central, the images presented within the media must offer a close enough reflection of other experiences and understandings that people have of the issue in their wider social interactions, or else they will fail to have relevance to the reader (Altheide, 2013; Van Gorp, 2007). To support this study, a model was constructed to illustrate the media's role within the processes of stigmatisation, summarised in figure 4.1.

Figure 4.1. Model of the role of the red-top tabloids within the processes of stigmatisation



The model only represents the flow of the processes of stigmatisation. This is not to suggest that in any of these areas there exist only components that contribute to stigma. In the UK, for example, the Equality Act (2010) is an example of processes to reduce stigma, as has been the *Time to Change* initiative (C. Henderson & Thornicroft, 2013). Indeed, in each area there are competing forces that contribute to and counter these processes.

The model, however, is focused on how the red-top tabloids may contribute to the processes of stigmatisation, and therefore focuses on how they relate to other sites of stigmatisation. The upper arc of the model illustrates non-exhaustive examples of different areas of social interaction in society where there is evidence of stigma, either specifically in relation to personality disorder, or to mental illness as a broad category (which would include personality disorder).

The model used in this thesis is that the manner in which the red-top tabloids have contributed to the processes of stigmatisation can be understood in relation to other sites of stigmatisation that function as part of the symbolic communication of the social object of personality disorder (Charon, 2010). This knowledge includes awareness of the diverse and diffuse components of structural stigma, such as coercive practices (Link *et al*., 2008; Rüsch *et al*., 2014a), under-resourcing (Rüsch & Thornicroft, 2014), inadequate treatment (NIMHE, 2003), coercive legislation (HO/DH, 1999), patterns of low quality housing in undesirable neighbourhoods (T. Byrne *et al*., 2013), low levels of full-time employment (Luciano *et al*., 2014), over-representation in prison population (Edgar & Rickford, 2009), and poor mortality rates (Fok *et al.*, 2012). They also include the experiences that people have of witnessing stigmatising attitudes and behaviour in ordinary speech (D. Rose *et al*., 2007), and day-to-day interactions including those with family and friends (Webber *et al*., 2014). Further, it includes other cultural and media outputs (Goodwin, 2014a; Parrot & Parrott, 2015; O. F. Wahl, 1995) as examples of the ambient communicative environment in

which people are socialised. Whilst there is no weighting given to each component, the area of language is in large type to indicate the importance of language in the construction of meaning about social objects (Burr, 2015; Charon, 2010), in this instance that of personality disorder.

The position of the red-top tabloids embedded in the wider culture is represented in figure 4.1 by the box containing the red-top tabloids sitting within the upper arc of the sites of stigmatisation. From a symbolic interactionist position, it is helpful to consider Nairn's (2007) point that to produce articles reporters and editors draw on the recognised perspective, and language, for communicating the issues that they have been socialised into accepting within their wider social interactions.

The manner in which the actual representations contribute to processes of stigmatisation is complex. One important aspect is the repetition of particular attributes. This study explored the representation of people with personality disorder who have committed homicide, and the rationale for this is that repeated representation of an attribute of homicidal threat contributes to a taken-for-granted understanding about people with personality disorder. As Berger and Luckmann (1991) highlighted, it is often the understandings that are taken for granted that are the most powerful aspects of an understanding, and through repetition of certain attributes linked to a particular identity these attributes are encouraged to become taken-for-granted knowledge. The repetition of types of news story that present particular attributes of people with mental illness, such as being a danger to others (Aragones *et al*., 2014; McGinty *et al*., 2016; Whitley *et al*., 2015), contribute to establishing taken-for-granted knowledge.

As noted earlier, from a symbolic interactionist position language is central to the symbolic communication of understandings about social objects (Burr, 2015; Mead, 1934). Hence, in addition to the repetition of certain attributes, the language used in the newspaper accounts is significant in

their contribution to the construction of social objects. The language used not only ascribes certain attributes to identities, but also can play a significant role in the construction of a tainted identity and the construction of an identity that is *other* rather than *us* (Altheide & Coyle, 2006). This includes examples such as reducing the identity of individuals to that of a disorder through referring to them as the disorder (Link and Phelan, 2001, 2013; Shattell, 2009). At its most overt, language can contribute to an identity of *other* through words that indicate a less than human identity, such as *monster* (Carpiniello *et al*. 2007; Dickens, 2008) or *psycho* (Flynn *et al*., 2015; Murphy *et al*., 2013). These words also illustrate the function of intertextuality in media communications. Intertextuality refers to the process whereby references to other texts, media outputs and cultural images are used to orientate the reader to an intended meaning, and through the accumulation of related texts support the validity and relevance of a particular stance (Nairn, Coverdale, & Claasen, 2006; Nairn *et al*., 2011). In mental health representations, this would include using words such as *psycho* which is used in day-to-day conversation (D. Rose *et al*., 2007), but also resonates with popular culture images such as the film *Psycho* (Hitchcock, 1960) and is re-iterated in the representations of people with mental illnesses (Flynn *et al*., 2015; Murphy *et al*., 2013).

The manner in which the newspaper representation may contribute to stigmatisation also arises through the way in which news is packaged so that it encourages readers to see certain characteristics as salient. This encourages readers to identify particular problems as central to an issue, and the perspective to take, including a moral and emotional response (Entman, 1993; Van Gorp & van der Goot, 2012). These news frames, for example, can contribute to the processes of stigmatisation through emphasising not just negative attributes of individuals, but also the threat to the public through service failure (Kesic *et al*., 2012; Paterson, 2007; Stark *et al*., 2004). The manner in which stories are presented affects the reader. Information that emphasises potential losses rather than potential gains, for

example, is more likely to be responded to by audiences in a risk aversive manner (Schuck & de Vreese, 2006; Tversky & Kahneman, 1986). Further, the types of solution presented as taken-for-granted responses are known to affect readers' understanding of the issue and acceptance of the promoted responses (Myers *et al*., 2012; Springer & Harwood, 2015). Moreover, they appear to affect the language and affective tone of how issues are later discussed (Fernández *et al*., 2013). The potentially stigmatising quality of the news frame would include the degree to which it encourages readers to adopt a stance of coercive practices, informed by an understanding of personality disorder as *dangerous other*.

These different aspects of repetitive themes, language use, and news frames are interlinked, as the repetition of themes encourages readers to see certain news frames used within these themes as particularly salient, and the language usage is a powerful aspect of conveying the perspective taken.

Whilst for the sake of shorthand the words *knowledge about* and *understanding* of social objects are used, it is helpful to bear in mind that there are affective qualities to understanding, as well as cognitive qualities. Indeed, one of the concerns about the media's representation of social issues is the degree to which the use of language and presentation of issues are designed to elicit powerful emotional responses of fear, anger and disgust. The latter point led Altheide (1997), for example, to conclude that the repetitive framing of social problems in terms of potential loss and threat tended to induce reactions of fear in readers in relation to social issues. As O'Keefe and Jensen (2008) noted, research suggests that articles that induce a fear response have a particularly powerful effect on readers, demonstrated through higher levels of processing activity. However, whilst readers are stimulated by the articles, their capacity for thinking through complex ideas whilst having a fear response is reduced (Altheide, 2006).

When considering the impact of the newspapers' articles, it is worth noting that the content of the newspapers is constrained by the assumptions of journalists and editors about the nature of the articles that they believe their readers want to read, and by concerns about revenue loss from readers changing newspapers (G. Morris, 2006). This is demonstrated overtly, on occasions, when they respond directly to readers' expressed upset. The *Sun* newspaper's decision to withdraw the headline, "Bonkers Bruno Locked Up" ("Bonkers Bruno", 2003, p. 1), is an example of a newspaper responding to their readers and the fear that they could alienate readers and consequently lose revenue (Gibson, 2003). It is implicated in the repetition of styles of reporting, such as the use of sensationalistic language (Flynn *et al*., 2015), that appear to correspond to the readers' desires, indicated through high readership figures, which would act as a constraint for the newspapers to adopt a different style or approach. These actions of the journalists and editors can be understood as an expression of their relationship to the readers as a generalised other, in anticipating what they believe the readers want, and adapting their behaviour to conform to that. As G. Morris (2006) has noted, this indicates a cyclical relationship of influence between the press and the readers. This influence and constraint is represented in the bi-directional arrow in figure 4.1, between the red-top tabloid box and the box of the impact on the readers.

The position of the readers of the red-top tabloids is represented in a box in figure 4.1. The influence of the broader sites of stigmatisation on the reader is also indicated, through the arrows from the upper arc to the box. These wider practices are embedded communications of an understanding of the social object (Charon, 2010; Mead, 1934). As Blumer (1969) noted, however, from a symbolic interactionist perspective the reader is not a passive receptacle but an active player in the construction of meaning. Their capacity for thought, life experiences and pre-existing perspective on the issue mediates the impact of individual articles and the cumulative effect of repeated articles.

This study does not involve direct research into the responses and interpretations of readers of the newspaper articles, and can be categorised as a nonreactive type of symbolic interactionist research (Charon, 2010). However, an understanding of the readership of the newspapers and patterns of attitudes towards people with mental illness is helpful in constructing a model for understanding the research findings. An appreciation of the size of readership supports an appreciation of the scale of the possible impact. Similarly, an understanding of the demographics of the readership can inform the analysis of the possible quality of the affect (see table 4.2 for readership figures and demographics of readership).

Table 4.2 Readership figures and demographics

Newspaper	Readership	Rank across all national newspapers	Demographics			
			ABC1	C2DE	Men	Women
Daily Newspapers.						
The Sun	7,007,000	1st Daily	34.4	65.6	57.5	42.5
Daily Mirror	2,995,000	3rd Daily	37.6	62.4	54.7	45.3
The Star	1,358,000	7th Daily	25.9	74.1	68.7	31.3
Sunday Newspapers.						
News of the World	7,537,000*	1st Sunday	39.3	60.8	52.6	47.4
The People	1,145,000	7th Sunday	35.3	64.7	51.2	48.8
Sunday	3,255,000	3rd Sunday	38.3	61.7	51.1	48.9

Source: National Readership Survey (2013) except News of the World* which is National Readership Survey (2011)

Readership figures have been used instead of circulation figures as the study is interested in the possible impact of the newspapers rather than the sales, i.e. readership figures are higher than circulation figures as newspapers are often bought by one person and then read by friends and family (Baker, Gabrielatos & McEnery, 2013). Table 4.2 demonstrates that at the end of the period being reviewed, the red-top tabloids included the most highly read daily (*The Sun*) and Sunday (*News of the World*) newspapers, and the third most highly read daily (*Daily Mirror*) and Sunday (*Sunday Mirror*)

newspapers. These readership figures suggest that this group of papers potentially has a significant impact on the public's understanding and response to social issues. Research evidence suggests that the impact that a news frame has on readers is stronger when it confirms the pre-existing manner in which the reader already frames the issues (Myers *et al.*, 2012; Shen, 2004). Likewise, research by Iyengar and Hahn (2009) indicates that readers, not surprisingly, are drawn to news outputs that broadly reflect the perspective that they take on social issues.

The National Readership Survey uses a model of social grades to explore demographics, which are based on occupation rather than income. Social grade C2 refers to skilled manual workers, grade D to semi-skilled and unskilled manual workers, and grade E to benefit recipients (NRS, 2017). Table 4.2 indicates that this group of newspapers are read predominantly by people in social grades C2DE and by males. This is significant to the understanding of the possible pattern of interaction between the newspapers and their readers. Both people in social grades C2DE and men are associated with a pattern of greater fear, social distancing and wish for more coercive practices in relation to people with mental illness (HSCIC, 2015; Holman, 2015). Newspaper articles that are presented in such a way as to encourage responses of fear, social distancing and a wish for coercive practice might therefore resonate with a significant proportion of the readers, and may have a greater impact in confirming readers' views (Myers *et al.*, 2012; Shen, 2004). Whilst there is a pattern of greater readership among social grades C2DE, there is also substantial readership in social grades ABC1, and in five out of six of the newspapers the proportion of readers from social grades ABC1 ranges from 34% to 39%. Similarly, whilst the readership is disproportionately male for five out of the six newspapers, the range of female readers is between 43% and 49%. Their impact therefore has reach across UK society.

The separation in figure 4.1 between the box in which the readers are affected by the red-top tabloids and the lower arc in which some readers contribute to the production of the processes of stigmatisation emphasises that the impact on readers is patterned but unpredictable for a particular individual (Link & Phelan, 2013). The red-top tabloids' representation is understood from a modified labelling position as having an impact in the three areas of people being treated differently (Bodner *et al*., 2015; Hamilton *et al*., 2016), anticipating being treated differently (Clement *et al*., 2015; Link *et al*., 2015), or negatively re-evaluating the self (Corrigan & Rao, 2012; Rüsch *et al*., 2006). From a symbolic interactionist perspective, these three areas in which stigma is enacted function not only to impact directly on the lives of those affected, but also contribute to the wider social communication about the meaning of personality disorder as a social object. This is represented in figure 4.1 by the arrow from the lower arc to the upper arc.

4.5. Conclusion

This chapter has explored the research into the representation of people with mental illness and the impact that different representations may have on people's understanding and actions. In doing so it has led to the development of a model to understand the relationship between the wider society, the red-top tabloids, and their readers with regards to personality disorder and the processes of stigmatisation. The development of this model has arisen from a need to provide a theoretical framework for understanding the role of the media in relation to personality disorder. The model was constructed through a reading of the research and theoretical models within the field. The model is a synthesis of existing work to meet the needs of the area of enquiry of the thesis, and as such is a novel contribution to understanding the relationship between stigma enacted in society, the newspapers, and their readers. This model is used in chapter 9 to structure the discussion of the research findings.

Chapter 5: Research Design

5.1. Introduction

This study has a mixed methods research design that integrates three research methods in the analysis of newspaper representations. The preceding chapters 3 and 4 presented the theoretical framework for the thesis, which is an important aspect of constructing the research design. This chapter presents an understanding of the three research methods, how they address different research questions and hypotheses, and the overall research aim. It considers issues of validity and reliability within each method, and how the inherent tensions of using quantitative and qualitative methods in a fully mixed methods approach are managed through the use of symbolic interactionism and the model of stigma.

5.2. Research aim

The research aim provides clarification of the area of enquiry (Denscombe, 2012; Doody & Baily, 2016). The construction of the research aim was motivated through clinical experience of working with people with personality disorder and awareness of people's experiences of stigma, clinicians' beliefs about dangerousness, and curiosity about the wider social influences in the processes of stigmatisation. It was refined through familiarisation with the literature, including the relevance of newspaper reporting in the processes of stigmatisation (Aragones *et al*., 2014; Corrigan *et al*., 2004), the significance of dangerousness and violence as a theme (Bowen & Lovell, 2013; McGinty *et al.*, 2016), and the under-representation of red-top tabloids in UK research (Foster, 2006; Goulden *et al*., 2011). This led to the construction of the research aim:

> To explore the manner by which, the red-top tabloids may have contributed to the processes of stigmatisation of people with personality disorder.

5.3. Research questions

Research questions provide focus to specific areas of enquiry that can provide data to address the broader research aim (Lipowski, 2008), and in that sense they provide a similar function to research objectives (Thomas & Hodges, 2010). As Alvesson and Sandberg (2013) note, research questions typically respond to gaps in the existing research literature, and this is the process used to inform their construction. This has the advantage of ensuring that the research is producing data that is contributing something new to the subject, whilst linking the findings to the existing research in the field. The review of the literature identified patterns in the type of research conducted that would generate data relevant to the broad aim of exploring how the newspapers may have contributed to the processes of stigmatisation. This included the repetition of representing people with mental illness as dangerous or violent (Goulden *et al*., 2011; Whitley *et al*., 2015) and the use of stigmatising language to amplify the separation of us from them (Clement & Foster, 2008; Nawkova *et al*., 2012). It also identified the presence of news frames that encourage readers to feel fearful of people with mental illness (Blood, 2002; Kesic *et al*., 2012) and approaches to identify significant trends in reporting over time (Rhydderch *et al*., 2016; A. Thornicroft *et al*., 2013). The review of the literature identified that in relation to personality disorder there was either no research in these areas, or the evidence was from data sets too small to produce results that could identify significant trends. The research questions were constructed to position this study within the field, whilst addressing the gaps with regards to the representation of people with personality disorder in the red-top tabloids. Studies may have more than one research question, all of which support the research aim (Connelly, 2015; Doody & Bailey, 2016), and in this study the review of the literature led to the construction of four research questions:

R1. How may the proportion of articles about people with personality disorder who committed homicide, across the red-top tabloid sector, have contributed to the processes of stigmatisation?

R2. How may the language used in articles about people with personality disorder who committed homicide have contributed to the processes of stigmatisation?

R3. How may the dominant news frame in articles about people with personality disorder who committed homicide have contributed to the processes of stigmatisation?

R4. Was there a change over the period in the way in which the articles may have contributed to the processes of stigmatisation?

5.4. Hypotheses

Hypotheses are used in research with quantitative data to test the relationships between variables (Connelly, 2015; Field, 2013). They should be informed by the existing research in the field and if possible should predict the direction of the relationships (S. Jones & Forshaw, 2012).

The review of the literature had identified there are differences between UK newspapers in the proportion of articles themed as bad news (Goulden *et al*., 2011), but that there is little evidence of how significant these differences might be among the red-top tabloids. There is no available data about the proportion of *homicide* themed articles produced by different red-top tabloids, but there is evidence of a significant reduction over time in the proportion of articles themed as *danger to others* in the UK newspaper industry as a whole (Rhydderch *et al*., 2016; A. Thornicroft, 2013). There is evidence that articles in the red-top tabloids that are themed *violent* are characterised by the use of stigmatising language compared to other newspaper articles, and that there has been an increase over time in the use of stigmatising language by the red-top tabloids (Clement & Foster, 2008).

Based on these findings, the following four hypotheses were constructed:

H1. There will be a significant difference between red-top tabloid newspapers in the proportion of articles about personality disorder that are themed as homicide.

H2. Articles in the red-top tabloids about people with personality disorder who commit homicide will be characterised by a significantly higher proportion of stigmatising words than articles in other national newspapers about people with personality disorder.

H3. There will be a significant decrease in the proportion of articles about people with personality disorder that are themed as homicide, in the red-top tabloids, between the periods 2001-2006 and 2007-2012.

H4. There will be a significant increase in the proportional use of stigmatising language in articles about people with personality disorder that are themed as homicide, in the red-top tabloids, between the periods 2001-2006 and 2007-2012.

Hypothesis one is non-directional as there was no evidence to indicate a pattern in the relationship between different newspapers and the proportion of homicide themed articles. Hypotheses two, three and four are directional as there is evidence to support a view about the pattern of the correlation between the variables (O'Keefe, 2011). Accounts of how the four hypotheses were operationalised are provided in chapters 6 and 7. The results from the hypotheses contributed to the overall research aim, and were used to take advantage of a mixed methods approach that included both quantitative and qualitative data (Johnson & Onwuegbuzie, 2004).

5.5. Data set

The decision about how to construct a newspaper data set has to be primarily concerned with addressing the need to provide findings that can

address the research questions. This means needing to consider the type of data needed, the quantity of data needed, and also the accessibility of the data (Baker *et al*., 2013; Riffe, Lacey, & Fico, 2014).

Newspaper articles were accessed through the online database LexisNexis, which allows for newspaper searches by keywords, and by selection of newspapers. The LexisNexis database is the industry standard for generating newspaper data sets in the UK and the US (Baker *et al*., 2013), and has been used for a number of research projects into the representation of mental illness (Goulden *et al.*, 2011; Rhydderch *et al*., 2016). The newspapers selected were all available UK national red-top tabloid newspapers, including Sunday editions – *Daily Mirror, The Sun, The Star, Sunday Mirror, The News of the World,* and *The People.* The only UK national newspaper that was not available through the LexisNexis database was the *Daily Star Sunday*. This is unfortunate, but as this is a Sunday newspaper and it has smaller readership figures than the other red-top tabloid Sunday newspapers (National Readership Survey, 2013), it is considered to be a relatively small compromise to the findings being representative of the group of newspapers.

5.5.1. Sampling

The sampling strategy is an important contributor to the rigour of the research design, allowing researchers to have confidence that the data set is representative of the population of the phenomena under enquiry (Barreiro & Albandoz, 2001; Biber, 1993). As Biber (1993) has noted, this involves clarification about the population that the sample represents. The research aim is to enquire into the manner in which the red-top tabloid representation of people with personality disorder may have contributed to their stigmatisation. The population therefore is defined as all red-top newspaper articles. The population includes many articles that have no bearing on the area of enquiry as they do not relate to personality disorder. However, due to the complexity of the development of an understanding of

a social object, it is understood that many articles in the population may contribute to this understanding. Articles within the population that make reference to mental illness, but not specifically to personality disorder, for example, may contribute to a reader's understanding of personality disorder. Articles about people who commit homicide, for example, may contribute to an understanding about personality disorder and homicide.

Stratified sampling is used to identify strata within a population that share a quality and are mutually exclusive, as an efficient method for analysing specific qualities within a strata (Y. J. Kim, Oh, Park, Cho, & Park, 2013). To construct a data set that could facilitate an efficient exploration of how the red-top tabloids may have contributed to the stigmatisation of people with personality disorder, a sample was constructed that was stratified by the inclusion within an article of the words *personality disorder*/*disorders*/ *disordered*. The use of keywords is an efficient way of ensuring that all articles reviewed have relevance to the area of enquiry (Lacy, Watson, Riffe, & Lovejoy, 2015).

The population of newspaper articles extends over a considerable period of time, e.g. *The Mirror* newspaper was first published in 1903, and the population is expanding daily as newspapers are being produced. To manage this, a sample of the population was constructed that was stratified by a period of time. Based on the review of the literature, it was understood that the red-top tabloids tend to publish relatively small numbers of articles about mental health (Foster, 2006; Hallam, 2002) and that the UK press tend to produce relatively small numbers of articles about personality disorder (Goulden *et al*., 2011). It was decided, therefore, to construct a sample that would include a relatively long period of time: 2001-2012. Typically, in this field research that includes a period of a number of years has to consider how to sample within the period to construct a sample that is representative (Hester & Dougall, 2007; Y. J. Kim *et al*., 2013). However, the review of the

literature suggested that this would not be necessary, as it was anticipated that it would be manageable to include all articles within the time period.

5.5.2. Managing the data set

The database provides a full copy of each article, which includes the title of the paper, the date of publication, the name of the author, the page, section of the paper, and length of the article. These can be copied individually and saved into separate files. The search was conducted for each newspaper using the same search term for each year from January 1st 2001 to December 31st 2012. Datasets were initially constructed by newspaper by year. The reason for conducting the search by newspaper and year was to facilitate the management and analysis of the data set; for example, it would be easier to create data sets that could combine all articles by one newspaper, or combinations of years and newspapers, as well as the data set as a whole. The LexisNexis database provides a comprehensive coverage of all of the newspapers involved in the research during the period January 1st to December 31st, so the data set generated should contain every article produced by the red-top tabloids in that 12 year period that makes any reference to the term *personality disorder*.

When the newspapers were read through, it became apparent that there were a number of articles that had largely been re-produced in a second edition of a newspaper, on the same day. These duplications were removed, as it was felt that they would create an inaccurate impression of a larger number of articles being produced by different newspapers. The approach taken was to remove the second edition, which was arbitrary but systematic. It was decided to include references to personality disorder that were informal or technically inaccurate, e.g. referring to a politician as having a personality disorder as an informal category, on the basis that they contribute to the construction of a social image of personality disorder. It was decided, however, to exclude articles that referenced multiple personality disorder as a specific disorder (rather than multiple personality

disorders, as the plural of personality disorder), as this is a dissociative disorder and not a personality disorder (WHO, 1992). This is a moot point as it is reasonable to assume that the majority of the general public would not make this differentiation of multiple personality disorder not being a personality disorder; however, it was decided that on balance it was more consistent to exclude references to an actual disorder that is not actually a personality disorder. With regards to the progression of the research, this decision had little impact on the latter part of the study as there were no articles that referenced multiple personality disorder and were themed as homicide.

5.6. Research methods

The study is descriptive research as its focus is describing the pattern of the newspaper articles in the red-top tabloids, rather than testing causal relationships (Cantrell, 2011; Ivey, 2016), with the aim of exploring how an understanding of these patterns can provide insight into the processes of stigmatisation.

The review of the literature had identified that a number of different research methods had been used within the field to explore the pattern of the representation of mental health in the press. It was decided that a design that drew on these different research methods would best serve the overall aim of the research, as well as different methods being better suited to address specific research questions (Creswell, 2003). Therefore, it was decided that a mixed methods approach would be the most suitable design, as this allows the flexibility to marry together the most appropriate research methods, both quantitative and qualitative, to address the different research questions and hypotheses (Doody & Bailey, 2016; Johnson & Onwuegbuzie, 2004). The theoretical framework, presented in chapters 3 and 4, provided the underpinning methodological position to understand the findings generated by using different research methods.

The mixed methods approach encompasses a range of possible research designs. Leech and Onwuegbuzie (2009) proposed that there are three significant differences that distinguish mixed methods approaches: a) "level of mixing (partially mixed versus fully mixed); (b) time orientation (concurrent versus sequential), and (c) emphasis of approaches (equal status versus dominant status)" (p. 268). They used this to construct a typology of eight different mixed methods designs, with no one approach seen as superior. The advantage of drawing on their model is that it raises awareness of the manner in which a particular mixed methods approach is designed, and this can help manage some of the complexities inherent in using a combination of quantitative and qualitative research methods. The design chosen was for the research methods to be used sequentially, with content analysis conducted first, which led into the construction of a data set of articles about personality disorder that were themed as homicide. This new data set was then explored through the linguistic analysis, and the findings from the latter then informed the frame analysis. The findings, both quantitative and qualitative, were considered from within the theoretical framework.

One of the challenges of a mixed methods approach is that each research method has its own criteria for addressing issues of validity and reliability, which each need to be considered separately (Morse, Niehaus, Wolfe & Wilkins, 2006). These are considered in the following accounts of the research methods.

5.6.1. Content analysis

Content analysis is a quantitative research method that has been used to identify the number and proportion of articles that contribute to different analytic categories within a body of text, and is often used with data sets of newspaper articles (Krippendorff & Bock, 2009; Riffe *et al*., 2014). Analytic categories are typically identified through knowledge from research in the field; for example, the prevalence of dangerousness and violence as a

theme. The relevance of the analytic category to wider research in the field supports the validity claims of the research findings (Krippendorff, 2012). Content analysis is a quantitative approach to analysing the representations of the social world and an appropriate conceptual model is needed to give meaning to these representations, which also supports the validity of the findings (Krippendorff, 2012; Neuendorf, 2011). Analysis of the representation of mental illness, for example, could have an analytic category of furniture and identify every time an article references a piece of furniture. The results from this analysis could be accurate, but have limited validity because there is no conceptual model that gives these results any significance in the social world. It is typical that research into the representation of mental illness uses stigma as the conceptual model that links the analytic categories to the social world (Corrigan *et al.*, 2005; Goulden *et al.*, 2011; O. E. Wahl, Wood, & Richards, 2002). In this study, an analytic category of homicides was linked to the social world by the concept of stigma. It is through this concept that we understand that by forging a link between personality disorder and homicide, the newspapers may contribute to the processes of stigmatisation by encouraging an understanding of personality disorder as characterised by the threat of homicide (Angermeyer *et al*., 2014).

Typically, with research in this field each article is considered as a singular unit for analysis (Krippendorff, 2012: Riffe *et al*., 2014). Another component of the research rigour is that the analytic categories must be mutually exclusive and comprehensive (Krippendorff, 2012). Having analytic categories that are comprehensive means that there must not be any articles that are not coded; to not meet this requirement would mean that there are unquantified articles and that the results of the proportion of articles that contributed to different categories are inaccurate. Equally as important, no article should be allocated to more than one category (i.e. the categories are mutually exclusive), as this also would create inaccurate findings with regards to the proportion of articles that belong to each

category. This is a component of the reliability of the analytic categories (Krippendorff, 2012). In this study, all articles were analysed in relation to the category of homicide and allocated to either non-homicide or homicide categories, which meant that all articles were allocated to a category and that no article was allocated to two categories.

The issue of the reliability of the research focuses on the degree of confidence that a different researcher using the same analytic categories would derive the same findings when analysing the same data set. Krippendorff (2012) advises that it is preferable that the researcher who constructs the coding framework does not conduct the analysis of the data set, as this strengthens the objectivity of the process by reducing the risk that the researcher has inadequately constructed appropriate inclusion and exclusion criteria for the analytic category, and has relied on their uncommunicated subjective interpretation. It is often the case, however, that this is not practical. The most common method of supporting the reliability of the analysis is to train an independent coder to use the coding framework through discussion and *in vivo* practice. They code a sample of the same data set, typically 10%, and the inter-rater reliability of the coding between the primary coder and the secondary coder can be calculated (Lacy *et al*., 2015; Oleinik, Popova, Kirdina, & Shatalova, 2014).

Content analysis of the media is correlational in its design, rather than experimental or quasi-experimental, because the researcher has no opportunity to manipulate any of the variables and therefore cannot investigate causal links (Field, 2013). The analytic categories used in content analysis mean that the variables are categorical variables and that the data is nominal data, as numerical data is effectively a representation of a name (Reid, 2013). Results from nominal data can only be meaningfully represented as frequency and proportions as none of the variables are measured continuously (Field, 2013). The quantitative nature of this research method means that it is well suited to a deductive research

approach to test hypotheses, for example the relationships of variables such as different analytic categories, different newspapers, and different time periods (Goulden *et al*., 2011). Whilst nominal data can be used to test hypotheses, the types of statistical test used have to be suitable for identifying the relationships between categorical variables (Reid, 2013).

Research in this field in not limited to hypothesis testing, however, as the production of descriptive statistics also reveals valuable data about the frequency and proportion of outputs by newspapers (Whitley & Berry, 2013). In the mixed methods approach adopted in this research, the capacity for a deductive approach was used to test hypotheses 1 and 2, and this analysis as well as the use of descriptive statistics of frequency and proportion contributed to the overall research aim.

5.6.2. Corpus linguistics

A model of stigma has informed the approaches to linguistic analysis of the representation of mental illness and an understanding that language plays an important role in constructing stigmatised identities, particularly with regards to the process of establishing *us* and *them* identities (Link and Phelan, 2001). Some of the research in the field has been informed by guidance to journalists on reporting the issue of mental health (Clement & Foster, 2008), which combined with the understanding of the conceptual model of stigma adds to the validity of the research as identifying appropriate stigmatising language, and is the model adopted in this research. Koike *et al*. (2015) were unusual in using data mining software to support their exploration as a way of managing a large data set, which added reliability of consistently identifying words with high frequency.

As a result of the content analysis, a new data set was generated that contained only articles that forged a link between personality disorder and homicide, referred to as the homicide data set. The linguistic analysis was conducted on the homicide data set, to explore how the language used

contributed to the establishment of *us* and *them* labelling and the construction of an identity that is *less than human* (Goffman, 1963). This is an example of the sequential nature of the research design.

To support the research rigour of the thesis, it was decided to draw on research methods from corpus linguistics to explore language use, and computer software designed to support corpus linguistics research. Corpus linguistics is a discipline that examines the patterns of usage of words in a body of text (C. Jones & Waller, 2015; McCarthy & O'Keefe, 2010). The key method in corpus linguistics is concordance analysis, which is the analysis of the repeated usage of a word or term in context, referred to as key word in context (Brindle, 2016; Mey, 2017; Tribble, 2010). Software can enable the researcher to view lists of one line of text containing a searched word, with the word positioned in the centre of the line, which makes it easier to identify patterns by being able to scan through large numbers of examples, often with enough information to identify the overt usage of the word (Baker, 2006). This enables a relatively efficient scanning for patterns of usage, which can then be explored in greater depth through closer examination of use in individual articles (Drange *et al*., 2014). As the meaning of words is dependent on the context in which they are used, this analysis facilitates an efficient way of identifying not just quantifiable patterns, but also patterns in the manner in which words are employed within a data set (Baker, 2012). This ability to move between quantifiable patterns and greater depth has led to the use of corpus linguistics methods being integrated into more qualitative studies (Baker *et al*., 2013; K. H. Kim, 2014).

Corpus linguistics software can be used to identify differences in the patterns of word usage between data sets, through a technique referred to as keyness (Baker, 2012; Culpeper, 2009). The software can contrast two data sets to calculate the statistical value in the proportional frequency of every word in each data set (Bednarek, 2012). The advantage that keyness

analysis brings is that it can analyse the pattern of word usage in a specific data set, compared to a normative data set of how the same topic is written about in the wider social world, and identify if a data set is characterised by the use of particular words. The validity of the results is supported by the use of the conceptual model of stigma and press guidance to identify stigmatising language (Clement & Foster, 2008), and the reliability of the approach is supported by the use of computer software in the identification of patterns of use of words (Baker, 2006).

The quantitative component of corpus linguistics methods supports a deductive research approach, and was used for the testing of hypotheses 3 and 4 to identify whether the data set was characterised by the use of stigmatising language and whether there had been patterns of change over time. The qualitative aspect of exploration of the connotations of word meanings supports an inductive approach to the research, as an exploration of how stigmatising language may encourage readers to respond to the text and to develop prejudicial attitudes, particularly the separation of *us* and *them*. Both components provided results that addressed the research aim.

5.6.3. Frame analysis

As noted in chapter 4, media frame analysis developed from the sociological work of Goffman (1974) and sits in relation to research into the framing of social objects in society (Boda, 2017; Choudhry, 2016) and research into the cognitive frames that individuals use to understand their world (Ocelík, Osička, Zapletalová, Černoch, & Dančák, 2017; Virkki *et al*., 2015).

Media frame analysis is concerned with identifying the dominant ways in which the media represent an issue, rather than highlighting all of the nuances of diversity and heterogeneity. The rationale for this is put succinctly by Entman that, “if the text frame emphasises in a variety of mutually reinforcing ways that the glass is half full, the evidence of social

science suggest that relatively few in the audience will conclude it is half empty" (1993, p. 56).

There is considerable diversity in the approaches taken to conduct frame analysis, and debates as to whether this is a strength or weakness within the field (D'Angelo, 2002). Matthes and Kohring's (2008) review of the different methods employed highlighted that they include purely qualitative approaches, often characterised by the production of news frames unique to a specific data set. Inductive approaches may also include those driven by the analysis of patterns of words through computer programmes that identify clusters of words used, whereas deductive approaches use pre-determined news frames, and identify their presence and frequency of use within a data set. The different approaches have different strengths and weaknesses with regards to validity and reliability. A purely qualitative approach is vulnerable to criticisms about the reliability of the methods, summed up by Matthes and Kohring as, "one runs the risk of extracting researcher frames, not media frames. This is because the perception and coding of frames strongly depend upon how the researcher perceives the issue" (2008, p. 261). At the other end of the spectrum, the concern is that computer software is unable to determine the nuances of language meaning in context, so an overreliance on computer software tends to have strong reliability but may have weak validity. Matthes and Kohring (2008) note that a research approach that combines some qualitative and quantitative methods is common in the field. A review of the literature by Borah (2011) indicated that an inductive approach leading to the construction of unique media frames has been the most popular, though 33% of research articles used a deductive approach drawing on generic frames, so both approaches have currency in the field. This study attempted to strike a balance of enhancing reliability through the use of corpus linguistics software and validity through close reading of the text in relation to analysis of the historical period. The integration of corpus linguistics methods into frame analysis has been adopted by Touri and Koteyko (2015) and Touri and

Kostarella (2017), and is aligned to the development of integrating corpus linguistics into discourse analysis (Baker, 2012).

The research design for this project with regards to frame analysis was strongly influenced by the work of Van Gorp (Van Gorp, 2007; Van Gorp & van der Goot, 2012; Vossen, Van Gorp, & Schulpen, 2016). He, in turn, links his approach directly to Goffman's understanding of frame analysis (1974), Gamson and Modigliani's (1989) work on framing devices, and Entman's (1993) model of reasoning devices. Sieff (2003), in her frame analysis of mental health, adopted a similar approach to Van Gorp, but also incorporated analysis of the impact of the syntactical structure of newspaper articles, and this research design followed her example in that respect. Gamson and Modigliani (1989) highlighted a number of framing devices including:

- Exemplars – e.g. a high profile murderer.
- Catchphrases – e.g. free to roam.
- Stereotypes – e.g. monster.
- Visual images – photographs. A limitation of this study is that by relying on the LexisNexis database there was no opportunity to access photographs in the articles.

The framing devices are understood to function through repetition of use, so that readers develop an immediate recognition of salient words and establish associations with these words and the news frame (Boesma, Berbers, d'Haenens, & Van Gorp, 2017; D. Scott & Enander, 2017). The strength of the framing device also arises through establishing links between different devices, so that the reader is oriented towards an interpretation of the news frame through linking the presence of one framing device with another (Greussing & Boomgaarden, 2017; Vossen *et al.*, 2016). Goffman (1974) compared this to a refrain in a song that keeps bringing the reader back to the same perspective.

Entman (1993) developed a model of reasoning devices in news frames. He emphasised that the news frame is a way of presenting a rationale towards resolving a problem. Gamson and Modigliani (1989) highlight, however, that the resolution provides an orientation towards a problem rather than a definitive answer. Entman (1993) summarised that the function of the reasoning devices within a news frame was to present an issue, "in such a way as to promote a particular problem definition, causal interpretation, moral evaluation, and/or treatment recommendation" (p. 52). The reasoning devices work in consort with the framing devices to establish associations through repetition (Boesman *et al*., 2016; Boesman & Van Gorp, 2017). The repetition of one aspect of the reasoning device helps to orientate the reader to what are presented as the salient components of the issue. The repetition of the different aspects of the framing device orientates the reader to a particular position of the issue, even if not all of the reasoning devices are present in each article.

Sieff (2003) advised that a common structure in newspaper representation is referred to as a syntactical structure in which the most important point(s) are highlighted in the headline. The article then follows an *inverted pyramid* structure where the issues considered most important are introduced first and increasingly less significant points are added to the article as it progresses. This is understood to be relevant to the framing issue of saliency, so that even if two articles include very similar material, the position of the material contributes to the salience as readers attribute greater significance to material earlier in the article. To return to the example of the trial of Seamus Fitzgerald, *The Sun* article referred to in chapter 4 does mention that his mother had contacted the Health Minister before the killing and had not had a satisfactory response; however, in a 684 word article this appears in the final $1/12^{th}$ of the news report. Compared to the *Daily Mirror*, in which the point is made in the headline, in *The Sun* the salience of the role of the Health Minister appears to be much weaker.

Gamson and Modigliani's research (1989) into the use of news frames in the representation of nuclear power from 1945 to 1989 noted that news frames are characterised by their ability to respond to changing circumstances and situations, and their ability to remain relevant in the face of change gives strength to the frame. This is congruent with Van Gorp's position that "dynamic meaning structures that change constantly depending on the situation and the topic to which they are applied are not frames in the strict sense" (2007, p. 63). This study adopted this model and was concerned with identifying a dominant news frame that has persistence over the twelve year period and is demonstrated through consistency in responding, and giving meaning, to changing circumstances and news stories.

News frames are in relation to the framing of social experience (Boda, 2017; Choudhry, 2016). A dominant news frame gives a partial perspective on the social world, but it is only able to be dominant and consistent over a period of time if it reflects some of the social frames used to organise experience (Altheide, 2013; Boesman *et al.*, 2016; Van Gorp, 2007). The survey of the historical development of personality disorder and the social context of the period, explored in chapter 2, was a vital component in linking the news frame to the wider social construction of the issue of people with personality disorder who commit homicide. Likewise, the exploration of the processes of stigmatisation in relation to people with mental illness, including those towards people with personality disorder (explored in chapter 3), were vital components of understanding how the newspaper representations relate to their wider context. This process supports the validity of the identified news frame as having meaning in the wider social context (Van Gorp, 2007).

The frame analysis approach adopted in this study was an iterative process. It involved close and repeated reading of the data set, drawing on an understanding of the social construction of the phenomena in its cultural and historical context, whilst also drawing on corpus linguistic analysis, to support the identification of framing and reasoning devices (Touri &

Koteyko, 2015; Touri & Kostarella, 2017). This led to the construction of a matrix of the different framing and reasoning devices as a mechanism to support a robust and transparent construction of the news frame (Van Gorp, 2007; Van Gorp & van der Goot, 2012). The systematic and transparent nature of the construction of the framing matrix supported the reliability of the research findings (Van Gorp, 2007). The integration of the results from the earlier linguistic analysis into the construction of the framing matrix is an example of how the mixed methods design adopted was both sequential and fully mixed.

The identification of a news frame specific to the homicide data set was an inductive research process, as there was insufficient existing knowledge about how this group of newspapers frame this issue to be able to test out the existence of a previously identified news frame.

5.7. Conclusion

This chapter has provided an account of the research design. It has provided a rationale for the research aim, and how the research questions and hypotheses responded to the review of the literature. It has provided an account of the research design, which is a mixed methods approach that uses content analysis, linguistic analysis and frame analysis to address different research questions. The strength of the research design comes from each of the three research methods individually addressing issues of research rigour pertinent to each approach, and through their ability to be integrated into a research design that is best suited to address the research questions. A model of the research design is provided in figure 5.1.

Figure 5.1. Research design based on Leech and Onwuegbuzie's mixed methods model (2009).

The manner in which this research design was put into practice is demonstrated in chapters 6, 7 and 8, which present the findings and analysis from each stage of the research. These findings are discussed together in chapter 9 in light of the theoretical framework.

Chapter 6: Content Analysis – Findings

6.1. Introduction

There is international evidence that the representation of people with mental illness is characterised by the press selecting news items that portray people as dangerous (Bowen & Lovell, 2013; McGinty *et al*., 2016). This raises concern that the disproportionate weighting of the theme of dangerousness affects some readers, encouraging them to construct an understanding of people with mental illness as a threat. This thesis is positioned within the context of these findings but it explores the more specific theme of homicide, as an action with strong negative evaluation, and a more specific characteristic than the broader one of dangerousness. Content analysis was used to identify the number and proportion of articles that were themed as homicide. This provided data about the manner in which these newspapers have encouraged their readers to establish a link between personality disorder and homicide. Conducting the content analysis also supported the construction of a new data set, which was subjected to further analysis. This chapter presents how this stage of the research was undertaken, the results and their analysis.

6.2. Coding

A coding frame was produced to enable the systematic identification of articles that contribute to the category *homicide*. The category of homicide was informed by the Home Office (2011) description of homicide as including, “murder, manslaughter and infanticide” (p. 22). Scots law also includes the sentence of culpable homicide (Office of National Statistics, 2012), so references to people with personality disorder being sentenced for culpable homicide were also included. Reported court cases do not always state the charge or the sentence, so all articles in which it was stated that the person was accused or sentenced for killing someone were included; for example, “the gifted student who killed his wealthy parents” (Mulchrone, 2005, p. 1).

Forging a link between personality disorder and homicide is not limited just to crime reporting and sentencing. All articles where it was made explicit that a service was being used by people with personality disorder who had committed homicide were also included e.g. a personality disorder service described as a “luxurious prison wing to house some of Britain's most evil killers” (Perrie, 2004, p. 7). Foster (2006) noted that Michael Stone, who had a personality disorder and was found guilty of murdering Lin and Megan Russell, had been repeatedly referenced in the debates about the proposed Mental Health Bill. All instances of using people who were clearly identified as having a personality disorder and of committing homicide were included, even if the focus of the articles was on a broader issue such as mental health law. However, the article had to state clearly that the person had a personality disorder and had committed homicide, rather than rely on the reader already having that knowledge. As the objective of the content analysis was to identify all articles that contributed to the category of homicide, all articles that forged a link between personality disorder and homicide were included in the content analysis, irrespective of the relative weighting of that contribution compared to other issues within the article. Issues of overall tone were irrelevant to the inclusion and exclusion criteria, so articles were included in the homicide category irrespective of whether they took a sympathetic tone towards the person who had committed homicide.

To support the consistency of the coding process, exclusion criteria were formulated.

Exclusion criteria:

- Crimes other than homicide, e.g. attempted murder, sexual assault, torture and grievous bodily harm would not be included unless the person also committed homicide.
- General comments about dangerousness, either about individuals or in relation to a service, without specific reference to homicide, e.g.

references to a DSPD unit would not be included unless there was specific mention of people in the unit having committed homicide.

- Association only with a homicide would not be included, e.g. if someone with a personality disorder was the partner of someone who committed a murder.
- Articles that were not about real people, e.g. reviews of films, books, television.

There were two analytic categories: non-homicide and homicide. All of the articles were allocated to one these categories, and no article was allocated to both, i.e. the categories were comprehensive and mutually exclusive.

6.2.1. Inter-rater reliability

All articles in the data set were coded based on the criteria outlined above. To support the reliability of the study, the recommendation was followed to develop a coding manual, and to train someone to use this manual to code a sample of 10% of the data set (Lacy *et al*., 2015; Oleinik *et al*., 2014). For this study a colleague at the University of Chester, experienced in conducting research, was trained to use the coding manual. The training involved four components: an understanding of content analysis as a research method, an overview of this study and the part content analysis played in the research, an explanation of the coding criteria, and *in vivo* training of examples of coding articles (see appendix 3 for copy of the training material). A sample of 11% of the data set was constructed by organising the data set in chronological order by date of publication and extracting every ninth article. This produced a randomised sample of 61 articles; this included articles from each of the newspapers and a spread across the time period.

The sample was coded by the second coder and was compared with the original coding. There was agreement on the coding of 58 of the 61 articles and inter-rater reliability was calculated from these findings. There are a number of statistical tests for conducting inter-rater reliability, such as

Krippendorff's alpha coefficient (2012) and Cohen Kappa (Viera & Garrett, 2005). Whilst there has been some criticism that Cohen Kappa produces a conservative result (R. Morris *et al*., 2008), it has been found to be a robust test for research with nominal data (McHugh, 2012; Sun, 2011) and it is commonplace in content analysis of newspaper representation of mental health (Goulden *et al.*, 2011; A. Thornicroft *et al.*, 2013; Whitley & Berry, 2013).

The Kappa value is represented by the symbol *k*, and the equation for the test is:

$$K = \frac{P(a) - P(e)}{1 - P(e)}$$

The basis of the Kappa value is a calculation of the observed agreement between two coders in relation to the level of agreement that would be expected by chance. In the equation *P(a)* indicates the percentage of agreement, and *P(e)* the level of agreement expected by chance (McHugh, 2012). The results of the coding sample are represented in the table below:

Table 6.1. Results of coding a sample by two coders

		Researcher		
		Non-homicide (n)	Homicide (n)	Total (n)
Second coder	Non-homicide (n)	35	1	36
	Homicide (n)	2	23	25
	Total (n)	37	24	61

The standard interpretation of Kappa values (Landis & Koch, 1977) is indicated in the table below.

Table 6.2. Interpretations of Kappa values

Kappa value	Strength of reliability
<0.0	Poor
0.01-0.20	Slight
0.21-0.40	Fair
0.41-0.60	Moderate
0.61-0.80	Substantial
0.81-1.00	Almost perfect

The analysis of the inter-rater reliability was undertaken with SPSS (IBM Corp v22, 2013), which calculated a Kappa value of k = .90, which the table above indicates is regarded as an almost perfect degree of agreement. One rationale for specifically addressing homicide was that it was believed that it would be clearly identifiable in the newspapers, and the inter-rater reliability results supported this decision. This result supports the reliability of the study.

6.3. Results of the coding

6.3.1. Number and proportion of homicide articles – total data set

The total number of articles produced by the red-top tabloids that referenced people with personality disorder during the period 2001-2012 was 552. The coding indicated that 234 articles met the inclusion criteria for the homicide theme, representing 42% of the overall data set, which is considerably higher than comparable results in the UK when compared to the broader theme of *danger to others* (Goulden *et al*., 2011; Rhydderch *et al*., 2016; A. Thornicroft *et al*., 2013).

6.3.2. Number and proportion of homicide articles – by newspaper

Analysis of how different newspapers represent mental health has been conducted between broadsheet papers (Paterson, 2007), between broadsheets and red-top tabloids (Clement & Foster, 2008) and a combination of broadsheet and midrange tabloids (Goulden *et al.*, 2011), but not contrasting different red-top tabloids. Research by Gabrielatos and Baker (2008) has contrasted different red-top tabloid's representation of asylum seekers and found that there were differences in the degree of accuracy in their use of terminology. It was possible that there were similar difference between the red-top tabloids with regards to their representation of personality disorder. The results from the analysis of the whole data set could belie considerable differences between newspapers with regards to the total number of articles produced and the proportion of articles that meet the homicide criteria. To explore this, the total number of articles and

number of non-homicide and homicide articles produced by each newspaper was identified. The results are shown below in table 6.3.

Table 6.3. Frequency and proportion of non-homicide and homicide articles by each newspaper

Newspaper	Non-homicide		Homicide		Total frequency
	n	%	n	%	
Daily Mirror	124	58.5	88	41.5	212
The Sun	103	56.0	81	44.0	184
The Star	40	54.1	34	45.9	74
News of the World	12	50.0	12	50.0	24
The People	16	57.1	12	42.9	28
Sunday Mirror	23	76.7	7	23.3	30
Total	318	57.6	234	42.4	552

The descriptive statistics presented above indicated considerable similarity between the newspapers with regards to the proportion of homicide themed articles and differences with regards to the quantity of articles. Further analysis was used to explore if any of the newspapers made a disproportionate contribution to the results of the sector as a whole, with regards to the proportion of non-homicide and homicide articles.

With nominal data there is a limited range of statistical tests that are appropriate to identify relationships between categorical variables (Reid, 2013). One assumption that is made when conducting statistical analysis of nominal data is that each item identified (in this instance each article) can only contribute to one cell (Field, 2013; Stewart, 2016), which is consistent with the content analysis approach used whereby the analytic categories are comprehensive and mutually exclusive (Krippendorff, 2012). The standard test for categorical variables is the Pearson's Chi-squared test for independence (Field, 2013; Howitt & Cramer, 2014). An alternative is the Fischer exact test; however, this is typically only used with small samples, where expected counts are below five, and with only two categorical variables each with only two different options, i.e. a 2×2 table (Field, 2013; Stewart, 2016). This study needed to test whether any individual newspaper had made a disproportionate contribution to the overall results, but one of

the categorical variables had six options (the six newspapers) and the results of the descriptive statistics indicated that there would not be an expected count less than five, as the smallest frequency count was the seven non-homicide articles produced by the Sunday Mirror. Pearson's Chi-squared test, therefore, was used to analyse the data. The symbol for the Chi-squared value is $\chi^2$and the formula for calculating Chi-squared is:

$$X^2 = \sum_{i=1}^{n} \frac{(O_i - E_i)^2}{E_i}$$

In the above formula, *O* denotes the observed frequency in each cell, i.e. the observed frequency in each variable combination, and *E* denotes the expected frequency in each cell. The expected frequency is subtracted from the observed frequency to identify the difference between observed and expected and squared, so that there are never negative numbers. This is then divided by the expected frequency so that the identified difference is normalised and does not produce a high Chi-squared value simply because of large sample numbers in different cells. The symbol ∑ means that the results of applying this to each cell are then added together, which produces the Chi-squared value (Reid, 2013; Stewart, 2016).

The Chi-squared value on its own does not indicate the presence of a significant relationship between the variables. It is necessary to decide, before conducting the analysis, what alpha level, represented by the symbol α, indicates the threshold for a result to be considered significant (Field, 2013). This is a decision about the level of probability that the results could have happened by chance. The standard approach is that if the probability of the outcome happening by chance is less than 5%, then this is considered to be a significant result; this is indicated by using a p value of .05 as the alpha threshold (Howitt & Cramer, 2014; Reid, 2013). The decision about the choice of the p value is an important part of the reliability of the research, and attempting to avoid a Type I error, whereby the null hypothesis is rejected when it is true (Field, 2013). The Chi-squared value that indicates a

5% probability of the outcome occurring by chance is affected by the number of variables that are included in the analysis, which is understood as the degree of freedom. This is represented by the symbol *df*, and calculated as: (c-1)(r-1), where c represents the number of columns and r represents the number of rows in the analysis (Reid, 2013). For this analysis there were two columns (non-homicide and homicide) and six rows (the six newspapers), therefore *df* = 5. The table below shows the different Chi-squared values that indicate significance, with an alpha value of .05, dependent on the different degrees of freedom (Fisher & Yates, 1963).

Table 6.4. Critical values of Chi-squared at an alpha threshold of α = .05

	Level of significance
df	**α = .05.**
1	3.84
2	5.99
3	7.81
4	9.49
5	11.07

From the above table it can be seen that when *df* = 5, for the null hypothesis to be rejected the Chi-squared value must be greater than 11.07.

The Chi-squared analysis was conducted with SPSS (IBM Corp v22, 2013). The result of this indicated that there was no significant relationship between the different newspapers and the proportion of non-homicide/ homicide articles produced: $\chi^2(5, n=552) = 5.64$, $p > .05$. Since the χ^2statistic (5.64) did not exceed the critical value for α = .05 level (11.07), the null hypothesis that no individual newspapers disproportionately influenced the results of the sector as a whole can be tentatively accepted. If the Chi-squared analysis had indicated a significant effect, then this would have warranted *post hoc* comparisons of all of the paired relationships between the newspapers, and this analysis would have needed to apply the Bonferonni method to adjust the p value to mitigate against a Type I error through repeated analysis of the same data set (Field, 2013).

6.3.3. Change over time

Content analysis research of the representations of mental illness in the UK indicated an improvement over time (Goulden *et al*., 2011; Rhydderch *et al*., 2016; A. Thornicroft *et al*., 2013). To better understand the contribution that this group of newspapers had made to the processes of stigmatisation, the data set was split into two periods: 2001-2006 and 2007-2012, inclusive. The number of non-homicide and homicide articles produced in each period and the proportion that this represented in the outputs of each six year period were calculated, and are represented in the table below.

Table 6.5. The frequency and proportion of non-homicide and homicide articles in two time periods

	Time Period				
	2001-2006		2007-2012		
	n	%	n	%	Total frequency
Non-homicide	149	52.1	169	63.5	318
Homicide	137	47.9	97	36.5	234
Total frequency and %	286	100	266	100	552

The descriptive statistics above indicate that there was a decrease in the proportion of homicide articles produced in the second period (37%), compared to the first (48%). To determine whether this reduction was significant or one that could be largely attributed to chance, a Chi-squared test was performed using SPSS (IBM Corp v22, 2013). It was decided that an alpha level of .05 would be used as an indicator of significance. As there would be a degree of freedom of $df = 1$, this meant that a Chi-squared value greater than 3.84 (see table 6.4) would be regarded as an indicator of a significant relationship. Whilst statistical significance is an important component of identifying relationships between variables, it does not alone indicate the meaningfulness of the correlation. It has become increasingly common to also identify the effect size, using a supplementary analysis to indicate whether the effect has significance as the word is understood in the real world (Bosco, Aguinis, Singh, Field, & Pierce, 2015; Kotrlik, Williams, & Jabor, 2011; G. M. Sullivan & Feinn, 2012). This is to mitigate against the impact of larger sample sizes on Chi-squared values. As sample sizes increase

the same proportional differences between observed and expected frequencies produce large Chi-squared values, which reflect the fact that with increased sample sizes there is greater probability that the results are not produced by chance. This, however, can mean that whilst the confidence in the correlation between variables might be strong, the actual effect may be small (Field, 2013; Stewart, 2016). The standard test for determining effect size in conjunction with a Chi-squared analysis is the Phi coefficient test; this is considered to be particularly helpful with a 2×2 Chi-squared test, whereas Cramer's V test is more appropriate if there are more than two options for either of the categories (Field, 2013). The Phi value is represented by the symbol, φ, and the equation for the Phi test is:

$$\phi = \sqrt{\frac{\chi^2}{N}}$$

The Phi coefficient value is calculated after the Chi-squared value has been determined by dividing the latter by the total number of observations, in this instance articles produced, and square rooting the result. The interpretation of the φ value is presented in table 6.6 (Reid, 2013).

Table 6.6. Interpretation of Phi coefficient and effect size

Phi value	Effect size
0.0 – 0.29	Small
0.3 – 0.49	Medium
0.5 – 1.00	Large

The Chi-squared analysis was conducted with SPSS (IBM Corp v22, 2013). The result of this indicated that there was a significant relationship between the time periods and the proportion of non-homicide/homicide articles produced: $\chi^2(1, n=552) = 7.38$, $p < .05$, $\varphi = .12$. The Chi-squared value does not indicate the direction of the change; however, the descriptive statistics (table 6.5) indicated that it was a reduction in the proportion of homicide articles from period 1 (48%) to period 2 (37%). As a result, the null hypothesis that there was no significant change in the proportion of homicide articles

produced in each time period can be tentatively rejected. The alternative hypothesis, that there would be a significant reduction in the proportion of homicide articles produced in the second time period, can be tentatively accepted. The low Phi co-efficient value, φ = .12, however, indicates that whilst there is a strong statistical significance in the probability of the change not occurring by chance, the size of that change was small.

6.4. Conclusion

The content analysis set out to identify if this group of newspapers had written about personality disorder, and the proportion of articles that contributed to the theme of homicide. The results from the content analysis indicate that over the period 552 articles were produced that referenced personality disorder, and 42% of these articles forged a link between personality disorder and homicide. Analysis indicated that no newspaper disproportionately influenced the output of the sector as a whole: $\chi^2(5, n=552) = 5.64$, $p > .05$. Analysis of change over time indicated that there was a reduction in the proportion of homicide articles produced, from 48% to 37% of the data set, and that this was a significant reduction, with $\chi^2(1, n=552) = 7.38$, $p < .05$, $\varphi = .12$, but the size of the effect was small.

The findings from this analysis can be understood alone as an indication of a contribution to a stigmatising process. The repetition of the representation of people with personality disorder as having committed homicide is understood as contributing to readers' understanding about personality disorder. In the context of research that has illustrated that a significant proportion of the general public believe that people with mental illness are dangerous (Angermeyer & Dietrich, 2006; Schomerus *et al*., 2012), this repetition of an extreme example of dangerousness is liable to contribute to and compound this belief.

The results from the content analysis are a vital component in the sequential structure of the research design. An outcome of the content analysis was the

creation of a new data set of all the articles in the red-top tabloids that were themed *homicide*, which is referred to as the homicide data set. As Kalucy *et al*. (2011) noted, a limitation of a content analysis approach that only provides information about the quantity of articles within an analytic category, is that it does not provide information about the qualities of the articles. Chapters 7 and 8 provide an analysis of the use of stigmatising language and a dominant news frame in articles in the homicide data set, to explore whether they amplify the possible stigmatising impact of the repetitive presentation of people with personality disorder committing homicide.

Chapter 7: Corpus Linguistics – Findings

7.1. Introduction

The selection of words used to communicate a news item plays an important role in the response of the reader and the images that they construct of the news story (Altheide, 2014; Altheide & Coyle, 2006). It is common practice in reporting to use language designed to elicit an emotional response, to draw the reader in and retain their attention through establishing an affective link with the article (Peters, 2011; Jakaza & Visser, 2016). In press representations of mental illness the concern is that words, such as *monster* and *psycho*, designed to elicit negative affective responses such as fear, anger and disgust, contribute to socialising people to adopt prejudicial attitudes towards people with mental illness, and an attitude of separating *us* from *them* (Link & Phelan, 2001; Murphy *et al*., 2013). This chapter presents how the linguistic analysis was conducted and the findings from this stage of the research.

7.2. Corpus linguistics methods

Corpus linguistics methods were used to support the identification and analysis of patterns of words in the homicide data set. Aided by corpus linguistics software, concordance analysis was undertaken to place every example of a word under review in a list within a line of text. This type of software can also compare the linguistic characteristics of a data set with a comparison, normative data set, a process referred to as keyness analysis (Baker, 2012). This can support the identification of words that are statistically significant in their proportional use (Bednarek, 2012). There are a number of software packages available to conduct this type of analysis, including Wordsmith Tools (Lexical Analysis Software v6, 2012) and AntConc (Anthony v3.2.4, 2011). AntConc was chosen for this study because it has the advantage of strong reliability (Anthony, 2013), ease of use, and was free to download.

7.2.1. Areas of enquiry

The areas of enquiry for exploring the use of stigmatising language were informed by UK guidance to journalists when writing about mental health (Mindout, N.D.; Shift, N.D.; National Union of Journalists [NUJ], 2006; Time to Change, N.D; Press Complaints Commission [PCC], 2014); see table below for summary.

Table 7.1. Summary of guidance about language usage

	Avoid Equator descriptors, e.g. a depressive.	Avoid using diagnostic terms as metaphors, e.g. schizophrenic football performance.	Avoid using stigmatising language for discharge from hospital.	Avoid using stigmatising descriptors e.g. loony, psycho.
MindOut	Y	Y	N	Y
Shift	Y	Y	Y	Y
NUJ	Y	N	Y	Y
TtC	Y	N	Y	Y
PCC	N	N	Y	Y

Y = is included in guidance. N = is not included in guidance.

As table 7.1 indicates, there is a fairly high level of consensus within the guidance about language usage. There are two aspects that have full support, namely, avoiding equator descriptors and stigmatising descriptors. Advice about avoiding metaphoric usage has the lowest level of support (though still support from 50% of the guidance).

The other context for linguistic analysis is the academic research into language usage in the representation of mental illness. An interesting contrast to the guidance documents is that research into the metaphoric usage of the term *schizophrenia* has been popular (Boke *et al*., 2007; Clement & Foster, 2008; Dickens, 2008; Duckworth *et al.*, 2003), whereas Clement and Foster (2008) are unusual in exploring a range of language issues with specific regard to schizophrenia. This study adopted a similar approach to that of Clement and Foster (2008) by addressing the four components identified: equator descriptors, metaphoric usage, use of the word *released*, and stigmatising descriptors.

7.3. Metaphoric use

Research into the metaphoric use of the term *schizophrenia* highlighted that it has often been used "to infer a 'multiple personality' or an unpredictable switching of opposites, but also sometimes to infer evil or zany" (Clement & Foster, 2008, p. 180). The concern about the metaphoric use of mental health terms stems from an understanding of the role of language in constructing an identity of *other* (Link & Phelan, 2001). A seminal contribution to this area was Sontag's 1978 book *Illness as Metaphor* in which she explored the mystification of the cultural image of cancer, and its impact on those diagnosed. This has prompted a number of researchers to explore the extent to which mental illness, and specifically schizophrenia, has been used metaphorically. Interestingly, research by Duckworth *et al*. (2003), and later by Chopra and Doody (2007), identified that schizophrenia was used considerably more frequently as a metaphor than cancer, the focus of Sontag's (1978) original research, which lends some support to G. Thornicroft's (2008) contention that mental illness is the most stigmatised illness.

It was anticipated that this would not be a significant feature of the homicide data set, as the articles would largely have a focus that would draw on a literal use of the term *personality disorder*. Concordance search for the term *personality disorder** (the * is used as a truncation) revealed that there were no examples of it being used as a metaphor.

7.4. Equator descriptors

At the heart of the concern about the use of equator descriptors is that "people are more than their illness, it doesn't define them" (Time to Change, N.D.). This concern is central to modified labelling theory and stigma; as Link and Phelan (2001) noted, equator descriptors can be used as part of a process of reducing a person's identity to a limited range of qualities attributed to an illness, and thereby encouraging a separation of *us* and *them*.

Clement and Foster (2008) explored the use of equator descriptors of schizophrenia and determined that they were equally used by broadsheet and tabloid newspapers, but that they were significantly more frequent in articles that referenced violence. It does not appear to be conventionally possible to use the term *personality disorder* as an equator descriptor, so it was anticipated that there would be no or very few examples. It is, however, possible to use the term *personality disordered*, as an equator descriptor; for example, "personality disordered Smith was convicted". Informed by Clement and Foster's (2008) research, and the dominance of violence articles in the homicide data set, it was anticipated that there would be some examples of this form of equator descriptor. Concordance search for the term *personality disorder**, however, indicated that the term was never used as an equator descriptor, see table below.

Table 7.2. *Personality disorder concordance examples**

r-old killer is classified as a psychopath with a	personality disorder	which makes him prone to violence. It is a simil
ated in a special unit for prisoners with severe	personality disorders	. He said: "I just want to die as a decent human b
der Cooper who said Menzies was suffering from a	personality disorder	but was not insane. Menzies told the court he wa
e said therapy unlocked the memory. And she had a	personality disorder	when she stabbed and beat 39-year-old lover Thom
enzies was a schizophrenic and had a severe anti-	personality disorder	when he killed Thomas McKenrick. Earlier, Men
o school. It's frightening." Hosegood, who has a	personality disorder	and was locked up for 26 years, was housed by an
ychiatrists say his depravity is linked to severe	personality disorder	which is untreatable - and so he cannot be detai
n 1996. Stone had also been diagnosed with severe	personality disorder	and therefore, just like Lancaster, couldn't be
ospital as soon as possible for treatment for his	personality disorder	. Ryan's friendship with Mr Thompson was complex a
ugh no fault of your own you developed a serious	personality disorder	. "This may well be one more illustration of the t
nadian-born Stephenson-Snell, who suffers from a	personality disorder	, blasted him in the stomach killing him almost in

There are ten examples in table 7.2 of the use of the term *personality disorder(s)*, and it can be seen that a range of other terms were used to denote the relationship of the person to that term: *with*, *suffering from*, *had*, *has*, *linked to*, *diagnosed with*, *for his*, *developed*, *suffers*. However, as anticipated equator descriptors were not used.

The examples in table 7.3 illustrate, however, that the word *psychopath* had been used as an equator descriptor: “killer classified as a psychopath” (Gekoski, 2003, p. 22). It was decided therefore to explore this further. Concordance analysis of *psychopath** revealed that it was used 58 times, see table below.

Table 7.3. *Psychopath concordance examples**

boy's torture and murder was yesterday branded a psychopath. Matthew Welsh, 19, was jailed for life and told
show features of a personality disorder and are psychopathic." Welsh and friend Nathan Barnett, 27, spent hou
es: "Three psychologists have diagnosed you as a psychopath. "You are an evil, violent and highly dangerous m
tally unaware they are queueing with a sickening psychopath who experts warn could kill again...at any time.
when." The 26-year-old killer is classified as a psychopath with a personality disorder which makes him pron
ing a female social security officer. Diagnosed psychopathic, he was still a "Category A" prisoner - the highe
Judge Geoffrey Rivlin branded him an untreatable psychopath who can never be set free. She said: "He is sick

There were eleven instances of the word *psychopathic* being used that were not equator descriptors and there were four instances of the word *psychopathic* used as an equator descriptor, e.g. “Jill Dando's killer Barry George is one of the worst psychopathic maniacs in jail in Britain” (Syson, 2001, p. 7). There were forty three examples of the word *psychopath* or *psychopaths* being used as equator descriptors, e.g.

> At Edinburgh High Court, Lord MacDonald told Menzies: "Three psychologists have diagnosed you as a psychopath. You are an evil, violent and highly dangerous man who is not fit to be at liberty.” (Moore, 2003, p. 7)

The example above illustrates how different the use of the term *psychopath* is from other mental health terms, such as *schizophrenia*: *psychopath* is used as an equator descriptor outside of the newspapers. The Ministry of Justice, for example, commented that the development of the DSPD services were “spurred on by at least one very high-profile case of a psychopath attacking members of the public” (Ramsay, 2011, p. 2). By comparison, it would be extremely unlikely that a government department would write about a

"high-profile case of a schizophrenic attacking members of the public". The use of psychopath/s as an equator descriptor when reporting reflects common practice within the mental health and legal professions, and illustrates the link between the manner of the media construction and the wider social context (Altheide, 2013; Van Gorp, 2007). However, it could be argued that the function of the equator descriptor in the newspapers to emphasise *otherness*, i.e. that the person's whole identity is dominated by this term, is that much stronger because of the affirmation of its use as an equator descriptor in the wider social context. Psychopathic disorder is a psychological construct, not a personality disorder (Bowen & Mason, 2012; Kirkman, 2008); however, as the historical review of the development of the term in chapter 2 highlighted, it has been closely linked to personality disorder. The term *psychopathic disorder* in the MHA of 1959 and 1983, for example, was commonly operationalised in relation to personality disorder. In the context of the homicide data set, the equator descriptor psychopath/psychopathic can be seen to function to amplify the otherness of individuals and to reduce the person's identity to this psychological construct.

7.5. Stigmatising language for discharge/admission/detention

Concern has been expressed at the use of the word *released* to refer to people being discharged from hospital. The National Union of Journalists, for example, advised that "people are discharged from psychiatric hospitals, not 'released'. They have not been in jail. They are sent to hospital for treatment not punishment" (2006, p. 10). In the homicide data set it was anticipated that there would be examples of the word *released* referring to someone being released from prison, but the focus was on its use for discharge from hospital. Concordance analysis revealed that there were 50 instances of the word *released* in the data set, see table below.

Table 7.4. *Released* concordance examples.

g his home and rented storage locker. They have released more than 100 photos to see if the women are aliv
victims of his sadistic, murderous pattern?" The released pictures were found at Alcala's home in Monterey
e of heroin, crack cocaine and amphetamines, they released him into the community in April 2008. Three mon
But the court heard that five days later experts released her with some anti-depressants and a diagnosis of
s a bad man, he is a cruel man. He should not be released because he may do something again." The couple w
before the "random" attack, Bonser, 26, had been released from a psychiatric unit. A jury yesterday ruled

There were 16 instances of the word *released* being used in relation to prison services, nine instances of the word being used in relation to high secure hospitals, and six instances of references to people who were discharged from other (non-high secure) inpatient psychiatric services. There was one instance where the person used community mental health services and had killed someone, and the word *released* appeared to function to emphasise the view that they should have been admitted to a psychiatric service. The other 18 instances did not refer to services; for example, photographs being released. The results indicated that there was a lack of discrimination between whether the word *released* was used with regards to prison or hospital, with the word applied in equal number to both types of service. It is the indiscriminate use that is significant, as this can contribute to confusion between prison terms and treatment, which from a stigma perspective could impact both on the general public's perception of the qualities of people who receive hospital treatment (e.g. homicidal attributions) and the prioritisation of public protection over therapeutic treatment. The latter point supports Blood (2002) and Kesic *et al.*'s (2012) findings that highlighted the representation of services as underpinned by concerns of public protection rather than therapeutic goals.

One of the examples of the use of *released* in relation to being discharged from an inpatient ward stated that, "experts monitoring him over eight years decided he did not need to be locked up in a psychiatric ward. Despite his abuse of heroin, crack cocaine and amphetamines, they released him into the community in April 2008" (Lawton, 2011, p. 18). The use of *locked up* as

a term to refer to being admitted and detained in hospital has connotations of prison detention rather than hospital treatment, so it was decided to explore this further to see if this was a commonly used term. Concordance analysis of *locked up* revealed that it was used 33 times, see table below.

Table 7.5. *Locked up* concordance examples.

LENGTH: 120 words> PSYCHOPATHS could be locked up for life without committing a crime under draft
in the law to allow such dangerous monsters to be locked up BEFORE they committed a terrible crime. After a
December 13, 2003, Saturday> BOY WHO KILLED DAD LOCKED UP <BYLINE: GEOFFREY LAKEMAN SECTION: NEWS; Pg
e of a carpet sweeper. A judge ordered him to be locked up indefinitely after experts warned he was a danger
he dark to Fromeside Clinic, Bristol, where he is locked up securely for the night. An outraged member of st
Hosegood, who has a personality disorder and was locked up for 26 years, was housed by an agency run by pol

There were thirteen instances referring to prison, nine referring to high secure hospitals, six to inpatient mental health services, and one reference to a community forensic hostel. There were also five instances in relation to the proposed changes to the MHA (1983). The results indicated that the term *locked up* was applied as indiscriminately, and as frequently, as the word *released*. This is a significant finding and it provided a link with Tyrer *et al*.'s (2010) comment that in "many countries of the world, probably the majority, the management of those with dangerous and severe personality disorder could be summarised in the hackneyed phrase, 'lock them up and throw away the key'" (p. 96). It suggested that the newspapers, at least at times, reflected what might be a dominant social perspective about people being locked up, rather than detained for treatment.

The Press Complaints Commission (2014) caution against the use of the word *cage* to refer to the place where people are detained to receive psychiatric treatment. When the articles were read through to conduct the content analysis, it stood out that the word *caged* appeared to be used frequently, which was unanticipated. The Oxford English Dictionary [OED] online defines a cage as: "a box or place of confinement for birds and other animals (or, in barbarous times, for human beings)" (OED online, 2014). The

"not quite human" (Goffman, 1963, p. 15) connotations of the word are apparent. The use of the word *caged* was explored, see table below.

Table 7.6. *Caged* concordance examples.

iewing George is a frustrating task. He is like a caged animal constantly fidgeting and demanding attent
, 2002, Thursday> PSYCHO KILLER; EVIL SCOT IS CAGED FOR MURDERING PREGNANT GIRLFRIEND <BYLINE: Em
ant lover with a Stanley knife laughed as he was caged for life yesterday. Twisted George McMaster, 26,
ne of evidence that should keep dangerous George caged for life when he appeals against his conviction b
who only contacted the 21-year-old after she was caged. Carla-Nicole's grandmother Liz Berry is furi
(England) March 18, 2006 Saturday> Monster is caged for ever <LENGTH: 174 words> PSYCHO Daniel Gon
ention at any time. The proposed laws could have caged killers Daniel Gonzalez and Ismail Dogan. Gonzale

Concordance analysis of *caged* indicated that it was primarily used to refer to people entering prison or people being sentenced (20 instances). There was one instance of it being used as a metaphor when Barry George's behaviour in prison was described as being like that of a "caged animal" (Hale, 2002, p. 6). There was only one reference to someone being detained in a high secure hospital, and no references to people being detained in other psychiatric services. There was one reference in *The Sun* to the decision by the Government not to introduce a new Mental Health Bill, which stated that, "The law will stay as it is, with patients allowed to appeal against detention at any time. The proposed laws could have caged killers Daniel Gonzalez and Ismail Dogan" (Wooding, 2006, p. 23). In the latter example the issue of civil liberties, of "patients allowed to appeal against detention at any time", was contrasted with caging killers. Though the article appears to suggest otherwise, Daniel Gonzalez and Ismail Dogan had not been discharged from hospital recently prior to their killings. The use of the word *caged* in this instance appeared to function to emphasise the not quite human qualities of these individuals, which then justified the removal of civil liberties for a category of people (in this instance the very large and diverse group of people whose lives are affected by the MHA (1983/2007)). This link between being *caged* and being not quite human is emphasised in the headline in *The Sun*: "Monster is caged for ever" ("Monster is caged", 2006, p. 4). The linguistic significance of *caged* in relation to stigmatisation is not

therefore through its appropriateness with regards to prison or mental health services (unlike the words *released* and *locked up*), but through the function it serves to amplify the otherness qualities of people with personality disorder.

7.6. Stigmatising descriptors

7.6.1. Keyness

As the PCC note, the use of epithets with very strong negative connotations (e.g. *monster*) can "create a climate of public fear or rejection" (PCC, 2014). The perspective that this study takes is that prejudicial attitudes are compounded by the use of words with very strong negative connotations that are used as epithets, e.g. *psycho*, or as descriptions of the qualities of the individual, e.g. *evil*.

In corpus linguistics, a data set can be compared to an alternative data set, referred to as the normative data set, to determine whether it is characterised by the use of particular words (Rayson & Garside, 2000). To explore the degree to which the red-top tabloid's representation of personality disorder and homicide was characterised by the use of stigmatising descriptors, a data set was constructed of all articles in all other UK national newspapers that referenced personality disorder during the same period (2001-2012). This data set is referred to as the normative data set, and included *The Express, The Sunday Express, The Guardian, The Observer, The Independent, The Independent on Sunday, The Daily Mail, The Mail on Sunday, The Telegraph, The Sunday Telegraph, The Times,* and *The Sunday Times*. Again, the AntConc (Anthony v3.2.4, 2011) software was used to carry out statistical tests of the proportional frequency of all words in these two data sets, as well as the number of incidences of word usage, this form of analysis is referred to as keyness analysis (Baker, 2012; Evison, 2010).

It is common in corpus linguistics to remove extraneous information from the analysis by a process referred to as tagging, through placing <> brackets around information such as the newspaper name, dates and sections of the newspapers, so that this information is not included in the statistical analysis (Baker, 2006). This process supports the reliability of the findings and the accurate identification of the significance of words used in news stories, and was adopted for the research. It was decided to treat all words as lower case, as the differentiation of words using capitals was not considered important in this analysis. AntConc (Anthony v3.2.4, 2011) allows for a choice of statistical tests for the keyness analysis of both Chi-squared or log-likelihood. The industry standard is to use log-likelihood as this is considered more accurate in identifying significant words when there are less than five instances of their use (Baker, 2006; Poole, 2016). Rayson and Garside (2000) note that this may be particularly significant when comparing data sets with very different sizes, as the small number of words in one data set may produce disproportionately high Chi-squared values with words used fewer than five times. It was decided therefore to use log-likelihood to perform the statistical analysis. The log-likelihood value is represented by the symbol G^2 and there are two stages to calculating this; the first is to calculate the expected count, which is performed using the formula:

$$E_i = \frac{N_i \sum_i O_i}{\sum_i N_i}$$

To calculate the expected counts, the total number of words in the first dataset is multiplied by the total number of incidences of the use the word in both data sets, and this is divided by the total number of words in both data sets combined. This is then repeated for the second data set. As both results are in relation to the total number of words in both data sets, the calculation has been normalised and therefore can be directly applied to the next stage (Rayson & Garside, 2000). The next stage is to calculate the G^2 value, which is performed by using the equation:

$$-2\ln \lambda = 2\sum_i O_i \ln\left(\frac{O_i}{E_i}\right)$$

In this equation the symbol *O* represents the observed frequency of the word and the symbol *E* represents the expected frequency of the word. The industry standard for determining the threshold for significance in conducting keyness calculations is an alpha value of .05, which indicates a 5% probability that the results could have occurred by chance (Baker, 2006; Baker *et al*., 2013). A table of the critical values of log-likelihood at different alpha values was used to determine the G^2 value that indicates a statistically significant finding (http://ucrel.lancs.ac.uk/llwizard.html); see the table below:

Table 7.7. Critical values of log-likelihood at different alpha values

α value	Critical value
.05	3.84
.01	6.63
.001	10.83
.0001	15.13

From table 7.7 is can be seen that any words with a log-likelihood value of 3.84 or greater is considered to indicate statistical significance in the proportional frequency of its use. There were 2252 words in the homicide data set that were identified as statistically significant in their proportional frequency. These words were explored to identify if this included any overtly stigmatising descriptors. Table 7.8 shows the results of the keyness search for stigmatising descriptors, in rank order by log-likelihood value.

The results in table 7.8 indicate that there were three words with observed counts below five which supported the use of the log-likelihood test as Chi-squared analysis is vulnerable to inflating statistical values with words with low frequency.

Table 7.8. Stigmatising descriptors ordered by statistical value

Word	Frequency	G^2 Value
Evil	80	163.99
Monster	38	71.58
Fiend	11	53.82
Twisted	18	41.13
Psycho	20	38.84
Branded	21	37.42
Psychos	9	37.37
Pariah	10	27.79
Vampire	13	27.70
Fiends	7	27.22
Pervert	11	26.60
Deranged	13	25.33
Monsters	11	24.44
Beast	8	22.43
Weirdo	7	16.72
Hannibal	5	16.12
Lecter	5	16.12
Warped	8	14.19
Crazed	8	12.81
Maniacs	3	8.53
Sicko	2	8.06
Perverts	2	5.34

The keyness analysis process was then reversed to identify words in the normative data set that had a log-likelihood value of 3.84 or greater, and to explore if any of those words were stigmatising descriptors. This provided another perspective on the degree to which the homicide data set was characterised by stigmatising descriptors. The keyness analysis of the normative data set identified 1363 words with a log-likelihood value greater than 3.84. Exploration of those words identified that this did not include any overtly stigmatising descriptors. As the analysis of the normative data set revealed that it was not characterised by the use of stigmatising words, it was not necessary to perform any further analysis of the two data sets. If it had revealed that it was characterised by the use of stigmatising words, then further analysis would have been undertaken to determine the degree to which each data set was characterised, overall, by the use of stigmatising words. Assuming that the total number of stigmatising words was greater

than five, the Pearson's Chi-squared test would have been used to identify if the differences were significant.

The identification of overtly stigmatising descriptors contains a subjective quality and is an example of how corpus linguistics techniques combine subjective decision-making with a quantitative approach to analysis (Baker, 2012). The validity of these decisions was strengthened, however, through an understanding of the work in the field and the significance of the words in relation to the concept of stigma. The use of the quantitative methods of corpus linguistics supported the reliability of the research process. The results indicated that the hypothesis that the red-top tabloids' representation of people with personality disorder who committed homicide was characterised by the use of stigmatising language can be tentatively accepted.

7.6.2. Key words in context

The stigmatising descriptors consist primarily of two broad categories: those that give a name to people (epithets) and those that attribute a quality to the person (qualities). It was decided to include also one word relating to the process of ascribing a name or attribute (labelling), the word *branded*. It was decided to include this because of the historic link between the process of branding and stigmatisation (Goffman, 1963). Table 7.9 (overleaf) shows the words grouped into epithets, qualities and labelling, ordered by frequency.

The keyness analysis had identified that the homicide data set was characterised by the use of stigmatising descriptors compared to the general press milieu of articles about personality disorder. These different words have a shared function of contributing to the processes of stigmatisation; however, they have different meanings and connotations so it was decided to explore these meanings in context to have a better appreciation of the way in which they individually and collectively contributed to stigmatisation.

Table 7.9. Stigmatising descriptors grouped into epithets, qualities and labelling

Epithets.		Qualities.		Labelling.	
Word	**Frequency**	**Word**	**Frequency**	**Word**	**Frequency**
Monster	38	Evil	80	Branded	21
Psycho	20	Twisted	18		
Vampire	13	Deranged	13		
Fiend	11	Warped	8		
Pervert	11	Crazed	8		
Monsters	11				
Pariah	10				
Beast	8				
Psychos	9				
Fiends	7				
Weirdo	7				
Hannibal	5				
Lecter	5				
Maniacs	3				
Sicko	2				
Perverts	2				

To support this exploration of the meaning in context a concordance analysis of the words was undertaken. The results of this analysis are organised into epithets, qualities and labelling, in order of frequency. For each word, the frequency appears in brackets as a reminder of how commonly the word was used, followed by its part of speech in that context (i.e. verb, noun, adjective etc.). The OED attempts to present the diversity of word meanings in context, and a definition is given from the online version of the OED that appears to most closely correspond to the meaning of the word in the homicide data set.

7.6.2.1. Epithets

Monster (38) – noun.

> OED (2014) – "A person of repulsively unnatural character, or exhibiting such extreme cruelty or wickedness as to appear inhuman; a monstrous example of evil, a vice, etc."

Monster was the most frequently used epithet in the data set, and its frequent use was consistent with other research findings in the UK (Dickens,

2008; Clement & Foster, 2008) and in Italy (Carpiniello *et al*., 2007). It is no surprise that in the homicide data set *monster* was repeatedly used to refer to people who had killed, as an example of their *extreme cruelty*; see table below.

Table 7.10. *Monster* concordance examples

rophies of his victims". He added: "He's an evil	monster	who knows what he's doing is wrong and doesn't ca
30 victims. The acts he committed - there's this	monster	inside him." And detective Cliff Shepard added:
SECTION: NEWS; 15 LENGTH: 352 words> MP slams	monster	's shrinks AN MP has demanded an inquiry into how
nilip Davies said it was "extraordinary" that the	monster	was considered safe to live in the community and
a. But experts insist they had no inkling of the	monster	he was becoming. After being caught on CCTV kill
, said: "Theresa Riggi is not evil, she is not a	monster	. If it's possible to love one's children too much

The concordance analysis indicated that the majority of the instances (21 times) were when there was a sex crime involved in the murder, and that when there was no sex crime involved (14 instances) the crimes typically involved killing young people, e.g. Ian Brady, Ian Huntley and Theresa Riggi. In the latter case Riggi's solicitor made the statement that she, "is not evil, she is not a monster" (Gill & O'Hagan, 2011, p. 16), which contrasted with the representation of this woman who killed her three children as a monster. As Barnett's (2006) research indicated, demonisation is a common response to news stories about mothers killing their children. *Monster* therefore appears to be used when the actions are more than just murder, but include an additional component of "extreme cruelty" (OED) that is taken as a marker of the person's inhumanity, and being *outside of the natural order*.

The responsibility of authorities was highlighted in one of the examples above when it was stated that, "Davies said it was 'extraordinary' that the monster was considered safe to live in the community" (Lawton, 2010, p. 15). The comment lent some support to the body of evidence about state authorities frequently being represented as being neglectful in their duties of protecting the public (Blood, 2002; Nairn *et al*., 2001; Paterson, 2007;

Stark *et al*., 2004), and the impact this has in amplifying the sense of danger for the reader.

Psycho (20) – noun.

> OED (2014) – "Of a person: psychopathic; (more generally) odd, deranged, esp. violently or dangerously so."

Psycho was the second most frequently used epithet, which is consistent with other findings in the UK (Dickens, 2008; Clement & Foster, 2008; Flynn *et al*., 2015; Murphy *et al*. 2013). The NUJ guidance about language use states that, "the biggest baddie of the lot has got to be the indiscriminate use of the word 'psycho'" (2006, p. 10). As was noted earlier, there were a number of references to psychopaths and to that extent the use of the word *psycho* could, at times, be considered a discriminate use compared, for example, to using the word to name someone diagnosed with paranoid schizophrenia. The word, however, also functions to amplify *otherness* because of the very strong negative connotations that it has in the wider social context; see table below.

As well as naming people who have killed, there are three examples that stand out. One example is Alfred Hitchcock's 1960 movie *Psycho*, which is one of a list of films from the horror genre that are named in an article in *The Sun* (A. Taylor, 2010) about Stephen Griffiths, and functions to contribute to the picture of his disturbance. Considering the popularity of the film, it is interesting that it is referenced as an indicator of his disturbance. The implied message is that whilst we identify with other characters in the film, Stephen Griffiths identified with the protagonist Norman Bates. This is an example of how the newspaper's use reflects and has strength from the meanings and iconography in the wider social milieu, for example, the use of films, and the associations with evil that are attached to this image (Soar, 2007).

Table 7.11. *Psycho* concordance examples

superior to other people." BLUNDER THAT LET A PSYCHO OUT TO KILL CRAZED slasher Louise Gile
al continues. Monster is caged for ever PSYCHO Daniel Gonzalez got six life sentences yesterday
rs. A crackdown was ordered after hammer-wielding psycho Michael Stone, below, murdered Lin Russell, 45,
of others and a lack a guilt". 12YRS JAIL FOR PSYCHO KILLER OF PATRICK, 76; ATTACK SISTER 'A SHADOW O
he Devil Knows You're Dead, Evil Dead, Ravenous, Psycho, Night Of The Living Dead and the Texas Chainsaw
with a lengthy sentence of imprisonment." THE PSYCHO KILLER LET GO EIGHT TIMES; Warnings ignored
h couldn't help but agree. CHRISTIAN SLAYER; Psycho's murder spree fuelled by religious hate ; He wil
ld have continued to kill." TATTOO TEAR OF PSYCHO KILLER; How gun maniac boasted about slaying stu
his first court appearance, he gave his name as "Psycho Stapleton". Manchester crown court heard he had

Another example that is worth highlighting is the person, "who gave his name as 'Psycho Stapleton'" (P. Byrne, 2012, p. 11). This highlights the complexity of the social meaning, whereby individuals take on an overtly stigmatised role. Whether this could be considered an extreme example of self-stigmatisation is beyond the ability of this research to comment. However, it does demonstrate the complexity of the function of stigmatising language in society.

The third point is that table 7.11 includes two examples where the word *psycho* functions in relation to arguments about authorities neglecting their responsibilities: "BLUNDER THAT LET A PSYCHO OUT TO KILL" (Lawton, 2005, p. 31), and "THE PSYCHO KILLER LET GO EIGHT TIMES; warnings ignored" (Lawton, 2011, p. 18). This supports the observation with reference to the use of the word *monster*, of a theme of portraying a service or policy as irresponsible, with regards to their role of protecting the public from people whose dangerousness is emphasised by stigmatising language that represents them as being less than human.

Vampire (13) – noun.

> OED (2014) – "A preternatural being of a malignant nature (in the original and usual form of the belief, a reanimated corpse), supposed to seek nourishment, or do harm, by sucking the blood

of sleeping persons; a man or woman abnormally endowed with similar habits."

The word *vampire* was only used in reference to one individual, Allan Menzies; see table below.

Table 7.12. *Vampire* concordance examples

s drank his friend's blood after murdering him; VAMPIRE VICTIM: Pal McKendrick> VAMPIRE killer Allan M
rdering him; VAMPIRE VICTIM: Pal McKendrick> VAMPIRE killer Allan Menzies was branded an "evil and dan
k, a pal since he was four, by Akasha, a female vampire in film "Queen of the Damned". He claimed Akasha
cember 11 last year, Menzies claimed he became a vampire and was immortal. Menzies said he was suffering
ime I smiled. <Daily Star October 8, 2003> VAMPIRE KILLER IS 'NOT INSANE' <SECTION: NEWS; Pg. 25
ION: NEWS; Pg. 25 LENGTH: 162 words> A VAMPIRE killer who admitted killing his friend and drinki
the court he was ordered to kill McKendrick by a vampire from the horror film Queen of the Damned. Mr Coo
an had murdered Mr McKendrick for insulting the vampire - called Akasha - rather than acting upon a hall
the abuse claim. <The Sun October 8, 2003> VAMPIRE KILLER 'NOT INSANE' SAYS DOC <BYLINE: Rod Minc
LINE: Rod Minchin LENGTH: 175 words> A VAMPIRE fanatic who killed a pal and drank his blood was
on them." <Daily Star November 16, 2004> 'VAMPIRE' FOUND IN JAIL DEAD <BYLINE: by PAUL GILBRIDE
ouse, West Lothian, claimed he was ordered by a vampire character from the film Queen Of The Damned to ki

Allan Menzies was found guilty of killing a childhood friend by stabbing him to death and then drinking some of his blood. He was quickly given the epithet of *Vampire Killer*, because not only had he drunk his friend's blood but also he contested that he had been commanded to do this by the character Akasha, from Michael Rymer's 2002 film *Queen of the Damned*, which apparently he had watched over 100 times. He claimed that Akasha had promised to make him an immortal vampire if he killed for her. Allan Menzies killed himself in his prison cell a little over a year after the conviction. The latter incident was reported in the *Daily Star*, with the headline: "'VAMPIRE' FOUND IN JAIL DEAD" and the opening sentence: "A MAN who murdering his best friend, drank his blood and ate part of his head was yesterday found dead in his jail cell" (Gilbride, 2004, p. 29). Through emphasising the vampire qualities there is little opportunity for the readers to see anything other than the *otherness*, such as a young man who killed his childhood friend and then took his own life. This use of the word was

limited to just one individual and therefore cannot readily be seen as evidence of a pattern in the representation. It is noteworthy, however, that in Nairn's (2007) review of the field he comments on the use of visual cues of vampire imagery in the representation of people with mental illness in television and film, and this would suggest that this specific instance would have a resonance with the reader with representations in other media.

Fiend (11) – noun.

> OED (2014) – "A person of superhuman wickedness. (Now only with reference to cruelty or malignity.)"

The word *fiend* functioned to emphasis wickedness; see table below.

Table 7.13. *Fiend* concordance examples

ate given the gravity of this offence." COKE FIEND TRIPLE KILLER DUMPED HERE IS 'HIGH RISK'; DRUG
NTLEY'S SICK £100K RANT FOR LUXURIES SOHAM fiend Ian Huntley has demanded £100,000 from taxpayers
O SAVE HUNTLEY; EXCLUSIVE ANTI-SUICIDE WING FOR FIEND A SPECIAL prison unit costing hundreds of
OHOLIC WINE and BEER. Sources say the 33-year-old fiend may be admitted indefinitely for a personality d
Mayer and prosecution officials agreed that the fiend will serve his time in a single cell. Lawyers a
ng: "We're all pals." But he was attacked by the fiend, who had been convicted of a serious assault in 2
lling his third victim, Suzanne Blamires, 36, the fiend told police he had killed because of a "civil wa

In the homicide data set it is no surprise that fiend was used to name people who had killed. There was not a strong association with any specific crimes other than homicide, and the word served to emphasise *otherness* through an epithet with strong connotations of moral turpitude.

Pervert (11) – noun, verb.

> OED – "A person whose sexual behaviour or inclinations are regarded as abnormal and unacceptable."

Pervert was typically used to name someone who had been charged with sex crimes, though there were also three examples of the word being used as a

verb in reference to perverting the course of justice, which is not considered to be a stigmatising descriptor; see table below.

Table 7.14. *Pervert* concordance examples

People September 28, 2003, Sunday> MONSTROUS!	PERVERT	IS ROAMING FREE EVEN THOUGH HE VOWED: I'LL STRIK
gedy people like him are free." The 33-year-old	pervert,	dubbed the Transport Paedophile, is banned from
a three and a half year sentence for plotting to	pervert	justice. <The Mirror May 14, 2004, Friday>
n have a success- ful suicide bid. The child sex	pervert	has twice tried to kill himself. Bosses at max-s
used it to send a text reading, "RIP Mr Suddards.	Pervert"	to a number on his contacts list. Farrow also u
eing a bail hostel was caged for life yesterday.	Pervert	Scott Sorby, 21, was told he would serve a minimu

The word *paedophile* was not chosen as an example of a stigmatising descriptor as it was considered a technical and accurate name for "an adult who is sexually attracted to children" (OED online, 2014). *Pervert*, however, was considered to be stigmatising to the extent that it contributes to amplifying *otherness* and encouraging a heightened emotional response of anger and fear in the reader, which is exemplified in the headline in *The People*: "Monstrous! Pervert is roaming free even though he vowed: I'll strike again" (Hannon, 2003, p. 17). The link with sex crimes, already noted in relation to the use of the word *monster*, is an example of a process identified by Bilic and Georgaca (2007) that the representation of people with mental illness can draw in a range of different stigmatised identities, which in this case includes both that of homicide and that of sex crimes.

Monsters (11) – noun.

> OED – persons "of repulsively unnatural character, or exhibiting such extreme cruelty or wickedness as to appear inhuman; a monstrous example of evil, a vice, etc."

The word *monster* was used to indicate a person of "extreme cruelty or wickedness" (OED). The plural of the word tended to refer to an anonymous group rather than to specific individuals; see table below.

Table 7.15. *Monsters* concordance examples

August 12, 2001, Sunday> DANDO KILLER MOVED TO MONSTERS' PRISON; HATED GEORGE LOCKED UP WITH VILEST CR
for a change in the law to allow such dangerous monsters to be locked up BEFORE they committed a terrible
canal. But Chadwick Lodge has form for unleashing monsters on an unsuspecting public. Even the police are no
aily Star November 22, 2005> £125M CINEMA FOR MONSTERS; THEY'LL GET TELLIES, DVDS AND GAMES TOO <BYL
ions> BRITAIN'S most dangerous killers and sex monsters are moving into five-star luxury suites at taxpa

In the examples above, the word *monsters* tended to be used in relation to the place where people were being detained, with the only exception being a reference to the proposed changes to the MHA (1983). There are two different types of example in table 7.15 of authorities' apparent failings in relation to *monsters*. One is a failure to detain them, which was reported as, "unleashing monsters on an unsuspecting public" (Gekoski, 2004, p. 9). The other is irresponsibly pampering them when they are detained, e.g. "BRITAIN's most dangerous killers and sex monsters are moving into five-star luxury suites at taxpayers' expense" (Nettleton, 2005, p. 16) and "£125M CINEMA FOR MONSTERS" (Kaniuk, 2005, p. 2). The latter comments provided some support for Dickens' (2008) observation that the representation of high secure hospitals was often characterised by a perspective of the waste of taxpayers' money on perceived privileges. It also supported the link between *monsters* and sex crimes that was noted earlier with regards the singular word *monster*.

Pariah (10) – noun, adjective.

> OED (2014) – "A member of a despised class of any kind; someone or something shunned or avoided; a social outcast."

The word *pariah* was only used in relation to Stephen Griffiths who named himself as Ven Pariah; see table below.

Table 7.16. *Pariah* concordance examples

fled. The serial killer, who called himself Ven Pariah and bragged to police that he had murdered six w
le footage. Griffiths is heard saying: "I am Ven Pariah, I am the bloodbath artist. Here's a model assist
n inside him involving Stephen Griffiths and Ven Pariah." When asked why he had killed the women, he rep
fantasy that he was a serial killer he named Ven Pariah. He kept two crossbows and 30 knives there and h

This was the second example of a person naming themselves with a stigmatising equator during the court process, the earlier one being "Psycho Stapleton". As noted earlier, this could be an extreme form of self-stigmatisation, but it is not possible to determine this through newspaper reporting.

Beast (8) – noun.

> OED (2014) – "A human being under the sway of animal propensities."

The word beast tended to be used in reference to someone who had committed a sex crime as well as murder; see table below.

Table 7.17. Beast concordances examples

Pg. 17 LENGTH: 440 words> THIS is child sex beast Peter Lancaster - free to prowl the streets despi
INVESTIGATION LENGTH: 355 words> S & M beast allowed to roam alone for eight hours a week SEX
to decide if McCrimmon was "mad or bad". But the beast was found guilty of murder and attempted murder.
other than the three he has admitted murdering. Beast's sick CCTV salute DERANGED Griffiths was caught
cold. Terrified Kathy Hancock, 37, told how the beast beat her up and kept her prisoner at his flat -
er 9, 2012 Sunday Edition 1; Northern Ireland> BEAST KILLED MILLIE 2 YEARS AFTER BEING BRANDED A SOCIO

The words *beast* and *monster* both link homicide and sex crimes; however, *beast* was narrowly confined to sex crimes. This reflects the connotations of being inhuman but animalistic, and provides some support for Nairn's (2007) contention that representations of people with mental illness are often clustered around an image of animality. The use of the word *roam* in the headline, "S&M beast allowed to roam alone for eight hours a week" (Gekoski, 2004, p. 9) amplified the animalistic quality as *roam* has

connotations of animals roaming the land. One example, “BEAST KILLED MILLIE 2 YEARS AFTER BEING BRANDED A SOCIOPATH” (McMahon, 2012, p. 17), highlighted again the apparent failings of the system. The implication was that once branded a sociopath, the person should not have the freedom to be able to commit such crimes.

Psychos (9) – noun.

> OED – persons: “psychopathic; (more generally) odd, deranged, esp. violently or dangerously so.”

The word *psychos* was used to indicate either a general or a specific group of people; see table below.

Table 7.18. *Psychos* concordances examples

argue her defence. <The Sun June 26, 2002> PSYCHOS TO BE LOCKED AWAY FOR LIFE <BYLINE: Nic Cecil,
First photos of Pounds 20m luxury 'home' where psychos will be pampered THESE are the first pictures of
later. <Daily Star December 28, 2005> £72 K PSYCHOS GARDEN SCRAPPED. .DUE TO WEEDS <BYLINE: EXCLU
The Sun (England) July 10, 2006 Monday> Caged psychos sue over chilly nights <BYLINE: Jamie Pyatt
21 words> Broadmoor unit 'just too drafty' ELEVEN psychos are taking legal action against Broadmoor -claimi

The examples of *psychos* above indicated both an indeterminate group who may be detained, or are being detained, and a specific group (e.g. eleven *psychos*). The word had a strong impact in creating an *otherness* quality. The use of the word, for example, in a headline in *The Sun*: “PSYCHOS TO BE LOCKED AWAY FOR LIFE” (Cecil, 2002, p. 13) to introduce an article about the proposed Mental Health Bill functioned to distance the reader from any possible connection to mental health legislation. This supported Foster’s (2006) finding that the representation of the Mental Health Bill in the tabloid press was primarily as a mechanism for public protection.

Fiends (7) – noun.

> OED – persons “of superhuman wickedness. (Now only with reference to cruelty or malignity).”

The word *fiends* tended to be used to reference a place where people were detained, but was also used to reference a specific group of people; see table below.

Table 7.19. *Fiends* concordance examples

h prison housing some of the country's most evil fiends, the Sunday People can reveal. He joins infamous
<The People January 9, 2005, Sunday> 5-STAR FIENDS; EXCLUSIVE: EVIL KILLERS GET LIFE OF LUXURY ON
spent on hotel-style accommodation for notorious fiends such as Yorkshire Ripper Peter Sutcliffe and Ange
when they put on a panto for 22 killers and sex fiends. There were calls for an inquiry last night after
at Soham, Cambs, is one of several high-profile fiends who will be in the £300,000 suite. They include
n Flynn SECTION: EXCLUSIVE LENGTH: 375 words> Fiends cut CD in Broadmoor studio A SICK rock band form

The examples include how the connotations of the word *fiends* is contrasted with the luxury of the accommodation that they were being provided, e.g. "5-STAR FIENDS; EXCLUSIVE: EVIL KILLERS GET LIFE OF LUXURY" (Nettleton, 2005, p. 16).

Weirdo (7) – noun.

> OED (2014) – "Slang. An odd or unconventional person; one who is considered 'weird'."

The word *weirdo* was only used in reference to three specific people; see table below.

Table 7.20. *Weirdo* concordances

le's brake lining. SAD LONER GEORGE was branded a weirdo who was fascinated by guns and once posed in a g
e Sun June 30, 2005> IT'S LIKE RAGE OF REAGAN WEIRDO <LENGTH: 163 words> HIGH-profile crimes
Worryingly, Griffiths was identified as a violent weirdo back in 1987, aged 17, when he was nicked for sl

The word *weirdo* has a less powerful stigmatising quality than many of the other stigmatising descriptors used in the data set. It has connotations of being pathetic rather than inherently violent. All instances of its use were as part of the background narrative of an individual and therefore functioned

to link, retrospectively, behaviour that on the surface looked no more than odd or weird with later homicide. The power of its stigmatising quality therefore lay in forging a link between any discernible sign of odd behaviour with violence and homicide.

Hannibal Lecter (5) – noun.

The words *Hannibal* and *Lecter* always appeared together as a reference to the fictional character *Dr Hannibal Lecter*, who was a forensic psychiatrist and a cannibalistic serial killer, from the series of books by Thomas Harris and a number of movies, including the multi-Oscar winning film by Jonathon Demme (1991), *The Silence of the Lambs*; see table below.

Table 7.21. *Hannibal Lecter* concordances examples

Jason Ricketts murdered his prison cellmate in a Hannibal Lecter style killing, a court heard yesterday. Rickett
ctive said later: "This case has been compared to Hannibal Lecter - it is upsetting for the family to know how Mr
ield died now there is wide publicity over a new Hannibal Lecter film." Bloomfield's mother Eileen, 54, said: "I w
l cells for the most dangerous psychopaths have a Hannibal Lecter- style glass panel so nurses can keep watch with

The examination of the words *Hannibal Lecter* in context demonstrated that whilst it was a reference to a name, it is also used to describe the qualities of an action or an institution, as well as a reference to the film. There are not many references to *Hannibal Lecter*, only five during a 12 year period, but it is one of a number of examples of the use of horror/suspense genre films within the data set. The last concordance line in table 7.21 is part of an article in *The People*, describing a new DSPD service, in which it stated that, “special cells for the most dangerous psychopaths have a Hannibal Lecter-style glass panel so nurses can keep watch without having to go inside” (Nettleton, 2005, p. 17).

Maniacs (3) – noun.

> OED (2014) – persons “affected with mania; a person who is, or looks or behaves as if, mad. Now freq. in trivial use.”

Maniacs was used infrequently (see table below for examples), despite the word having previously been identified as a stigmatising descriptor in research in the UK (Dickens, 2008; Clement & Foster, 2008) and Italy (Carpiniello *et al*., 2007).

Table 7.22. *Maniacs* concordance examples

: 337 words>	Dando killer is one of worst maniacs in our prisons says shrink JILL Dando's killer B
er Barry George is one of the worst psychopathic maniacs in jail in Britain, secret tests have shown. Geo		
killer Ian Huntley (right) is one of a string of maniacs who could "check in" when the luxurious centre o		

The examples of its use indicated that it had been used specifically to locate an individual in relation to a prison service and their need to be contained.

Sicko (2) – noun.

> OED (2014) – "Slang. One who is mentally ill or (regarded as) perverted."

The word *sicko* was used infrequently; see table below.

Table 7.23. *Sicko* concordance examples

p in a small room. And, when she tried to leave, sicko Newman, 63, sent sexually explicit tapes to her	
lling and sex assault on Millie, 15 months. The sicko displayed sociopath traits during his romantic re	

Sicko, similar to the word *beast*, was used exclusively in relation to people who had committed sex crimes, as well as homicide.

Perverts (2) – noun.

> OED (2014) – persons "whose sexual behaviour or inclinations are regarded as abnormal and unacceptable."

The word *perverts* was used infrequently; see table below.

Table 7.24. *Perverts* concordance examples

ities	swiftly recalled him-fearing for her life. Perverts	Yet, in a worrying act of faith, bosses at Chadwi
ed how a double rapist, a murderer and two kiddie	perverts	enjoyed days out at the local mall or worked at

The word *perverts* was also used exclusively for people who had committed sex crimes as well as homicide. It was striking that both examples were in relation to the irresponsibility of authorities, and the failure to protect the public.

7.6.2.2. Qualities

Evil (80) – adjective.

> OED (2014) – "Morally depraved, bad, wicked, vicious, as applied to persons (adj, noun)."

The word *evil* was the most frequently used stigmatising descriptor during the twelve year period. It also had the highest log-likelihood value, suggesting that the red-top tabloid representation of homicide and personality disorder was very strongly characterised by the use of the word *evil* compared to the wider milieu of the representation of personality disorder in all other national newspapers (see table below for examples). This provided some support for Dickens' (2008) research into the representation of the high secure hospitals which, he contended, was characterised by language that emphasised the evil qualities of the patients.

In the example of 10 concordance lines of the word *evil* it can be seen that it was used consistently as a description of the quality of a person or persons. There are some patterns in how it was employed. It was used as an absolute term, e.g. "really evil" (R. Smith, 2001, p. 17), "pure evil" (Mahoney, 2001, p. 6), and "embodiment of evil" (Sibley, 2002, p. 19), which emphasised the extreme *otherness* of specific individuals. It was also used as operating on a continuum of evil, e.g. "some of the country's most evil" (Panton, 2001, p.

23), which implies that there is a bigger category of people than just the examples of *pure evil* who were at least in some part evil.

Table 7.25. *Evil* concordance examples

evil but I will show the b******s what is really evil'. He was heard saying he was going to cut somebod
ould have been locked up for good. "They are pure evil and many of us here do not believe they will ever
tough prison housing some of the country's most evil fiends, the Sunday People can reveal. He joins i
mention the name of her son Barry - known as the "evil" killer of TV star Jill Dando - and her blue eye
nting, remembered the poor souls who died at his evil hands and given him the means with which to remov
will never be released, who is the embodiment of evil and, most importantly, wants to die. Brady himse
ror June 13, 2002, Thursday> PSYCHO KILLER; EVIL SCOT IS CAGED FOR MURDERING PREGNANT GIRLFRIEND
f him that I had never seen. His face was full of evil." Bone, who is accused of murder by not protectin
il. <The Mirror October 24, 2003, Friday> SO EVIL; EX-SQUADDIE JAILED FOR LIFE AFTER STABBING 18
HT: Mum Laura; BABY KILLER: Harry Caldwell> AN evil ex-squaddie was yesterday jailed for life for the

Evil was also used a descriptor of a person, without reference to absolute or relative evil, e.g. “evil killer” (Boniface & Gardner, 2002, p. 16), “evil Scot” (Britton, 2002, p. 11), “evil ex-squaddie” (Temple, 2003, p. 19). In these examples, the word *evil* linked with an epithet for the individual rather than the person’s name, i.e. killer, Scot and ex-squaddie. The word *evil* at other places in the data set, however, is also linked directly to names e.g. “Evil Stone” (Shaw, 2001, p. 2), “Evil Huntley” (Duncalfe, 2006, p. 18), “Evil Sutcliffe” (France, 2010, p. 15), and “Evil Breivik” (R. Parry, 2012, p. 11). Linking the word *evil* with an epithet or the person’s name emphasised how encompassing the quality was of the person and their identity. It was the person, rather than their actions, that were evil.

In the examples in table 7.25 *evil* was also used as a descriptor in relation to a part of the body, e.g. “evil hands” (Sibley, 2002, p. 19), “face full of evil” (Lumsden, 2002, p. 13). Linking *evil* to body parts possibly has connotations of possession, as if a part of the body was possessed by evil that was dislocated from the person’s humanity. This lends some support to Nairn’s (2007) view that a common representation of mental illness clusters around a theme of possession. As Eagleton (2011) has pointed out, the notion of evil

creates a dilemma of responsibility. If someone is possessed by evil, then from one perspective they are not responsible for their action, and perhaps should even be pitied. Further exploration of the article referring to 'evil hands' offered one response to the issue of responsibility. The article commented on Ian Brady's wish to starve himself to death, asserting that, "The nation should have cheered, brought out the bunting, remembered the poor souls who died at his evil hands and given him the means with which to remove himself from society" (Sibley, 2002, p. 19). In this example the solution to evil was to remove the person from society, which clearly was a euphemism for being killed as he was already being detained indefinitely, and is an interestingly ambiguous moral stance to let evil destroy itself rather than society actively act out vengeance.

Twisted (18) – adjective.

> OED (2014) – "Of a person: neurotic, emotionally unbalanced; perverted."

The use of the word *twisted* in the homicide data set emphasised the *perverted* aspect of the word and had much stronger connotations than the OED definition suggests; see table below.

Table 7.26. *Twisted* concordance examples.

ies of her dead kids in a blood-stained bedroom.	Twisted	Riggi had knifed eight-year-old twins Austin and
amed her clumsiness. Even after carrying out the	twisted	fatal attack against Millie on December 10, 2009
e and said he would do it again if he could. The	twisted	33-year-old demanded to be acquitted and defended
would be "the biggest honour" he could achieve.	Twisted	Breivik - who smirked as he arrived in court and
ion> THE EXORCIST; WHY WAS CASEY'S KILLER FREE?	Twisted	& demon obsessed ..brother says she is like...
R SECTION: NEWS; Pg. 12,13 LENGTH: 725 words>	TWISTED	Hannah Bonser was jailed for life yesterday for m

The use of *twisted* emphasised the psychological component of the actor, in which the desires are human but distorted and twisted, compared to words like *beast* (animalistic but not human) and *monster* (outside the natural order).

One example from table 7.26 stood out as directly relevant to a number of points already identified in the analysis: “THE EXORCIST; WHY WAS CASEY’S KILLER FREE? Twisted & demon obsessed” (A. Taylor, 2012, p12). This brief example demonstrated another intertextual link to a film, in this instance William Friedkin’s 1973 movie *The Exorcist,* as a way of presenting a social meaning for the news item. The reference to the film *The Exorcist* (1973) and to demons created a link to evil and possession. As Eagleton pointed out with regards to Regan, the 12-year-old protagonist of the film, this potentially introduced a dilemma: “Is the devil inside *The Exorcist* child the true essence of her being (in which case we should fear and loathe her), or is it an alien invader (in which case we should feel pity for her)?” (2011, p. 6). Possibly describing her mind as *twisted* (presenting a psychological account of her actions) and obsessed (a normalising psychological reference) was a subtle communication that the article took the stance that she was responsible for actions. In fact, the issue of her level of responsibility was central to the court case of the alleged murderer: Hannah Bonser claimed that she suffered with paranoid schizophrenia and was not responsible for her actions, but it was determined that she had a personality disorder and therefore had only a diminished responsibility for her actions. What was unequivocal in the text, however, was the irresponsibility of the services that allowed her to be free and their failure to protect society.

Deranged (13) – adjective.

OED (2014) – “Disordered in mind; insane.”

Similar to the word *twisted*, the OED definition does not fully communicate the strength of the negative connotations of the word *deranged* as it was used in this data set; see table below.

Table 7.27. *Deranged* concordance examples

D FOR LIFE; MUM BEGGED MINISTER TO HELP VIOLENT, DERANGED SON <BYLINE: BY DANIEL HICKEY SECTION: NEWS; Pg
EY SECTION: NEWS; Pg. 15 LENGTH: 331 words> A DERANGED man who murdered his sleeping father after watchi
TER SECTION: NEWS; Pg. 7 LENGTH: 359 words> A DERANGED killer labelled a danger to the public was yester
ging on their flesh. He also ate some parts raw. Deranged psychology graduate Griffiths even filmed some of

Murphy *et al*. (2013) also identified the word *deranged* as a stigmatising descriptor in the UK press. There were also some repetitions of the failure of the authorities to act responsibly, e.g. “MUM BEGGED MINISTER TO HELP VIOLENT, DERANGED SON” (Hickey, 2008, p. 15) and (in the same article) a link with films through commenting that the murder happened “after watching mafia movie Goodfellas” (Hickey, 2008, p. 15). As Nairn (2007) has noted, the word *deranged* has connotations of a dangerous loss of control of psychological functioning.

Warped (8) – adjective.

OED (2014) – “Bent, contorted, or twisted out of shape.”

The word *warped* was typically used to describe an attribute of a person’s mind; see table below.

Table 7.28. *Warped* concordance examples

from bar> GAY hater Thomas McDowell's mind was warped from sex torture as a child when he butchered a
d a chilling insight into the schoolboy killer's warped mind. "Blackwell didn't act like he was mentally
ce, but still offers unique therapeutic care for warped offenders who are required to express a genuine d
ment. The artist was listed as "Tess Riggi". The warped mother - locked in a bitter custody battle with h
Sunday Edition 2; National Edition> timebomb; WARPED WORLD OF SCHOOL MASSACRE OUTCAST <BYLINE: PETE S

As *warped* was typically used in relation to a person’s mind, it presents a psychological representation of the person and therefore one that potentially offers an attempt to understand the person’s motivation, rather than comment on their behaviours without any context. The first line of the concordance in table 7.28 was an example of putting the person’s actions

into the context of their own experience of sexual abuse as a child, which had *warped* their mind. However, this contextualising was in relation to the headline, “CRAZED ULSTER KILLER IS LOCKED UP FOR EVER” (“McDowell lured a rabbi”, 2004, p. 2), which presented a clear emphasis on behaviour, *otherness*, and the priority of public protection.

The last line of concordance referred to the shooting of 20 children and 6 adults at Sandy Hook Primary School in the United States, by Adam Lanza. Lanza was described as having autism and a personality disorder, which was related to his “warped world” (Samson, 2012, p. 3) as an outcast. Similar to the word *weirdo*, one of the stigmatising aspects of the use of the word *warped* was the retrospective tracking of previous behaviour that at the time seemed weird and odd, and linking it to homicide. This was expressed by a former classmate: “Adam Lanza has been a weird kid since we were five years old. As horrible as this was, I can't say I am surprised. Burn in hell, Adam." (Samson, 2012, p. 3). Similar to the word *weirdo*, the stigmatising function of *warped* was that it could operate to link personality disorder and any odd behaviour with homicide.

Crazed (8) – adjective.

OED (2014) – “Mentally impaired or deranged; insane.”

The word crazed was identified by Clement and Foster (2008) as a stigmatising descriptor in the UK press. Once again the OED definition fails to capture the strength of the use of the word *crazed* in the homicide data set; see table below.

Table 7.29. *Crazed* concordance examples

T: BUTCHERED: Sharon Bubb was killed by McMaster;	CRAZED:	McMaster launched a savage Stanley knife attack
out forjobs in John Lewis and Marks & Spencer A	CRAZED	killer who slaughtered his own mother and then go
THE BODY PARTS OUT FOR THE BINMEN TO COLLECT;	CRAZED	ULSTER KILLER IS LOCKED UP FOR EVER <BYLINE: M
s Scream mask, cloak and knife hoard; THE KILLER;	Crazed	Stephenson-Snell lived in a fortress home where
dition; NEWS; Pg. 31 LENGTH: 256 words>	CRAZED	slasher Louise Giles killed just 24 hours after s
words> Ex-soldier admits killing 4 of his family	CRAZED	David Bradley stares coldly into the camera short

A pattern that stands out in this sample of concordances is that in two of the lines there are direct references to knives, and in one a person is referred to as "slasher Louise Giles" (Lawton, 2005, p. 31). Closer examination revealed that six of the ten incidences of the word *crazed* described someone who had killed by using a knife. This provided evidence that the word *crazed* had some specific connotation with knife related homicide, as well as a general connotation of a loss of control.

7.6.2.3. Labelling

Branded – adjective.

> OED (2014) online – "Marked with infamy, stigmatized."

The reason that the word *branded* was included in the list of stigmatising words was because of the historical connection to the process of stigmatisation: the process whereby slaves would be physically branded as a mark to indicate that they belonged to their owner, and prisoners would be physically branded as a mark of their infamy (Goffman, 1963). As the OED definition indicates, it is still considered to be a figurative indicator of stigmatising; see table below.

Table 7.30. *Branded* concordance examples

e's brake lining. SAD LONER GEORGE was	branded	a weirdo who was fascinated by guns a
oy's torture and murder was yesterday	branded	a psychopath. Matthew Welsh, 19, was
VAMPIRE killer Allan Menzies was	branded	an "evil and dangerous psycho" as he
FORMER royal aide Jane Andrews was	branded	"despicable" yesterday after losing
im FORMER royal aide Jane Andrews was	branded	"despicable and cold-blooded" yester
ere dashed when Judge Geoffrey Rivlin	branded	him an untreatable psychopath who can
ast year, Judge Roderick Macdonald QC	branded	him an "evil and dangerous psychopath
w hammer and a kitchen knife. A judge	branded	him an "arch deceiver and an accompli
o be like Freddy Krueger was yesterday	branded	the most dangerous inmate ever seen
oke down in tears as judge Lord Hardie	branded	her "truly wicked". He ordered the 4

The word branded was a very powerful indicator of someone having the authority to ascribe a negative quality or epithet to an individual. As the examples illustrate, the word was used exclusively as a mechanism for indicating that someone had said something about someone else. Several of these examples include court judges who clearly inhabited roles of authority. Naturally, the individuals involved would be highly unlikely to have used the word *branded* themselves, as the word was effectively shorthand for "he/she said that he/she is…"; however, it was more than just simply shorthand. It functioned to indicate the inescapable and absolute nature of their negative qualities, and the social disapprobation that should be meted out to the person, and had strong qualities of dehumanising the person in the process. Using the word *branded* in relation to an epithet rather than a quality, e.g. "branded a psychopath" (McComish, 2003, p. 31), and "branded an 'evil and dangerous psycho'" (Moore, 2003, p. 7), had a particularly powerful role in ascribing an identity to a person reduced exclusively to the label, e.g. *psychopath* or *psycho*.

7.7. Stigmatising language – changes over time

Research by Clement and Foster (2008) indicated that the red-top tabloids had increased their use of some stigmatising descriptors. To determine if the homicide data set reflected this pattern, the two periods (2001-2006 and

2007-2012) were compared to identify if there were significant changes in the proportional use of the stigmatising language.

Two new data sets were constructed from the homicide data set, of articles in the period 2001-2006 and articles in the period 2007-2012, and the number of words in each data set was calculated and the frequency of the stigmatising descriptors, identified in the analysis, was determined. The words *pervert*, *released*, *locked up, psychopath(ic)* and *caged* were not included, as their stigmatising quality was considered to be more contextual and therefore would compromise the reliability of the results.

As the expected counts of the number of stigmatising words in both data sets would be greater than five, Pearson's Chi-squared was considered to be an appropriate test to identify a pattern of change over the two time periods. An alpha value of .05 was chosen as the threshold for a significant change, and as there would a degree of freedom of *df* = 1, this would be indicated by a χ^2 value greater than 3.84 (see table 6.4 for critical values and degrees of freedom).

Initial analysis indicated that the absolute number of stigmatising words decreased across the two time periods (156/143), but the size of the data set also decreased (63581/50529 words). A Pearson Chi-squared analysis was conducted, with SPSS (IBM Corp v22, 2013), to identify whether the change was statistically significant (see table below for results).

Table 7.31. Pearson Chi-squared test of change in proportional use of stigmatising descriptor in the periods 2001-2006 and 2007-2012

	Time Period			
	2001-2006		2007-2012	
	n.	%	n.	%
Stigmatising descriptors	156	0.2	143	0.3
Other words	63425	99.8	50386	99.7
Total	63581	100	50529	100

The results indicate that there were proportionally more stigmatising descriptors used in the time period 2007-2012; however, the result of the Chi-squared test indicated that there was no significant relationship between the use of stigmatising descriptors and the time periods, with χ^2 (1, n=114110) = 1.53, p > .05. As the χ^2 value (1.53) was not greater than the critical value for α = .05 level (3.84), the null hypothesis that there was no significant change in the use of stigmatising descriptors across the time periods can be tentatively accepted. These results can be seen in the context of A. Thornicroft *et al*.'s (2013) findings that indicated a significant decrease in the use of pejorative language during the periods covered, though the differences in focus of enquiry make it hard to draw direct comparisons. They can also be seen in light of Clement and Foster's (2008) finding of an increase in the use of stigmatising language in the red-top tabloids between 1996 and 2005.

The latter analysis provided information about the use of stigmatising language as a whole; however, it was decided that it would be of interest to identify if there was a pattern of change between these two periods in the use of individual words. Corpus linguistics methods can facilitate a diachronic analysis of keyness (Gabrielatos, McEnery, Diggle, & Baker, 2012) by contrasting first the period 2001-2006 with 2007-2012, and then 2007-2012 with 2001-2006. Keyness analysis was undertaken using log-likelihood as the algorithm to identify statistical values for all words, and a log-likelihood value of 3.84 was taken as an indicator of statistical significance in the proportional frequency. The results from the keyness analysis are presented in table 7.32.

Table 7.32. Keyness analysis of stigmatising descriptors using log-likelihood, contrasting periods 2001-2006 and 2007-2012

2001-2006 Total no. of words = 63,581			2007-2012 Total no. of words = 50,529		
Word	**Frequency**	**G^2 Value**	**Word**	**Frequency**	**G^2 Value**
Vampire	12	8.61	Pariah	10	16.29
Maniacs	3	3.51	Monster	26	9.00
Perverts	2	2.34	Fiend	8	3.65
Weirdo	6	2.91	Deranged	8	1.56
Hannibal	4	1.30	Beast	5	1.07
Lecter	4	1.30	Warped	4	0.11
Fiends	5	0.73	Crazed	4	0.11
Branded	12	0.02	Twisted	9	0.24
Evil	45	0.01	Sicko	1	0.03
Psychos	11	0.00	Monsters	5	0.01
Monsters	6	-0.01	Psychos	4	0.00
Sicko	1	-0.03	Evil	35	-0.01
Warped	4	-0.11	Branded	9	-0.02
Crazed	4	-0.11	Fiends	2	-0.73
Twisted	9	-0.24	Lecter	1	-1.30
Beast	3	-1.07	Hannibal	1	-1.30
Deranged	5	-1.56	Weirdo	1	-2.91
Fiend	3	-3.65	Vampire	1	-8.614
monster	12	-9.00			
Words not present					
Pariah			Perverts		
			maniacs		

The results from the keyness analysis are presented in order of statistical value. Words with a high positive or negative value indicate a greater difference in their proportional frequency. The 2001-2006 data set is 26% larger than the 2007-2012 data set, so determining proportional frequency rather than absolute frequency was helpful. It was also important, however, to consider the absolute frequency of a word, as a word may have a high statistical value simply because it had only appeared in one time period, but might have been used very infrequently and had relatively little impact on the overall data set. The pattern of incidence was also important when considering the impact of a word; for example, whether it was only used in a very narrow context or used across a number of news stories.

The keyness analysis indicated that *vampire* was statistically significant in its frequency in the 2001-2006 data set and *pariah* in 2007-2012; however, the concordance analysis had already identified that these two words were used only for two specific incidences, so could readily be taken as indicative of a broader pattern of change. That the word *monster* was statistically significant in increased frequency in the 2007-2012 data set was potentially of greater interest because the word was used frequently, and the concordance analysis indicated that it had been used as an epithet for a number of different individuals. This word has often been highlighted as an alarming way of referring to people with mental illness (Cutcliffe & Hannigan, 2001; Dickens, 2008; Mercer, Mason, & Richman, 1999) and the concordance analysis emphasised that *monster* was a particularly powerful stigmatising descriptor because it had connotations not just of being inhuman, but outside of the natural order.

Whilst identifying changes in the two time periods is interesting, patterns of consistency are equally as important. The keyness analysis enables a ready identification of patterns of consistency, as words that approach a log-likelihood value of 0 have the same proportional frequency in the two time periods. The results presented in table 7.32 indicated that the following words (*evil, branded, psycho, psychos,* and *monsters*) had a log-likelihood value < 0.02. These words were regarded as having strong consistency in the twelve year period, and a noticeable impact in terms of presence. These results suggested the existence of a core group of stigmatising descriptors (*evil, branded, psycho, monsters*) that were drawn upon in a consistent manner when representing the issue of personality disorder and homicide. They suggest that they would have had a powerful effect in constructing an image of some people with personality disorder.

7.8 Conclusion

This chapter has explored the type of language that had been used when these newspapers wrote about personality disorder and homicide, to

determine if these articles were characterised by stigmatising language. This identified the apparently indiscriminate use of the words *released* and *locked up* to refer to both prison and hospital, which may have contributed to readers viewing psychiatric services as primarily serving a public protection role. The analysis of stigmatising descriptors identified 22 words that were statistically significant in their proportional frequency, compared to the broader milieu of the newspaper representations of personality disorder. The previous chapter had identified that there had been a decrease in the proportion of articles that forged a link between personality disorder and homicide in the period 2007-2012 compared to 2001-2006. This had been interpreted as a positive sign of a trend towards a reduction in the stigmatisation of personality disorder. Analysis of the proportion of stigmatising words used in these two time periods, however, indicated that there was a proportional increase in the use of stigmatising language across the time periods, though the change was not statistically significant. Closer analysis of changes in individual words indicated that there had been a proportional increase in the use of the word *monster*, that there was considerable consistency in the use of the words *evil, psycho, monsters* and *branded* across the period, and that they were all used relatively frequently.

A limitation of the linguistic analysis is that it concentrates on the use of individual words in context, rather than a thorough exploration of arguments and perspectives within and between articles. The frame analysis in chapter 8 addresses this by exploring the use of a dominant news frame within the homicide data set and its possible contribution to the processes of stigmatisation. The results from this chapter illustrated some potentially fruitful areas that were explored in the frame analysis, including the use of stigmatising language, the role of the state, and the use of references to films. These findings fed directly into the frame analysis, as part of the sequential and fully mixed methods research design. The findings are explored further, together with those of the content analysis and frame analysis, in the discussion in chapter 9.

Chapter 8: Frame Analysis - Findings

8.1. Introduction

Research in this field has identified that the press often frame news events in such a way that they repeat established patterns of understanding issues and concerns around mental illness, and that these can contribute to the process of stigmatisation (Kesic *et al*., 2012; Paterson, 2007; Stark *et al*., 2004). This chapter explores the dominant news frame in the homicide data set.

As Matthes and Kohring (2008) noted, there are perils involved in a purely qualitative approach to frame analysis, particularly the danger that the researcher cherry picks information that confirms their pre-existing beliefs. Research from social psychology supports this concern, referred to as *confirmation bias* (Allahverdyan & Galstyan, 2014). Similarly, research in social psychology indicates that people tend to over-evaluate information that they identify at the beginning, referred to as the *primacy effect* (van Erkel & Thijssen, 2016), which can also compromise the reliability of the findings. However, these concerns have to be balanced by the depth and sophistication of analysis that qualitative research can provide in the endeavour to make sense of complex human communications. The frame analysis approach adopted was an iterative process that included close and repeated readings of the articles in the homicide data set and an understanding of the social context of the period. The analysis drew on the results from the linguistic analysis, engaged in further linguistic analysis, and constructed a matrix of the components of the identified news frame. The validity of the news frame and matrix was initially tested through an understanding of the syntactical structure of articles (Sieff, 2003) and the degree to which headlines demonstrate this news frame. Further close reading of the articles was undertaken to establish its presence in a range of news stories presented across the 12 year period. Close readings of a sample

of representative articles illustrated some of the subtleties of how the news frame was utilised.

8.2. Initial readings of the data set

After reading through the data set several times as part of constructing the data set and conducting the content analysis, and exploring it further through the concordance analysis, a strong theme had emerged of the state being irresponsible in its approach towards people with personality disorder who had committed homicide. The analysis in chapter 7 had highlighted a number of examples including, "£125M CINEMA FOR MONSTERS" (Kaniuk, 2005, p. 2), "5-STAR FIENDS, EXCLUSIVE: EVIL KILLERS GET LIFE OF LUXURY" (Nettleton, 2005, p. 16), "BLUNDER THAT LET A PSYCHO OUT TO KILL" (Lawton, 2005, p. 31). It was also striking that many of these examples were headlines, which suggested that these messages had a high level of salience within the articles. By contrast, there was favourable support of people being *locked up*, e.g. "PSYCHOS TO BE LOCKED AWAY FOR LIFE" (Cecil, 2002, p. 13) and *caged*, for example, "Monster is caged for ever" ("Monster is caged", 2006, p. 4). These seemed to be a logical extension to the dehumanising qualities ascribed to the people, as evil, psycho, monsters, beasts and fiends, and the degree to which these qualities shaped identities, including a process of being branded. These first impressions mirrored some of the themes that other researchers had identified in news frames (Dickens, 2008; Nairn *et al*., 2001; Paterson, 2007; D. Rose, 1998; Sieff, 2003; Stark *et al*., 2004). This was taken as lending weight to the initial identification of a broad perspective.

8.3. Framing the social context

It was noted in chapter 4 that news frames within the newspaper can only have traction, and meaning, because they reflect a construction of the phenomena within the wider social world (Van Gorp & van der Goot, 2012). Both Van Gorp (2007) and Reese (2009) promote a model of exploring the dominant framing of the phenomena in the wider social world as the site in

which the news frame is located, and then elaborating on how this is constructed in the newspapers. Van Gorp's (2005) research into the representation of asylum seekers in Belgium, for example, drew on the construction of asylum seekers as *intruders* in the wider social world, and then elaborated on the devices used in the newspapers to construct a similar news frame of *intruders*.

The review of the period in chapter 2 highlighted that there was a broad issue about the governmental approach of *care in the community*, which had been represented in the press as an irresponsible response to people with mental illness that failed to adequately protect the public (Cummins, 2010; Hallam, 2002; Paterson, 2007; D. Rose 1998; Stark *et al*., 2004). The review also highlighted that with specific regards to people with personality disorder who have committed homicide, the trial of Michael Stone in 1998 had been a catalyst for a drive to change legislation (C. Brown, 1998; Foster, 2006) and the introduction of the DSPD programme (Ramsay, 2011). The survey of the debates highlighted that central to the presentation of the dilemma was that legislation, "fails to protect the public from the danger these people represent" (HO/DH, 1999, p. 4). It was presented that this was in part because of the contention over treatability, and that the response to this was, "detention based on the serious risk such people present to the public" (HO/DH, 1999, p, 9). This had presented a dilemma with regards the issue of human rights (HO/DH, 1999). Directed by this, it was decided to explore within the homicide data set a number of concerns: community care, protecting the public, risk, dangerousness, Michael Stone, the MHA (1983/2007), DSPD programme, human rights and treatment.

In the context of the DSPD programme, experts in the field had commented that in "many countries of the world, probably the majority, the management of those with dangerous and severe personality disorder could be summarised in the hackneyed phrase, 'lock them up and throw away the key'" (Tyrer *et al*., 2010, p. 96). Davis-Barron (1995) expressed a similar

sentiment, from a Canadian perspective, noting that society is divided as to whether to, “lock them up and throw away the key, or spend hundreds of thousands of dollars every year to treat them?” (p. 1315). There was some support from the linguistic analysis of the presence of this perspective, with the finding that the phrase *locked up* was used 33 times in the homicide data set, and some additional support with the finding that the word *caged* was used 20 times.

Another component of the social context that Van Gorp (2007) emphasised as significant is the broader cultural sphere. A significant contribution to the analysis of the cultural representation of mental illness has been O. F. Wahl’s seminal text: *Media Madness*. *Public Images of Mental Illness* (1995). Wahl provided an overview of research into the representation of mental illness in films, novels, newspapers, television, and advertising. He commented that the internal logic within the cinematic representation of people with mental illness who commit homicide was that, “with the presentation of mentally ill characters as evil, villainous, and incurable, it follows logically that the main hope for safety from these dangerous criminals would be their permanent removal” (O. F. Wahl, 1995, p. 76). This perspective of *permanent removal* was congruent with a *lock them up and throw away the key* perspective, so lent some support to the view that there was resonance in the social framing of this group, both in terms of practices and in terms of cultural images. There was also support from the linguistic analysis that some of the articles in the homicide data set were referencing these types of films (Nettleton, 2005; R. Smith, 2001; A. Taylor, 2010). These intertextual references could function to establish a link between actual homicides and fictionalised homicides, and consequently imply the type of responsible action that should be taken towards this group of people, i.e. “their permanent removal” (O. F. Wahl, 1995, p. 76).

8.4. Linguistic devices informed by the review of the social context

Adopting the same process as used in the analysis of stigmatising words, the homicide data set was contrasted with the wider milieu of UK newspaper representations of personality disorder to determine the log-likelihood value of the proportional use of each word, to further explore linguistic characteristics. The same process was used as that outlined previously in chapter 7, with the data sets tagged to remove extraneous information and all words treated as lower case. The log-likelihood statistical test was used on each word, and a value of 3.84 or greater was regarded as indicative of statistical significance, based on an alpha value of $\alpha = .05$. Whilst this would provide results about how the data set was distinct from the normative data set, words with low log-likelihood value, but high frequency, may well also make significant contributions to supporting a dominant news frame and therefore were also examined.

The review of the social context had highlighted the centrality of the issue of danger and dangerousness in the debates about how the state should responsibly respond to the phenomena of people with personality disorder who commit homicide. The word *danger* had a log-likelihood value of 28.93, which indicated that it had a high proportional frequency, and it was used 44 times. There were 19 instances of the phrase *danger to*, which has a directness to the focus which heightens the sense of danger; the most common target was *danger to the public* (7 instances). Often the phrase *danger to* was used as part of reporting statements by judges or reports presented to court. Examples of this included, “You are a danger to children and young people and pose a high risk to the public" (McWhinnie, 2006, p. 12) and, “Mr Giffin said Stewart had a "significant disorder of personality" and was a potential danger to anyone from an ethnic minority” (Hepburn, 2004, p. 22). That these statements were made by figures of authority gave greater weight to their pronouncements about the quality of danger ascribed to the person.

The word *dangerous* had a log-likelihood value of 72.72, which indicated a high proportional frequency, and it was used 102 times. A concordance analysis of the use of the word *dangerous* identified that it was most commonly used in the following contexts, namely, in relation to a service (49 instances), to refer to a quality of specific individuals (29 instances) and in relation to proposed changes to legislation (18 instances). The use of the word *dangerous* in relation to an individual clearly established a quality of that person; for example, "A psychiatrist said he had a serious personality disorder and was 'highly dangerous'" (R. Smith, 2001, p. 17), and "Defence counsel Nicholas Price QC said of McMaster: 'This man is an extremely dangerous character'" (Britton, 2002, p. 11). These qualities of dangerousness were also presented as the context for the proposed changes in legislation; for example, "The government is to press ahead with the leaked Mental Health Bill to detain people with dangerous personality disorders" ("Mental Health Bill", 2002, p. 2). Further examples include, "BUNGLING politicians this week axed tough new laws to protect people from dangerous mental patients" (MacAdam, 2006, p. 26), and "Dangerous patient bill is scrapped" (Wooding, 2006, p. 23). The responsibility for legislation lies ultimately with the government, and in the majority of the references to legislation it was clear that the perspective was that the responsible position to take was to change the legislation to protect us from these "dangerous mental patients" (MacAdam, 2006, p. 26) through indefinite detention based on risk.

The review of the context highlighted that the DSPD programme was in operation during the period, 2001-2012. Of the 49 references to *dangerous* that related to services, only 12 were a simple iteration of the name *dangerous and severe personality disorder*; the other 37 instances were references to qualities of the people in the services. The vast majority of the articles that referred to the DSPD units were disparaging of their work. The common complaint was of an irresponsibly soft regime in which people were given too much comfort and freedom; for example, "Outraged campaigners

for crime victims yesterday condemned the units for ‘pampering’ dangerous offenders” (Nettleton, 2005, p. 17). Other examples include, “BRITAIN'S most dangerous criminals are to get a big-screen cinema” (Kaniuk, 2005, p. 2), and "Some of the most dangerous and evil people in the country will be kept there. But they will be enjoying a level of luxury denied to a lot of the public” (Perrie, 2004, p. 7). The perspective here was that indefinite detention was not sufficient and that the conditions of the detention should be tough. This was considered as evidence of a component of a *lock them up and throw away the key* news frame; specifically, *throwing away the key* suggested that people were to be abandoned in tough regimes rather than receive treatment.

The review of the context indicated that care in the community failure was a common way of framing mental health news, so the word *community* was searched for. The keyness analysis indicated that the homicide data set was not distinguished from the milieu of UK newspaper articles about personality disorder in its use of this word; in fact, the word had a log-likelihood value of = -3.78 which indicated that it was almost statistically significant in its proportional infrequency. The word *community* was used 29 times, however, and concordance analysis revealed that 12 of those instances were in relation to people with personality disorder or a broad group of people with mental illness receiving treatment or living in the community. Some of these references were made in references to specific individuals (8 instances); for example, “MP Philip Davies said it was ‘extraordinary’ that the monster was considered safe to live in the community and study for a PhD in homicide” (Lawton, 2010, p.15). Others were made in relation to a broad group of people with reference to either legislation or services (5 instances); for example, “CHANGES to mental health laws being debated by MPs could see some mentally ill people locked up rather than treated in the community” (S. Russell, 2007, p. 22). In one case, a specific instance was generalised to a general position: “His family say they had battled for years to get something done as he spiralled out of control. Their struggle shows

that care in the community just doesn't work" ("Danger in our midst", 2006, p. 5). The dominant perspective was that people receiving treatment in the community was too great a risk to take, which was consistent with findings about community-based care being presented as a threat to the public's safety (D. Rose, 1998; Stark *et al*., 2004). The phrases *care in the community* and *community care* were used four times.

Linked to the issue of care in the community, the survey of the social context had identified that in relation to people with personality disorder who kill, there had been debate about the increased privileging of public protection. The keyness analysis of the word *protect* indicated that it was statistically significant in its proportional frequency, with a log-likelihood value of 5.29. There were 23 instances of the word *protect*. The word was used in the following phrases: *protect the public, protect people,* and *protect us*. Concordance analysis of the word indicated that the most common usage was in relation to mental health legislation and the failure of the existing legislation to protect adequately the public. The data set included examples such as, "But it is surely time to look into the failure of the law to protect the Russell family from Stone's murderous personality" (R. Scott, 2001, p. 14), and "New tough laws to protect the public from dangerous mental patients were scrapped in chaos yesterday" (Macadam, 2006, p. 26). A further example was, "This is designed to protect us against those who have what's called severe personality disorders" (Blunkett, 2007, p. 23). The word was also used repeatedly in one article in *The People* after Ian Huntley, who had killed Holly Wells and Jessica Chapman in Soham in 2002, had been attacked in prison and apparently was considering suing the prison for their failure to protect him; the article headline was "HUNTLEY'S SICK £100K RANT FOR LUXURIES" (Myall, 2005). Murphy *et al*.'s (2013) research highlighted the repeated use of the word *protection* in articles about mental health, and in the homicide data set the word was used in 13 instances, exclusively in relation to the protection of children.

The word *risk* had a log-likelihood value of -4.29 which indicated that it was statistically significant in how proportionately infrequently it was used. There were, however, 31 instances of the word being used, so whilst the data set might not be distinguished from the wider milieu of how personality disorder was represented in the UK press by the dominance of risk, it appeared to share a concern around risk. Concordance analysis indicated that the word was used predominantly in relation to an individual's risk of re-offending. The analysis also indicated that the word was commonly used as part of a direct quote from court proceedings; for example, "It is likely that you will remain a risk to the public, and there remains a risk that you will kill again" (Britton, 2002, p. 11). A further example was, ""You are a danger to children and young people and pose a high risk to the public"" (McWhinnie, 2006, p. 12). Wondemaghen (2014) noted that the role of press reporting of court proceedings in presenting the public with legalistic perspectives on people with mental illness, and the use of authority figures to pronounce on the level of risk, suggested that the principle of risk was regarded as a technical or quasi-technical term. This suggested that the term *risk* was employed in a way that emphasised the authority and accuracy of the risk analysis. The other side of this was the disapproval when, "16 experts ruled she only presented a 'modest risk' – and freed her" (Lawton, 2005, p. 31). The phrase *risk to the public* was the most common catchphrase.

The review of the context indicated the importance of human rights in the debates about the state's response to the phenomena of people with personality disorder who committed homicide. A keyness analysis of the word *rights* revealed that it had a low log-likelihood value (-2.50). There were nine articles that directly referenced the issue of human rights. Concordance analysis revealed that the word was used in relation to proposed mental health legislation, and in relation to people's rights in prison. Both issues were typically presented as if the human right of liberty was either too high a risk to allow people to have or a right that they had

foregone; for example, “A source at the secure hospital in Berkshire said: ‘They have a bloody cheek. But they just bleat about human rights and everyone bends over backwards’” (Pyatt, 2006, p. 19).

Another issue that the review of the social context identified was that of treatment for people with personality disorder and the contention about the use of the treatability clause in the MHA (1983), which led to some people with a personality disorder not being detained because they were not considered to be treatable (S. P. Singh *et al*., 2017). Keyness analysis of the word *treatment* revealed that it had a low log-likelihood value in the homicide data set, (-19.79), but it had a high frequency (44 instances). Closer examination revealed that it was typically used in two different contexts; one was in articles about proposed changes to legislation that meant detaining, “Mental people with dangerous personality disorders who refuse treatment” (“Mental Health Bill”, 2002, p. 2). This use of the word *treatment* linked it strongly with public protection rather than therapeutic gain for the individual. The second common usage was in articles about the DSPD units, for example, “each monster’s treatment at Broadmoor costs a staggering £234,000 a year” (Clench, 2007, p. 17), which linked treatment with indulgence, and privilege.

Analysis of the word *untreatable* revealed that it also had a relatively low log-likelihood value (2.19), but was relatively frequently used (15 times). The word was primarily used in relation to the MHA (1983) and people who had committed homicide not having been detained prior to the act; for example, “he had a personality disorder but because the condition was untreatable, he could not be held under the Mental Health Act” (M. Sullivan, 2001, p. 17).

The results from this aspect of the linguistic analysis supported the survey of the social context, that the issues of dangerousness, community care, public protection, risk, human rights and treatment were all present in the data set. There was an identifiable pattern of a news perspective about the threat

that this group represented to the public, and the largely irresponsible approach of the state which portrayed the services as too soft and the legislation as too weak. A further perspective was that the ideology of community care allowed too much freedom for a group of people who presented too great a risk to the public because of their level of dangerousness. This was considered as evidence to support the presence of a *lock them up and throw away the key* news frame in which the only responsible course of action for the state was the permanent removal of people into tough regimes, and any deviation from that was regarded as irresponsible.

8.5. Identification of further linguistic devices

The results from the linguistic analysis had indicated a number of stigmatising descriptors that were broadly understood as functioning to increase prejudicial attitudes and contributing to the view that "we believe the person with a stigma is not quite human" (Goffman, 1963, p. 15). These words were considered as evidence of a news frame of *lock them up and throw away the key* as they function to support a perspective that because of their less than human qualities people should be permanently removed from human society. It was decided to engage in further exploration of the data set with the AntConc software (Anthony v3.2.4, 2011) to try to identify other linguistic features of the data set that might be pertinent to the frame analysis. This was undertaken by reviewing the list of all words in the homicide data set ordered by the log-likelihood value of their keyness, and responding to words that appeared relevant. This approach is supported by Baker (2006) who highlights that the objective qualities of the software analysis can work with the subjective decision making of identifying words pertinent to the area of enquiry, informed by research in the field.

Gamson and Modigliani (1989) noted the importance of exemplars as framing devices, which Van Gorp (2007) incorporated into his framing matrix. Dicken's (2008) research into the representation of high secure

hospitals in the UK press had identified that some articles would draw on the image of high profile patients as an intertextual device to orientate the reader, even if it had no bearing on the focus of the article. A search was conducted of all examples of individual names, and concordance analysis was conducted to see if they were used in articles that were not directly about them. This identified three dominant individuals; see the table below.

Table 8.1. Keyness analysis, using log-likelihood test, of names used as exemplars

Name	Frequency	G^2 Value
Stone	69	34.80
Huntley	78	239.22
Ripper	27	75.81
Sutcliffe	23	54.72

The majority of the references to Michael Stone were in relation to his re-trial in 2001. He was also used as an exemplar in relation to proposed changes to mental health legislation; for example, “Ministers aim to close the loophole which allowed mentally disturbed Michael Stone to murder Lin Russell and her six-year-old daughter Megan” (“Mental Health Bill”, 2002, p. 2). A further example was, “This loophole was highlighted after Michael Stone bludgeoned Lin Russell and her six-year-old daughter Megan to death in 1996” (Hannon, 2003, p. 17).

Ian Huntley was largely referenced in direct relation to himself, related to his life in prison, rather than to his court case. There were, however, four instances of Huntley being used as an exemplar in reference to the newly developed DSPD units as part of the condemnation of the services as *too soft*. This was despite the fact that Huntley did not ever move into a DSPD unit; for example, “SOHAM murderer Ian Huntley is set for a new life in a cushy mental hospital likened to Butlins” (Layton, 2007, p. 27). These cases functioned to emphasise a response of outrage about the services, by referencing a person who was hated within society as an example of the services’ inappropriate approach.

Peter Sutcliffe, also referred to as The Yorkshire Ripper, was used as an exemplar on 20 occasions. This was largely to typify the *otherness* and terrifying image of Broadmoor Hospital; for example, "a director claimed some women had been raped by sex offenders at the hospital, home to the Yorkshire Ripper" (T. Parry, 2005, p. 15). In the latter example there was no suggestion that Peter Sutcliffe was implicated in the accusation that female patients had been raped; his epithet (The Yorkshire Ripper) was simply invoked as a way of orientating the reader to the horror of the type of person in Broadmoor Hospital. Or, like Huntley, his name was used as an exemplar as part of an article criticising the DSPD units, though like Huntley he was never actually a patient in one of the units; for example, "They enjoy yoga and art, barbecues and cooked breakfasts which, like The Ritz, they can send back if their egg is not RUNNY enough. Most of the patients, who include Yorkshire Ripper Peter Sutcliffe…" (Clench, 2007, p. 17). Peter Sutcliffe was used to orientate the reader to an example of the type of person that would be a patient at the DSPD unit and functioned to highlight how irresponsible the new unit was in providing such a soft regime, despite there being no evidence that he would actually be a patient in the unit. It is worth noting that his documented diagnosis is paranoid schizophrenia (Davies, 2010), and therefore there was little reason to believe that he would receive treatment in a DSPD unit.

The review of the word *community* had indicated that a central concern was that people were free to live in the community, arguably the opposite of being locked up. Informed by this, the words *free, freed,* and *freedom* were explored (see table below).

Table 8.2. Keyness analysis, using log-likelihood test, of the words *free*, *freed* and *freedom*.

Words	Frequency	G^2 Value
Free	63	41.46
Freed	27	31.73
freedom	18	9.33

The concordance analysis of the word *free* indicated that it was typically used as part of identifying a problem. The phrase *free to roam* was used as a catchphrase to emphasise the nature of the problem and to indicate the source of the problem; for example, “Stone was not legally mad, and therefore free to roam the lanes of Kent” (Stott, 2001, p. 14). Another example was, “in a worrying act of faith, bosses at Chadwick Lodge secure unit appear to have no qualms about letting the grey-haired killer out unescorted. He is free to roam for two hours at a time four days a week” (Gekoski, 2004, p. 9). The phrase *free to kill* was used to indicate both the source of the problem and the problem itself; for example, “AN MP has demanded an inquiry into how the Crossbow Cannibal was free to kill three women” (Lawton, 2010, p. 15), and “She claimed demons were driving her to murder and begged docs for help. Why was she free to kill a 13-year-old?” (Thornton, 2012, p. 11).

The word *freed* was typically used as part of a presentation about the dangers of someone being freed and was used to refer both to someone leaving prison or being discharged from hospital. For example, “Sources say that in his latest psychiatric assessment he was said to have a personality disorder, but the Parole Board chose to release him. He was freed from Ford Open Prison, West Sussex” (France, 2010, p. 33), and “A MENTAL patient was freed to stab a stranger to death even though he had been caught with knives eight times” (Lawton, 2011, p. 18). The word *freedom* was typically used to refer to someone who was detained and was seeking their freedom; for example, “AN Irishman's killer can seek his freedom in less than four years after a judge's ruling” (“Skittle Killer”, 2007, p. 19). An additional example was, “A TWISTED killer who knifed her neighbour to death in a row over a dog failed in her bid for freedom yesterday” (O’Faolain, 2009, p. 27). The prospect of freedom was presented as an irresponsible risk.

The analysis in chapter 7 identified examples of the word *luxury* used as criticism of service provision; exploration revealed that it had a high log-

likelihood value (86.37). Concordance analysis indicated that the word was used exclusively to refer very disapprovingly to the investment in the DSPD services; the phrases *life of luxury* and *lap of luxury* were popular in these accounts, which pointed to possible uses of catchphrases as framing devices. This led to further exploration of similar words in the keyness analysis which also revealed the word *cushy* to be highly significant (log-likelihood value of 60.50) and used exclusively to refer, in a condemnatory way, to the DSPD units. The word *taxpayer* was significant (log-likelihood value of 25.50) and all uses of the word functioned to indicate outrage about the cost that was being spent on people with a personality disorder who had committed homicide, and the irresponsible approach of the state in this enterprise. These findings add further evidence to Dicken's (2008) contention that the press present scathing accounts of any hint of privilege in the high secure hospitals.

The majority of the articles in the homicide data set were reports of court proceedings. These articles provided repeated examples of the qualities of people with personality disorder who had committed homicide and images produced by them are an important component of the communication about this group. The data set was searched for key words that were used in this presentation and examples are presented in table 8.3.

Table 8.3. Examples of words used to describe acts of homicide

Word	Frequency	G^2 Value
knife	98	148.87
stabbed	86	131.69
hammer	44	78.75
butchered	19	70.04
battered	28	66.14
attacked	38	35.17
blood	48	34.53
shot	55	31.45
dragged	14	22.64
bodies	26	22.55
chopped	6	19.34
gouged	3	17.66
slaughtering	4	11.73
stamped	4	9.89
axe	7	8.26
suffocated	5	5.37

These examples of individual words indicate a range of the different types of acts of homicide described within the newspapers, but do not readily communicate the power of the images produced. This is better illustrated with a selection of sentences from newspapers that are examples of how homicides were reported:

- “A SCOTS psycho who butchered his pregnant lover with a Stanley knife laughed as he was caged for life yesterday” (Britton, 2002, p. 11).
- “he stabbed his victim 20 times in a frenzied attack, slashing his throat and leaving him with punctured lungs” (McAlpine & Riley, 2012, p. 6).
- “I HIT MY DAD WITH A HAMMER AND STABBED HIM A FEW TIMES.. THEN I STOOD BACK AND TOLD HIM I LOVED HIM” (Disley, 2005, p. 25).
- “The 20-year-old, who had been drinking and taken anabolic steroids, was heard to say "You f****** die" during the brutal attack last July” (R. Smith, 2009, p. 21).

- “EX-SQUADDIE JAILED FOR LIFE AFTER STABBING 18-MONTH-OLD TO DEATH” (Temple, 2003, p. 19).
- “She said: ‘He told me he had killed Thomas. He said he battered his head in with a hammer, then he cut him up and drank his blood’” (Minchin, 2003, p. 23).
- “Footage discovered by a caretaker shows him shooting her in the head with a crossbow bolt before dragging her lifeless body back to his lair” (Thornton, 2010, p. 4)
- “Green - already booted out the army for a ‘personality disorder’ - then raped the girl before shooting her several times” (Mackay, 2006, p. 16).
- “Smashing her skull, he watched as the blood poured from her lifeless body. He later told police: ‘I actually quite enjoyed the experience. I remember thinking that she was doing amazingly well not to be dead already’” (Rigby, 2008, p. 32).
- “Within hours, he punched, kicked and hit his victim on the head and face with a table leg and his own crutch as he sat in his wheelchair” (Armstrong, 2005, p. 32).
- “hitting his victims several times on the head with a hammer, then sticking a bottle of vodka into their shattered skulls. He no longer tried to conceal the bodies” (Ellis, 2007, p. 6).
- “One was attacked with a claw hammer and others repeatedly strangled and resuscitated before they were eventually killed” (Wheeler, 2010, p. 30).
- “Ricketts, 29, strangled 35-year-old Colin Bloomfield, cut open his body with a home-made scalpel, removed his spleen and liver, gouged out an eye and put them on a bedside locker” (R. Smith, 2001, p. 17).
- “[he] chopped up a victim's brain, fried it in butter, and told police: ‘I enjoyed it. It was really nice’” (Penrose, 2005, p. 33).

- “He pulled out a handgun and shot Mr Bidve in the left temple, laughing as he ran off” (P. Byrne, 2012, p. 11)

The examples illustrate powerful images of brutality, indifference to the pain of others, and pleasure in inflicting pain. In selecting to represent people with personality disorder as examples of people who have committed these types of crime, the newspapers repeatedly produced these types of image that are designed to elicit powerful affective responses of fear, horror and revulsion in readers. The graphic language used in constructing these images, including the language identified as stigmatising descriptors in chapter 7, augments the impact on the reader and the presentation of individuals as less than human (Goffman, 1963).

8.6. News frame matrix

Van Gorp (2005) advocates the use of a matrix to bring together the key information about the news frame. Engaging with this encouraged further refinement of the news frame to reduce it to a more abstract level that could be demonstrated in a range of news stories. Informed by Van Gorp’s (2005) matrix, the reasoning devices were: the problem, the source of the problem, the responsibility for the problem, the solution to the problem, and the moral response to the problem.

The problem was refined to a failure to protect *us*, the public, from the risk presented by *them*, dangerous people with personality disorder who commit homicide, through appropriate mechanisms of identification and detention. This had been evidenced in the negative portrayal of people being free in the community, the negative portrayal of mental health legislation that did not protect the public, and the repetition of the use of the words *danger, dangerous, protect* and *risk*. The source of the problem was refined to too much freedom given to people with personality disorder who commit homicide. The evidence for this was the results of the concordance analysis of the words *community*, *free*, *freed* and *freedom*. The responsibility for this

lay with the state, including the legislation, policies and services provided by the state e.g. health, criminal justice, judiciary, social care, and those that are employed within them. The evidence for this was the repetition of articles highly critical of the approach and operationalisation of these state mechanisms, and the inadequacy of mental health legislation. The solution to the problem was to identify people with personality disorder who will kill, before they kill. To accept that they do not have the same human rights to freedom as the public, to accept that they will never stop being a danger to others, to detain indefinitely people with personality disorder who have killed, or will kill, in environments that provide tough regimes. This solution was summarised as *lock them up, and throw away the key*. The evidence for this was linked to the wider social context and the prompt from experts in the field that globally this was the dominant response (Tyrer *et al*., 2010). It was also evidenced through articles that berated services, and legislation, for not detaining people who were a risk, through denigrating issues of human rights both directly and implicitly through referring to people as sub-human (e.g. monsters, beasts), denigrating services that were presented as soft, and promoting views of tough regimes where people were caged and locked up. The moral responses were outrage at the government's irresponsibility, fear, horror and revulsion at the consequences of people who were free, and relief at those who were locked up and had the key thrown away.

With regards to framing devices, these were the use of metaphors and stereotypes, and the use of lexical choices and catchphrases. Analysis in chapter 7 indicated there were many uses of stigmatising epithets that supported the news frame; for example, if someone was referred to as a *beast,* then it was consistent that they were *caged*. The lexical choices were the phrases that had been identified as common. The keyness analysis had identified a number of catchphrases, for example, *life of luxury,* and exemplars such as the Yorkshire Ripper that were consistent with the *lock them up and throw away the key* news frame.

Engaging in the process of creating a matrix of key components, however, was also a prompt to consider the issue of the wider cultural motifs. The model expounded by Van Gorp (2007) highlights that the media frames are in relation to the social context and the wider cultural motifs. The analysis had concentrated on the social context of the phenomena of people with personality disorder who commit homicide. The linguistic analysis, however, had highlighted that there was a repetition of the use of film references and O. F. Wahl's (1995) analysis suggested they demonstrated a similar logic of evil, dangerous murderers who had to be removed from society. It was decided, therefore, to add cultural motifs to the matrix, which is an elaboration of Van Gorp's (2007) model; see table 8.4 below for matrix.

Table 8.4. Matrix for *lock them up and throw away the key* news frame

Problem definition	Problem source	Responsibility	Moral response	Solution	Stereotypes	Lexical choices / catchphrases	Wider cultural references
A failure to protect *us*, the public, from the risk presented by *them*, dangerous people with personality disorder who commit homicide, through appropriate mechanisms of identification and detention.	Too much freedom given to people with personality disorder who commit homicide, and are at the boundaries of, or outside humanity.	The state – including the legislation, policies and services provided by the state e.g. health, criminal justice, judiciary, social care; and those that are employed within them.	Anger at the state's irresponsibility at not identifying and indefinitely detaining people with personality disorder who commit homicide. Fear, horror and revulsion at people with personality disorder who have killed and are not locked up. Anger at the state for detaining people in environments that are soft not tough. Relief at people who are appropriately locked up and have the key thrown away.	Identify people with personality disorder who will kill. Accept that they do not have the same human rights to freedom as 'the public'. Accept that they will never stop being a danger to others. Indefinite detention for people with personality who have killed, or will kill. Detention has be in environments that provide tough regimes. Lock them up, and throw away the key.	Evil Monster Monsters Beast Psycho Psychos Fiend Fiends Pervert Crazed Dangerous. Twisted Deranged Weirdo Warped	danger to the public community protect risk to the public untreatable human rights branded caged locked up free to kill freed lap of luxury cushy taxpayer butchered blood *Exemplars* – Ripper/Sutcliffe/ Huntley/Stone	Horror / Suspense Films.

8.7. Identifying a 'lock them up and throw away the key' news frame

Following the construction of the framing matrix, the homicide data set was then re-read to explore further evidence that this could be considered the dominant news frame used by the red-top tabloids.

8.7.1. In the headlines

Sieff (2003) highlights the significance of the syntactical structure often used in newspaper articles, which means that the issues that the article considers most salient are presented in the headline and opening paragraphs with less salient information added in the pattern of an 'inverted pyramid' (Breen, Easteal, Holland, Sutherland, & Vaughan, 2017). Similarly, Molek-Kozakowska (2013) notes that the language in headlines is often designed to emphasise saliency of the news perspective, by eliciting an emotional response in the reader so that they are immediately engaged with the article's viewpoint. It was decided to use this understanding to see if the news frame *lock them up and throw away the key* could be identified in the headlines of the homicide data set, as evidence that the perspective was salient. To support this analysis, all of the headlines of the articles in the homicide data set were copied into one Word document and were read through to identify which were overtly congruent with this news frame. There were a small number of headlines where the meaning was unclear, usually because the headline was so short. In those instances, the first paragraph was read to see how the headline related to the first paragraph, and this was used to determine whether or not it contributed to the *lock them up and throw away the key* news frame.

Headlines where the person was described as being locked up or caged and there was no indication of how long their sentence was, were considered to be consistent with the news frame. Headlines referring to people being detained 'for life' were also considered to be consistent, whereas a headline where the length of the sentence was indicated was not considered to be overtly consistent. As noted earlier, there were multiple critical references

about the DSPD services being ‘cushy’. There were also several references to the services in which people were detained as being frightening and dangerous places, where this was not challenged as being a failure of the service; for example, “Perv lifer dies after 'beating' in jail cell” (M. Sullivan & Parker, 2010, p. 4). These headlines were considered to be consistent with a *lock them up and throw away the key* news frame. This is consistent with Van Hoecke’s (2009) analysis of the social function of the high secure hospitals as iconic institutions that house terror, encapsulated in the headline: “THERE IS A GOD; HUNTLEY IS OFF TO BROADMOOR . . . AND HE WILL NEVER GET OUT” (Kaniuk, 2005, p11). This initial survey identified that 95 of the 234 articles had a headline that was consistent with the *lock them up and throw away the key* news frame. This was considered to be evidence that the news frame was immediately relevant to headlines alone, and therefore likely to be relevant to a large proportion of full articles.

8.7.2. In different news stories

The next stage in the process was to engage in another close reading of the homicide data set, and identify if the *lock them up and throw away the key* news frame was evident in a broad range of articles, and whether it was able to respond to changing themes and issues across the 12 year period. After re-reading the data set, the articles were grouped into five different news stories, with each of the articles allocated to one news story only. The decision about the selection of news stories is an example of the subjective quality of the framing process (Matthes & Kohring, 2008), and the robustness of the decision was supported by the ability to allocate all articles to one of the news stories:

- DSPD services.
- High secure hospitals, prisons and jails.
- In the community.
- Legislation.
- The courts.

8.7.2.1. DSPD services

The representation of the DSPD services was consistently negative. A minority of articles were specifically concerned with the future detention of Ian Huntley, who had been convicted of killing Holly Wells and Jessica Chapman, e.g. “MONSTER Ian Huntley is expected to switch from tough Belmarsh Prison to a cushy new unit in Broadmoor high security hospital” (Gekoski & Kirby, 2003, p. 17). There was concern that that the DSPD units would offer a cushy life for Ian Huntley, contrasted with the alternative tough prison.

More typically, the units were explored as developments in their own right, and a number of articles used headlines to portray the services as a gross waste of taxpayer’s money, e.g. “IT'S ENOUGH TO MAKE YOU MAD” (Gekoski, 2004, p. 17), “YOU'D KILL FOR THIS...” (Perrie, 2004, p. 7), “5-STAR FIENDS; EXCLUSIVE: EVIL KILLERS GET LIFE OF LUXURY ON TAXPAYERS” (Nettleton, 2005, p.16), and “Broadmoor costs more than the Ritz” (Clench, 2007, p. 17). This problem of excessive luxury was at times contrasted with the apparent lives of the readers, e.g. “An insider said:… ‘Some of the most dangerous and evil people in the country will be kept there. But they will be enjoying a level of luxury denied to a lot of the public’” (Perrie, 2004, p. 7). The latter was apparently an example of attempting to stir up feelings of envy in the readers towards the people in the DSPD unit. The results were similar to Dicken’s (2008) observations about the UK newspapers’ preoccupation with any example of privileges in the high secure hospitals, and the government’s irresponsibility in wasting taxpayers’ money.

The DSPD units were also routinely portrayed not just as a luxurious waste of money, but also fundamentally problematic in their approach because they allowed too much comfort and freedom to the patients. This was evidenced in the underlying approach; for example, “The source said:…’When you look at what they have done to their victims, it hardly looks like they are paying the price. But Broadmoor is an NHS hospital and

everyone inside is classed as a patient rather than a criminal so they're treated with kid gloves'" (Pyatt & Millard, 2010, p. 13). In this example, the source of the problem of luxury was directly related to the patient status rather than the prisoner status. The survey of the context highlighted that this in part reflected the government's attempt to manage the complexities of detaining people whilst responding to legislation about human rights, through the use of the patient status (HO/DH, 1999). As well as the regime being portrayed as too soft, the negative portrayal was amplified by reports of the staff being irresponsible. Some of these appeared to be legitimate complaints; for example, staff not arriving for work, or not following protocol (Walton, 2009). Other examples of the staff's apparently irresponsible behaviour, though, appeared to reflect differences in beliefs and attitudes. An article in *The Sun* on Boxing Day 2006, for example, claimed that, "There were calls for an inquiry last night after top male and female bosses dressed up for the production of Cinderella" (Pyatt, 2006, p. 11), in response to reports of DSPD staff being involved in a pantomime on the ward. This event would have been consistent with a therapeutic model of treatment through engagement (Boniwell, Etheridge, Bagshaw, Sullivan & Watt, 2015; McKeown *et al*., 2016), but clearly was at odds with a news frame of *lock them up and throw away the key*.

8.7.2.2. High secure hospitals, prison and jail

Whilst the DSPD units were roundly portrayed in a negative light, other features of the high security hospitals, prisons and jails were largely portrayed positively; that they were frightening places and that people would be there for life.

In the portrayal of the DSPD units it was clear that they were seen unfavourably compared to the *tough* regimes elsewhere. Moreover, whilst it was not stated directly that these other services should be more than just tough but actually terrifying, this was an implicit message in several articles, e.g. "NAILBOMBER SAVAGELY BEATEN IN BROADMOOR" (Yates, 2003, p.

29). Other examples included, “PRISON GANG'S KNIFE PLOT TO MURDER HUNTLEY” (White & Armstrong, 2004, p. 15), “FRITZL FEARED JAIL CANNIBAL WOULD MAKE HIM SCHNITZEL” (Nicks, 2009, p. 9), “Perv lifer dies after 'beating' in jail cell” (M. Sullivan & Parker, 2010, p. 4) and “'VAMPIRE' FOUND IN JAIL DEAD” (Gilbride, 2004, p. 29). In the *lock them up and throw away the key* news frame, part of the solution to the problem of too much freedom and comfort was that people should experience living in a place that was tough, possibly terrifying, and this frame was applied equally to psychiatric services as well as prison services. With reference to Josef Fritzl who was tried in Austria (Nicks, 2009), it was clear that it could be applied equally to other countries. In contrast to the criticisms of the regimes and the behaviours of staff in the DSPD services, there was no criticism about regimes in which people were beaten to death, had plots to kill them, were savagely beaten, or killed themselves. These were expressed as a natural part of the regime. Staff were described as intervening to prevent these incidences, but it was not presented as reflecting poorly on the regime itself, or on staff if they did not prevent violence or death. In the case of Josef Fritzl it was conveyed that it was his fear of going to a psychiatric service where apparently he would be in danger from someone who had been convicted of cannibalism that motivated him to make a full confession of his crimes. The implied message is that the terrifying nature of these places served a function both as a right and proper terrifying experience for those in them, and also to terrify the truth out of people. It is in this context that the *Daily Star* was able to announce: “THERE IS A GOD; HUNTLEY IS OFF TO BROADMOOR . . . AND HE WILL NEVER GET OUT” (Kaniuk, 2005, p. 11). This was in part because of the image of Broadmoor as a terrifying place, and in part because the use of the MHA (1983) held the promise of the indeterminate detention that a prison sentence could not provide. The moral response to the latter was relief that the person was in the right place, and as Van Hoecke (2009) has argued it functioned to reassure the readers that people in high security hospitals are unfathomably different from *us*.

By contrast, examples of people in these institutions making claims that their human rights have been denied were seen as indicative of another instance of the failings of those individuals, and potentially of the services being manipulated by them, e.g. “A CONVICTED killer is fighting for a landmark damages payout - claiming prison breached his human rights” (A. Russell, 2004, p. 10). Further examples include, “A SEX killer is demanding £50,000 compensation after having to ‘slop out’ the toilet in his prison cell” (Kay, 2007, p. 7), and “Caged psychos sue over chilly nights” (Pyatt, 2006, p. 19). These instances of individuals claiming that their human rights had been infringed were consistent with the *lock them up and throw away the key* news frame that presented the diminution of human rights as a solution to the problem. That they existed in both high secure hospital and prison settings supported the view that the news frame was applied across settings and topics. The moral response to this was outrage that these people were making claims about human rights when they were less than human.

There was one article in the 12 year period that presented a prison environment in a therapeutic/rehabilitative perspective, and contextualised the actions of the prisoners with the pattern of experiences of childhood abuse. Even this example, whilst broadly positive, referred to the “jail's controversial therapeutic programme” (Clements, 2010, p. 31). This exception was a very small minority, but demonstrated that the newspapers had access to alternative news frames.

8.7.2.3. In the community

Articles that focused on people with personality disorder who committed homicide and were in the community were present across the twelve years, and in every year except 2002 and 2009. These articles presented two identifiable problems from within the *lock them up and throw away the key* news frame: historic failings that were implicated in someone having recently committed homicide, and people who historically had committed homicide and were living in the community. One difference between these

two types of article is that there was a tendency in the first to encourage a moral response of horror and outrage at what had happened, and in the latter to encourage a response of fear and horror at what could happen, as well as anger at the state for failing to protect the public.

Articles that focused on historical failings were typically part of the reporting of a trial. The high salience of the issue was indicated by the relatively high number of articles where the headline included comment about the failings of a service, or policy, and its causal relationship to the killing. Examples of the latter included, “CARE HOME KILLER; OAP WHO BATTERED 93-YEAR-OLD HAD VIOLENT PAST BUT RECORDS WERE LOST” (Armstrong, 2005, p. 19), “LOCK ME UP…I'M A DANGER SAYS MAN WHO KILLED DAYS LATER” (Armstrong, 2005, p. 32), “HOW WAS CANNIBAL LEFT TO ROAM FREE?” (Lawton, 2010, p. 15). Further examples were, “SHE CLAIMED DEMONS WERE DRIVING HER TO MURDER AND BEGGED DOCS FOR HELP… SO WHY WAS SHE FREE TO KILL A 13-YEAR-OLD?” (Thornton, 2012, p. 11), and “Devenny, who got a job at the home in Coventry despite a personality disorder” (Chaytor, 2007, p. 15). These articles functioned in relation to the disparaging portrayal of the cushy DSPD services and the positive portrayal of other services with tough regimes. When services were criticised for not detaining people, it was implied that they should not only be detained but also that they should be detained in places that were frightening and where they would remain for the rest of their lives. Their impact also came through the manner in which these failings were portrayed. For example, the headline, “LOCK ME UP…I'M A DANGER SAYS MAN WHO KILLED DAYS LATER” (Armstrong, 2005, p. 32), makes a direct iteration of the news frame, and suggested that some people with personality disorder want to be *locked up*. This headline referred to a man, Keith Jones, who had been seen by psychiatric services shortly before killing Jack Carter, and then claimed that he had requested to be admitted to hospital. The fact that a request for admission to hospital was expressed as “lock me up” (Armstrong, 2005, p. 32) placed an emphasis on public protection that created a blurring between

psychiatric services and prison, and therapeutic treatment and public protection, in a similar way to the use of the word *released* to refer to discharge.

At times the exact location of the source of the problem was unclear; for example, in the headline, “HOW WAS CANNIBAL LEFT TO ROAM FREE?” (Lawton, 2010, p. 15). The headline referred to the conviction of Stephen Griffiths of the murder of three women. After sentencing, the local MP Philip Davies made broadly critical comments about Griffiths not having been detained by psychiatric services; these included saying, “it does seem a perverse situation in that we are waiting for people to commit a crime before we are prepared to do something with them" (Lawton, 2010, p. 15). It was unclear in the article where the fault lay. Stephen Griffiths had had some psychiatric service involvement, but it had been over a decade prior to the murders, so it was hard to attribute blame to any particular service, and it was not clearly articulated what legislative change could have led to him being detained. The headline has a somewhat plaintive quality to it. The image of a “cannibal left to roam free” (Lawton, 2010, p. 15) was so abhorrent that it seemed that there must have been something that someone could have done. Out of the context of the article, Davies’ comment that, “it does seem a perverse situation in that we are waiting for people to commit a crime before we are prepared to do something with them" (Lawton, 2010, p. 15) does not seem perverse at all. It is the basis of a judicial system in a democratic society, often formulated as the Blackstone Ratio, to ensure that conviction for a crime is beyond reasonable doubt (de Keijser, de Lange & van Wilsem, 2014). Within the *lock them up and throw away the key* news frame, fuelled by the reality of the events, and the image of a cannibal roaming free, it becomes perverse.

The articles that focused on current failings in relation to people who had historically committed homicide were predominantly in the earlier part of the period under review. There was a tendency in the headlines of such

articles to emphasise the potential danger to the readers, for example, “FURY AS BULGER KILLERS GO FREE; COMING TO A STREET NEAR YOU” (Mahoney, 2001, p. 6), “CHILD KILLER SENT TO LIVE BY SCHOOL” (D. Brown, 2003, p. 14), “MONSTROUS! PERVERT IS ROAMING FREE EVEN THOUGH HE VOWED: I'LL STRIKE AGAIN” (Hannon, 2003, p. 17), and “Danger in our midst” (“Danger in our midst”, 2006, p. 5). The dominant moral reaction was one of fear, which was expressed directly at times, e.g. “I am now frightened to send my eldest child to school” (G. Jones & White, 2001, p. 4) and “A father-of-two said: "My kids passed where he lived on their way to school. It's frightening." (D. Brown, 2003, p. 14). Again, in these instances it was not exactly clear who was to blame. Within the latter article, care chiefs were described as “bungling” (D. Brown, 2003, p. 14) which appeared to be a clear criticism of the service that placed someone convicted of murdering a child, Peter Hosegood, near to a school. However, the fact that he was also described as having moved six times due to protests from residents suggested that there was another aspect of fault, which was simply that he was free at all.

The article with the headline “MONSTROUS! PERVERT IS ROAMING FREE EVEN THOUGH HE VOWED: I'LL STRIKE AGAIN” (Hannon, 2003, p17) made direct reference to Roy Whiting who was convicted in December 2001 for the murder of Sarah Payne. Whiting had previously been convicted for abduction and sexual assault of a child, and had been assessed by prison psychiatrists as a danger to others. After the trial there was campaigning in some sections of the press, led by the *News of the World* but including many of the red-top tabloids, to introduce new legislation commonly referred to as *Sarah’s Law*, to give parents greater access to information about people in the community who had committed child sex offences (D. Wilson, 2011). Another drive was to introduce legislation that would enable the detention of people indefinitely, and changes to the MHA (1983) were seen as a possible option. Specific attention was given to people who had a personality disorder, e.g. “Mr Blunkett is looking at a proposal that the most

dangerous perverts should be kept in mental hospitals. Experts say the worst paedophiles can have a "severe personality disorder" and should be sectioned indefinitely using the Mental Health Act" (Blackman, 2001, p11). The high incidence of articles about people who were currently living in the community, during the period 2001 to 2006, may well have been influenced by the impact of the publicity of the conviction of Roy Whiting and the specific issue of child sex offenders. That the news frame responded to specific and relatively transitory phenomena suggested its robustness to be able to provide a perspective on new topics as they arose.

One further feature of the articles with a focus on the community was the use of direct quotes from members of the public to make threatening comments that were then not challenged by the newspapers. Examples included, "Denise's ex-husband Ralph Bulger, who has vowed to 'track down' his son's murderers" (G. Jones & White, 2001, p. 4), "They may think they've got off lightly and can hide. I know different – no matter where they go, someone out there is waiting" (Mahoney, 2001, p. 6), and "It sickens me that we weren't told about this man. If he hadn't been moved, people would have taken the law into their own hands" (D. Brown, 2003, p. 14). As Baker *et al*. (2013) note, it is an established technique for newspapers to express more extreme views by using direct quotes from members of the public, which they then do not challenge. There is some evidence that the red-top tabloids did this to express a view of acting out vengeance in relation to people with a personality disorder who had committed homicide and were in the community. Such an attitude can be viewed as at the extreme end of the *lock them up and throw away the key* news frame as the removal from society is absolute.

8.7.2.4. Legislation

Articles in the homicide data set that made overt comments about mental health legislation were published during the period 2001-2007, which covered the period between the *White Paper: Reforming The Mental Health*

Act – High risk patients (DH, 2000), the Draft Mental Health Bills (2002 & 2004) and the Royal Assent to the amendment to the MHA (1983/2007). This was another example of how the news frame was able to respond to a specific topic. Articles that focused on the proposed changes to the MHA (1983) tended to highlight the potential for mental health legislation to lead to indefinite detention, e.g. "PSYCHOS TO BE LOCKED AWAY FOR LIFE" (Cecil, 2002, p. 13), and "DOC LOCK UP LAWS" (Burchell, 2004, p. 2). This finding mirrored Foster's (2006) research into the representation of the draft Mental Health Bill, and that the red-top tabloids were characterised by "shorter articles focused almost exclusively on the 'locking up' of 'psychos" (p. 291).

Michael Stone was the most commonly used exemplar in articles about legislation, which reflected the social reality of the trial of Michael Stone being the catalyst for the drive to change the legislation (Ramsay, 2011). As noted by Foster (2006), the trial of Michael Stone was often referred to as having highlighted a *loophole* in the legislation that people with personality disorder were routinely not detained under mental health legislation if they were not considered responsive to treatment. There was some acknowledgement of the debate about human rights and possible indefinite detention, but these were largely given short shrift; for example, in an opinion piece the then Tory leader's (Ian Duncan Smith) challenge to the draft Bill was condemned: "He trumpets: 'The mentally ill have a right to be heard and we will give them a voice.' ARE you nuts yourself, Ian? Don't you realise, you berk, it's the public who need protection not the next Michael Stone" (Mellor, 2002, p. 27). As well as using "are you nuts" (Mellor, 2002, p. 27) in an overtly stigmatising way, the argument equates any concern for human rights with protection for people like Michael Stone, and by implication anyone who could come into contact with mental health legislation as being in the same category of people who commit homicide.

There was one article that challenged the legitimacy of the preoccupation with public protection in relation to the proposed legislative changes (Palmer, 2002). This was a minority perspective, but demonstrated that the use of the *lock them up and throw away the key* news frame involved a process of selection of material and style of presentation.

8.7.2.5. The courts

A significant component of the representation of the state's responsibilities with regards to the phenomena of people with a personality disorder who committed homicide was the provision of the judiciary service. The majority of the articles in the homicide data set made reference to a court process in relation to a specific individual. As the earlier exploration of the representation of community failures indicated, there were examples of crime reporting where the portrayal of service failure was central to the narrative, e.g. "SHE CLAIMED DEMONS WERE DRIVING HER TO MURDER AND BEGGED DOCS FOR HELP.. SO WHY WAS SHE FREE TO KILL A 13-YEAR-OLD?; CASEY MANIAC GETS 22YRS" (Thornton, 2012, p. 11). This pattern of emphasising the salience of mental health status was relatively common, but it was not, however, the dominant pattern within articles that reported on crime. Typically, the emphasis was on the brutality of the actions and often the incomprehensibility of the actions, and in doing so these papers drew heavily on language that emphasised this brutality and the stigmatising language that was explored in chapter 7, which emphasised the less than human qualities of the individual.

Within the homicide data set, in the majority of cases the accused did not deny that they had committed the act. Possibly this allowed for greater opportunity to use stigmatising epithets when referring to them. For example, the following were all used in headlines: "CARE BRUTE" ("Care brute", 2001, p. 26); "DEVIL KILLER" (M. Sullivan, 2001, p. 17); "PSYCHO KILLER" (Britton, 2002, p. 11); "'EVIL' KILLER" ("'Evil' killer", 2007, p. 25); "PSYCHO KILLER" ("12yrs jail", 2008, p. 7); "MONSTER" (A. Taylor, 2010, p.

2); and “BEAST” (McMahon, 2012, p. 17). As discussed in chapter 7, these all served to construct an image of the person as less than human. To this extent the use of the stigmatising language identified and explored in chapter 7 often contributed towards, and expressed, the *lock them up and throw away the key* news frame, as it established the less than human qualities of the people which predicated their treatment of being caged and locked up for ever, in tough and often frightening environments.

In the homicide data set it was very uncommon for there to be criticism of the outcome of a court case with regards to the sentencing. The language used to describe the outcome of court sentencing often reflected the *lock them up and throw away the key* news perspective, e.g. “Monster is caged for ever” (“Monster is caged”, 2006, p. 4), “TWISTED MIND OF THE KILLER LOCKED UP FOR LIFE YESTERDAY” (Kaniuk, Paul, & McJannet, 2001, p. 4). Further examples include, “A PSYCHOPATH aged 83 was locked up for life yesterday” (Armstrong, 2005), and “Evil lad jailed for life” (Doyle, 2008). Even the use of diminished responsibility in the sentencing process was typically not criticised, even though this could lead to a shorter sentence. In the case of Brian Blackwell, for example, who successfully pleaded guilty of manslaughter due to diminished responsibility for killing his parents, it was reported that, “The judge set a minimum of five years and seven months before experts can conclude he is safe for release. But he added: ‘The present evidence suggests that that conclusion is unlikely ever to be reached’ (Mulchrone, 2005, p. 5).

The reporting of crimes produced repeated descriptions of this group of people as being less than human and committing crimes of extreme violence and cruelty (see section 8.5) which supported a state solution of *lock them up and throw away the key*. The moral responses that this encouraged in the reader were fear, horror and revulsion, at the descriptions of the actions and the nature of the accused. It also encouraged responses of outrage and anger at irresponsible responses by the government if they had been

implicated in allowing people to be free, and a sense of relief that an appropriate solution has been provided through *locking them up and throwing away the key*.

The frame analysis approach in the study highlighted that the areas where the state were presented as getting it right operated within the same news frame as ones where the state was presented as getting it wrong. Court reporting, for example, functioned to reassure the readers that that state was performing its duties, as well as exposing where it was apparently failing in them. The strength of this frame analysis approach was that it highlighted the interconnected nature of the articles.

8.8. Application of news frame to individual articles

An advantage of the frame analysis approach was that it was possible to use this to identify a dominant news frame, and the commonalities in the devices employed across articles, in a relatively large data set. Approaching the data set from this broad perspective ran some danger, however, of missing opportunities to illustrate the nuances of how within individual articles different devices were deployed, and how these related to other articles in the data set in a manner that supported the dominant news frame. Therefore, it was decided to conduct closer readings of a number of articles to demonstrate the sophistication with which the news frame *lock them up and throw away the key* was supported within and across articles. To capitalise on the opportunity to explore how this news frame was employed in response to different news stories across the period and by all of the newspapers, it was decided to create a purposive sample of five articles that would:

- Include one article for each of the five different news stories identified.
- Include a spread of dates across the 12 year period.
- No newspaper to contribute more than one article to the sample.

It was decided to engage in a close reading of four of the articles by limiting the articles to just the headline, sub-headline and first two paragraphs. This approach was chosen as a way of giving examples of closer reading, and was informed by the model of the syntactical structure of the newspaper articles (Sieff, 2003). It was decided, however, to supplement this with a closer reading of one full article. This article was chosen because whilst it was primarily concerned with one topic, proposed changes to the MHA (1983), it was an exemplar of the argument about the state's responsibility towards people with personality disorder who commit homicide. It also illustrated how this line of argument has wider implications for the attitude and approach towards all people with personality disorder, and all people with mental illness.

8.8.1. Close reading 1: In the community

The *News of the World*, November 30, 2003.

> BYLINE: Anna Gekoski, SECTION: NEWS OF THE WORLD INVESTIGATES; Pg 22
>
> MONSTER WORKS IN SHOPPING MALL.
>
> Psycho killer let out for jobs in John Lewis and Marks & Spencer.
>
> A CRAZED killer who slaughtered his own mother and then gouged out her eyes is working in a busy mall.
>
> Christmas shoppers buying gifts for their loved ones at John Lewis have no idea they are rubbing shoulders with a monster on day release from a secure psychiatric unit. And mums and dads taking kids for a treat at Burger King are totally unaware they are queueing with a sickening psychopath who experts warn could kill again...at any time.

Evidence of 'Lock them up and throw away the key' news frame.

The use of the stigmatising descriptor *monster* in the headline established that this person was outside of humanity and the natural order. This was juxtaposed with the everydayness of being in a shopping mall, and the clash that they were not just in a shopping mall but they also had a role, which

they were, by inference, hiding behind. An image even worse than Romero's (1978) film *Dawn of the Dead*, in which the monsters don't just take over the shopping mall but their presence is at first hidden before, by implication, it becomes too late. The use of the stigmatising descriptor "psycho killer" orientated the reader to the popular iconography of psycho killers, e.g. films such as John Carpenter's film *Halloween* (1978). This was juxtaposed with the genteel qualities of middle class shops of John Lewis & M&S, which emphasised that even the apparent safety provided by social class offered no protection.

The linguistic analysis highlighted that the word *crazed* was typically used when someone had used a knife or sharp implement to kill someone, and in this case it was linked to gouging out of eyes. The fact that he had done this to his own mother was part of his monster qualities that placed him outside of the natural order. That the mall was busy suggested that it was easier for him to hide. Perhaps if it was not busy, then it would have been possible to identify him for what he was. Certainly there was, by implication, a higher risk that his actions would go unnoticed in the business of the shop. The repetition of the juxtaposition of innocent actions ("buying gifts for their loved ones", "taking kids for a treat at Burger King") with the hidden identity of the threat around them amplified the sense of the danger. The phrase "rubbing shoulders" emphasised the proximity, even an enforced intimacy, and amplified the sense of our vulnerability.

In this context a psychiatric unit was given terrifying connotations as being the appropriate locked away environment for such a monster, which was part of the contribution to the wider stigmatisation of people who use mental health services and the negative association with treatment as primarily an issue of public protection. Experts were presented as being able to identify both that he was a "sickening psychopath" and able to predict that he could kill again. The lack of precision about the ability to predict future homicides, however, only added to the sense of danger because it

could happen at any time. In this context the problem was that the person had been given too much freedom by the state run institutions, when he should be locked up.

8.8.2. Close reading 2: High secure hospitals, prison and jail

Daily Star, November 16, 2004.

> BYLINE: by PAUL GILBRIDE, SECTION: NEWS; Pg. 29
>
> 'VAMPIRE' FOUND IN JAIL DEAD.
>
> A MAN who murdering his best friend, drank his blood and ate part of his head was yesterday found dead in his jail cell.
>
> Alan Menzies, 23, bludgeoned Thomas McKendrick to death in a frenzied attack after a row over a horror film.
>
> It is understood he committed suicide yesterday at Shotts Prison in Lanarkshire. At his trial at the High Court in Edinburgh last year, Judge Roderick Macdonald QC branded him an "evil and dangerous psychopath" and recommended he serve at least 18 years in prison when sentencing him to life.

Evidence of 'Lock them up and throw away the key' news frame.

The use of the stigmatising descriptor in the headline that reduced the person to the epithet "Vampire" and the re-iteration of the depravity of his crimes at the beginning of the article undermined the possibility of sympathy that the reader might have towards someone who killed themselves, having previously killed their best friend.

The repeated use of the phrase "found dead" was a passive description of the incident which functioned to reduce the agency of the action of the individual, and thereby encouraged the reader to view the incident as not driven by a psychological state which could have encouraged some empathy with the person. It also reduced the sense of agency and responsibility for state provision of the prison system to provide a safe environment in which people did not take their own life.

The phrase “branded him an ‘evil and dangerous psychopath’” had an overtly stigmatising quality, which reduced his identity to the branded one of an “evil and dangerous psychopath”. This had additional weight of being an absolute statement because it was referenced as having been delivered by the authoritative figure of a judge. This amplified the identity of the person as not being human and therefore not having the same access to human rights. In this context whilst there was no overt celebration of his death, his death in prison was not presented as a problem, and that he has taken his own life was implicitly consistent with him having been sentenced “to life”.

8.8.3. Close reading 3: DSPD services

The *Sun*, February 2, 2010 Tuesday

> BYLINE: JAMIE PYATT; NEIL MILLARD, SECTION: NEWS; Pg. 13
>
> THE Beastly Boys;
>
> BROADMOOR KILLERS' DANCE TRACK STUDIO EXCLUSIVE.
>
> SOME of Britain's most dangerous killers and rapists are learning to mix music like superstar DJs in a hi-tech studio at Broadmoor.
>
> Five monsters at the top security hospital have splashed out thousands of pounds of taxpayers' cash on the latest professional equipment.

Evidence of ‘Lock them up and throw away the key’ news frame.

The article headline made reference to the hip-hop group the Beastie Boys (1981-2012) who achieved some notoriety in the 1980s, and whose arrival in the UK was accompanied by moral outrage in some of UK tabloid press (Batey, 2011). The reference had some humour, referring to the group in Broadmoor as the “Beastly Boys”, but the intimation is that the group in Broadmoor were real beasts, which was amplified by the epithet “Broadmoor Killers”. This was emphasised again through re-iteration of their identities as killers and rapists and with the epithet “monsters”.

There was a deliberate use of social roles and status by contrasting the status of killer and rapist with that of superstar DJ. The group of people were presented not merely as forming a band and making music, but as acting as if they inhabited a social role of superstar DJs, rather than their fixed identities of killers, rapists, monsters and beasts. The implicit message was that the latter roles cannot include activities that express something other than the appropriately restricted options available to these discredited identities.

The reference to "taxpayers' cash" implied that it was the government who were responsible for this problem, as it was the government who were responsible for spending the taxpayers' taxes. The unit, as a mechanism of the state, was presented as clearly at fault for irresponsibly allowing this group of individuals the degree of freedom that they had to engage in these activities.

8.8.4. Close reading 4: The courts

Daily Mirror, November 3, 2012 Saturday

> BYLINE: RICHARD SMITH, SECTION: NEWS; Pg. 14,15
>
> CHRISTIAN SLAYER.
>
> Psycho's murder spree fuelled by religious hate; He will die in jail for killing vicar and Betty.
>
> A GOD-hating psychopath was yesterday told he will die in jail after he was convicted of murdering a vicar and a retired teacher.
>
> Sadistic drifter Stephen Farrow, 48, battered grandmother Betty Yates, 77, with her walking stick before fatally stabbing her four times at her riverside cottage.

Evidence of 'Lock them up and throw away the key' news frame.

The use of the epithet "Christian Slayer" in the headline had tones of archaic iconography, establishing a powerful identity that was immediately placed in a moral and religious register, emphasised by the later reference to "god-

hating psychopath", and encouraging the reader to think in terms of good and evil.

The dangerousness of the individual was emphasised through the explanation of the motivation for the killing as, "fuelled by religious hate", which emphasised the drive to act through metaphoric use of the word *fuel* and an impression that the people murdered were merely used to express his religiously driven homicidal desires. The use of the term "sadistic drifter" contributed to the sense of a roaming and shiftless homicidal drive, which drew on cultural iconography such as Rutger Hauer in Robert Harman's film *The Hitcher* (1986), and amplified the sense of dangerousness. There was a stark difference between the social roles and status on the one hand of the vicar, retired teacher and grandmother, and on the other the "god-hating psychopath", which emphasised the moral turpitude of the person who committed the crimes.

The courts, as a state mechanism of responding to the murder, were presented as having taken an appropriately responsible course of action by stating twice that "he will die in jail". This was implicitly presented as the clear and obvious outcome, that they will *lock him up and throw away the key*.

8.8.5. Close reading 5: Legislation

The *People*, June 30, 2002, Sunday.

> BYLINE: David Mellor, SECTION: FEATURES; Pg. 27
>
> MAN OF THE PEOPLE: YES, LOCK THEM AWAY BEFORE THEY STRIKE.
>
> A HULKING brute called Howard Hughes abducted little Sophie Hook from the back garden of her aunt's home, sexually assaulted her and threw her broken body into the sea.

When Hughes was arrested for the killing in Llandudno, North Wales, in 1995, no one was much surprised. He was a disaster waiting to happen.

"A ticking time bomb" the locals called him. But all they could do was wait for him to explode.

I was still an MP at that time. And with Sophie's father I campaigned for a change in the law to allow such dangerous monsters to be locked up BEFORE they committed a terrible crime. After all, why should an innocent have to die before a person known to be dangerous can be confined. It's common sense. Isn't it? But common sense is a long time coming.

To its credit this is an issue this Government tackled much more readily than the Tories. Even so, progress has been painfully slow.

Three-years ago Jack Straw as Home Secretary said it should be done. Eighteen months ago a White Paper was produced, and this week they published a draft bill amongst much back-slapping and self congratulations. But not quite enough to conceal the sad fact that this bill won't be introduced into Parliament in the autumn. Why not?

It should be because the case for change is overwhelming. Every fortnight in this country an innocent victim is murdered by a discharged mental patient. And often the victim is selected entirely at random. Like Jonathan Zito, a 27 -year-old musician who was waiting for the tube when a schizophrenic called Christopher Clunis pushed him in front of a train.

OR Lin Russell and her daughter Megan. How can we forget them? Bludgeoned to death six years ago by a ne'er-do-well called Michael Stone. Stone's career of crime is the classic example of how tolerant we are. He had previous convictions for attacking a man with a hammer. Stabbing another near to death and wounding a police officer in the eye. In that last case the judge predicted Stone would kill someone. But just a few months before he killed the Russells and maimed the other daughter, Josie, he had been released from a mental hospital even though he was known to be highly dangerous. And the rest as they say is history.

But those who forget the lessons of history are doomed to repeat them. That's why this grizzly trail of violence continues to this day. This very week 19 -year-old schizophrenic Doraj Miah, suspected of killing art teacher Hazel Prager in Essex on Tuesday, was turned away from a mental hospital after her death. A policeman working on the case said: "It beggars belief. He was clearly ill and urgently needed medical help but couldn't get it."

> So the bill Labour proposes can't come soon enough for me. Under it people can be detained if deemed dangerous even if their condition, like Michael Stone's - he was diagnosed with a personality disorder - is not thought to be treatable. Schizophrenics who need medication to keep stable in the community can at long last be forced to take it.
>
> Common sense as I say, but can you believe it, Tory leader Ian Duncan Smith will campaign against the bill. He says it's wrong "to detain indefinitely" people who have done no harm to others. He trumpets: "The mentally ill have a right to be heard and we will give them a voice."
>
> ARE you nuts yourself, Ian? Don't you realise, you berk, it's the public who need protection not the next Michael Stone.
>
> No wonder a top Tory confided to me this week that IDS has a new nickname - In Deep Sh*t.
>
> The bill might be watered down in Parliament. The European Court of Human Rights might rule against it. Detention will still depend on tribunals agreeing, and these bodies have a dreadful reputation for accepting psychiatrists' babble and releasing dangerous inmates to kill again. As for the psychiatrists they get things wrong all the time.
>
> So the slaughter of the innocents, like Sophie, like Lin and Megan, won't necessarily stop. But a new law will be a step in the right direction. So come on David Blunkett.
>
> Get on with it!

Evidence of 'Lock them up and throw away the key' news frame.

The processes of stigmatisation rely on differentiating between us and them (Link & Phelan, 2013) and the use of the phrase "man of the people" in the headline clearly indicated to the readers that he was part of us and not them. The position towards them was established in the headline, "lock them away before they strike", and by preceding this with the word "yes" it is as if this was just confirming what the reader already believed – the reader as generalised other, believed. The assertion to detain "before they strike" provided an immediate resolution to the tension between the human right to freedom of the individual and the desire to protect society from people who will harm others. This resolution was predicated on the belief that they

will strike and that we know who those people are, though evidence does not support this assumption (Tyrer *et al*., 2010).

The word “brute” emphasised the animalistic qualities. The physicality of the description, “hulking brute”, suggested that the disturbance was imminent and could be readily seen by all. It was part of the differentiation of them from us and it supported the position that this group could be readily identified. This image was contrasted with that of “little Sophie Hook” whose vulnerability was poignantly heightened by her abduction from her Aunt’s garden, which amplified a sense of fear in the reader as it intimated that nowhere was safe. The outcome of this, that “he threw her broken body into the sea”, suggested a callous indifference to the action as if Hughes had given no more thought to this than discarding a crumpled tissue. This contributed to the sense of dangerousness.

A significant aspect of the argument of the article was that these individuals were identifiable before they commit a homicide. This was supported by the assertion that after this specific incident, “no one was much surprised…. ‘A ticking time bomb’ the locals called him”. The local people were presented as demonstrating insight, but also as powerless, “all they could do was wait”, which contributed to the sense of danger from other people’s active aggression, and placed responsibility with the state. The use of the “time bomb” metaphor added to the affective quality of the sense of danger, and had greater power and credibility because it was attributed to the local people.

The problem was clearly located with the government and in this instance with mental health legislation. The articulation of the nature of the problem was that people who could be identified as dangerous (“a person known to be dangerous”) were being given too much freedom in society, which allowed them to kill, when they should be locked up before they committed a crime. The phrase “has to die” suggested that the government had blood

on its hands for its irresponsible approach of allowing this degree of freedom. This was in sharp contrast to the presentation of the members of parliament as pompous and self-congratulatory about their attempts to address this issue, which made them seem grossly out of touch with the lives of the readers and irresponsibly playing at governing.

In the *lock them up and throw away the key* news frame detention should be related not just to crimes, but also in anticipation of crimes, which is a diminution of human rights that is predicated on their lack of humanity. This argument was supported by the use of the word *monster* as an epithet for this group of people, which positioned them as outside of the natural order and therefore by intimation they were not to be treated as if they had human rights. This was a shift in the argument from the particular to the general, from this particular "Hulking Brute" to a group of "dangerous monsters". There was a similar shift from the specific of "little Sophie Hook" to "an innocent" as an epithet for any member of the public murdered by one of this group of people.

The phrase "common sense" was used three times in the article and was pertinent to the model of news frames, as it is the nature of a news frame to select material, and highlight the salience of material, to encourage the reader to believe that the news perspective is just common sense (Altheide, 2014; Van Gorp, 2007). This presentation of an opinion as common sense was heightened by the author presenting himself as objective through giving credit to a political party that he was ideologically at odds with, and through the apparently unembellished chronological account of the passage of the Bill.

The structure of the argument moved from a specific incident of a murder, to a group of people who were identifiable as dangerous, to the government's responsibility to legislate in response to this group of people, to people with mental illness who were dangerous. There was no evidence

presented that the original incident cited involved someone with a mental illness. The initial introduction of the Draft Bill also did not refer to mental health; it was presented simply as a response to the problem of people who could be identified as dangerous having too much freedom. The argument then moved to the problem being one of "discharged mental patients", as if this equated to the initial incident of Howard Hughes murdering Sophie Hook. The account of the significance of dangerousness of people with mental illness drew on the well-known exemplars of Christopher Clunis and Michael Stone to orientate the reader and provide culturally iconic images of the violence perpetrated by this group against innocents (Cummins, 2010; Dickens, 2008).

The account of the level of risk and the nature of risk is an example of the selection of data encouraging the reader to make assumptions about what information is most salient to the issue. A murder every fortnight sounds like a very high number of murders, but there is some evidence to suggest that the public largely do not realise how high the actual incidence of homicides are in the UK (Peelo, Francis, Soothill, Pearson & Ackerley, 2004), which between 2001 and 2012 stood at 21 homicide convictions every fortnight (Appleby *et al*., 2013). The phrase "often the victim is selected entirely at random" was misleading as the majority of people who are killed by someone with a mental illness are family members; the minority are strangers (Appleby *et al*., 2013). The every fortnight figure is broadly accurate for people with mental illness (Appleby *et al*., 2013); however, the term "discharged mental patient" placed the responsibility on the hospital for actively discharging the person. In reality these figures would include people who may never have been in hospital or who may not have been in hospital for a long period prior to the murder, and it was predicated on the belief that the resolution of the problem was the indeterminate locking up of people.

The immediacy of the threat of danger was heightened by reference to a contemporary incident of a murder by someone with schizophrenia. The article used the equator descriptor *schizophrenic*, which reduced the identity of the person to their illness (Clement & Foster, 2008). The use of this language contributed to the broader stigmatisation of people with schizophrenia who by implication could also be reduced to their illness, and this article contributed to the inaccurate belief that this illness could be equated with dangerousness (Angermeyer & Dietrich, 2006; Schomerus *et al*., 2012).

Articulation of the actual proposed changes to the mental health legislation came late into the article, which included reference to detention of people with personality disorder if they were considered dangerous. At this stage of the article to agree with this position was presented not only as common sense, but that to not agree would be to have the blood of future innocent victims on your hands. The issue of human rights was presented as a ridiculed argument, which was emphasised by locating it in one individual. To take a stance of questioning the issue of human rights to freedom was equated with protecting "the next Michael Stone". Protecting the large and heterogeneous group of people who might be detained under mental health legislation – for example, between March 2013 and March 2014 there were 23,531 people subject to sections of the MHA (1983/2007) (HSCIC, 2014) – was undifferentiated from a group who commit homicide. The lampooning of this argument included a rhetorical challenge to the proponent of this argument, "are you nuts yourself, Ian?". Using the words "nuts" was overtly stigmatising in the context of an argument about mental health legislation.

The article concluded by making it clear that from the *lock them up and throw away the key* position it was not good enough that mental health legislation included indeterminate detention for people with personality disorder, though that was described as a "step in the right direction". The existence of tribunals created anxiety that there was opportunity for release.

They were part of the state mechanism responsible for the failure to address adequately the problem of people with personality disorder who commit homicide. As were psychiatrists, whose contribution within tribunals was characterised as “babble” that allowed for “dangerous inmates to kill again”. From the *lock them up and throw away the key* news frame, it was intimated that anything that distracted from indefinite detention for anyone who would in the future commit homicide was unacceptable.

8.9 Conclusion

This chapter explored the existence of a dominant news frame in the homicide data set, which has been called *lock them up and throw away the key*. Central to the news frame is the state’s responsibility to identify people with personality disorder who will kill, to accept that they do not have the same human rights to freedom as the public, and to accept that they will never stop being a danger to others. This requires indefinite detention for people with personality disorder who have killed (or will kill) in environments that provide tough regimes. This was supported by the selection of words that encouraged a response of fear, horror and revulsion in the reader about the qualities of people with personality disorder who commit homicide: as monsters, beasts, psychos who presented a permanent state of danger to the public. The frame analysis demonstrated that this news frame was able to respond to a range of different news stories across a relatively extended time period, which it was understood would function to strengthen the impact on the readers that this was taken for granted, common sense knowledge (Gamson & Modigliani, 1989). The next chapter discusses these findings, together with the findings from chapters 6 and 7, in light of the model of stigma and the role of the press in the processes of stigmatisation.

Chapter 9: Discussion

9.1. Introduction

Multiple types of social interactions, including those with individuals, observation of the interactions of others, institutional responses, written texts and the media, influence the meanings that people construct of social objects (Burr, 2015; Steets, 2016). This chapter draws together the findings presented in chapters 6, 7 and 8, in light of the theoretical model developed in chapters 3 and 4 to consider how the findings can further an understanding of the manner by which this group of newspapers contributed to the processes of stigmatisation.

The theoretical model developed in chapters 3 and 4 emphasised the role of wider sources of stigmatisation. The discussion of the red-top tabloids' contribution to the processes of stigmatisation includes an exploration of the representation of these different sites of stigmatisation within the homicide data set. In doing so this locates the red-top tabloids within the social context, and emphasises how readers understand their presentation because of the resonance with the examples of stigmatisation in the wider society (Altheide, 2014; Boesman *et al*., 2016). The model highlights the active role that the newspapers play through the selection of news stories that emphasise specific attributes of the group, in this instance the degree to which they select news stories that include the attribute of homicide. Their active role also includes the language that they use within the articles and the news frame adopted in presenting the information, which contribute to the newspapers encouraging readers to adopt a particular stance (Entman, 1993; Vossen *et al*. 2016).

The study has not directly researched the impact of the newspapers on the actions of readers. However, the findings are explored in the lights of the conceptual model of symbolic interactionism, modified labelling theory and stigma (Link & Phelan, 2013) and research into the media's impact on consumers (Corrigan *et al*., 2013; Hoffner *et al*., 2017; L. C. Wilson *et al*.,

2016). They are examined specifically in light of how they may have contributed to affecting how people are treated, anticipate being treated and re-evaluate their self in light of the social construction of the label *personality disorder*.

9.2. Relationship to wider sources of stigma

Van Gorp (2007), reflecting on the balance of potency between the press and the wider culture, commented that the latter is "the primary base to constitute knowledge, meaning and comprehension of the world" (p. 61). Given that there is such strong evidence of stigma existing in so many different areas of the societies that people grow up in (Hatzenbuehler & Link, 2014; G. Thornicroft, 2006), and become socialised by, these are collectively taken as more powerful in socialising people to adopt stigmatising attitudes and behaviours than the images printed in red-top tabloids alone. The perspective taken is that the multiple sites of stigmatisation collectively form a network that reinforces their validity and at times compounds their effect (Livingstone, 2013). The nature of this interconnection is important. Given that the construction of understanding about a social object is contextual, rather than static, then the degree to which a construction can be considered stigmatising can be conceived of as being a product of both the severity of the impact of stigma within a particular context and the range of contexts in which stigmatising images are applied.

The theoretical model developed in chapters 3 and 4, and encapsulated in the model in figure 4.1, highlighted that there is evidence of stigma towards people with mental illness in the following areas: housing, employment, legislation, treatment, prison services, family and friends, and reduced life expectancy. The following section examines evidence of how the red-top articles make reference to each of these areas, and in doing so may contribute to readers' understandings of personality disorder which can be applied in this range of contexts. The section will end with an elaboration of

one of those examples, life expectancy, as an example of how the areas inter-relate and how the newspapers are located within wider social practices.

9.2.1. Housing

There is evidence that people who have a mental illness are disproportionately at risk of being homeless (Crisis, 2009) and that those with a home are more likely to live in areas of social deprivation (T. Byrne *et al.*, 2013) which places them at higher risk of this impacting negatively on their well-being. Whilst the findings from the analysis placed little emphasis on the issue of housing, the references that were made did have some resonance with these processes. The function of housing in the community was emphasised as a public protection issue. Peter Hosegood's housing, for example, was central to the problem presented in which a local resident complained that, "my kids passed where he lived on their way to school. It's frightening" (D. Brown, 2003, p. 14). The imperative that he move for the seventh time presented a dilemma of appropriate housing that centred on the protection of others. On the other hand, when someone was without a home this characteristic could be used to amplify their dangerousness, e.g. "Sadistic drifter Stephen Farrow" (R. Smith, 2012, p. 14). In this example, Stephen Farrow's status of being homeless was cast as him being a "sadistic drifter", which was used to heighten the readers' sense of threat about the unpredictability of the person. Their lack of engagement with the social norm of being housed was not presented as a failing in society to provide accommodation, but as a reflection of his dangerousness. This could have functioned to support readers to accept and normalise a view that having a personality disorder is associated with housing problems related to risk to others.

9.2.2. Employment

There is evidence of a broad pattern of people with mental illness being in low employment (Luciano *et al.*, 2014) and specifically that a

disproportionately high number of people with personality disorder in the UK are unemployed (Coid *et al*., 2006b). There was some evidence that the newspapers, at times, resonated with these processes. The headline "MONSTER WORKS IN SHOPPING MALL" (Gekoski, 2003, p. 22), for example, assumed that the reader would automatically understand that the epithet *monster* would place the person outside of participating in the normal social processes of employment. Whilst this was not a clearly articulated argument that people with personality disorder should not be in employment, it provided an image of someone with a personality disorder for whom the prospect of employment was presented as a significant threat to the readers' safety. Similarly, when it was stated that, "Devenny, who got a job at the home in Coventry despite a personality disorder" (Chaytor, 2007, p. 15) it was assumed that the reader would understand and agree that there was a failing in the system that had allowed this person to work in a care home with an identity as having a personality disorder. This was a clear example of taken-for-granted knowledge. It did not need to be stated why the diagnosis of personality disorder should preclude the person from having a job; it was assumed that the readers would automatically know that this was right. These messages could have encouraged readers to assume that the label of personality disorder could be used to inform decisions in employment contexts, in relation to threats to safety.

9.2.3. Legislation

Whilst the power of the press to shape legislation is unclear (Hallam, 2002; Paterson, 2006), the articles within the data set did refer to, and comment on, legislation. During the period reviewed, the government proposed and introduced changes to the MHA (1983). The analysis of the homicide data set supported Foster's (2006) findings that this group of newspapers emphasised the public protection aspect of the proposed reforms, linked to images of dangerous mental health service users, including people with personality disorder. The Sun newspaper, for example, announced that the government had decided to withdraw their plans for a new MHA with the

headline, “Dangerous patient bill is scrapped” (Wooding, 2006, p. 23). These messages could have encouraged readers to associate personality disorder with legislation deemed as a “dangerous patient bill” (Wooding, 2006, p. 23), emphasising the public protection aspect of legislation rather than treatment or the protection of people from unnecessarily prolonged detention.

9.2.4. Treatment

The newspapers routinely discussed the operationalisation of the DSPD programme that arose from *Managing Dangerous People with Severe Personality Disorder* (HO/DH, 1999). Within the mental health community, the driving principle of “the idea of detention based on the serious risk such people present to the public” (HO/DH, 1999, p. 9) was critiqued (Corbett & Westwood, 2005; Manning, 2002). The newspapers, however, largely took this one component of risk and public protection as the driving perspective by which to scrutinise the programmes for any evidence of deviation from this principle, e.g. “An insider said:…’Some of the most dangerous and evil people in the country will be kept there. But they will be enjoying a level of luxury denied to a lot of the public’” (Perrie, 2004, p. 7). The use of anonymous insiders encouraged the reader to feel that they were getting closer to the truth, rather than receiving a biased view of either the newspaper or authority figures. These messages may have encouraged readers to feel that the only function of treatment for people with personality disorder, particularly those who have committed serious violent crimes, was public protection. Furthermore, that any resources spent additional to this public protection focus was a waste of their money.

9.2.5. Prison services

Figures from the Ministry of Justice continue to indicate that the prison services are not safe places for many people: for example, in 2015 there were 107 self-inflicted deaths; 36,440 reported incidents of self-harm; and 17,782 reported incidents of assault on prisoners by prisoners (MJ, 2016).

The social reality of these patterns of interaction within the prison service, far from being critiqued as problematic, were typically either treated by the newspapers with indifference or venerated within the data set as positive aspects of a tough regime. The death of an inmate, for example, was described as “Perv lifer dies after 'beating' in jail cell” (M. Sullivan & Parker, 2010, p. 4), and was presented without raising any concern about the quality of the service provided. It encouraged a position that supported rather than challenged the appropriateness of the prison system for people with personality disorder. This may have encouraged readers to think that such uncriticised brutality within prison services would be acceptable behaviour towards some people with personality disorder outside, as well as inside, prison services.

9.2.6. Family and friends

There is evidence that some people with mental illness have found that their relationships with friends and close family have been negatively impacted, as a result of their identity of having a mental illness and the meaning that people have used in guiding social interactions (Hamilton *et al*., 2016; Webber *et al*., 2014). Specific to the issue of family and friends, the newspapers’ images have a resonance with this process of social distancing through the repetition of images of people who were either family or friends being killed by people with personality disorder. Examples noted earlier in the findings include Allan Menzies who was described as, “PSYCHO: Menzies drank his friend's blood after murdering him” (Moore, 2003, p. 7) and Brian Blackwell who was quoted as saying “I HIT MY DAD WITH A HAMMER AND STABBED HIM A FEW TIMES... THEN I STOOD BACK AND TOLD HIM I LOVED HIM” (Disley, 2005, p. 25). The powerful effect of the images on readers comes not just from the association with homicide, but also the brutality of the murders and that being a close friend or family member did not provide any protection.

9.2.7. Reduced life expectancy

Reduced life expectancy is viewed as an important public health indicator of health inequalities between different groups in society (Buck & Maguire, 2015). Research indicates that people with personality disorder typically experience reduced life expectancy (Fok *et al*., 2012) and this provides stark evidence of health inequalities; however, the reasons for this outcome are complex and multi-factorial (Marmot, 2010).

Whilst the red-top tabloid articles did not write directly about the issue of life expectancy, several of the issues identified earlier in this section have implications for this area and consequently highlight the inter-related nature of structural stigma. Poor housing (Marmot, 2010) and unemployment (Singh & Siahpush, 2016), for example, have both been associated with reduced life expectancy and as indicated above both of these issues were presented in the newspapers with a focus on risk rather than on vulnerability. Likewise, a strong social network is seen as a protective factor, and evidence indicates that its absence is a risk factor not just for well-being but also for life expectancy (Steptoe, Shankar, Demakakos & Wardle, 2013). The messages presented in the data set that encouraged people to view being friends with, and having contact with, family members who have a personality disorder as a risk factor may also contribute to weakening the opportunities for people to establish robust social networks. This would not only increase the risk of people failing to manage the challenges of life and consequently remaining further embedded in the need for formal care (Link & Phelan, 2013), but holistically would have implications for people's physical health.

The analysis of the data set indicated that the presentation of people who were sent to prison was unsympathetic, characterised by the use of words such as *evil* and *psycho*, and a news frame that people should be *locked up and have the key thrown away*. Additional to the points raised in the preceding section about the level of violence experienced by people in

prisons, time spent in prison is also associated with reduced life expectancy within the broad population (Kouyoumdjian, Andreev, Borschmann, Kinner & McConnon, 2017). Further, that for people who receive treatment for mental health disorders within mainstream psychiatric services, that time spent in prison is an additional risk factor with regards to years of life lost (Steingrimsson *et al*., 2016).

Research indicates that suicide and being a victim of assault and homicide are significant factors in the reduced life expectancy of people with personality disorder (Ajetunmobi *et al*., 2013; Nordentoft *et al*., 2013). The treatment of people who took their own lives within the red-top tabloids typically suggested a disregard for the individuals, who at times were simply described as "found dead" (Gilbride, 2004) without any commentary on this as a service failure and intimation that it was the natural end to being sentenced "to life" (Gilbride, 2004). Likewise, examples of people being threatened with homicide or killed were treated as not raising concern about the safety of individuals. An example noted in the analysis earlier is, "FRITZL FEARED JAIL CANNIBAL WOULD MAKE HIM SCHNITZEL" (Nicks, 2009, p. 9). As Molek-Kozakawska (2013) noted, alliteration in headlines functions to add interest and attractiveness for readers. The alliteration and the reference to the Austrian dish schnitzel is deliberately comic. The comedy is in relation to the prospect of someone being killed. Similar to the quote earlier that, "Perv lifer dies after 'beating' in jail cell" (M. Sullivan & Parker, 2010, p. 4), there is no intimation that this fear, or reality, of being killed reflects poorly on the service. Indeed, in this example it is seen positively as a motivator for Fritzl to confess to his crimes: the fear brings out the truth. Whilst this is not a reference to patterns of reduced life expectancy, it is an example of the tone in the newspapers about the value of the lives of those that it portrays. Typically, there was disregard for any examples of when people were either hurt or died, and this may have encouraged some readers to denigrate the value of the lives of people with personality disorder.

Collectively, these factors contribute to an image of people with personality disorder that privileges risk to others, and in the process of constructing an image that was often stripped of a sense of humanity they negate the vulnerability that these issues present to people with regards their health and life course. The impact of each of these factors on reduced life expectancy is challenging to determine. However, as Livingstone (2013) notes the depth of their power often arises from the inter-connection and combined effect on individuals' lives. Likewise, the press' contribution to these processes of stigmatisation arises through the generation of an image in which these multiple areas of vulnerability are made relevant to a person with the label of personality disorder, primarily as areas of risk to others.

9.3. Red-top tabloid representation

Additional to the examples of how the newspapers' representation has resonance with the sites of stigmatisation in the wider society, there are aspects of their representation that may have contributed to the processes of stigmatisation.

9.3.1. Repetition of theme

Newspapers decide to print articles about particular news stories, and repetition of a theme emphasises to the readers the saliency of attributes in understanding of a social object (Entman, 1993; Xie, 2015). There is evidence that internationally the news media often represent people with mental illness as being dangerous (Bowen & Lovell, 2013; Z. Ma, 2017). This study explored the discrete theme of homicide as part of the representation of people with personality disorder. Representing people as having committed homicide is just one example of the representation of people as dangerous. The importance of homicide as a theme arises from it presenting an ultimate threat to safety (Carpiniello *et al*., 2007; Kalucy *et al*., 2011). If newspapers repeatedly present images to readers of people with personality disorder as having committed homicide, this may encourage them to construct, within

the context of wider sources of knowledge, an understanding of personality disorder that highlights threat of homicide as having saliency.

The finding from the study that over a 12 year period 42% of articles in the red-top tabloids about people with personality disorder represented them as having committed homicide is significant. To the extent that the newspapers have an influence on the readers' understanding of personality disorder, they would have encouraged them to consider threat of homicide as a significant component of that understanding.

The finding from the analysis that over the 12 year period there were no significant differences between the different newspapers, as indicated through the result of Chi-squared analysis ($\chi^2(5, n=552) = 5.64, p > .05$), is also important. This suggests that the findings from the analysis can be considered in relation to this group of newspapers as a whole, rather than a small group of individual newspapers, and that their impact can be considered in relation to the readers of this sector of newspapers. The consistency of this aspect of news reports across the sector also suggests an amplificatory effect that as readers engaged with different newspapers across the sector that they would find a similar repetition of this image. Similarly, as they engaged in social interaction with people who read different newspapers across the sector, there would be a similar process of confirmation from people accessing similar images with a similar level of repetition.

The reduction in the proportion of articles themed as homicide between two six year periods (2001-2006 and 2007-2012) from 48% to 37% of the articles is also noteworthy. Further, that the Chi-squared analysis of the change indicated that it was significant, even though the effect size was small ($\chi^2(1, n=552) = 7.38, p < .05, \varphi = .12$), encourages confidence about a positive direction of change when comparing two relatively long periods of time. That the difference is over a relatively extended period suggests that it did

not arise from any one news story in either period having a disproportionate effect. The reduction therefore appears to reflect a change about the saliency of other types of theme when covering issues related to people with personality disorder. Whilst the reduction in the proportion of homicide articles is encouraging, that 37% of articles produced in the second period contained an image of someone with personality disorder who had killed is still very high. The saliency of this image, and the accompanying threat of homicide, may have reduced but it remained very strong.

Anderson (2003) notes that the reports of actual crimes committed by people with mental illness are often ones of extreme violence and cruelty. This has relevance to the data set. The findings of the pattern of repetition of homicide as a theme provide only a partial view of qualities of the images that were repeated to the readers. It is important to note that the images were often of graphic and lurid accounts of sadism, e.g.:

- “Ricketts, 29, strangled 35-year-old Colin Bloomfield, cut open his body with a home-made scalpel, removed his spleen and liver, gouged out an eye and put them on a bedside locker” (R. Smith, 2001, p. 17).
- “A SCOTS psycho who butchered his pregnant lover with a Stanley knife laughed as he was caged for life yesterday” (Britton, 2002, p. 11).
- “[he] chopped up a victim's brain, fried it in butter, and told police: "I enjoyed it. It was really nice” (Penrose, 2005, p. 33).
- “Smashing her skull, he watched as the blood poured from her lifeless body. He later told police: ‘I actually quite enjoyed the experience. I remember thinking that she was doing amazingly well not to be dead already’” (Rigby, 2008, p. 32).
- “Footage discovered by a caretaker shows him shooting her in the head with a crossbow bolt before dragging her lifeless body back to his lair” (Thornton, 2010, p. 4).

- “One was attacked with a claw hammer and others repeatedly strangled and resuscitated before they were eventually killed” (Wheeler, 2010, p. 30).

The examples above illustrate the graphic nature of reporting of homicides, and the violence and sadism involved in a considerable number of the killings. The images of violence and sadism that they produced could have had a high impact on the readers, encouraging responses of fear, horror and revulsion.

9.3.2. Repetition of othering language

The impact of the use of language in the portrayal of mental health is considered important within the press industry, leading to a number of guidelines about reporting standards (PCC, 2014; Time to Change, ND). Individual words, through the meaning and connotations of usage in context, and through their repetition, can play an important role in people constructing an image of a social object. As Altheide and Coyle (2006) noted, they are “a key aspect in promoting ‘spoiled identity’” (p. 287). The repetition of the image of someone with a personality disorder committing homicide is a powerful communication about danger. The linguistic analysis highlighted how the repetition of words amplified the image of personality disorder as other.

Analysis of the language used in the newspapers suggested some patterns in the qualities in the stigmatising words used, which emphasised being; less than human, evil, sexual predators, out of control, odd or deranged, and labelled. Some words also emphasised the priority of a public protection response, and these are summarised in table 9.1.

Table 9.1. Words clustered by connotations of stigmatising qualities

Stigmatising Qualities.	Stigmatising Words.
Less than human	Monster(s) Beast Vampire
Evil	Evil Psycho(s) Hannibal Lecter Fiend(s) Monster Beast Vampire
Sexual predators	Pervert(s) Sicko Beast Monster(s)
Out of control	Maniacs Crazed Deranged
Odd or damaged	Twisted Warped Weirdo Pariah
Labelling	Psychopath(ic) Branded
Prioritising public protection	Released Locked up Caged

Several words were used in relation to different and overlapping qualities; for example, the words *monster* and *beast* contributed to the image of being less than human, as well as evil, and of being sexual predators. The analysis, however, suggests that there was a clustering together of stigmatising qualities evoked by specific stigmatising words. Viewing them in this manner highlights how the connotations of these individual words functioned together to support a position. The repetition of the link with sex crimes as another stigmatised identity, of images of being out of control and evil and outside of humanity, supported the position that public protection should be privileged. The representation of people as being evil and outside of humanity then predicated a position of people not having access to human rights that justified the style of public protection characterised by being locked up and caged. The active process of labelling through branding

people and using the equator descriptor *psychopath(ic)* highlighted how these identities and qualities can be strongly affixed as encompassing the person's whole identity, which in turn supported the need for people to be locked up and caged. The use of words in the cluster *odd or damaged* were less frequent, but functioned to concretise identities retrospectively so that behaviour that previously had seemed only odd could be understood as supporting the current identity.

The linguistic analysis indicated a non-significant increase in the proportion of stigmatising words used in the second period, indicated through the Chi-squared test for independence, $\chi^2(1, n=114110) = 1.53, p > .05$. An advantage of a data set that spans a relatively long period is the opportunity to identify patterns of consistency. Shorter periods are, by contrast, more vulnerable to reflecting the effect of individual news stories.

The findings from the study suggest that there was a relatively consistent and regular use of some stigmatising words used as attributes for people with personality disorder; *evil*, *psycho*, *psychos* and *monsters*. The repetition of these words worked to construct an image of people with personality disorder as less than human, outside the moral order and sadistic. O. F. Wahl's (1995) comments about the cultural image of evil psychos for whom society's only reasonable response is "their permanent removal" (O. F. Wahl, 1995, p. 76) are apposite. He illustrated this with a quote from Rick Rosenthal's film *Halloween II* (1981), and an exchange between the former psychiatrist (Dr Sam Loomis) of the serial killer Michael Myers, and the Deputy Sheriff, Gary Hunt:

> Dr. Sam Loomis: I cannot stop until I'm certain he's dead.
>
> Deputy Gary Hunt: You talk about him as if he's some kind of animal.

> Dr. Sam Loomis: He was my patient for fifteen years. He became an obsession with me, until I realized there was nothing inside him, neither conscience nor reason, that was even remotely human!

The argument of Dr Sam Loomis has resonance with the findings of the linguistic analysis, an image of people with mental illness who are a homicidal threat, who are less than human (monster/"not even remotely human") and who are outside of human morality (evil, psycho/"neither conscience nor reason"). The solution that Dr Sam Loomis provided is the ultimate removable from society, "I cannot stop until I'm certain that he's dead". This finds echoes within the data set, such as the comment about Ian Brady's attempt to starve himself, that "The nation should have cheered, brought out the bunting, remembered the poor souls who died at his evil hands and given him the means with which to remove himself from society" (Sibley, 2002, p. 19).

The linguistic analysis indicated that the cultural images that O. F. Wahl (1995) plotted continued to have resonance in the newspaper representations of people with personality disorder who had committed homicide. Further, more recent research by Goodwin (2014b) indicated that in movies between 2000 and 2012 that included people with psychosis, the most common characteristic was homicidal maniac (79%). Whilst Goodwin's (2014b) research relates to a different clinical group, it suggests that the readers would have been exposed to some similar images in films during the period that would resonate with the intertextual links made within the newspaper articles. These cultural images are part of the processes of socialisation that enable readers to make sense of the newspaper articles. However, the references within the news accounts may encourage readers to accept aspects of the fictional accounts in movies and books as close proximities to reality. A research participant in Philo *et al*.'s research (1994), for example, found that she was frightened to go into a psychiatric hospital because of the "way things come across on TV, and films – you know, mental

axe murderer" (p. 277). The repetition of similar language in the articles, including the words *psycho* and *psychos*, which relate to the film *Psycho* (Hitchcock, 1960), may support this view that the images in these films are insights into the lives of people with personality disorder.

9.3.3. Repetition of news frame

A news frame is constructed through decisions about which information to select, and which information to make more salient; for example, through words designed to elicit a strong emotional response in readers (Boesman *et al*., 2017; Van Gorp, 2005). It contains an internal logic that identifies a problem and presents a solution as common sense (Entman, 1993; Van Gorp & van der Goot, 2012). News frames that persist over time, and are able to respond to different news stories, are able to do so because they reflect a persistent perspective in society of the broad issue (Altheide, 2014). News frames in the media that promote a stigmatising perspective towards people with mental illness consequently can only do so because of a similar pattern of understanding in the wider society.

The analysis of stigmatising words indicated an image of mental illness as homicidal threat that has a range of qualities that supports the view that this group of people should be locked up and caged, because they are outside human morality. The newspapers demonstrated a further elaboration of this in the news frame referred to as *lock them up and throw away the key*. This perspective promoted the view that the social problem of people with personality disorder who have committed or may commit homicide needs a solution from the state that negates the issue of human rights, and provides indefinite detention in tough regimes to protect the public from any future risk. At its heart this is a perspective that prioritises public protection, which echoes findings from other research in the UK (Dickens, 2008; Hallam, 2002) and internationally (Blood, 2002; Kesic *et al*., 2012). The analysis indicated that this news frame had resonance with proposals put forward by the government, such as "the idea of detention based on the serious risk such

people present to the public" (HO/DH, 1999, p. 9). More broadly, this perspective had been identified as a dominant view in the approach to people with personality disorder who commit serious violent crimes (Davis-Barron, 1995; Tyrer *et al*., 2011).

An unusual aspect of the analysis undertaken was that it considered how the presentations of the state successfully and unsuccessfully discharging its duties both contributed to the same news frame. The majority of the incidences of the reports of the state providing a successful solution were in the reporting of court sentencing. These articles typically emphasised the sadistic and often unpredictable nature of the crimes that functioned to heighten the readers' fear and outrage, and were augmented by the use of stigmatising language in representing the individuals. The ideal outcome was captured in the headline "Monster is caged for ever" ("Monster is caged" 2006, p. 4). The latter crystalizes the key components of an individual reduced to a less than human epithet, which predicated the response of less than human treatment by being caged, and the reassurance that this would be forever.

The newspapers routinely prioritised the need for tough regimes over any interest in therapeutic work that mirrored aspects of the preoccupations of those who established the DSPD services (Manning, 2002), but who ironically were still found wanting. From this perspective, therefore, staff engaging in a potentially therapeutic activity of providing a pantomime for the patients on Christmas Day was met with outrage and claims that "there were calls for an inquiry last night after top male and female bosses dressed up for the production of Cinderella" (Pyatt, 2006, p. 11).

Instances of people who had been in contact with services in the community and had committed homicide were routinely presented with outrage and a need to identify those who were responsible for the failings, e.g. "LOCK ME UP…I'M A DANGER SAYS MAN WHO KILLED DAYS LATER" (Armstrong, 2005).

Identification of those who had previously committed homicide and were living in the community emphasised fear of the danger they presented to the public, and outrage at those who were responsible for letting the public down, e.g. “MONSTROUS! PERVERT IS ROAMING FREE EVEN THOUGH HE VOWED: I'LL STRIKE AGAIN” (Hannon, 2003, p. 17). In the latter headline, the word *monstrous* established a link between the commonly used epithet of monster or monsters to refer to this group, and the actions of the representative of the state. Their behaviour, because of the apparently irresponsible disregard for the safety of the public, was equated with the actions of the individual who was feared. The use of the word *free* emphasised the very thing that this person, in the news frame, should never experience.

At times, the articles used the voices of the public to express the extreme end of the *lock them up and throw away the key* perspective; for example, "It sickens me that we weren't told about this man. If he hadn't been moved people would have taken the law into their own hands" (D. Brown, 2003, p. 14). Using direct quotes in this manner allowed the newspapers to express, and promote, these extreme views without directly owning responsibility for them (Baker *et al*., 2013). They can be seen in the context of documented examples of vigilante violence against people who had, or were falsely identified as having, committed sex offences following the *News of the World*’s publication of a list of convicted sex offenders living in the community (Travis, 2000). Together with the accounts of deaths and physical attacks in prisons and hospitals, noted earlier in this chapter, they contributed to a position of legitimising an extreme punitive response that may have resonated with some readers.

Central to the functioning of this news frame are the two components of the construction of a social object as *other*, and encouraging an affective response of fear in readers. Previous research has identified these as common features of crime reporting (Altheide, 2006; Altheide & Devriese,

2007) as well as reporting on issues relating to mental health (Blood, 2002; Kesic *et al*., 2012). The concept of evil, which was identified as a persistent term used across the 12 year period, can play an important part in these processes. Assigning evil as a personal attribute is an ultimate in *spoiled identity*. It not only condemns a group, and individuals within a group, to the greatest moral judgement; it also fixes an identity as permanent, as the position of evil as outside humanity effectively eliminated the possibility of change. As Altheide (2014) notes, by positioning the person as outside of humanity it also typically functions to strip understanding from any context. A largely de-contextualised account of the acts of individuals then requires a response not in relation to the broader context, but in relation to controlling the individual and protecting the public. Inseparable from this promotion of coercive, public-protection oriented responses, is the production of fear in the readers. As research by O'Keefe and Jensen (2008) has highlighted, the production of fear in readers induces an increased engagement with articles through heightened processing, but a reduced capacity to consider complex ideas. As Altheide (2014) notes, "fear limits our intellectual and moral capacities, it turns us against others" (p. 122).

9.4. Understanding the impact on people's lives

The model used in this study is that understanding the effect of the red-top tabloids on the readers is mediated by the interplay of individual capacity for thought, life experiences and the resonance of the messages with individual readers' own perspective (Blumer, 1969; Myers *et al*., 2012). The general public appear to have poor mental health literacy about personality disorder compared to other mental illnesses (Furnham *et al*., 2011; Furnham *et al*., 2015). Whilst the relationship between the press and the public's understanding of mental illness is complex, involving multiple sources of influence, arguably they are more vulnerable to accepting the images of personality disorder in the press as accurate as they would have fewer accurate resources to challenge these images. The high proportion of articles that presented people with personality disorder as having committed

homicide can be understood as contributing to a stereotypical belief that this is a common feature of individuals with this disorder. This message is also likely to have strength because it conforms to stereotypical beliefs that many members of the public already have about people with mental illness as violent (Angermeyer & Dietrich, 2006; Angermeyer *et al*., 2014; Schomerus *et al*., 2012), and because it resonates with other cultural representations of people with mental illness as homicidal (Goodwin, 2014a, 2014b; O. F. Wahl, 1995). This can be contrasted with the relatively high proportion of people in the community with a personality disorder (Coid *et al*., 2006b) and the relatively small proportion of those who will commit homicide (Appleby *et al*., 2013).

Van Gorp (2007) notes that one aspect of the potency of a news frame is that because of the interconnected nature of the articles and the connection to the wider society, an article can act as a trigger for an understanding of the broad issue, not just the individual news story. Corrigan *et al.*'s research (2013) appears to illustrate that point. Their work showed that reading an article about a prisoner with mental illness who killed himself, where the state was considered at fault, increased a significant proportion of people's desire for coercive practices towards people with mental illness who had no forensic history. Of note, it did not just impact negatively on the readers' attitudes to the specific issue. The impact was towards a generalised group who were labelled as mentally ill. The vignette in the research apparently functioned as a trigger that activated a perspective of privileging public protection and promoting coercive practices that research participants brought with them from their wider socialisation, and when triggered it was applied to a broad group of people.

This study explored the manner in which this group of newspapers contributed to constructing images about people with personality disorder, with a view to how these may function as a label that is applied to individuals and groups. The exact nature of the impact is beyond the reach of the study;

however, research into the patterns of how stigma limits life opportunities can guide reflection on this area. The results of the research are considered with regards the impact on people's lives, because:

- People are treated differently as a result of the label.
- People anticipate being treated differently as a result of receiving the label.
- People re-evaluate their understanding of self as a result of the label.

9.4.1. Treatment by others

The high proportion of articles in the red-top tabloids that presented people with personality disorder as having committed homicide (42%) is likely to have encouraged some readers to assume that an inaccurately disproportionate number of this group of people are a homicidal threat (Appleby *et al*., 2013; Coid *et al*., 2006b). The news frame of *lock them up and throw away the key* would encourage readers to prioritise public protection and the need for coercive practices. There is evidence that in England there is a pattern of people from lower social grades, and men, being more conservative in their attitudes with regards to the issue of fear and exclusion of people with mental illness and a desire for more coercive practices (HSCIC, 2015; Holman, 2015). This is significant because the red-top tabloids were disproportionately read by people from economic group C2DE and by men (NRS, 2013). The impact that these newspapers have on stigmatising behaviour is therefore likely to be more potent, as a significant proportion of their readers may already have stigmatising beliefs about the dangerousness of people with mental illness and the need for coercive practices that these papers reinforce and reactivate. Research findings from frame analysis suggest that the repetition of an existing perspective would have an amplificatory effect (Myers *et al.*, 2012; Shen, 2004).

The representation of people as characterised by homicidal threat would be associated with affective responses of fear, horror and revulsion, and the use of stigmatising language, for example, *evil* (80 times), *monster*(s) (49

times), and *psycho*(s) (29 times) would amplify these responses. A commitment to these beliefs and the prejudicial attitudes linked to them may also have been augmented by the reporting of authority figures making pronouncements that concretised people's identity as having these attributes; for example, through the repetition of the word *branded* (21 times), and the use of the word *psychopath(ic)* as an equator descriptor (47 times). As noted earlier the strength of these images in the press arise, in part, from their resonance with broader beliefs in society about mental illness and dangerousness (Angermeyer & Dietrich, 2006; Schomerus *et al*., 2012). Research in the US has indicated that the immediate impact of news items where someone with a mental illness has committed a mass shooting is that it is correlated with readers' increased desire for social distancing to people with mental illness as a whole group (Hoffner *et al*., 2017; McGinty *et al*., 2013; L. C. Wilson *et al*., 2016). Conceivably, one of the features of a mass shooting is that it challenges the readers' understanding of why the person acted as they did, and as a result they seem *other* to *us*. This study indicated that much of the representation of people with personality disorder within the homicide data set similarly presented people as *other*, and outside of humanity, and therefore would likely encourage a similar response in the readers of a desire for greater social distancing, not just towards people who commit homicide, but all people with personality disorder.

Additionally, the newspapers would encourage some readers to assume that there is no treatment, for example through the repeated use of the word *untreatable* (15 times), as well as the criticisms of anything other than public protection as a waste of taxpayer's money, and acceptance of violence towards people with personality disorder within treatment centres and prisons. This would function to heighten people's sense of fear, as not only are people a homicidal threat but they are untreatable, and this would be compounded by the re-iteration of their ongoing state of dangerousness (repeated 102 times). For some readers, this would contribute to

stereotypical beliefs that people with personality disorder can be characterised as a high risk of homicidal threat, an ongoing threat of danger, and that no treatment can ameliorate this state. Pertinent to this issue, research by McGinty *et al*. (2015) found that portrayals of people who have not responded to treatment for a mental illness was positively correlated to greater negative attitudes by research participants, compared to reading articles about people who had received treatment for their condition. The immediate impact of a single article about the ineffectiveness of treatment led to a greater desire for social distancing towards people with mental illness as a whole. This suggests that the absence of articles in which people receive and respond positively to treatment would have encouraged readers to take an approach of social distancing in their interactions with people with personality disorder.

Goffman noted that, "we exercise varieties of discrimination, through which we effectively, if often un-thinkingly, reduce his life chances" (1963, p. 15) and in circumstances where consciously or otherwise the person feels that the risk of what is at stake is very high, e.g. homicide, then simply denying life opportunities can seem unthinkingly justifiable. The routine denial of ordinary life opportunities, such as employment (Brohan, Henderson, Little, & Thornicroft, 2010; Luciano *et al*., 2014), or social distancing by friends and family (Hamilton *et al*., 2016; Webber *et al*., 2014) are common sites where stigmatisation is enacted towards people with mental illness. The messages in the newspapers may well have affected contextual decisions that goal-oriented individuals made, that prioritised fear of possible danger, and thereby limited life opportunities to people with personality disorder.

Link and Phelan (2001) commented that, "in the extreme, the stigmatized person is thought to be so different from *us* as to be not really human. And again, in the extreme, all manner of horrific treatment of *them* becomes possible" (p. 370). The repetition in the newspapers of de-humanising language (e.g. evil, psycho, monster), images of sadistic cruelty, and

unchallenged reports of threats, assaults and deaths of people with personality disorder, may have contributed to this process of reducing people to being less than human and justifying extreme and hostile reactions. Link and Phelan's (2001) comments are in the context of evidence that the level of aggression and violence experienced by people with mental illness from the public is high (Clement, Brohan, Sayce, Pool, & Thornicroft, 2011). There is a logic consistent with the findings where any sign of being odd or a weirdo (used 8 times), coupled with the knowledge that the person has a mental illness, may evoke a powerful emotional reaction such as fear of the person being a homicidal threat. This affective response, coupled with the process of a label that constructs an identity of being less than human, arguably makes the public more vulnerable to acting out their aggression, and consequently makes people with personality disorder more vulnerable to being the victims of aggression. The latter is an extreme example of discrimination, and of how a response to the label of mental illness functions to increase life stressors and affect well-being, and ultimately contributes to reduced mortality rates (Fok *et al*., 2012; Link & Phelan, 2006).

One of the unusual features of stigma towards people with personality disorder is that there is evidence that some mental health professionals hold stigmatising attitudes (Bodner *et al*., 2015; McGrath & Dowling, 2012; Treloar, 2009). Research by Newton-Howes *et al*. (2008) highlighted the function of the label *personality disorder* in this process. They indicated that clinicians attributed the characteristic of being aggressive more often to a group with the label of personality disorder than to a group who also met the diagnostic criteria for personality disorder and had similar characteristics of severity of symptoms and history of aggression. It appeared that it was the clinicians' understanding of the label of the diagnosis, which led them to understand these individuals in a different and more stigmatising manner. These types of understanding held by clinicians are associated with staff adopting social distancing strategies (D. W. Black *et al*., 2011; Markham, 2003). Research indicates that people with personality disorder have

experienced this as being reduced to a stereotype of being dangerous, and of being excluded from services (Bonnington & Rose, 2014; Rogers & Dunne, 2011; Veysey, 2014). There is evidence of health professionals holding alternative, positive attitudes and approaches to the clinical work (Bowen, 2013; Stroud & Parsons, 2013). However, those who already hold negative views may be more vulnerable to having these amplified by the types of news article found in the data set. This is likely to have additional traction with healthcare professionals because of the historic structural stigma of under-resourcing of services for people with personality disorder (NIMHE, 2003). Negative attitudes jeopardise the quality of care delivered, access to care and people's engagement with treatment (G. Black *et al*., 2013; Bonnington & Rose, 2014). This is significant given the health needs of the group, revealed starkly through the reduced life expectancy of people with personality disorder of between 13 and 22 years (Fok *et al*., 2012; Nordentoft *et al*., 2013)

9.4.2. Anticipated treatment by others

Modified labelling theory emphasises that those who might receive, or have received, a label of having a mental illness are affected by their awareness of stigma in society, because of their anticipation of how they will be treated by others. This relates to the importance of what is "vaguely, called `acceptance'" (Goffman, 1963, p. 19) and its broad impact on wellbeing, as well as some of the more direct consequences of people adapting their behaviour for fear of the reaction of others. There is some evidence to suggest that people from lower social grades have a higher perception of stigma in society (Golberstein, Eisenberg, & Gollust, 2008), which may correlate to higher anticipated stigma and therefore the readers of these newspapers may be disproportionately vulnerable to the impact of anticipated stigma.

It is reported that people are often reluctant to disclose their mental health status to their workplace for fear of the stigma they anticipate from others

(Brohan *et al*., 2012). Consequently, they are at risk of denying themselves the possible benefits of receiving support from work, because as goal-oriented individuals the anticipated cost of disclosure appears to be greater than the anticipated benefit. Mental health service users have ascribed particular importance to the role of the media in this process through, "perpetuating stereotypical images of people with mental health problems, particularly the idea that people with a mental health problem are violent or should be avoided" (Brohan *et al*., 2014, p. 292). The findings from this study suggested that the red-top tabloids may have contributed to people anticipating that disclosure would be met with stigmatising experiences fuelled by fear. This would include, but would not be limited to, instances where the image of someone with a personality disorder is working is presented as, "MONSTER WORKS IN SHOPPING MALL" (Gekoski, 2003, p. 22), which can contribute to a broad cultural image of people with personality disorder being too dangerous to risk having an employment role. It would also include a range of images of people with personality disorder as violent and having committed homicide.

From a modified labelling theory position, the negative impact of stigma and the positive benefits of appropriate treatment that result from receiving a label of having a mental illness, have a pattern of working in opposing directions on people's wellbeing (Link & Phelan, 2013). One example of this tension is that it is known that many people who experience symptoms of mental illness do not seek treatment, and that stigma plays a part in that process of delaying seeking help (Clement *et al*., 2015; Wang *et al*., 2004). The findings from this study suggest that the representation in the red-top tabloids may have contributed to this process of stigma as a barrier to seeking help. The repetitive link that they established between personality disorder and homicide may have contributed to people delaying seeking treatment, in anticipation that a diagnosis of personality disorder would lead to them being treated as if they were dangerous. This effect may have been compounded by the repetition of the assertion that people with personality

disorder are untreatable, so the anticipated benefits would be slight whereas the anticipated costs of stigma may be great. The representation of treatment as primarily a public protection measure, e.g. “PSYCHOS TO BE LOCKED AWAY FOR LIFE” (Cecil, 2002, p. 13) may also have contributed to this process. Similarly, the repetitive and indiscriminate use of the phrases *locked up* (33 times) and *released* (32 times) to refer to prison and treatment, would compound the view that treatment primarily served the interests of others. All of which would encourage people to perceive that the benefit of receiving treatment may be of limited value, compared to the anticipated cost of the stigma that may arise from the label of the diagnosis.

As well as the formal treatment options, there also important issues of feeling accepted within ones community, and feeling that one can reach out to friends and family at times of need. Research by Hoffner *et al*. (2017) is pertinent to this point. They identified that after the reporting of a homicide by someone with a history of mental health service use, the research participants who had themselves experienced mental health difficulties anticipated that the public would be less accepting towards them. They consequently were less likely to seek out support from others. This can be understood as individual articles triggering an awareness in someone with a history of mental illness of the beliefs and values of a generalised other in relation to the broader issue of mental health, and reacting to that. The evidence from the study suggested that the articles may have encouraged people with personality disorder to anticipate that they would have been on the receiving end of stigma in a range of different social contexts. Further, that the cost of these experiences may have outweighed the benefits of engaging with their social worlds in a manner that could have supported them to live their lives to their potential.

9.4.3. Re-evaluation of self

The third area of impact of stigma through the label of a mental illness is re-evaluation of the self as someone belonging to a stigmatised group, referred

to as self-stigma (Corrigan & Rao, 2012; Watson *et al*., 2007). Research by Coid *et al*. (2006b) indicated that a disproportionately high number of people from lower social grades have a personality disorder, and there is evidence that people from lower social grades are more vulnerable to the impact of self-stigmatisation (Evans-Lacko, Brohan, Mojtabai & Thornicroft, 2012; Holman, 2015), which suggests that the impact of these newspapers could be particularly potent.

As noted in chapter 3, Corrigan and Rao (2012) have produced a model of self-stigmatisation that consists of four stages:

- Awareness. The person is aware of public stigma towards the stigmatised group.
- Agreement. The person agrees that the negative stereotyping is accurate.
- Application. The person applies these negative stereotypes to understand themselves.
- Harm. The application negatively impacts on self-esteem and self-efficacy.

Whilst Corrigan's conceptual model of stigma is from social psychology, their model has been and can be understood from a symbolic interactionist perspective (Link *et al*., 2015). The awareness of public stigma is an example of the role of the generalised other, and that this awareness impacts on a re-evaluation and re-construction of the self is an example of the self as a constructed social object (Charon, 2010; Jenkins, 2014). As noted above, there is evidence of the press activating a relationship in people with a history of mental illness to the generalised other, which impacted on anticipated stigma (Hoffner *et al*., 2017); likewise, people with mental illness have identified the press as playing a role in the process of re-evaluation of the self (Brohan *et al*., 2014).

Research by Rüsch *et al*. (2006) indicated that some people with personality disorder have experienced self-stigmatisation and the associated impact of lowered self-esteem and greater acceptance of discrimination. Some people with personality disorder may be particularly vulnerable to the negative impact of self-stigmatisation from articles that repetitively associate personality disorder with homicide and being monstrous and evil. Castillo's (2003) research into the experiences of people with personality disorder highlighted the challenge for some of her research participants of managing fantasies of aggression, linked to experiences of low self-esteem. This was often in the context of experiences of abuse and neglect that a disproportionate number of people with personality disorder have to contend with (Battle *et al*., 2004; Berenz *et al*., 2013). In the context of the high prevalence of childhood trauma, it is not uncommon that the pattern of difficulties that a person with personality disorder experiences in their thoughts and feelings about themselves and others include violent fantasies (De Zulueta, 2005, 2006a, 2006b). This line of thought raises the possibility that for some people the image repeatedly presented in the newspapers of being sub-human (monster/beast) and outside of human morality (evil/psycho) and homicidal might bear a frightening resemblance to aspects of their negative self-conceptions, and make them more vulnerable to confirming that these stereotypical images can be applied to themselves. These images may disproportionately affect self-stigmatisation of people with personality disorder, leading to the distress of lowered self-esteem and mood and acceptance of discrimination from others (Rüsch *et al*., 2006). The study findings suggest that for some people with personality disorder, the images presented in the red-top tabloids may well have contributed to these processes of self-stigmatisation.

9.5. Summary

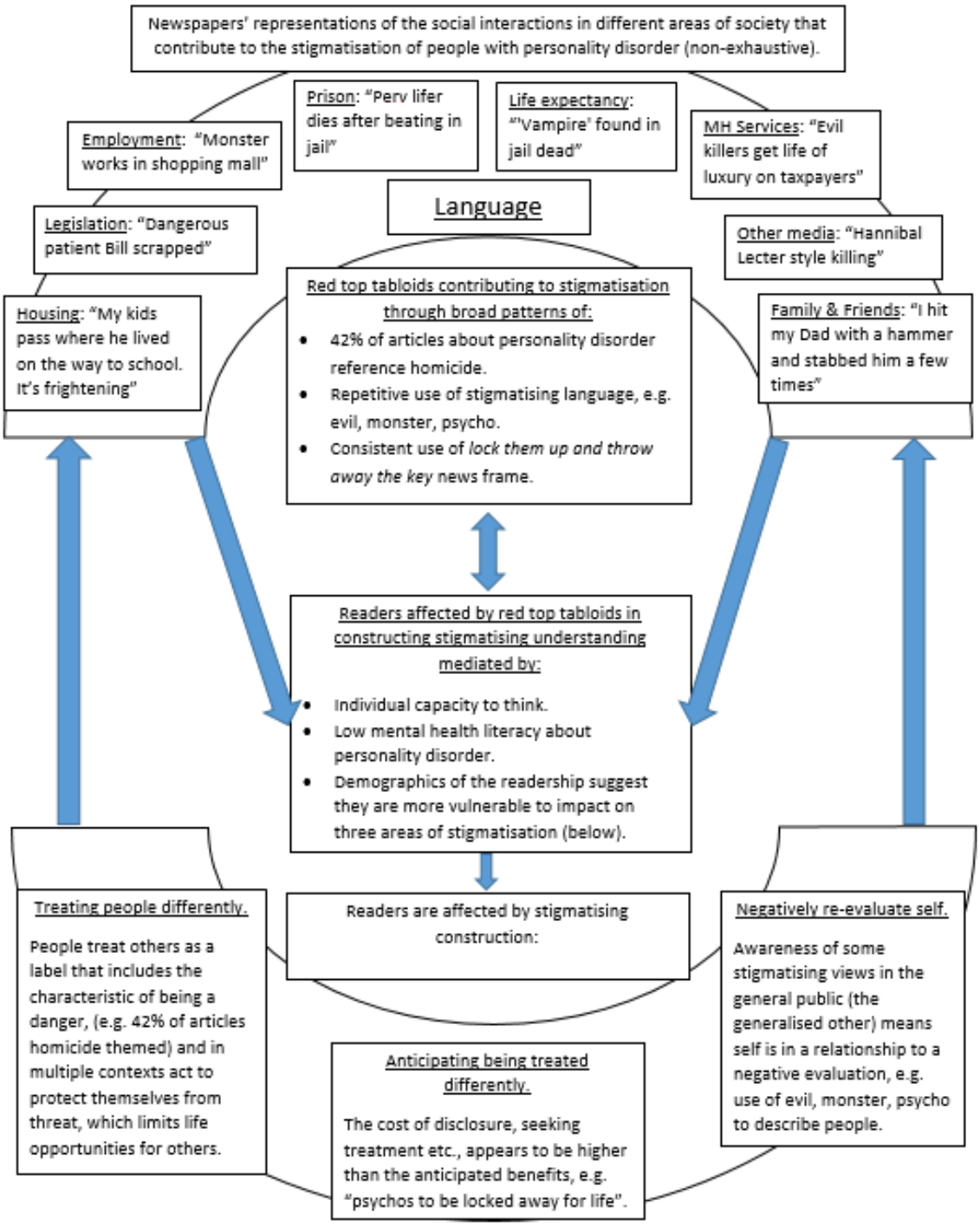
The manner in which the processes of stigmatisation towards people with any mental illness, including personality disorder, operate within society is complex; they are exhibited in multiple sites across a society and their

impacts can compound each other (Link & Phelan, 2013; Henderson & Thornicroft, 2009). The model developed in chapters 3 and 4 has attempted to capture some of this complexity and to try to stay with, and represent, that complexity. Figure 9.1 diagrammatically presents highlights of the findings.

The diagram in figure 9.1 highlights the relationship between the wider sites of stigmatisation, the embeddedness of the newspapers within those sites, and the reproduction of those examples of stigma, illustrated with some examples. It also highlights the active role that the newspapers play in producing stigmatising images, and the different manners in which the stigma affects readers.

The degree to which individuals within a group are affected by stigma is variable (Link & Phelan, 2014), and the degree to which the pattern of stigma experienced by different groups is variable (Link & Phelan, 2001). Whilst it may not be possible to accurately quantify these differences, they can be thought of in terms of the severity of impact and the range of situations in which they affect individuals' lives. One of the striking features of the findings is that the very stark image of a person with a personality disorder having committed homicide was not only very frequently presented to readers, but in a manner that emphasised qualities that were less than human, and was casually applied to a range of contexts that affect people's lives. It suggests that the impact had the potential of being both severe in terms of the level of negative understanding, and broad in terms of the range of situations in which this understanding could be applied.

Figure 9.1. Model of the red-top tabloids' contribution to the processes of stigmatisation of people with personality disorder



9.6. Conclusion

This chapter has brought together the findings from the three methods used to examine the data set and considered them in light of the theoretical framework developed in chapters 3 and 4. In doing so, it has highlighted the

powerful nature of some persistent images evoked in the newspapers articles reviewed, and the complexity of understanding these in a wide social context. This has supported the endeavour to address the overall research aim of the study to explore the manner by which the red-top tabloids contributed to the processes of stigmatisation of people with personality disorder. The next chapter re-focuses on the research questions and hypotheses to provide clarity about how the study addressed each of these components, and how it addressed the overall research aim.

Chapter 10: Conclusion

10.1. Introduction

This chapter draws the thesis to a conclusion. It does this by summarising the study and examining how the findings provide evidence in relation to the hypotheses, the research questions and the overall research aim. It provides an exploration of the limitations of the study in terms of issues of validity and reliability, and a reflection on the contribution that the thesis makes to the field. It considers the implications for practice within the newspaper industry and clinical environments, and plans to take this research agenda forward, before ending with some brief concluding comments.

10.2. Summarising the thesis

This study was born out of several years of working in therapeutic environments with people with personality disorder, and witnessing both the level of distress that people often experienced, and the negative beliefs and attitudes held by some healthcare professionals. From this arose a curiosity about the way in which people with personality disorder also have to contend with managing stigma from sources in wider society. The overall research aim of this study was to examine an example of how people with personality disorder may have to contend with wider processes of stigmatisation.

10.2.1. How the proportion of articles about people with personality disorder who committed homicide, across the red-top tabloid sector, may have contributed to the processes of stigmatisation

The content analysis indicated that over the period 2001-2012, 42% of articles were themed as homicide. The findings were similar to findings from a range of different countries that indicated that the proportion of articles categorised as dangerous to be between 38% (Calo & Baban, 2013) and 55% (McGinty *et al*., 2016). The results, however, were considerably highly than those in the UK during the same period (Goulden *et al*., 2011; Rhydderch *et al*., 2016; A. Thornicroft *et al*., 2013). This result was found to reflect the

sector as a whole, rather than the influence of a small number of a minority of newspapers. Analysis indicated there was no significant relationship between the different newspapers and the proportion of non-homicide and homicide articles produced ($\chi^2(5, n=552) = 5.64, p > .05$.)

The very high proportion of articles about people with personality disorder who had committed homicide does not reflect the actual low proportion of people with personality disorder who will commit homicide (Appleby *et al*., 2013; Coid *et al*., 2006b). This may have contributed to a stereotypical belief that people with personality disorder are characterised as homicidally dangerous. It may also have contributed to the wider stigmatising belief that people with mental illness are dangerous and violent, and evidence suggests that there is an immediate stigmatising effect towards all people with mental illness from articles about someone with a mental illness committing a homicide (Corrigan *et al*., 2013; McGinty *et al*., 2013). It is understood that the power of this contribution to stigma would be amplified because it conforms to stereotypical beliefs held by a significant portion of the general public that associate mental illness with violence (Angermeyer & Dietrich, 2006; Schomerus *et al*., 2012). Their impact may be particularly powerful on their readers, as the demographics of their readers (NRS, 2013) are associated with greater concern about threat and desire to exclude (HSCIC, 2015; Holman, 2015).

There was a change in the proportion of articles themed as homicide when the time periods 2001-2006 and 2007-2012 were compared. The proportion of homicide articles reduced from 48% to 37% of the data set, and this was a significant reduction ($\chi^2(1, n=552) = 7.38, p < .05, \varphi = .12$). This finding mirrors the trend found in other research in the UK (Goulden *et al*., 2011; Rhydderch *et al*., 2016); however, the size of the effect was small, and the proportion remained high compared to other UK findings (A. Thornicroft *et al*., 2013). As a result, though this offers signs of improvement in the

stigmatising quality of the articles, the level of repetition is considered to be high.

10.2.2. How the language used in articles about people with personality disorder who committed homicide may have contributed to the processes of stigmatisation

The linguistic analysis identified that the word *released* was used indiscriminately to refer to people leaving prison or being discharged from hospital. A novel finding of this research was that it identified that the term *locked up* was also used indiscriminately to refer to people being sentenced to prison and being admitted to hospital. Contrasting the homicide data set with a normative data set identified 22 words that were regarded as stigmatising descriptors, which were statistically significant in their proportional use and therefore considered to characterise the data set. These words were a combination of epithets and qualities and a reference to the process of labelling, which contributed to constructing an identity of people as less than human. These findings have some similarity to Clement and Foster's (2008) findings about the high use of stigmatising descriptors in the red-top tabloid press in articles that made reference to violence. The repeated use of words, such as *evil*, *psycho*, *monster* and *beast* that reduced people to a less than human status may have contributed to the processes of stigmatisation by encouraging a prejudicial attitude fuelled by fear, horror and revulsion towards people with personality disorder (Link & Phelan, 2001). For those with a personality disorder, it may have encouraged a negative application of these sub-human characteristics as being accurate reflections of the self (Brohan *et al*., 2014). Analysis of the use of words in context suggested that they clustered around qualities of individuals as less than human, evil, out of control, odd or damaged.

The comparison of changes between 2001-2006 and 2007-2012 identified that there was an increase in the proportional use of stigmatising descriptors between the two time periods, but that this was not statistically significant, with $\chi^2(1, n=114110) = 1.53$, $p > .05$. This suggests that the extent to which

the newspapers used linguistic techniques to contribute to the processes of stigmatisation was relatively consistent across an extended period. There was an increase in the proportional use of the word *monster* between the period 2001-2006 and 2007-2012, which supports the finding of Dickens' (2008) research. A novel finding is that the words *evil* and *psycho* were both used with high frequency (*evil* 80 times, *psycho* 20 times) and with an almost identical proportional frequency between the two time periods, which suggests that they are enduring and significant linguistic terms when referring to people with personality disorder who commit homicide.

10.2.3. How the dominant news frame in articles about people with personality disorder who committed homicide may have contributed to the processes of stigmatisation

The frame analysis of the homicide data set identified a news frame of *lock them up and throw away the key*, which presented a perspective on the way to treat people with personality disorder who commit, or may commit, homicide. This perspective was to identify people with personality disorder who will kill; accept that they do not have the same human rights to freedom as *the public*; to accept that they will never stop being a danger to others; and to detain indefinitely people in environments that provide tough regimes. From this perspective, the state was considered responsible for a series of failings, which supports research that the press often present failings in the state's responsibilities (Blood, 2002; Kesic *et al*., 2012; Paterson, 2007). A novel contribution of this analysis is that it indicated how these failings functioned in relation to when the state was presented as successfully discharging its duties by locking people away and placing them in frightening environments.

This repetition of a news perspective may have contributed to the processes of stigmatisation through encouraging an illiberal stance towards people with personality disorder, fuelled by affective responses of fear and anger. This may have encouraged readers to adopt an illiberal stance towards all people with personality disorder, and other people with mental illness. This

is supported by evidence that articles about the state's failure to provide adequate care have an immediate impact of increasing readers' stigmatising attitudes (Corrigan *et al*., 2013). The contribution that this group of newspapers made to the processes of stigmatisation is understood to be particularly powerful, because the stance that they promoted was likely to have confirmed a stance that was more common among its readers (HSCIC, 2015; Holman, 2015).

10.2.4. The manner of the red-top tabloids' contribution to the processes of stigmatisation

There is evidence that the media can negatively influence the public understanding and attitudes towards people with mental illness (Hoffner *et al*., 2017; McGinty *et al*., 2015; L. C. Wilson *et al*., 2016). This is the reason why there is interest in analysing the media's outputs. The exact nature and extent of this influence is very difficult to determine and will vary from individual to individual. Evidence from this study, however, considered in light of the theoretical framework developed in chapters 3 and 4, strongly suggests that this group of newspapers would have contributed to the processes of stigmatisation. Each of the different aspects of the manner in which the newspapers can encourage readers to construct stigmatising understandings of people with personality disorder (repetition of theme, stigmatising language, stigmatising news frame) demonstrated significant evidence of their contribution to the processes of stigmatisation. It would have only been possible for this to be present in such a consistent manner across the 12 year period because it had strong resonance with how this issue was understood in the wider society. The power of these articles in the processes of stigmatisation would have arisen in part through encouraging people into accepting stigmatising understandings, which they experienced in the wider society, as taken-for-granted knowledge. This interconnectedness means that individual articles would have functioned, at times, both as individual incidents and as a trigger for a wider perspective that was held by the generalised other.

10.3. Limitations – validity and reliability

There are a number of limitations to this study and it is helpful to explore these as part of the process of reflecting on the robustness of the research.

The research limited itself to a very specific area of enquiry around articles themed as homicide. It is typical in content analysis research into the representation of people with mental illness to use a broader category of dangerousness, and in limiting the enquiry to homicide there is a less direct relationship to research findings in the field (Bowen & Lovell, 2013). A strength of this approach is that the research in the field does include homicide as part of the category of dangerousness, so the choice was directly informed by that research. In addition, the choice was underpinned by an understanding of the model of stigma and the relevance that forging a link between personality disorder and homicide has in the processes of stigmatisation. Homicide is a very stark example of dangerousness that would be expected to produce a strong affective response in readers. Its specific nature meant that the study could consider the more specific stereotypical attribute of threat of homicide, rather than the less well defined belief about dangerousness. These aspects supported the validity of the approach to have relevance in the social world. The result of the inter-rater reliability test, with a Kappa value of $k = .90$, indicated almost perfect reliability, which supported the utility of the category to be readily identifiable.

Another limitation of the research is that it only examined the outputs of red-top tabloid newspapers and did not include other types of newspaper. This is a limitation with regards to an understanding of the representation of people with personality disorder in the UK press as a whole. A strength of this approach is that this is transparent, and that by focusing exclusively on the red-top tabloids there is no claim that this is representative of the industry as a whole, which supports the validity of the findings of the research in this specific area of enquiry. The choice was also informed by the

limited research and findings into the representation of mental illness in this group of newspapers (Goulden *et al*., 2001; Rhydderch *et al*., 2016), so a strength is that the findings provide an insight into an area that is under-researched.

A further limitation of the work is that it did not include the *Daily Star on Sunday* within the data set. This is unfortunate, and did compromise the reliability of the findings as accurate of the red-top tabloid industry. The study, however, demonstrated that the Sunday newspapers made a relatively small contribution to the data set as a whole (between 4.3% and 5.4% each), so the absence of one Sunday newspaper probably had a relatively small impact on the findings as a reflection of the red-top tabloid industry as a whole.

Another limitation is that the identification of stigmatising language inevitably relied on a degree of subjectivity about what is regarded as a stigmatising word. The strength of the research is that it drew on newspaper guidance, and research in the field (Chopra & Doody, 2007; Clement & Foster, 2008; Magliano *et al*., 2011), and was directly informed by the model of stigma and the impact of language (Link & Phelan, 2001). This supported the validity of the findings. Using corpus linguistics software to contrast the homicide data set with a norm of the representation of personality disorder in other UK national press enabled the identification of words that were statistically significant in their proportional use. This supported the reliability of the research by addressing concerns of confirmation bias (Allahverdyan & Galstyan, 2014) and the primacy effect (van Erkel & Thijssen, 2016) that would have been harder to manage if the data set of 114,110 words had only been analysed by reading and re-reading the articles.

A limitation of the frame analysis is that it inevitably involves a subjective component in the analysis. To manage that vulnerability there was an active process of drawing on an understanding of how the issues were debated and

presented in the UK during that period, which supported the validity of the findings to be relevant to the wider social world (Van Gorp, 2007). The use of the findings from the linguistic analysis and the further use of corpus linguistics software supported the reliability of the analysis (Touri & Koteyko, 2015; Touri & Kostarella, 2017).

An inevitable limitation of this type of research into the representation of people with mental illness in the press is that it does not research the impact that the articles have on the readers. This is addressed through the use of a theoretical model (chapters 3 and 4), and research findings into the impact of the media on the public (Hoffner *et al*., 2017; McGinty *et al*., 2015; L. C. Wilson *et al*., 2016). The study, however, can only go as far as to consider the findings in the light of this model.

A further limitation is the use of the LexisNexis database. There have been criticisms about inconsistencies in the archiving of a small proportion of newspaper articles (Flynn *et al*., 2015; Weaver & Bimber, 2008). This compromises the reliability of the data set as a reflection of the articles consumed by readers at the time. However, the database is the industry standard for constructing a data set of newspaper articles in UK (Goulden *et al*., 2011; A. Thornicroft *et al*., 2013; Rhydderch *et al*., 2016), and the area of reported compromise in the LexisNexis database is specifically wire services, which were not part of the search criteria.

10.4. Contributions to new knowledge

The research into stigma and mental illness is expansive, and the contribution that this study makes to that body of work is modest. The original motivation to undertake this research was to explore an aspect of structural stigma that relates to the lives of people with personality disorder, in the context of relatively little research in this area. That broad aim has been achieved, and this work contributes something to our understanding about the stigmatisation of people with personality disorder outside of the

clinical arena. Specifically, how powerful the social pressure is to forge a link with personality disorder and the characteristic of threat of homicide and the need for coercive practices.

The research also had a specific focus on the red-top tabloids, which are a widely read group of newspapers (NRS, 2013), and whilst there is already evidence to indicate that this group of newspapers contribute to stigmatisation (Clement & Foster, 2008; Foster, 2006) this research has furthered that understanding. This is significant not only as it relates to people with personality disorder, but also to an understanding of structural stigma and the wider field of mental illness.

The use of the three research methods, content analysis, linguistic analysis and frame analysis, is relatively common in research into newspaper representations of mental illness. However, their combination in a sequential fully mixed research design, supported by the use of corpus linguistics methods, appears to be novel. This has been productive in producing a rounded picture of the particular issue and could be adopted for future studies.

The identification of a news frame of *lock them up and throw away the key*, and the matrix to support this, is to the researcher's knowledge a novel contribution to an understanding of a persistent news frame in the representation of mental illness. This offers the opportunity in the future to test if there is evidence of its use in other groups of newspapers, and in relation to other groups of people.

The model used to consider the findings developed in chapters 3 and 4, and summarised in figure 9.1, is to the researcher's knowledge a novel elaboration of the analysis of newspaper outputs and their possible contribution to the processes of stigmatisation, and may be of utility in future research.

10.5. Implications for practice

10.5.1. The press

This thesis largely supports the guidance that is already provided about the importance of avoiding stigmatising language and the importance of not over-representing people with mental illness as being dangerous. This study suggests that the examples in press guidance of stigmatising language that should be avoided could include the phrase *locked up* in a similar manner to the way that the press are advised to avoid using the word *released* to indicate that someone has been discharged from hospital. Personality disorder is not consistently cited in press guidance (NUJ, N.D.), or video campaigns (Time to Change, 2012) as an example of a clinical group who are stigmatised. It would be helpful to address this in future guidance and campaigns as part of raising the press's awareness of people with personality disorder and the impact that stigmatising articles can have on people's lives.

Scheufele (2014) and Nisbet (2009) have made the point that often inaccurate or prejudicial representations in the press are understood as if the central problem is a lack of accurate information, which they refer to as a *deficit model*. From this perspective, the way to improve the press' representation is to fill that deficit with more accurate information. In relation to mental health and stigma, the deficit model response is to provide those who work in the media with more accurate knowledge about mental illness. Clarifying the nature of symptoms of different disorders, the rate of prevalence, evidence-based treatments and the course of recovery are all responses to filling that deficit in knowledge. However, Scheufele (2014) and Nisbet (2010) contend that this is based on a misunderstanding of the processes of constructing media outputs and readers' responses to media outputs. As the findings from this research suggest, the media use news frames to select material and give salience to particular aspects of the material, so that the reader is encouraged to take a particular perspective on the nature of the problem and appropriate solution. This frame has to

have resonance with the wider cultural interpretations for the reader to readily identify it as meaningful. The implication of this is that providing accurate information to those who work in the media is not sufficient to change the media's coverage of issues. The media need to be provided with packages of interpretation of issues that identify the salient points, the nature of the problem and appropriate outcome. Furthermore, these packages must conform to how a significant portion of the readers already perceive these types of issue, or else it will fail to be readily understood by a sufficient number of readers. This would suggest that the news frame of *lock them up and throw away the key* needs to be countered with an alternative news frame, rather than simply accurate information. An example could be to engage with the media to promote a news frame of how therapeutic endeavours work towards improving public protection, rather detract from public protection concerns.

10.5.2. Clinical practice

There have been attempts to work directly with the impact of self-stigmatisation. These have had mixed results (Mittal, Sullivan, Chekuri, Allee, & Corrigan, 2012; Tsang *et al*., 2016), suggesting that the process and the impact need to be viewed as multi-factorial and interventions carefully designed to best suit individual needs, e.g. addressing the complexity of self-disclosure for the individual (Corrigan *et al*., 2013; Rüsch *et al*., 2014b). The results, however, are sufficiently promising, particularly with interventions to address underlying beliefs and attitudes, and interventions to enhance coping skills, to suggest that these could be adopted with people with personality disorder. It may be useful to incorporate examples from the media, within future psycho-education interventions, to explore the types of beliefs and attitudes people may have been exposed to.

Interventions to improve the public's literacy about personality disorder could contribute to the diminution of the stigmatising process. As personality disorder always starts in adolescence or early adulthood (APA,

2013), interventions geared towards young people would have particular relevance (Pinfold *et al*., 2003) and exploration of media stereotypes could inform part of that work.

The research in the field, particularly with regards borderline personality disorder, suggests that there is a pattern of some healthcare professionals having stigmatising understandings about people with personality disorder, both in mental health and other health services (D. W. Black *et al*., 2011; Bodner *et al*., 2015; Newton-Howes *et al*., 2008). This study suggests that these beliefs could be compounded by the messages disseminated in the red-top tabloids. This has a serious and direct implication for a group which evidence indicates often have high levels of unmet needs (Bonnington & Rose, 2014; Hayward *et al.*, 2006), and who in the UK typically have their lives shortened by 17.7 years (men) and 18.7 years (women) compared to the general public (Fok *et al*., 2012). This suggests that there should be education and training for healthcare workers about working with people with personality disorder, and this study suggests that such education could include an understanding and exploration of how the media may affect healthcare workers' beliefs and attitudes, and consequently their delivery of healthcare.

10.6. Future research

My clinical and research areas of interest have focused on work related to people with personality disorder. Undertaking this study has made me more committed to engage with the broader issues of stigma and mental illness, and I anticipate that future research will reflect that. In the first instance, however, my intention is to build on the work that I have started with this doctoral study. The very high proportion of articles that linked personality disorder and homicide in the red-top tabloids, and the strong reliability of the category to conduct content analysis has made me keen to explore how common this link is in other newspaper types. I plan to conduct research across a wider range of UK national newspapers to identify if the pattern of

establishing such a strong negative characteristic is common across the newspaper industry, if there are significant difference between newspaper types, and differences across different time periods. I believe that the power of the stigmatising image of someone as mentally ill and homicidal warrants further enquiry.

I am curious to see if the news frame *lock them up and throw away the key* is specific to the red-top tabloids' representation of personality disorder. Therefore I plan to test whether this news frame is used more broadly in the UK press in relation to people with personality disorder who commit homicide. The identification of the news frame in the thesis was primarily an inductive approach. Identifying the presence of the same news frame in a different data set would be primarily a deductive approach, of testing the data to identify if it supports the relevance of the model in that context. As a deductive approach, it would be essential to have a clear coding frame, which would be informed by the news frame matrix developed in chapter 8.

There is considerable concern about the representation of people with schizophrenia in the press, given the degree of stigma that people experience (Gerlinger *et al*., 2013; Gronholm, Thornicroft, Laurens, & Evans-Lacko, 2017; A. Singh, Mattoo, & Grover, 2016). The persistence of the use of stigmatising words in relation to people with personality disorder is a significant finding of the study, and I plan to undertake research to identify if there is a similar pattern in the representation of people with schizophrenia within the red-top tabloids.

10.7. Concluding thoughts

Research by Battle *et al*. (2004) has indicated that the majority of people with a diagnosis of personality disorder have experienced abuse (73%) and neglect (82%) in childhood. This is the beginning of a life course that for many will end much earlier than the majority of the general public (Fok *et al*., 2012), and the evidence is that along that route many will have

experiences of stigma from the healthcare systems that are intended to supported their recovery (Bonnington & Rose, 2014). The impact of stigma as loss of life opportunities arises from multiple sites, both through interactions of individuals and in the way that society is structured (Link & Phelan, 2013; G. Thornicroft, 2006), and the contribution of one group of newspapers to that process is just one component in these processes. The findings from this research indicate that the red-top tabloids have, though, contributed to those processes and therefore share some responsibility in the limiting of life opportunities for individuals.

Reference List

"12yrs jail". (2008, January, 9). *Daily Mirror*, p. 7.

"Bonkers Bruno". (2003, September 23). *The Sun*, p. 1.

"Care brute". (2001, November 23). *Daily Mirror*, p. 26.

"Danger in our midst". (2006, March 17). *Daily Star*, p. 5.

"'Evil' killer". (2007, August 7). *Daily Mirror*, p. 25.

"McDowell lured a rabbi". (2004, October 1). *Daily Mirror*, pp. 2-3.

"Mental Health Bill". (2002, June 26). *Daily Star*, p. 2.

"Monster is caged". (2006, March 18). *The Sun,* p. 4.

"Skittle killer". (2007, June 18). *The Mirror*, p. 19.

"Straw joins row". (1998, October 27). *The Times*, p. 3.

Adshead, G. (2001). Murmurs of discontent: Treatment and treatability of personality disorder. *Advances in Psychiatric Treatment*, *7*(6), 407-415. DOI: 10.1192/apt.7.6.407.

Ajetunmobi, O., Taylor, M., Stockton, D., & Wood, R. (2013). Early death in those previously hospitalised for mental healthcare in Scotland: A nationwide cohort study, 1986-2010. *BMJ Open*, *3*(7), e002768. doi:10.1136/bmjopen-2013-002768

Allahverdyan, A. E., & Galstyan, A. (2014). Opinion dynamics with confirmation bias. *PLOS One*, *9*(7), e99557. DOI: 10.1371/journal.pone.0099557.

Altheide, D. L. (1997). The news media, the problem frame, and the production of fear. *Sociological Quarterly*, *38*(4), 647-668.

Altheide, D. L. (2006). The mass media, crime and terrorism. *Journal of International Criminal Justice*, *4*(5), 982-997. DOI: 10.1093/jicj/mql061.

Altheide, D. L. (2013). Media logic, social control, and fear. *Communication Theory*, *23*(3), 223-238. DOI: 10.1111/comt.12017.

Altheide, D. L. (2014). Media edge: Media logic and social reality. New York, NY: Peter Lang Publishing.

Altheide, D. L., & Coyle, M. J. (2006). Smart on crime: The new language for prisoner release. *Crime, Media, Culture*, *2*(3), 286-303. DOI: 10.1177/1741659006069561.

Altheide, D. L., & Devriese, K. (2007). Perps in the news: A research note on stigma. *Crime, Media, Culture*, *3*(3), 382-389. DOI: 10.1177/1741659007082473.

Alvesson, M., & Sandberg, J. (2013). *Constructing research questions: Doing interesting research*. London, United Kingdom: Sage Publications Ltd.

American Psychiatric Association. (1973). Diagnostic and statistical manual of disorders. (2nd revised ed.). Arlington, VA: American Psychiatric Publishing.

American Psychiatric Association. (1994). Diagnostic and statistical manual of disorders. (4th ed.). Arlington, VA: American Psychiatric Publishing.

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th revised ed.). Arlington, VA: American Psychiatric Publishing.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.

Anderson, M. (2003). 'One flew over the psychiatric unit': Mental illness and the media. *Journal of Psychiatric and Mental Health Nursing*, *10*, 297-306. DOI: 10.1046/j.1365-2850.2003.00592.x.

Angermeyer, M. C., & Dietrich, S. (2006). Public beliefs about and attitudes towards people with mental illness: A review of population studies. *Acta Psychiatrica Scandinavica*, *113*, 163-179. DOI: 10.1111/j.1600-0447.2005.00699.x.

Angermeyer, M. C., Dietrich, S., Pott, D., & Matschinger, H. (2005). Media consumption and desire for social distance towards people with schizophrenia. *European Psychiatry*, *20*(3), 246-250. DOI: 10.1016/j.eurpsy.2004.12.005.

Angermeyer, M. C., Matschinger, H., Carta, M. G., & Schomerus, G. (2014). Changes in the perception of mental illness stigma in Germany over the last two decades. *European Psychiatry*, *29*(6), 390-395. DOI: org/10.1016/j.eurpsy.2013.10.004.

Angermeyer, M. C., Matschinger, H., & Schomerus, G. (2013). Attitudes towards psychiatric treatment and people with mental illness: Changes over two decades. *The British Journal of Psychiatry*, *203*, 146-151. DOI: 10.1192/bjp.bp.112.122978.

Angermeyer, M., C., & Schulze, B. (2001). Reinforcing stereotypes: How the focus on forensic cases in news reporting may influence public attitudes towards the mentally ill. *International Journal of Law and Psychiatry*, *24*, 469-486. DOI: 10.1016/S0160-2527(01)00079-6.

Anthony, L. (2011). AntConc (Version 3.2.4) [Computer Software]. Tokyo, Japan: Waseda University. Available from http://www.laurenceanthony.net/

Anthony, L. (2013). A critical look at software tools in corpus linguistics. *Linguistic Research*, *30*(2), 141-161.

Aoki, A., Aoki, Y., Goulden, R., Kasai, K., Thornicroft, G., & Henderson, C. (2016). Change in newspaper coverage of schizophrenia in Japan over 20-year period. *Schizophrenia Research*. DOI: 10.1016/j.schres.2016.04.026.

Appleby, L., Kapur, N., Shaw, J., Hunt, I., M., While, D., Flynn, S… Williams, A. (2013). *The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness*. Manchester, United Kingdom, University of Manchester.

Aragones, E., Lopez-Muntaner, J., Ceruelo, S., & Basora, J. (2014). Reinforcing stigmatization: Coverage of mental illness in Spanish newspapers. *Journal of Health Communication*, *19*(11):1248-58. DOI: 10.1080/10810730.2013.872726.

Armstrong, J. (2005, June 10). Care home killer. OAP who battered 93-year-old had violent past but records were lost. *Daily Mirror*, p. 19.

Armstrong, J. (2005, May 19). Lock me up.. I'm a danger says man who killed days later. *Daily Mirror*, p. 32.

Baker, P. (2006). *Using corpora in discourse analysis*. London, United Kingdom: Bloomsbury Publishing.

Baker, P. (2012). Acceptable bias? Using corpus linguistics methods with critical discourse analysis. *Critical Discourse Studies*, *9*(3), 247-256. DOI: 10.1080/17405904.2012.688297.

Baker, P., Gabrielatos, C., & McEnery T. (2013). *Discourse analysis and media attitudes: The representation of Islam in the British press*. Cambridge, United Kingdom: Cambridge University Press.

Bamelis, L. L., Evers, S. M., Spinhoven, P., & Arntz, A. (2014). Results of a multicenter randomized controlled trial of the clinical effectiveness of schema therapy for personality disorders. *American Journal of Psychiatry*, *171*(3), 305-322. DOI: 10.1176/appi.ajp.2013.12040518.

Barnett, B. (2006). Medea in the media. Narrative and myth in newspaper coverage of women who kill their children. *Journalism*, *7*(4): 411-432. DOI: 10.1177/1464884906068360.

Barreiro, P. L., & Albandoz, J. P. (2001). Population and sample: Sampling techniques. *Management Mathematics for European Schools MaMaEusch* (994342-CP-1-2001-1-DECOMENIUS-C21).

Bateman, A., & Fonagy, P. (2009). Randomized controlled trial of outpatient mentalization-based treatment versus structured clinical management for borderline personality disorder. *American Journal of Psychiatry*, *166*, 1355-1364. DOI: 10.1176/appi.ajp.2009.09040539.

Bateman, A., Gunderson, J., & Mulder, R. (2015). Personality disorder 3. Treatment of personality disorder. *Lancet*, *385*(1), 735-743. DOI: 10.1016/S0140-6736(14)61394-5.

Batey, A. (2011). The Beastie Boys prompt moral outrage in UK. *The Guardian*. Retrieved from: http://www.theguardian.com/music/2011/jun/13/beastie-boys-moral-outrage.

Battle, C. L., Shea, M. T., Johnson, D. M., Yen, S., Zlotnick, C., Zanarini, M. C., ... & McGlashan, T. H. (2004). Childhood maltreatment associated with adult personality disorders: Findings from the Collaborative Longitudinal Personality Disorders Study. *Journal of Personality Disorders*, *18*(2), 193-211. DOI: 10.1521/pedi.18.2.193.32777.

Bednarek, M. (2012). “Get us the hell out of here”. Key words and trigrams in fictional television series. *International Journal of Corpus Linguistics 17*(1), 35-63. DOI: 10.1075/ijcl.17.1.02bed.

Berenz, E. C., Amstadter, A. B., Aggen, S. H., Knudsen, G. P., Reichborn-Kjennerud, T., Gardner, C. O., & Kendler, K. S. (2013). Childhood

trauma and personality disorder criterion counts: A co-twin control analysis. *Journal of Abnormal Psychology*, *122*(4), 1070. DOI: 10.1037/a0034238.

Berger, P. L., & Luckman, T. (1991). *The social construction of reality. A treatise in the sociology of knowledge.* (New ed.). Harmondsworth, United Kingdom: Penguin Books.

Bergman, B., & Eckerdal, A. (2000). Professional skills and frame of work organization in managing borderline personality disorder. *Scandinavian Journal of Caring Sciences*, *14*(4), 245-252. DOI: 10.1111/j.1471-6712.2000.tb00592.x.

Biber, D. (1993). Representativeness in corpus design. *Literary and Linguistic Computing*, *8*(4), 243-257. DOI: 10.1093/llc/8.4.243.

Bilic B., & Georgaca, E. (2007). Representations of "mental illness" in Serbian newspapers: A critical discourse analysis. *Qualitative Research in Psychology*, *4*, 167-186. DOI: 10.1080/14780880701473573.

Black, D. W., Pfohl, B., Blum, N., McCormick, B., Allen, J., North, C. S., ... & Williams, J. B. (2011). Attitudes toward borderline personality disorder: A survey of 706 mental health clinicians. *CNS Spectrums*, *16*(3), 67-74. DOI: 10.1017/S109285291200020X.

Black, G., Thornicroft, G., & Murray, J. (2013). What do people in forensic secure and community settings think of their personality disorder diagnosis? A qualitative study. *Social Psychiatry and Psychiatric Epidemiology*, *48*, 116-1168. DOI: 10.1007/s00127-012-0616-4.

Blackman, O. (2001, December 17). Blunkett in pledge to Sarah's family. Sex crime crackdown promised. *Daily Mirror*, p. 11.

Blood, R. W. (2002). A qualitative analysis of the reporting and portrayal of mental illness in the *Courier Mail* and *Sunday Mail*, December 2001

to February 2002. Report prepared for the Public Advocate Office, Queensland. Canberra, Australia: University of Canberra.

Blumer, H. (1969). *Symbolic interactionism: Perspective and method.* New Jersey: Prentice-Hall.

Blunkett, D. (2007, April 25). It's time to tame these gun fanatics. *The Sun.* p. 23.

Boda, C. S. (2017). Applying frame analysis and reframing for integrated conservation and development: Example from Mumbai. *Development in Practice*, *27*(4), 528-543. DOI: 10.1080/09614524.2017.1308469.

Bodner, E., Cohen-Fridel, S., Mashiah, M., Segal, M., Grinshpoon, A., Fischel, T., & Iancu, I. (2015). The attitudes of psychiatric hospital staff toward hospitalization and treatment of patients with borderline personality disorder. *BMC Psychiatry*, *15*(1), 2. DOI: 10.1186/s12888-014-0380-y.

Boesman, J., Berbers, A., d'Haenens, L., & Van Gorp, B. (2017). The news is in the frame: A journalist-centered approach to the frame-building process of the Belgian Syria fighters. *Journalism*, *18*(3), 298-316. DOI: 10.1177/1464884915610988.

Boesman, J., d'Haenens, L., & Van Gorp, B. (2016). Between silence and salience: A multimethod model to study frame building from a journalistic perspective. *Communication Methods and Measures*, *10*(4), 233-247. DOI: 10.1080/19312458.2016.1228864.

Boesman, J., & Van Gorp, B. (2017). An insidious poison or a door to the story? A newsroom-centered approach to framing. *Journalism Practice*, *11*(5), 559-576. DOI: 10.1080/17512786.2016.1159920.

Boke O., Aker S., Alptekin A., Sarisoy, G., & Sahin A. R. (2007). Schizophrenia in Turkish newspapers. *Social Psychiatry and*

Psychiatric Epidemiology, *42*, 457-461. DOI: 10.1007/s00127-007-0198-8.

Boniface, S., & Gardner, A. (2002, August 4). I'll be dead before my boy is out and they'll realise he didn't do it. *Sunday Mirror*, pp. 16-17.

Boniwell, N., Etheridge, L., Bagshaw, R., Sullivan, J., & Watt, A. (2015). Mental health nurses' perceptions of attachment style as a construct in a medium secure hospital: A thematic analysis. *The Journal of Mental Health Training, Education and Practice*, *10*(4), 218-233. DOI: 10.1108/JMHTEP-01-2015-0002.

Bonnington, O., & Rose, D. (2014). Exploring stigmatisation among people diagnosed with either bipolar disorder or borderline personality disorder: A critical realist analysis. *Social Science & Medicine*, *123*, 7-17. DOI: 10.1016/j.socscimed.2014.10.048.

Borah, P. (2011). Conceptual issues in framing theory: A systematic examination of a decade's literature. *Journal of Communication*, *61*, 246-263. DOI: 10.1111/j.1460-2466.2011.01539.x.

Bosco, F. A., Aguinis, H., Singh, K., Field, J. G., & Pierce, C. A. (2015). Correlational effect size benchmarks. *Journal of Applied Psychology*, *100*(2), 431. DOI: 10.1037/a0038047.

Bowen, M. (2007). A systems approach to understanding the primary task of the Henderson Hospital. *International Journal of Therapeutic Communities*, *28*(2): 137-147.

Bowen, M. (2013). Borderline personality disorder: Clinicians' accounts of good practice. *Journal of Psychiatric and Mental Health Nursing*, *20*(6): 491-498. DOI: 10.1111/j.1365-2850.2012.01943.x.

Bowen, M. L. (2016). Stigma: Content analysis of the representation of people with personality disorder in the UK popular press, 2001–2012. *International Journal of Mental Health Nursing*, *25*(6), 598-605. DOI: 10.1111/inm.12213.

Bowen, M., & Lovell, A. (2013). Representations of mental health disorders in print media. *British Journal of Mental Health Nursing*, *2*(4), 198-202. DOI: 10.12968/bjmh.2013.2.4.198.

Bowen, M., & Mason, T. (2012). Forensic and non-forensic psychiatric nursing skills and competencies for psychopathic and personality disordered patients. *Journal of Clinical Nursing*, *21*(23-24):3556-64. DOI: 10.1111/j.1365-2702.2011.03970.x

Bowen, M., & Staebler, G. (2002). A living testament to the power of anarchy: An enquiry into relations between a therapeutic community and its social and political environment. *International Journal of Therapeutic Communities*, *23*(1), 33-44.

Bowers, L., Alexander, J., Simpson, A., Ryan, C., & Carr-Walker, P. (2007). Student psychiatric nurses' approval of containment measures: Relationship to perception of aggression and attitudes to personality disorder. *International Journal of Nursing Studies*, *44*(3), 349-356. DOI: 10.1016/j.ijnurstu.2005.03.002.

Bowers L., & Allan T. (2006). The attitude to personality disorder questionnaire: Psychometric properties and results. *Journal of Personality Disorders*, *20*(3), 281-293. DOI: 10.1521/pedi.2006.20.3.281.

Boyle, M. (2014). *Schizophrenia: A scientific delusion?* London, United Kingdom: Routledge.

Breen, M. D., Easteal, P., Holland, K., Sutherland, G., & Vaughan, C. (2017). Exploring Australian journalism discursive practices in reporting rape: The pitiful predator and the silent victim. *Discourse & Communication, 11*(3), 241-258. DOI: 10.1177/1750481317697858.

Brindle, A. (2016). A corpus analysis of discursive constructions of the sunflower student movement in the English-language Taiwanese

press. *Discourse & Society*, *27*(1), 3-19. DOI: 10.1177/0957926515605957.

Brindle, D. (1999, January 13). A culture 'rotten and beyond repair'. The Fallon Report: David Brindle on the Ashworth hospital inquiry. *The Guardian*, p. 6.

Britton, E. (2002, June 13). Psycho killer; evil Scot is caged for murdering pregnant girlfriend. *The Mirror*, p. 11.

Brohan, E., Evans-Lacko, S., Henderson, C., Murray, J., Slade, M., & Thornicroft, G. (2014). Disclosure of a mental health problem in the employment context: Qualitative study of beliefs and experiences. *Epidemiology and Psychiatric Sciences*, *23*(3), 289-300. DOI: 10.1017/S2045796013000310.

Brohan, E., Henderson, C., Little, K., & Thornicroft, G. (2010). Employees with mental health problems: Survey of UK employers' knowledge, attitudes and workplace practices. *Epidemiologia e Psichiatria Sociale*, *19*(4), 326-332. DOI: 10.1017/S1121189X0000066X.

Brohan, E., Henderson, C., Wheat, K., Malcolm, E., Clement, S., Barley, E. A., …Thornicroft, G. (2012). Systematic review of beliefs, behaviours and influencing factors associated with disclosure of a mental health problem in the workplace. *BMC Psychiatry*, *12*(1), 11-11. DOI: 10.1186/1471-244X-12-11.

Brook, S. (2007, December 6). Red-tops on the rise, survey shows. *The Guardian*, p. 32.

Brown, C. (1998, October 27). Straw warns psychiatrists. *The Independent*, p. 10.

Brown, D. (2003, October 26). Child killer sent to live by school. *The People*, p. 14.

Brown, S., Kim, M., Mitchell, C., & Inskip, H. (2010). Twenty-five year mortality of a community cohort with schizophrenia. *The British Journal of Psychiatry*, *196*, 116-121. DOI: 10.1192/bjp.bp.109.067512.

Bruggen, P. (1999, January 23). Patients' decision to blow whistle is 'vindicated'. *The Guardian,* p. 18.

Buchanan, A., & Leese, M. (2001). Detention of people with dangerous severe personality disorders: A systematic review. *Lancet*, *358*, 1955-1959. DOI: 10.1016/S0140-6736(01)06962-8.

Buck, D. & Maguire, D. (2015). *Inequalities in life expectancy. Changes over time and implications for policy*. London, United Kingdom: The Kings Fund.

Burchell, I. (2004, September 9). DOC LOCK UP LAWS. *Daily Star*, p. 2.

Burr, V. (2015). *Social constructionism* (3rd ed.). London, United Kingdom: Routledge.

Byrne, P. (2012, July 27). Tattoo tear of psycho killer; how gun maniac boasted about slaying student. *Daily Mirror,* p. 11.

Byrne, T., Bettger, J. P., Brusilovskiy, E., Wong, Y, I., Metraux, S. & Salzer, M. S. (2013). Comparing neighbourhoods of adults with serious mental illness and of the general population: Research implications. *Psychiatric Services*, *64*(8), 782-788. DOI: 10.1176/appi.ps.201200365.

Cain, B., Currie, R., Danks, E., Du, F., Hodgson, E., May, J., … Haslam, N. (2014). "Schizophrenia" in the Australian print and online news media. *Psychosis*, *6*(2), 97. DOI: 10.1080/17522439.2013.764349.

Calo, L., & Baban, A. (2013). The stigma of schizophrenia in Romanian newspapers: A content analysis approach. *Romanian Sociology*, *11*(3), 8-21.

Cantrell, M. A. (2011). Demystifying the research process: Understanding a descriptive comparative research design. *Pediatric Nursing*, *37*(4), 188.

Carpenter, J. (Director). (1978). *Halloween*. New York, United States of America, Falcon International Productions.

Carpiniello B., Girau R., & Orru, M. G. (2007). Mass-media, violence and mental illness. Evidence from some Italian newspapers. *Epidemiology and Psychiatric Sciences*, *16*(3), 251-255. DOI: 10.1017/S1121189X00002359.

Carr-Walker, P., Bowers, L., Callaghan, P., Nijman, H., & Paton, J. (2004). Attitudes towards personality disorders: Comparison between prison officers and psychiatric nurses*. Legal and Criminological Psychology*, *9*, 265-277. DOI: 10.1348/1355325041719347.

Castillo, H. (2003). *Personality disorder: Temperament or trauma?* London, United Kingdom: Jessica Kingsley Publications.

Cattane, N., Rossi, R., Lanfredi, M., & Cattaneo, A. (2017). Borderline personality disorder and childhood trauma: Exploring the affected biological systems and mechanisms. *BMC Psychiatry*, *17*(1), 221. DOI: 10.1186/s12888-017-1383-2.

Cecil, N. (2002, June 26). Psychos to be locked away for life. *The Sun.* p. 13.

Charon, J. M. (2010). *Symbolic interactionism: An introduction, an interpretation, an integration*. London, United Kingdom: Pearson College Division.

Chaytor, R. (2007, September 5). Bed Killer Jailed. *The Mirror*, p. 15.

Choi-Kain, L. W., Finch, E. F., Masland, S. R., Jenkins, J. A., & Unruh, B. T. (2017). What works in the treatment of borderline personality disorder. *Current Behavioral Neuroscience Reports*, *4*(1), 21-30. DOI: 10.1007/s40473-017-0103-z.

Choby, A. A., & Clark, A. M. (2014). Improving health: Structure and agency in health interventions. *Nursing Philosophy*, *15*(2), 89-101. DOI: 10.1111/nup.12018.

Chopra, A. K., & Doody G. A. (2007). Schizophrenia, an illness and a metaphor: Analysis of the use of the term 'schizophrenia' in the UK national newspapers. *Journal of the Royal Society of Medicine*, *100*, 423-426. DOI: 10.1258/jrsm.100.9.423.

Choudhry, S. (2016). Towards a transformative conceptualisation of violence against women – A critical frame analysis of Council of Europe Discourse on Violence Against Women. *The Modern Law Review*, *79*(3), 406-441. DOI: 10.1111/1468-2230.12190.

Cleary, M., Siegfried, N., & Walter, G. (2002). Experience, knowledge and attitudes of mental health staff regarding clients with a borderline personality disorder. *International Journal of Mental Health Nursing*, *11*, 186-191. DOI: 10.1046/j.1440-0979.2002.00246.x.

Cleckley, H. (1988). *The mask of sanity.* (5th ed.). Retrieved from: http://www.quantumfuture.net/store/sanity_1.PdF.

Clement, S., Brohan, E., Sayce, L., Pool, J., & Thornicroft, G. (2011). Disability hate crime and targeted violence and hostility: A mental health and discrimination perspective. *Journal of Mental Health*, *20*(3), 219-225. DOI: 10.3109/09638237.2011.579645.

Clement, S., & Foster, N. (2008). Newspaper reporting on schizophrenia: A content analysis of five national newspapers at two time points. *Schizophrenia Research*, *98*, 178-183. DOI: 10.1016/j.schres.2007.09.028.

Clement, S., Lassman, F., Barley, E., Evans-Lacko, S., Williams, P., Yamaguchi, S., Slade, M., Ruesch, N., & Thornicroft, G. (2013). Mass media interventions for reducing mental health-related stigma.

Cochrane Database of Systematic Reviews, (7), [CD009453]. DOI: 10.1002/14651858.CD009453.pub2.

Clement, S., Schauman, O, Graham, T., Maggioni, F., Evans-Lacko, S., Bezborodovs, N…Thornicroft, G. (2015). What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies. *Psychological Medicine*, *45*(1), 11-27. DOI: 10.1017/S0033291714000129.

Clements, J. (August 7, 2010). My lunch with the psychopaths; doing time in Grendon prison. *The Mirror*. p. 31.

Clench, J. (2007, January 15). Broadmoor costs more than the Ritz. *The Sun.* p. 17.

Coffey, M. (2011). Resistance and challenge: Competing accounts in aftercare monitoring. *Sociology of Health & Illness*, *33*(5), 748-760. DOI: 10.1111/j.1467-9566.2010.01321.x.

Coffey, M. (2012). Negotiating identity transition when leaving forensic hospitals. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*, *16*: 489-506. DOI: 10.1177/1363459311434649.

Coffey, M., Cohen, R., Faulkner, A., Hannigan, B., Simpson, A., & Barlow, S. (2017). Ordinary risks and accepted fictions: How contrasting and competing priorities work in risk assessment and mental health care planning. *Health Expectations*, *20*(3), 471-483. DOI: 10.1111/hex.12474.

Coid, J. W. (1994). The Christopher Clunis enquiry. *Psychiatric Bulletin*, *18*, 449-452. DOI: 10.1192/pb.18.8.449.

Coid, J., Yang, M., Roberts, A., Ullrich, S., Moran, P., Bebbington, P., …Singleton, N. (2006a). Violence and psychiatric morbidity in a national household population – report from the British Household

Survey. *American Journal of Epidemiology*, *164*(12), 1199-1208. DOI: 10.1093/aje/kwj339.

Coid, J., Yang, M., Tyrer, P., Roberts, A., & Ullrich, S. (2006b). Prevalence and correlates of personality disorder in Great Britain. *The British Journal of Psychiatry*, *188*, 423-431. DOI: 10.1192/bjp.188.5.423.

Connelly, L. M. (2015). Understanding research. Research questions and hypotheses. *Medsurg Nursing*, *24*(6), 435-436.

Corbett, K., & Westwood, T. (2005). 'Dangerous and severe personality disorder': A psychiatric manifestation of the risk society. *Critical Public Health*, *15*(2), 121-133. DOI: 10.1080/09581590500144918.

Corrigan, P. W., Druss, B. G., & Perlick, D. A. (2014). The impact of mental illness stigma on seeking and participating in mental health care. *Psychological Science in the Public Interest*, *15*(2), 37-70. DOI: 10.1177/1529100614531398.

Corrigan, P. W., Kosyluk, K. A., & Rüsch , N. (2013). Reducing self-stigma by coming out proud. *American Journal of Public Health*, *103*(5), 794-800. DOI: 10.2105/AJPH.2012.301037

Corrigan, P. W., Larson, J. E., & Rüsch , N. (2009). Self-stigma and the 'why try' effect: Impact on life goals and evidence-based practice. *World Psychiatry*, *8*, 75-81.

Corrigan, P. W., Markowitz, F. E., & Watson, A. C. (2004). Structural levels of mental illness stigma and discrimination. *Schizophrenia Bulletin*, *30*(3), 481-491. DOI: 10.1093/oxfordjournals.schbul.a007096.

Corrigan, P. W., Powell, K. J., & Michaels, P. J. (2013). The effects of news stories on the stigma of mental illness. *The Journal of Nervous and Mental Disease*, *20*(3), 179-182. DOI: 10.1097/NMD.0b013c318248c24.

Corrigan, P. W., Rafacz, J., & Rüsch , N. (2011). Examining a progressive model of self-stigma and its impact on people with serious mental illness. *Psychiatry Research*, *189*(3), 339-343. DOI: 10.1016/j.psychres.2011.05.024.

Corrigan P. W., & Rao, D. (2012). On the self-stigma of mental illness: Stages, disclosure, and strategies for change. *Canadian Journal of Psychiatry*, *57*(8), 464-469. DOI: 10.1177/070674371205700804.

Corrigan, P. W., & Watson, A. C. (2002). Understanding the impact of stigma on people with mental illness. *World Psychiatry*, *1*(1), 16-20.

Corrigan, P. W., Watson, A., C., & Barr, L. (2006). The self-stigma of mental illness: Implications for self-esteem and self-efficacy. *Journal of Social and Clinical Psychology*, *25*(9), 875-884. DOI: 10.1521/jscp.2006.25.8.875.

Corrigan, P. W., Watson, A. C., Gracia, B. A., Slopen, N., Rasinski, K., & Hall, L. L. (2005). Newspaper stories as a measure of structural stigma. *Psychiatric Services*, *56*, 551-556. DOI: 10.1176/appi.ps.56.5.551.

Coverdale, J., Nairn, R., & Claasen, D. (2002). Depictions of mental illness in print media: A prospective national sample. *Australian and New Zealand Journal of Psychiatry*, *36*, 697-700. DOI: 10.1046/j.1440-1614.2002.00998.x.

Creswell, J. (2003). *Research design: Qualitative, quantitative and mixed methods approaches.* (2nd ed.). London, United Kingdom, Sage Publications.

Crisis. (2009). *Mental ill health in the adult single homeless population. A review of the literature.*, London, United Kingdom: Crisis and Public Health Resource Unit.

Crisp, A., Gelder, M., Goddard, E., & Meltzer, H. (2005). Stigmatization of people with mental illnesses: A follow-up study within the *Changing Minds* campaign of the Royal College of Psychiatrists. *World*

Psychiatry: Official Journal of the World Psychiatric Association, *4*(2), 106-113.

Critical Appraisal Skills Programme. (2013). *10 questions to help you make sense of qualitative research*. Available at: http://www.casp-uk.net/wp-content/up loads/2011/11/CASP-Qualitative-Research-Checklist-31.05.13.pdf

Crossley, N. (2010). Networks and complexity: Directions for interactionist research? *Symbolic Interaction*, *33*(3), 341-363. DOI: 10.1525/si.2010.33.3.341.

Culpeper, J. (2009). Keyness. Words, parts-of-speech and semantic categories in the character-talk of Shakespeare's *Romeo and Juliet*. *International Journal of Corpus Linguistics, 14*(1), 29-59. DOI: 10.1075/ijcl.14.1.03cul.

Cummins, I. (2010). Distant voices, still lives: Reflections on the impact of media reporting of the case of Christopher Clunis and Ben Silcock. *Ethnicity and Inequalities in Health and Social Care*, *3*(4), 18-29. DOI: 10.5042/eihsc.2011.0074.

Cutcliffe, J. R., & Hannigan, B. (2001). Mass media, 'monsters' and mental health clients: The need for increased lobbying. *Journal of Psychiatric and Mental Health Nursing*, *8*, 315-321. DOI: 10.1046/j.1365-2850.2001.00394.x.

D'Angelo, P. (2002). News framing as a multiparadigmatic research program: A response to Entman. *Journal of Communication*, *52*(4), 870-888. DOI: 10.1093/joc/52.4.870.

Darjee, R., & Crichton, J. (2003). Personality disorder and the law in Scotland: A historical perspective. *The Journal of Forensic Psychiatry and Psychology*, *14*(2), 394-425. DOI: 10.1080/1478994031000136536.

Davidson, K. M., Tyrer, P., Norrie, J., Palmer, S. J., & Tyrer, H. (2010). Cognitive therapy v. usual treatment for borderline personality disorder: Prospective 6-year follow-up. *The British Journal of Psychiatry*, *197*(6), 456-462. DOI: 10.1192/bjp.bp.109.074286.

Davies, C. (2010, December 1). Yorkshire Ripper challenges full-life term. *The Guardian*, p. 19.

Davis-Barron, S. (1995). Psychopathic patients pose dilemma for physicians and society. *Canadian Medical Association Journal*, *152*(8), 1314-1317.

de Keijser, J. W., de Lange, E. G., & van Wilsem, J. A. (2014). Wrongful convictions and the Blackstone ratio: An empirical analysis of public attitudes. *Punishment & Society*, *16*(1), 32-49. DOI: 10.1177/1462474513504800.

De Zulueta, F. (2005). Violence from an attachment perspective. *Criminal Justice Matters*, *61*(1), 20-21. DOI: 10.1080/09627250508553430.

De Zulueta, F. (2006a). Inducing traumatic attachment in adults with a history of child abuse: Forensic applications. *The British Journal of Forensic Practice*, *8*(3), 4-15.

De Zulueta, F. (2006b). *From pain to violence: The traumatic roots of destructiveness*. (2nd ed.). London, United Kingdom: Wiley-Blackwell.

Deans, C., & Meocevic, E. (2006) Attitudes of registered psychiatric nurses towards patients diagnosed with borderline personality disorder. *Contemporary Nurse*, *21*, 43–49. DOI: 10.5172/conu.2006.21.1.43.

Decuyper, M., De Pauw, S., De Fruyt, F., De Bolle, M., & De Clercq, B. J. (2009). A meta-analysis of psychopathy, antisocial PD and FFM associations. *European Journal of Personality*, *23*(7), 531-565. DOI: 10.1002/per.729.

Demme, J. (Director). (1991). *The Silence of the Lambs.* United States of America, Strong Heart/Demme Production.

Denscombe, M. (2012). *Research proposals: A practical guide*. Maidenhead, United Kingdom: Open University Press.

Department of Health. (1983). *Mental Health Act 1983*. London, United Kingdom: HMSO.

Department of Health. (2000). *Reforming the Mental Health Act. Part II: High risk patients.* London, United Kingdom: HMSO.

Department of Health. (2002). *Draft Mental Health Bill.* London, United Kingdom: HMSO.

Department of Health. (2004). *Draft Mental Health Bill.* London, United Kingdom: HMSO.

Department of Health. (2007). *Mental Health Act 2007*. London, United Kingdom: HMSO.

Dickens, G. (2008). Portrayal of mental illness and special hospitals in the UK press. *British Journal of Nursing*, *17*(16), 1058-1061. DOI: 10.12968/bjon.2008.17.16.31073.

Dickens, G. L., Lamont, E., & Gray, S. (2016). Mental health nurses' attitudes, behaviour, experience and knowledge regarding adults with a diagnosis of borderline personality disorder: Systematic, integrative literature review. *Journal of Clinical Nursing*, *25*(13-14), 1848-1875. DOI: 10.1111/jocn.13202.

Dickinson, T., Cook, M., Playle, J., & Hallett, C. (2012). 'Queer' treatments: Giving voice to former patients who received treatment for their 'sexual deviations'. *Journal of Clinical Nursing*, *21*, 1345-1354. DOI: 10.1111/j.1365-2702.2011.03965.x.

Diefenbach, D. (1997). The portrayal of mental illness on prime-time television. *Journal of Community Psychology*, *25*(3), 289-302. DOI: 10.1002/(SICI)1520-6629(199705)25:3<289::AID-JCOP5>3.0.CO;2-R.

Diefenbach, D. L., & West, M.D. (2007). Television and attitudes towards mental health issues: Cultivation analysis and the third-person effect. *Journal of Community Psychology*, *35*(2), 181-195. DOI: 10.1002/jcop.20142.

Disley, J. (2005, November 15). I hit my Dad with a hammer and stabbed him a few times… then I stood back and told him I loved him. *The Mirror.* p. 25.

Doody, O., & Bailey, M. E. (2016). Setting a research question, aim and objective. *Nurse Researcher*, *23*(4), 19-23. DOI: 10.7748/nr.23.4.19.s5.

Doyle, M. (2008, May 30th). Son saw Goodfellas then strangled and knifed dad to death. *The Sun.* p. 19.

Drange, W. D., Hasund, I. K., & Stenstrom, A. (2014). "Your mum!" Teenagers' swearing by mother in English, Spanish and Norwegian. *International Journal of Corpus Linguistics*, *19*(1), 29-59.

Duce, R., & Frean, A. (1998, October 24). Why was Stone free to murder? *The Times*, pp. 2-5.

Duckworth, K., Hapern, J. H., Schutt, R. K., & Gillespie, C. (2003). Use of schizophrenia as a metaphor in U.S. newspapers. *Psychiatric Services*, *54*, 1402-1404.

Duncalfe, G. (2006, December 5). We'll move evil killer Huntley to keep him alive. *Daily Star*, p. 18.

Eagleton, T. (2011). *On evil.* London, United Kingdom: Yale University Press.

Edgar, K., & Rickford, D. (2009). *Too little too late: An independent review of unmet mental health need in prison*. London: Prison Reform Trust.

Elices, M., Pascual, J. C., Carmona, C., Martín-Blanco, A., Feliu-Soler, A., Ruiz, E., ... & Soler, J. (2015). Exploring the relation between childhood trauma, temperamental traits and mindfulness in borderline personality disorder. *BMC Psychiatry*, *15*(1), 180. DOI: 10.1186/s12888-015-0573-z.

Ellis, M. (2007, October 30). Monster who murdered 48 jailed for life; chessboard killer sent to hard labour colony. *The Mirror*, p. 6.

Emmelkamp, P. M., Benner, A., Kuipers, A., Feiertag, G. A., Koster, H. C., & Van Apeldoorn, F. J. (2006). Comparison of brief dynamic and cognitive-behavioural therapies in avoidant personality disorder. *The British Journal of Psychiatry*, *189*(1), 60-64. DOI: 10.1192/bjp.bp.105.012153.

Entman, R. M. (1993). Framing: Toward clarification of a fractured paradigm. *Journal of Communication*, *43*(4), 51-58.

Evans-Lacko, S., Brohan, E., Mojtabai, R., & Thornicroft, G. (2012). Association between public views of mental illness and self-stigma among individuals with mental illness in 14 European countries. *Psychological Medicine*, *42*, 1741-1752. DOI: 10.1017/S0033291711002558.

Evison J. (2010). What are the basics of analysing a corpus? In A. O'Keeffe & M. McCarthy (Eds), *The Routledge handbook of corpus linguistics*. London, United Kingdom: Routledge.

Fallon, P. (1999). *Report of the Committee of Inquiry into the Personality Disorder Unit, Ashworth Special Hospital.* London, United Kingdom: HMSO.

Fallon, P. (2003). Travelling through the system: The lived experience of people with borderline personality disorder in contact with psychiatric services. *Journal of Psychiatric and Mental Health Nursing*, *10*, 393–401. DOI: 10.1046/j.1365-2850.2003.00617.x.

Fazel, S., & Danesh, J. (2002). Serious mental disorder in 23,000 prisoners: A systematic review of 62 surveys. *The Lancet*, *359*(9306), 545-550. DOI: 10.1016/S0140-6736(02)07740-1.

Fazel, S., Hayes, A. J., Bartellas, K., Clerici, M., & Trestman, R. (2016). Mental health of prisoners: Prevalence, adverse outcomes, and interventions. *The Lancet Psychiatry*, *3*(9), 871-881. DOI: 10.1016/S2215-0366(16)30142-0.

Fernández, I., Igartua, J. J., Moral, F., Palacios, E., Acosta, T., & Muñoz, D. (2013). Language use depending on news frame and immigrant origin. *International Journal of Psychology*, *48*(5), 772-784. DOI: 10.1080/00207594.2012.723803.

Field, A. (2013). *Discovering statistics, using IBM SPSS statistics.* (4th ed.). London, United Kingdom: Sage Publications.

First, M. B., Gibbon, M., & Spitzer, R. L. (1997). *User's guide for the structured clinical interview for DSM-IV axis II personality disorders: SCID-II.* American Psychiatric Association Publications.

Fisher, R. A., & Yates, F. (1963). *Statistical tables for biological, agricultural and medical research*, edited by R. A. Fisher & F. Yates. London, United Kingdom: Oliver and Boyd.

Fiske, S. T. (2000). Stereotyping, prejudice, and discrimination at the seam between the centuries: Evolution, culture, mind, and brain. *European Journal of Social Psychology*, *30*(3), 299-322. doi:10.1002/1099-0992

Flynn, S., Gask, L., & Shaw, J. (2015). Newspaper reporting of homicide-suicide and mental illness. *BJPsych Bull*, *39*(6), 268-272. DOI: 10.1192/pb.bp.114.049676.

Fok, M. L., Hayes, R., D., Chang, C., Stewart, R., Callard, F. J., & Moran, P. (2012). Life expectancy at birth and all-cause mortality among people with personality disorder. *Journal of Psychosomatic Research*, *73*, 104-107. DOI: 10.1016/j.jpsychores.2012.05.001.

Foster, J. (2006). Media presentation of the Mental Health Bill and representations of mental health problems. *Journal of Community and Applied Social Psychology*, *16*, 285-300. DOI: 10.1002/casp.863.

Foucault, M. (1988). *Madness and civilization: A history of insanity in the age of reason*. New York, NY: Vintage.

France, A. (2010, March 19). Cop's evil killer back on streets after 36 years. *The Sun*, p. 33.

France, A. (2010, December 23). Cannibal may have killed 14; cops' grim new fear he wanted to murder more girls than Ripper. Did he kill 14? *The Sun*, p. 15.

Freidl, M., Spitzl, S., P., Prause, W., Zimprich, F., Lehner-Baumgartner, E., Baumgartner, C., & Aigner, M. (2007). The stigma of mental illness: Anticipation and attitudes among patients with epileptic, dissociative or somatoform pain disorder. *International Review of Psychiatry*, *19*(2), 123-129. DOI: 10.1080/09540260701278879.

Friedkin, W. (Director). (1973). *The Exorcist*. Hollywood, United States of America, Warner Brothers.

Furnham, A., Abajian, N., & McClelland, A. (2011). Psychiatric literacy and personality disorder. *Psychiatric Research*, *189*, 110-114. DOI: 10.1016/j.psychres.2011.02.024.

Furnham, A., & Dadabhoy, H. (2012). Beliefs about causes, behavioural manifestations and treatment of borderline personality disorder in a community sample. *Psychiatry Research*, *197*(3), 307-313. DOI: 10.1016/j.psychres.2011.12.024.

Furnham, A., Lee, V., & Kolzeev, V. (2015). Mental health literacy and borderline personality disorder (BPD): What do the public "make" of those with BPD? *Social Psychiatry and Psychiatric Epidemiology*, *50*(2), 317. DOI: 10.1007/s00127-014-0936-7.

Gabrielatos, C., & Baker, P. (2008). Fleeing, sneaking, flooding: A corpus analysis of discursive constructions of refugees and asylum seekers in the UK press, 1996-2005. *Journal of English Linguistics*, *36*(1), 5-38. DOI: 10.1177/0075424207311247.

Gabrielatos, C., McEnery, T., Diggle, P. J., & Baker, P. (2012). The peaks and troughs of corpus-based contextual analysis. *International Journal of Corpus Linguistics*, *17*(2), 151-175. DOI: 10.1075/ijcl.17.2.01gab.

Gamson, W. A., Croteau, D., Hoynes, W., & Sasson, T. (1992). Media images and the social construction of reality. *Annual Review of Sociology*, *18*, 373-393. DOI: 10.1146/annurev.so.18.080192.002105.

Gamson, W. A., & Modigliani, A. (1989). Media discourse and public opinion on nuclear power: A constructionist approach. *American Journal of Sociology*, *95*(1), 1-37. DOI: 10.1086/229213.

Gekoski, A. (2003, November 30). Monster works in shopping mall. *The News of the World.* p. 22.

Gekoski, A. (2004, February 15). It's enough to make you mad. *The News of the World.* p. 17.

Gekoski, A. (2004, October 4). Bondage killer on the loose. *The News of the World.* p. 9.

Gekoski, A., & Kirby, I. (2003, December 21). Scandal of plush new life. *The News of the World.* p. 17.

Gelo, O. C. G., Vilei, A., Maddux, J. E., & Gennaro, A. (2015). Psychopathology as social construction: The case of Anorexia Nervosa. *Journal of Constructivist Psychology*, *28*(2), 105-125. DOI: 10.1080/10720537.2013.858087.

Georgaca, E. (2014). Discourse analytic research on mental distress: A critical overview. *Journal of Mental Health*, *23*(2), 55-61. DOI: 10.3109/09638237.2012.734648.

Gerbner, G. (1959). Mental illness on television: A study of censorship. *Journal of Broadcasting*, *3*, 293-303.

Gerlinger, G., Hauser, M., De Hert, M., Lacluyse, K., Wampers, M., & Correll, C. U. (2013). Personal stigma in schizophrenia spectrum disorders: A systematic review of prevalence rates, correlates, impact and interventions. *World Psychiatry: Official Journal of the World Psychiatric Association*, *12*(2), 155-164. DOI: 10.1002/wps.20040.

Giannouli, H., Perogamvros, L., Berk, A., Svigos, A., & Vaslamatzis, G. (2009). Attitudes, knowledge and experience of nurses working in psychiatric hospitals in Greece, regarding borderline personality disorder: A comparative study. *Journal of Psychiatric and Mental Health Nursing*, *16*, 481-487. DOI: 10.1111/j.1365-2850.2009.01406.x.

Gibbon, S., Duggan, C., Stoffers, J. M., Huband, N., Völlm, B. A., Ferriter, M., & Lieb, K. (2009). Psychological interventions for antisocial personality disorder. *Cochrane Database of Systematic Reviews: Protocols*. DOI: 10.1002/14651858.CD007668.pub2.

Gibson, O. (2003, Sept 23rd). Sun on the ropes over 'Bonkers Bruno' story. *The Guardian Online,* retrieved from:

http://www.theguardian.com/media/2003/sep/23/pressandpublishing.mentalhealth.

Gilbride, P. (2004, November 16). 'Vampire' found in jail dead. *Daily Star,* p. 29.

Gilburt, H., Peck, E., Ashton, R., Edwards, N., & Naylor, C. (2014). *Service transformation: Lessons from mental health.* London, United Kingdom: Kings Fund.

Gill, C., & O'Hagan, E. (2011 April 10). Why did this mother kill her own children? It's the most horrifying of crimes, but what drives a woman to kill her own flesh and blood? *The News of the World*, pp. 14-16.

Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. New York, NY: Prentice-Hall.

Goffman, E. (1974). *Frame analysis: An essay on the organization of experience*. New York, NY: Harper & Row.

Golberstein, E., Eisenberg, D., & Gollust, S. E. (2008). Perceived stigma and mental health care seeking. *Psychiatric Services*, *59*(4), 392-399. DOI: 10.1176/ps.2008.59.4.392.

Goodwin, J. (2014a). The horror of stigma: Psychosis and mental health care environments in twenty-first-century horror film (part I). *Perspectives in Psychiatric Care, 50*(3), 201-209. DOI: 10.1111/ppc.12045.

Goodwin, J. (2014b). The horror of stigma: Psychosis and mental health care environments in twenty-first-century horror film (part II). *Perspectives in Psychiatric Care*, *50*(4), 224-234. DOI: 10.1111/ppc.12044.

Gordon, C., Knight, J., Fawkes, E., & Yeandle, J. (2017). Use and efficacy of a borderline personality disorder tool. *Mental Health Practice*, *20*(7), 15-21. DOI: 10.7748/mhp.2017.e1161.

Goulden, R., Corker, E., Evans-Locko, S., Rose, D., Thornicroft, G., & Henderson, C. (2011). Newspaper coverage of mental illness in the UK, 1992-2008. *BMC Public Health*, *11*, 796. DOI: 10.1186/1471-2458-11-796.

Gove, W. (1970). Societal reaction as an explanation of mental illness: An evaluation. *American Sociological Review*, *35*(5), 873-84.

Granello, D. H., & Pauley, P. S. (2000). Television viewing habits and their relationship to tolerance towards people with mental illness. *Journal of Mental Health Counselling*, *22*(2), 162-175.

Granello, D. H., Pauley, P. S., & Carmichael, A. (1999). Relationship of the media to attitudes toward people with mental illness. *Journal of Humanistic Counselling, Education & Development*, *38*(2), 98-110. DOI: 10.1002/j.2164-490X.1999.tb00068.x.

Greenhalgh, T. (2006). *How to read a paper: The basics of evidence based medicine*. Malden, MA: Blackwell.

Greussing, E., & Boomgaarden, H. G. (2017). Shifting the refugee narrative? An automated frame analysis of Europe's 2015 refugee crisis. *Journal of Ethnic and Migration Studies*, *43*(11), 1149-1174. DOI: 10.1080/1369183X.2017.1282813.

Gringeri, C., Barusch, A., & Cambron, C. (2013). Epistemology in qualitative social work research: A review of published articles, 2008-2010. *Social Work Research*, *37*(1), 55-63. DOI: 10.1093/swr/svsO32.

Grinker, R., Werble, B., & Drye, R. (1968). *The borderline syndrome: A behavioural study of ego functions.* New York, NY: Basis Books.

Gronholm, P. C., Thornicroft, G., Laurens, K. R., & Evans-Lacko, S. (2017). Mental health-related stigma and pathways to care for people at risk of psychotic disorders or experiencing first-episode psychosis: A systematic review. *Psychological Medicine*, *47*(11), 1867. DOI: 10.1017/S0033291717000344.

Gunn, J. (2000). A millennium monster is born. *Criminal Behaviour and Mental Health*, *10*, 73-76. DOI: 10.1002/cbm.346.

Gwarjanski, A. R., & Parrott, S. (2017). Schizophrenia in the news: The role of news frames in shaping online reader dialogue about mental illness. *Health Communication*, 1-8. DOI: 10.1080/10410236.2017.1323320.

Haddock, A., Snowden, P., Dolan, M., Parker, J., & Rees, H. (2001). Managing dangerous people with severe personality disorder: A survey of forensic psychiatrists' opinions. *Psychiatric Bulletin*, *25*, 293-296. DOI: 10.1192/pb.25.8.293.

Hale, D. (2002, October 13). Barry George: the first interview in jail. *Sunday Mirrror,* pp. 6-7.

Hallam, A. (2002). Media influences on mental health policy: Long-term effects of the Clunis and Silcock cases*. International Review of Psychiatry*, *14*, 26-33. DOI: 10.1080/0954026012011403 2.

Hamilton, S., Pinfold, V., Cotney, J., Couperthwaite, L., Matthews, J., Barret, K., ... & Henderson, C. (2016). Qualitative analysis of mental health service users' reported experiences of discrimination. *Acta Psychiatrica Scandinavica*, *134*(S446), 14-22. DOI: 10.1111/acps.12611.

Hannon, L. (2003, September 28). Monstrous! Pervert is roaming free even though he vowed: I'll strike again. *The People*, p. 17.

Hare, R. D. (1991). *The Hare Psychopathy Checklist – Revised.* New York, NY: Multi-Health Systems.

Harman, R. (Director). (1986). *The Hitcher*. United States of America, HBO Pictures.

Harris, T. (1988). *The silence of the lambs*. New York, NY: Random House.

Hatzenbuehler, M. L., & Link, B. G. (2014). Introduction to the special issue on structural stigma and health. *Social Science & Medicine*, *103*, 1-6. DOI: 10.1016/j.socscimed.2013.12.017.

Hatzenbuehler, M., Phelan, J. C., & Link, B. G. (2013). Stigma as a fundamental cause of population health inequalities. *American Journal of Public Health*, *103*(5):813-821. DOI: 10.2105/AJPH.2012.301069.

Hayward, M., & Moran, P. (2008). Comorbidity of personality disorders and mental illness. *Psychiatry*, *7*(3), 102-104. DOI: 10.1016/j.mppsy.2008.01.010.

Hayward, M., Slade, M., & Moran, P. (2006). Personality disorder and unmet needs among psychiatric inpatients. *Psychiatric Services*, *57*, 538-543. DOI: 10.1176/ps.2006.57.4.538.

Health and Social Care Information Centre. (2014). *Inpatients formally detained in hospitals under the Mental Health Act 1983 and patients subject to supervised community treatment, England - 2013-2014, Annual figures*. Retrieved from: http://www.hscic.gov.uk/catalogue/PUB15812.

Health and Social Care Information Centre. (2015). *Attitude towards mental illness*. London, United Kingdom: HMSO.

Henderson, C., Robinson, E., Evans-Lacko, S., Corker, E., Rebollo-mesa, I., Rose, D., & Thornicroft, G. (2016). Public knowledge, attitudes, social distance and reported contact regarding people with mental illness 2009-2015. *Acta Psychiatrica Scandinavica* , *134*(S446), 23-33. DOI: 10.1111/acps.12607.

Henderson, C., & Thornicroft, G. (2009). Stigma and discrimination in mental illness: Time to change. *The Lancet*, *373*, 1928-1930. DOI: 10.1016/S0140-6736(09)61046-1.

Henderson, C., & Thornicroft, G. (2013). Evaluation of the Time to Change programme in England 2008-2011. *The British Journal of Psychiatry*, *202*, s45-s48.

Henderson, D. (2011, March 3). Fatal attraction. Hazel guilty. The Killers. *Daily Mirror*, pp. 4-5.

Henderson, D. K. (1939). *Psychopathic states*. New York, NY: Norton and Company.

Hepburn, I. (2004, November 19). 14 Blunders led to cell race killing. *The Sun,* p. 22.

Herepath, A. (2014). In the loop: A realist approach to structure and agency in the practice of strategy. *Organization Studies*, *35*(6), 857-879. DOI: 10.1177/0170840613509918.

Hester, J. B., & Dougall, E. (2007). The efficiency of constructed week sampling for content analysis of online news. *Journalism & Mass Communication Quarterly, 84*(4), 811-824. DOI: 10.1177/107769900708400410.

Hickey, D. (2008, May 30). Father Killer Jailed for Life; Mum Begged Minister to Help Violent Deranged Son. *Daily Mirror*, p. 15.

Hipes, C., Lucas, J., Phelan, J. C., & White, R. C. (2016). The stigma of mental illness in the labor market. *Social Science Research*, *56*, 16-25. DOI: 10.1016/j.ssresearch.2015.12.001.

Hitchcock, A. (Director). (1960). *Psycho*. Hollywood, CA: Paramount Pictures.

Hoang, U., Stewart, R., & Goldacre, M., J. (2011). Mortality after hospital discharge for people with schizophrenia or bipolar disorder:

Retrospective study of linked English hospital episode statistics, 1999-2006. *British Medical Journal*, *343*:d5422. DOI: 10.1136/bmj.d5422.

Hoffner, C. A., Fujioka, Y., Cohen, E. L., & Seate, A. A. (2017). Perceived media influence, mental illness, and responses to news coverage of a mass shooting. *Psychology of Popular Media Culture*, *6*(2), 159. DOI: 10.1037/ppm0000093.

Holm, A. L., & Severinsson, E. (2011). Struggling to recover by changing suicidal behaviour: Narratives from women with borderline personality disorder. *International Journal of Mental Health Nursing*, *20*(3), 165-173. DOI: 10.1111/j.1447-0349.2010.00713.x.

Holman, D. (2015). Exploring the relationship between social class, mental illness stigma and mental health literacy using British national survey data. *Health*, *19*(4), 413-429. DOI: 10.1177/1363459314554316.

Home Office. (1957). *The Homicide Act*. Crown Copyright.

Home Office. (2011). *User guide to Home Office crime statistics*. Crown Copyright.

Home Office and Department of Health. (1999). *Managing dangerous people with severe personality disorder*. Crown Copyright.

Horn, N., Johnstone, L., & Brooke, S. (2007). Some service user perspectives on the diagnosis of borderline personality disorder. *Journal of Mental Health*, *16*(2), 255-269. DOI: 10.1080/09638230601056371.

Howitt, D., & Cramer, D. (2014). *Introduction to statistics in psychology.* (6th ed.). London, United Kingdom: Pearson Education.

Humphrey, C. (2013). Fear as a property and an entitlement. *Social Anthropology*, *21*(3), 285-304. DOI: 10.1111/1469-8676.12033.

Ilic, N., Henderson, H., Henderson, C., Evans-Lacko, S., & Thornicroft, G. (2014). *Attitudes towards mental illness.* Health Survey for England Retrieved from: http://healthsurvey.hscic.gov.uk/media/37730/HSE2014-Ch3-Attitudes-towards-mental-illness.pdf

Ivey, J. (2016). Is descriptive research worth doing? *Pediatric Nursing*, *42*(4), 189.

Iyengar, S., & Hahn, K. S. (2009). Red media, blue media: Evidence of ideological selectivity in media use. *Journal of Communication*, *59*(1), 19-39. DOI: 10.1111/j.1460-2466.2008.01402.x.

Jakaza, E., & Visser, M. (2016). 'Subjectivity' in newspaper reports on 'controversial' and 'emotional' debates: An appraisal and controversy analysis. *Language Matters*, *47*:1, 3-21, DOI: 10.1080/10228195.2015.1060513.

James, P. D., & Cowman, S. (2007). Psychiatric nurses' knowledge, experience and attitudes towards clients with borderline personality disorder. *Journal of Psychiatric and Mental Health Nursing*, *14*, 670–678. DOI: 10.1111/j.1365-2850.2007.01157.x.

Jeffery, D., Clement, S., Corker, E., Howard, L. M., Murray, J., & Thornicroft, G. (2013). Discrimination in relation to parenthood reported by community psychiatric service users in the UK: A framework analysis. *BMC Psychiatry*, *13*(1), 120-120. DOI: 10.1186/1471-244X-13-120.

Jenkins, R. (2014). *Social identity* (4th ed.). London, United Kingdom: Routledge, Taylor & Francis Group.

Johnson, R. B., & Onwuegbuzie, A. J. (2004). Mixed methods research: A research paradigm whose time has come. *Educational Researcher*, *33*(7), 14-26. DOI: 10.3102/0013189X033007014.

Jones, C., & Waller, D. (2015). *Corpus linguistics for grammar: A guide for research*. London, United Kingdom: Routledge. DOI: 10.4324/9781315713779.

Jones, G., & White, S. (2001, June 23). Who's going to protect my children?; James mum's fury at release. *Daily Mirror*, p. 4.

Jones, K. (1998). *Mental health and social policy, 1845-1959*. (Reprinted). Abingdon, United Kingdom: Routledge.

Jones, S., & Forshaw, M. (2012). *Research methods in psychology*. Harlow, United Kingdom: Pearson Education Limited.

Jorm, A. F. (2000). Mental health literacy: Public knowledge and beliefs about mental disorders. The *British Journal of Psychiatry*, *177*(5), 396-401. DOI: 10.1192/bjp.177.5.396.

Joseph, N., & Benefield, N. (2012). A joint offender personality disorder pathway strategy: An outline summary. *Criminal Behaviour and Mental Health*, *22*: 210-217. DOI: 10.1002/cbm.1835.

Kalucy, M., Rodway, C., Finn, J., Pearson, A., Flynn, S., Swinson, N… Shaw, J. (2011). Comparison of British national newspaper coverage of homicide committed by perpetrators with and without mental illness. *Australian and New Zealand Journal of Psychiatry*, *45*, 539-548. DOI: 10.3109/00048674.2011.585605.

Kaniuk, R. (2005, October 1). There is a God; Huntley is off to Broadmoor….And he will never get out. *Daily Star*, p. 11.

Kaniuk, R. (2005, November 22). £125M cinema for monsters; they'll get tellies, DVDs and games too. *Daily Star*, p. 2.

Kaniuk, R., Paul, J., & McJannet, J. (2001, July 2). Revealed….Twisted mind of the killer locked up for life yesterday for gunning down Jill Dando in cold blood. Pervert, psycho & misfit. *Daily Star*, p. 4.

Kay, J. (2007, November 1). £50K for slopping out cell. *The Sun,* p. 7.

Kendell, R. E. (1998, October 29). Jack Straw and police under fire after Stone verdict. *The Times*, p. 25.

Kendell, R. E. (2002). The distinction between personality disorder and mental illness. *British Journal of Psychiatry*, *180*, 110-115. DOI: 10.1192/bjp.180.2.110.

Kendler, K. S., Aggen, S. H., Czajkowski, N., Røysamb, E., Tambs, K., Torgersen, S., ... & Reichborn-Kjennerud, T. (2008). The structure of genetic and environmental risk factors for DSM-IV personality disorders: A multivariate twin study. *Archives of General Psychiatry*, *65*(12), 1438-1446. DOI: 10.1001/archpsyc.65.12.1438.

Kernberg, O. F. (1967). Borderline personality organisation. *Journal of the American Psychoanalytic Association*, *15*, 641-85.

Kesic, D., Ducat, L. V., & Thomas, S. D. (2012). Using force: Australian newspaper depictions of contacts between the police and persons experiencing mental illness. *Australian Psychologist*, *47*(4), 213-223. DOI: 10.1111/j.1742-9544.2011.00051.x.

Khalifa, N., Duggan, C., Stoffers, J., Huband, N., Völlm, B. A., Ferriter, M., & Lieb, K. (2010). Pharmacological interventions for antisocial personality disorder. *The Cochrane Database of Systematic Reviews*, (8), CD007667.

Kim, K. H. (2014). Examining US news media discourses about North Korea: A corpus-based critical discourse analysis. *Discourse & Society*, *25*(2), 221-244. DOI: 10.1177/0957926513516043

Kim, Y. J., Oh, Y., Park, S., Cho, S., & Park, H. (2013). Stratified sampling design based on data mining. *Healthcare Informatics Research, 19*(3), 186-195. DOI: 10.4258/hir.2013.19.3.186

Kirkman, C. (2008). Psychopathy: A confusing clinical construct. *Journal of Forensic Nursing*, *4*, 29–39. DOI: 10.1111/j.1939-3938.2008.00004.x.

Kleinman, A. (1995). The social course of epilepsy - chronic illness as social experience in interior China. *Social Science & Medicine*, *41*(3), 451-451.

Knafo, S. (2010). Critical approaches and the legacy of the agent/structure debate in international relations. Cambridge Review of International Affairs, *23*(3), 493-516. DOI: 10.1080/09557571.2010.487896.

Knifton, L., & Quinn, N. (2008). Media, mental health and discrimination: A frame of reference for understanding reporting trends. *International Journal of Mental Health Promotion*, *10*(1), 23-31. DOI: 10.1080/14623730.2008.9721754.

Knoblauch, H., & Wilke, R. (2016). The common denominator: The reception and impact of Berger and Luckmann's The Social Construction of Reality. *Human Studies*, *39*(1), 51-69. DOI: 10.1007/s10746-016-9387-3.

Koike, S., Yamaguchi, S., Ojio, Y., Ohata, K., & Ando, S. (2015). Effect of name change of schizophrenia on mass media between 1985 and 2013 in Japan: A text data mining analysis. *Schizophrenia Bulletin*, *42*(3), 552-559. DOI: .10.1093/schbul/sbv159

Koon, A. D., Hawkins, B., & Mayhew, S. H. (2016). Framing and the health policy process: A scoping review. *Health policy and planning*, *31*(6), 801-816. DOI: 10.1093/heapol/czv128.

Kotrlik, J., Williams, H., & Jabor, K. (2011). Reporting and interpreting effect size in quantitative agricultural education research. *Journal of Agricultural Education*, *52*(1), 132-142. DOI: 10.5032/jae.2011.01132.

Koutoufa, I., & Furnham, A. (2014). Mental health literacy and obsessive-compulsive personality disorder. *Psychiatry Research*, *215*(1), 223-228. DOI: 10.1016/j.psychres.2013.10.027.

Kouyoumdjian, F., Andreev, E., Borschmann, R., Kinner, S., & McConnon, A. (2017). Do people who experience incarceration age more quickly? Exploratory analyses using retrospective cohort data on mortality from Ontario, Canada. *PLOS One*, 12(4), e0175837. doi:10.1371/journal.pone.0175837

Kramer-Kile, M., L. (2013). Situation methodology within qualitative research. *Canadian Journal of Cardiovascular Nursing,* 22(4), 27-31.

Krippendorff, K. & Bock, M., A. (2009). *The Content Analysis Reader*. London, United Kingdom, Sage Publications.

Krippendorff KH (2012). *Content analysis: An introduction to its methodology*. (3rd ed.). London, United Kingdom: Sage Publications.

Kroska, A., & Harkness, S. K. (2006). Stigma sentiments and self-meanings: Exploring the modified labelling theory of mental illness. *Social Psychology Quarterly*, (4), 325-348. DOI: 10.1177/019027250606900403.

Kroska, A., & Harkness, S. K. (2008). Exploring the role of diagnosis in the modified labelling theory of mental illness. *Social Psychology Quarterly*, *71*(2), 193-208. DOI: 10.1177/019027250807100207.

Krueger, R., F., & Eaton, N. R. (2010). Personality traits and the classification of mental disorder: Towards a more complete integration in DSM-5 and empirical model of psychopathology. *Personality Disorders: Theory, Research, and Treatment,* 1(2), 97-118. DOI: 10.1037/a0018990.

Lacy, S., Watson, B. R., Riffe, D., & Lovejoy, J. (2015). Issues and best practices in content analysis. *Journalism and Mass Communication Quarterly*, 92(4), 791-811. DOI: 10.1177/1077699015607338.

Landis, J. R., & Koch, G. G. (1977). The measurement of observer agreement for categorical data. *Biometrics*, 159-174.

Langley, G. C., & Klopper H. (2005). Trust as a foundation for the therapeutic intervention for patients with borderline personality disorder. *Journal of Psychiatric and Mental Health Nursing*, 12, 23–32. DOI: 10.1111/j.1365-2850.2004.00774.x.

Laurance, J. (1999, January 13). Fallon inquiry: Ashworth run by inmates not staff. Fallon inquiry: management blamed for 'therapeutic nihilism' that allowed unit to become awash with hard-core porn. *The Independent*, p .6

Lawn, S., & McMahon, J. (2015). Experiences of care by Australians with a diagnosis of borderline personality disorder. *Journal of Psychiatric and Mental Health Nursin*g, *22*(7), 510-521. DOI: 10.1111/jpm.12226.

Lawson, A., & Fouts, G. (2004). Mental illness in Disney animated films. *Canadian Journal of Psychiatry*, *49*, 310-314.

Lawton, J. (2005, May 28). Blunder that let a psycho out to kill. *Daily Star,* p. 31.

Lawton, J. (2010, December 24). How was cannibal left to roam free? *Daily Star*, p. 15.

Lawton, J. (2011, March 7). The psycho killer let go eight times; warnings ignored. *Daily Star*, p. 18.

Layton, J. (2007, November 11). Huntley handed a cushy new life. *The People*, p. 27.

Lee, S., Chiu, M. Y. L., Tsang, A., Chui, H., & Kleinman, A. (2006). Stigmatising experience and structural discrimination associated with the treatment of schizophrenia in Hong Kong. *Social Science & Medicine*, *62*, 1685-1696. DOI: 10.1016/j.socscimed.2005.08.016.

Leech, N. L., & Onwuegbuzie, A. J. (2009). A typology of mixed methods research designs. *Quality Quantity*, *43*, 265-275. DOI 10.1007/s11135-007-9105-3.

Legislation.gov.uk. (2010). *Equality Act 2010*. [online] Available at: www.equalityhumanrights.com/en/equality-act/equality-act-2010.

Lepping, P. (2007). Ethical analysis of the new proposed mental health legislation in England and Wales. *Philosophy, Ethics, and Humanities in Medicine*, *2*(1), 5. DOI: 10.1186/1747-5341-2-5.

Levey, S., & Howells, K. (1995). Dangerousness, unpredictability and the fear of people with schizophrenia. *The Journal of Forensic Psychiatry*, *6*(1), 19-39. DOI: 10.1007/s00127-016-1215-6.

Lewis, G., & Appleby, L. (1988). Personality disorder: The patients psychiatrists dislike. *The British Journal of Psychiatry*, *153*, 44-49.

Lieb, K., Völlm, B., Rücker, G., Timmer, A., & Stoffers, J. M. (2010). Pharmacotherapy for borderline personality disorder: Cochrane systematic review of randomised trials. *The British Journal of Psychiatry*, *196*(1), 4-12. DOI: 10.1192/bjp.bp.108.062984.

Link, B. G. (1987). Understanding labelling effects in the area of mental disorders: An assessment of the effects of expectations of rejection. *American Sociological Review*, *52*(1), 96-112.

Link, B., Castille, D., & Stuber, J. (2008). Stigma and coercion in the context of outpatient treatment for people with mental illnesses. *Social Science & Medicine*, *67*, 409-419. DOI: 10.1016/j.socscimed.2008.03.015.

Link, B. G., Cullen, F. T., Struening, E., Shrout, P. E., & Dohrenwend, B. P. (1989). A modified labelling theory approach to mental disorders: An empirical assessment. *American Sociological Review*, *54*(3), 400-423.

Link, B., & Hatzenbuehler, M. L. (2016). Stigma as an unrecognized determinant of population health: Research and policy implications. *Journal of Health Politics, Policy and Law*, *41*(4), 653-673. DOI 10.1215/03616878-3620869.

Link, B., & Phelan, J. C. (2001). Conceptualizing stigma. *Annual Review of Sociology*, *27*(1), 362-85. DOI: 10.1146/annurev.soc.27.1.363.

Link, B. G., & Phelan, J. C. (2006). Stigma and its public health implications. *Lancet*, *367*, 528-29. DOI: 10.1016/S0140-6736(06)68184-1.

Link, B. G., & Phelan, J. C. (2013). Labelling and stigma. In C. S. Aneshensel *et al.* (eds.), *Handbook of the Sociology of Mental Health*, (2nd ed.), (pp. 522-540). Dordrecht, Netherlands: Springer Science+Business Media.

Link, B. G., & Phelan, J. C. (2014). Stigma power. *Social Science & Medicine*, *103*, 24-32. DOI: 10.1016/j.socscimed.2013.07.035.

Link, B. G., Phelan, J. C., Bresnahan, M., Stueve, A., & Pescosolido, B. A. (1999). Public conception of mental illness: Labels, cause, dangerousness, and social distance. *American Journal of Public Health*, *89*(9), 1328-1333. DOI: 10.2105/AJPH.89.9.1328.

Link, B. G., Wells, J., Phelan, J. C., & Yang, L. (2015). Understanding the importance of "symbolic interaction stigma": How expectations about the reactions of others adds to the burden of mental illness stigma. *Psychiatric Rehabilitation Journal*, *38*(2), 117. DOI: 10.1037/prj0000142.

Lipowski, E. E. (2008). Developing great research questions. *American Society of Health-System Pharmacists*, *65*(1): 1667-1670. DOI 10.2146/ajhp070276.

Livingston, J. D. (2013). *Mental illness-related structural stigma: The downward spiral of systemic exclusion: Final report*. Mental Health Commission of Canada.

Lobbestael, J., Leurgans, M., & Arntz, A. (2011). Inter-rater reliability of the structured clinical interview for DSM-IV axis I disorders (SCID I) and axis II disorders (SCID II). *Clinical Psychology & Psychotherapy, 18*(1), 75-79. DOI: 10.1002/cpp.693.

Loughnan, A. (2012). Manifest madness: Mental incapacity in the criminal law. Retrieved from: http://www.oxfordscholarship.com.voyager.chester.ac.uk/view/10.1093/acprof:oso/9780199698592.001.0001/acprof-9780199698592.

Low, J. (2008). Structure, agency, and social reality in Blumerian symbolic interactionism: The influence of George Simmel. *Symbolic Interaction*, *31*(3), 325-343. DOI: 10.1525/si.2008.31.3.325.

Luciano, A., Nicholson, J., & Meara, E. (2014). The economic status of parents with serious mental illness in the United States. *Psychiatric Rehabilitation Journal*, *7*(3), 242-250. DOI: 10.1037/prj0000087.

Lumsden, S. (2002, September 24). Mum: I tried to kill myself to be with baby. *The Sun,* p. 13.

Ma, W. F., Shih, F. J., Hsiao, S. M., Shih, S. N., & Hayter, M. (2009). 'Caring Across Thorns'– Different care outcomes for borderline personality disorder patients in Taiwan. *Journal of Clinical Nursing*, *18*(3), 440-450. DOI: 10.1111/j.1365-2702.2008.02557.x.

Ma, Z. (2017). How the media cover mental illnesses: A review. *Health Education*, *117*(1), 90-109. DOI: 10.1108/HE-01-2016-0004.

MacAdam, H. (2006, March 25). Why don't they EVER put the victims first? *The Sun*, p. 26.

MacIntosh, H. B., Godbout, N., & Dubash, N. (2015). Borderline personality disorder: Disorder of trauma or personality: A review of the empirical literature. *Canadian Psychology/Psychologie canadienne*, *56*(2), 227. DOI: 10.1037/cap0000028.

Mackay, D. (2006, August 8). We drank whiskey, practised our gold swings, then went out to rape and kill, *The Mirror*, p. 16.

Magliano, L., Read, J., & Marassi, R. (2011). Metaphoric and non-metaphoric use of the term "schizophrenia" in Italian newspapers. *Social Psychiatry and Psychiatric Epidemiology*, *46*, 1019-1025. DOI: 10.1007/s00127-010-0274-3.

Mahoney, J. (2001, June 23). Fury as Bulger killers go free; coming to a street near you. *Daily Star*, pp. 6-7.

Manning, N. (2000). Psychiatric diagnosis under conditions of uncertainty: Personality disorder, science and professional legitimacy. *Sociology of Health & Illness*, *22*(5), 621-639. DOI: 10.1111/1467-9566.00223.

Manning, N. (2002). Actor network, policy networks and personality disorder. *Sociology of Health & Illness*, *24*(5), 644-666. DOI: 10.1111/1467-9566.00312.

Manning, N. (2006). DSM-IV and dangerous and severe personality disorder – an essay. *Social Science & Medicine*, *63*, 1960-1971. DOI: 10.1016/j.socscimed.2006.03.038

Maratea, R. J., & Monahan, B. A. (2013). Crime control as mediated spectacle: The institutionalization of Gonzo Rhetoric in modern media and politics. *Symbolic Interaction*, *36*(3), 261-274. DOI: 10.1002/SYMB.59.

Markham, D. (2003) Attitudes towards patients with a diagnosis of 'borderline personality disorder': Social rejection and dangerousness. *Journal of Mental Health*, *2*, 595-612. DOI: 10.1080/09638230310001627955.

Markham, D., & Trower, P. (2003). The effects of the psychiatric label of 'borderline personality disorder' on nursing staff's perceptions and causal attributions for challenging behaviours. *British Journal of*

Clinical Psychology, *42*, 243–256. DOI: 10.1348/01446650360703366.

Markowitz, F. E., Angell, B., & Greenberg, J. S. (2011). Stigma, reflected appraisals, and recovery outcomes in mental illness. *Social Psychology Quarterly*, *74*(2), 144-165. DOI: 10.1177/0190272511407620.

Marmot, M. (2010). *Fair society, healthy lives: The Marmot Review: Strategic review of health inequalities in England post-2010*. ISBN 9780956487001

Martín-Blanco, A., Soler, J., Villalta, L., Feliu-Soler, A., Elices, M., Pérez, V., ... & Pascual, J. C. (2014). Exploring the interaction between childhood maltreatment and temperamental traits on the severity of borderline personality disorder. *Comprehensive Psychiatry*, *55*(2), 311-318. DOI: 10.1016/j.comppsych.2013.08.026

Masters, S. (2013, September 25). Asda apologises for selling 'mental patient fancy dress' Halloween costume online. *The Independent.* Retrieved from: http://www.independent.co.uk/news/uk/home-news/asda-apologises-for-selling-mental-patient-fancy-dress-halloween-costume-online-8839942.html

Matthes, J., & Kohring, M. (2008). The content analysis of media frames: Towards improving reliability and validity. *Journal of Communication*, *58*, 258-279. DOI:10.1111/j.1460-2466.2008.00384.x.

McAlpine, K., & Riley, W. (2012, February 3). Wicked lies of a monster. *The Sun*, pp. 6-7.

McCall, M. M., & Becker, H. S. (1990). Introduction, H. S. Becker & M. M. McCall, (eds), (2009). *Symbolic interaction and cultural studies*. Chicago, Il: University of Chicago Press.

McCarthy, M., & O'Keeffe, A. (2010). Historical perspective. What are corpora and how have they evolved? In A. O'Keeffe & M. McCarthy (eds), *The Routledge handbook of corpus linguistics*. London, United Kingdom: Routledge.

McComish, S. (2003, December 18). 'Sadistic' murderer given life. *Daily Mirror*, p. 31.

McGinty, E. E., Goldman, H. H., Pescosolido, B., & Barry, C. L. (2015). Portraying mental illness and drug addiction as treatable health conditions: Effects of a randomized experiment on stigma and discrimination. *Social Science & Medicine*, *126*, 73-85. DOI: 10.1016/j.socscimed.2014.12.010.

McGinty, E. E., Kennedy-Hendricks, A., Choksy, S., & Barry, C. L. (2016). Trends in news media coverage of mental illness in the United States: 1995–2014. *Health Affairs*, *35*(6), 1121-1129. DOI: 10.1377/hlthaff.2016.0011.

McGinty, E. E., Webster, D. W., & Barry, C. L. (2013). Effects of news media messages about mass shootings on attitudes towards persons with serious mental illness and public support for gun control policies. *American Journal of Psychiatry*, *170*, 494-501. DOI: 10.1176/appi.ajp.2013.13010014.

McGinty, E. E., Webster, D. W., Jarlenski, M., & Barry, C. (2014). News media framing of serious mental illness and gun violence in the United States, 1997-2012. *American Journal of Public Health*, *104*(3), 406-413. DOI: 10.2105/AJPH.2013.301557.

McGrath, B., & Dowling, M. (2012). Exploring registered psychiatric nurses' responses towards service users with a diagnosis of borderline personality disorder. *Nursing Research and Practice*, 2012. DOI: 10.1155/2012/601918.

McHugh, M. L. (2012). Interrater reliability: The kappa statistic. Biochemia Medica, *22*(3), 276.

McHugh, M. L. (2013). The chi-square test of independence. *Biochemia medica*, *23*(2), 143-149. DOI: 10.11613/BM.2013.018.

McKeown, M., Jones, F., Foy, P., Wright, K., Paxton, T., & Blackmon, M. (2016). Looking back, looking forward: Recovery journeys in a high secure hospital. *International Journal of Mental Health Nursing*, *25*(3), 234-242. DOI: 10.1111/inm.12204.

McMahon, V. (2012, December 9). Beast killed Millie 2 years after being branded a sociopath; diagnosed by experts. *Daily Mirror*, p. 17.

McMain, S. F., Links, P. S., Gnam, W. H., Guimond, T., Cardish, R. J., Korman, L., & Streiner, D. L. (2009). A randomized trial of dialectical behavior therapy versus general psychiatric management for borderline personality disorder. *American Journal of Psychiatry*, *166*(12), 1365-1374. DOI: 10.1176/appi.ajp.2009.09010039.

McWhinnie, A. (2006, May 12). Killer mum gets 10yrs. *The Sun,* p. 12.

Mead, G. H. (1934). *Mind, self and society* (Vol. 111). Chicago, Il: University of Chicago Press.

Mellor, D. (2002, June 30). Man of the people: yes, lock them away before they strike. *The People*, p. 27.

Melnychuk, R. M., Verdun-Jones, S. N., & Brink, J. (2009). Geographic risk management: A spatial study of mentally disordered offenders discharged from forensic psychiatric care. *International Journal of Forensic Mental Health*, *8*, 148-168. DOI: 10.1080/14999010903358755.

Mendelson, G. (2003). Homosexuality and psychiatric nosology. *Australian and New Zealand Journal of Psychiatry*, *37*, 678-683. DOI: 10.1080/j.1440-1614.2003.01273.x.

Mercer, D., Mason, T., & Richman, J. (1999). Good and evil in the crusade of care: Social constructions of mental disorders. *Journal of Psychosocial Nursing & Mental Health Services*, *37*(9), 13-17.

Mey, J. L. (2017). Corpus linguistics: Some (meta-) pragmatic reflections. *Corpus Pragmatics*, *1*(3), 185-199. DOI 10.1007/s41701-017-0017-8.

Minchin, R. (2003, October 8). Vampire killer 'not insane' says Doc. *The Sun*, p. 23.

MIND (2013). *Mental health crisis care: Physical restraint in crisis. A report on physical restraint in hospital settings in England*. London, United Kingdom: MIND.

Mindout. (ND). *A guide to open-minded media coverage of mental health*. Retrieved from: http://www.1decada4.es/pluginfile.php/263/mod_page/content/5/mindshift.pdf

Ministry of Justice (2011). *Working with personality disorder offenders. A practitioner's guide*. Retrieved from: https://www.justice.gov.uk/downloads/offenders/mentally-disordered-offenders/working-with-personality-disordered-offenders.pdf.

Ministry of Justice (2016). *Deaths in prison custody to September 2016. Assault and self-harm to June 2016*. United Kingdom. Crown Copyright.

Mittal, D., Sullivan, G., Chekuri, L., Allee, E., & Corrigan, P. W. (2012). Empirical studies of self-stigma reduction strategies: A critical review of the literature. *Psychiatric Services*, *63*, 974-981. DOI: 10.1176/appi.ps.201100459.

Molek-Kozakowska, K. (2013). Towards a pragma-linguistic framework for the study of sensationalism in news headlines. *Discourse and Communication*, *7*(2), 173-197. DOI: 10.1177/1750481312471668.

Moore, R. (2003, October 9). You are an evil, violent and dangerous man who is not fit to be at liberty; judge: vampire killer must serve 18 years. *Daily Mirror*, p. 7.

Morris, G. (2006). *Mental health issues and the media: An introduction for health professionals*. London, United Kingdom: Routledge.

Morris, R., MacNeela, P., Scott, A., Treacy, P., Hyde, A., O'Brien, J., ... Drennan, J. (2008). Ambiguities and conflicting results: The limitations of the kappa statistic in establishing the interrater reliability of the Irish nursing minimum data set for mental health: A discussion paper. *International Journal of Nursing Studies*, *45*(4), 645-647. DOI: 10.1016/j.ijnurstu.2007.07.005.

Morse, J. M., Niehaus, L., Wolfe, R. R., & Wilkins, S. (2006). The role of the theoretical drive in maintaining validity in mixed-method research. *Qualitative Research in Psychology*, *3*(4), 279-291. DOI: 10.1177/1478088706070837.

Motschenbacher, H. (2016). A corpus linguistic study of the situatedness of English pop song lyrics. *Corpora*, *11*(1), 1-28. DOI: 10.3366/cor.2016.0083.

MQ (2015). *UK mental health research funding: Landscape analysis.* Retrieved from: http://b.3cdn.net/joinmq/1f731755e4183d5337_apm6b0gll.pdf.

Mulchrone, P. (2005, June 30). Killer genius; …and the girl he romanced 1 day after butchering his parents. *Daily Mirror*, p. 1.

Mulchrone, P. (2005, June 30). The killer narcissist; boy who killed his devoted parents…then flew away on £30,000. *Daily Mirror*, pp. 4-5.

Mullen, P. E. (1999). Dangerous people with severe personality disorder. British proposals for managing them are glaringly wrong – and unethical. *British Medical Journal*, *319*, 1146-1147.

Murnen, S. K. (2015). A social constructivist approach to understanding the relationship between masculinity and sexual aggression. *Psychology of Men & Masculinity, 16*(4), 370-373. DOI: 10.1037/a0039693.

Murphy, N., Fatoye, F. & Wibberley, C. (2013). The changing face of newspaper representations of the mentally ill. *Journal of Mental Health*, *22*(3), 271-282. DOI: 10.3109/09638237.2012.734660.

Musto, L. C., Rodney, P. A., & Vanderheide, R. (2015). Toward interventions to address moral distress: Navigating structure and agency. *Nursing Ethics*, *22*(1), 91-102. DOI: 10.1177/0969733014534879.

Myall, S. (2005, October 2). Huntley's sick £100K rant for luxuries. *The People*, p. 4.

Myers, T. A., Nisbet, M. C., Maibach, E. W., & Leiserowitz, A. A. (2012). A public health frame arouses hopeful emotions about climate change. *Climate Change*, *113*, 1105-1112. DOI: 10.1007/s10584-012-0513-6.

Nairn, R. G. (2007). Media portrayals of mental illness, or is it madness? A review. *Australian Psychologist*, *42*(2), 138-146. DOI: 10.1080/00050060701280623.

Nairn, R., Coverdale, J., & Claasen, D. (2001). From source material to news story in New Zealand print media: A prospective study of the stigmatizing processes in depicting mental illness. *Australian and New Zealand Journal of Psychiatry*, *35*, 654-659. DOI: 10.1046/j.1440-1614.2001.00936.x.

Nairn, R., Coverdale, J. H., & Claasen, D. (2006). What is the role of intertextuality in media depictions of mental illness? Implications for forensic psychiatry. *Psychiatry, Psychology and Law*, *13*(2), 243-250. DOI: 10.1375/pplt.13.2.243.

Nairn, R., Coverdale, S., & Coverdale, J. H. (2011). A framework for understanding media depictions of mental illness. *Academic Psychiatry*, *35*(3), 202-206. DOI: 10.1176/appi.ap.35.3.202.

National Film Registry. (2011). *More Than a Box of Chocolates*, retrieved from: https://www.loc.gov/item/prn-11-240/2011-national-film-registry-more-than-a-box-of-chocolates/2011-12-28/.

National Health Service (2013). *2014/2015 NHS Standard contract for high secure mental health services (adults)*. Crown Copyright.

National Institute for Health and Care Excellence (2009a). *Borderline personality disorder: Recognition and management*. NICE guideline (CG78).

National Institute for Health and Care Excellence (2009b). *Antisocial personality disorder: Prevention and management.* NICE guideline (CG77).

National Institute for Health and Care Excellence (2013). *Social anxiety disorder: Recognition, assessment and treatment.* NICE guideline (CG159).

National Institute for Health and Care Excellence (2015). *Personality disorders: Borderline and antisocial. Quality standard*. NICE guideline (QS88).

National Institute for Mental Health in England (2003). *Personality disorder: No longer a diagnosis of exclusion*. Crown Copyright.

National Offender Management Service & Department of Health (2015). *The offender personality disorder pathway strategy*. Crown Copyright.

National Readership Survey (2011). NRS Jan – Dec 10: United Kingdom.

National Readership Survey (2013). NRS Jan – Dec 12: United Kingdom.

National Readership Survey (2017). *Social grades*. www.nrs.co.uk/nrs-print/lifestyle-and-classification-data/social-grade/

National Union of Journalists (2006). *The reporting of mental health and suicide by the media. A practical guide for journalists*. National Union of Journalists.

Nawka, A., Rukavina, T. V., Nawkova, L., Nikolina, J., Brborovic, O., & Raboch, J. (2012). Psychiatric disorders and aggression in the printed media: Is there a link? A central European perspective. *BMC Psychiatry*, *12*(19), 1-8. DOI: 10.1186/1471-244X-12-19.

Nawkova, L., Nawka, A., Adamkova, T., Rukavina, T. V., Holcnerova, P., & Kuzma, M. R. *et al.* (2012). The picture of mental health/illness in the printed media in three Central European Countries. *Journal of Health Communication*, *17*, 22-40. DOI: 10.1080/10810730.2011.571341.

Nemeth, B., Scheres, L. J. J., Lijfering, W. M., & Rosendaal, F. R. (2015). Bloodcurdling movies and measures of coagulation: Fear factor crossover trial. *British Medical Journal* (Online), 351. DOI: 10.1136/bmj.h6367.

Nettleton, P. (2005, January 5). 5-Star Fiends; Exclusive: evil killers get life of luxury on taxpayers. *The People*, pp. 16-17.

Neuendorf, K. A. (2011). Content analysis – a methodological primer for gender research. *Sex Roles*, *64*, 276-89. DOI 10.1007/s11199-010-9893-0.

Newton-Howes, G., Clark, L. A., & Chanen, A. (2015). Personality disorder 2. Personality disorder across the life course. *Lancet*, *385*(1), 727-734. DOI: 10.1016/S0140-6736(14)61283-6.

Newton-Howes, G., Weaver, T., & Tyrer, P. (2008). Attitudes of staff towards patients with personality disorder in community mental

health teams. *Australian and New Zealand Journal of Psychiatry*, *42*, 572-577. DOI: 10.1080/00048670802119739.

Nicks, G. (2009, March 19). Fritzl feared jail cannibal would make him schnitzel. *Daily Star*, p. 9.

Nisbet, M. C. (2009). Knowledge into action. Doing news framing analysis: Empirical and theoretical perspectives, in P. D'Angelo & J. A. Kuypers (Eds.). *Doing news framing analysis: Empirical and theoretical perspectives*. New York, NY: Routledge.

Noblett, J. E., Lawrence, R., & Smith, J. G. (2015). The attitudes of general hospital doctors toward patients with comorbid mental illness. *The International Journal of Psychiatry in Medicine*, *50*(4), 370-382. DOI: 10.1177/0091217415612721

Nordentoft, M., Wahlbeck, K., Hällgren, J., Westman, J., Ösby, U., Alinaghizadeh, H., ... & Laursen, T. M. (2013). Excess mortality, causes of death and life expectancy in 270,770 patients with recent onset of mental disorders in Denmark, Finland and Sweden. *PLOS One*, *8*(1), e55176. DOI: 10.1371/journal.pone.0055176.

Nunnally, J. C. (1957). A comparison of the opinions of experts and the public with mass media presentations. *Behavioural Science*, *2*, 222-230.

Ocelík, P., Osička, J., Zapletalová, V., Černoch, F., & Dančák, B. (2017). Local opposition and acceptance of a deep geological repository of radioactive waste in the Czech Republic: A frame analysis. *Energy Policy*, *105*, 458-466. DOI: 10.1016/j.enpol.2017.03.025.

O'Connell, B., & Dowling, M. (2013). Community psychiatric nurses' experiences of caring for clients with borderline personality disorder. *Mental Health Practice*, *17*(4), 27-33. DOI: 10.7748/mhp2013.12.17.4.27.e845.

O'Faolain, A. (2009). You can't go free to be with your baby. Knife killer loses appeal." *The Mirror*, p. 27.

Office of National Statistics (2012). *Homicide in Scotland, 2011-12*. Crown Copyright.

O'Keefe, D. J. (2011). The asymmetry of predictive and descriptive capabilities in quantitative communication research: Implications for hypothesis development and testing. *Communication Methods and Measures*, *5*(2), 113-125. DOI: 10.1080/19312458.2011.568375

O'Keefe, D. J., & Jensen, J. D. (2008). Do loss-framed persuasive messages engender greater message processing than do gain-framed messages? A meta-analytic review. *Communication Studies*, *59*(1), 51-67. DOI: 10.1080/10510970701849388.

Oldham, J. M. (2015). The alternative DSM-5 model for personality disorder. *World Psychiatry*, *14*(2), 234-236. DOI: 10.1002/wps.20232.

Oleinik, A., Popova, I., Kirdina, S., & Shatalova, T. (2014). On the choice of measures of reliability and validity in the content-analysis of texts. *Quality and Quantity*, *48*, 2703-2718. DOI: 10.1007/s11135-013-9919-0.

Olstead, R. (2002). Contesting the text: Canadian media depictions of the conflation of mental illness and criminality. *Sociology of Health & Illness*, *24*(5), 621-643. DOI: 10.1111/1467-9566.00311.

Osumili, B., Henderson, C., Corker, E., Hamilton, S., Pinfold, V., Thornicroft, G., & McCrone, P. (2016). The economic costs of mental health-related discrimination. *Acta Psychiatrica Scandinavica*, 134(S446), 34-44. DOI: 10.1111/acps.12608.

Ottewell, N. (2017). Newspaper reporting of mental illness. *Journal of Public Mental Health*, *16*(2), 78-85. DOI: 10.1108/JPMH-10-2016-0051.

Owen, M. J., Sawa, A., & Mortensen, P. B. (2016) Schizophrenia. *Lancet*, *388*, 86-97. DOI: 10.1016/S0140-6736(15)01121-6.

Oxford English Dictionary Online (2014). *Beast*. Retrieved from: http://www.oed.com/search?searchType=dictionary&q=beast&_searchBtn=Search.

Oxford English Dictionary Online. (2014). *Branded*. Retrieved from: http://www.oed.com/search?searchType=dictionary&q=branded&_searchBtn=Search.

Oxford English Dictionary Online. (2014). *Caged.* Retrieved from: http://www.oed.com/search?searchType=dictionary&q=cage&_searchBtn=Search.

Oxford English Dictionary Online. (2014). *Crazed*. Retrieved from: http://www.oed.com/view/Entry/43995?redirectedFrom=crazed#eid.

Oxford English Dictionary Online. (2014). *Deranged*. Retrieved from: http://www.oed.com/view/Entry/50547?redirectedFrom=deranged#eid.

Oxford English Dictionary Online. (2014). *Evil*. Retrieved from: http://www.oed.com/search?searchType=dictionary&q=evil&_searchBtn=Search.

Oxford English Dictionary Online (2014). *Fiend*. Retrieved from: http://www.oed.com/search?searchType=dictionary&q=fiend&_searchBtn=Search.

Oxford English Dictionary Online (2014). *Maniac*. Retrieved from: http://www.oed.com/search?searchType=dictionary&q=maniac&_searchBtn=Search.

Oxford English Dictionary Online. (2014). *Monster*. Retrieved from: http://www.oed.com/search?searchType=dictionary&q=monster&_searchBtn=Search.

Oxford English Dictionary Online (2014). *Pariah*. Retrieved from: http://www.oed.com/view/Entry/137889?redirectedFrom=pariah#eid.

Oxford English Dictionary Online (2014). *Pervert*. Retrieved from: http://www.oed.com/search?searchType=dictionary&q=pervert&_searchBtn=Search.

Oxford English Dictionary Online (2014). *Psycho*. Retrieved from: http://www.oed.com/search?searchType=dictionary&q=psycho&_searchBtn=Search.

Oxford English Dictionary Online. (2014). *Sicko*. Retrieved from: http://www.oed.com/view/Entry/179234?redirectedFrom=sicko#eid.

Oxford English Dictionary Online. (2014). *Twisted*. Retrieved from: http://www.oed.com/view/Entry/208154?redirectedFrom=twisted#eid.

Oxford English Dictionary Online (2014). *Vampire*. Retrieved from: http://www.oed.com/search?searchType=dictionary&q=vampire&_searchBtn=Search.

Oxford English Dictionary Online. (2014). *Warped*. Retrieved from: http://www.oed.com/view/Entry/225824?redirectedFrom=warped#eid.

Oxford English Dictionary Online (2014). *Weirdo*. Retrieved from: http://www.oed.com/view/Entry/226926?redirectedFrom=weirdo#eid.

Palmer, J. (2002, June 26). Dangerous patients will be locked away; experts attack law shake up. *The Mirror*, p. 20.

Panton, L. (2001, August 12). Dando killer moved to monsters' prison; hated George locked up with vilest criminals. *The People*, p. 23.

Parker, I., Georgaca, E., Harper, D., McLaughlin, T., & Stowell-Smith, M. (1995). *Deconstructing psychopathology*. Thousand Oaks, CA: Sage.

Parker, R., & Aggleton, P. (2003). HIV and AIDS-related stigma and discrimination: A conceptual framework and implications for action. *Social Science & Medicine*, *57*(1), 13-24. doi:10.1016/S0277-9536(02)00304-0

Parrott, S., & Parrott, C. T. (2015). Law & disorder: The portrayal of mental illness in US crime dramas. *Journal of Broadcasting & Electronic Media*, *59*(4), 640-657. DOI: 10.1080/08838151.2015.1093486.

Parry, R. (2012, April 18). I'd kill them all again…but you should free me; Norway mass murderer's rant. *Daily Mirror*, p. 11.

Parry, T. (2005, September 14). Women barred; exclusive: sex scandal Broadmoor to move out all its female patients. *Daily Mirror*, p. 15.

Paterson, B. (2006). Newspaper representations of mental illness and the impact of the reporting of 'events' on social policy: The 'framing' of Isabel Schwarz and Jonathon Zito. *Journal of Psychiatric and Mental Health Nursing*, *13*, 294-300. DOI: 10.1111/j.1365-2850.2006.00953.x.

Paterson, B. (2007). A discourse analysis of the construction of mental illness in two UK newspapers from 1985-2000. *Issues in Mental Health Nursing*, *28*, 1087-1103.

Peelo, M., Francis, B., Soothill, K., Pearson, J., & Ackerley, E. (2004). Newspaper reporting and the public construction of homicide.

British Journal of Criminology, *44*, 256-275. DOI: 10.1093/bjc/44.2.256.

Penrose, J. (2005, March 20). Why did I eat his brains? My local KFC was closed. *Sunday Mirror*, p. 33.

Perrie, R. (2004, March 1). You'd kill for this….*The Sun*, p. 7.

Perseius, K. I., Ekdahl, S., Åsberg, M., & Samuelsson, M. (2005). To tame a volcano: Patients with borderline personality disorder and their perceptions of suffering. *Archives of Psychiatric Nursing*, *19*(4), 160-168. DOI: 10.1016/j.apnu.2005.05.001.

Pescosolido, B. A., Martin, J. K., Lang, A., & Olafsdottir, S. (2008). Rethinking theoretical approaches to stigma: A framework integrating normative influences on stigma (FINIS). *Social Science & Medicine*, *67*(3), 431-440. DOI: 10.1016/j.socscimed.2008.03.018.

Peters, C. (2011). Emotion aside or emotional side? Crafting an 'experience of involvement' in the news. *Journalism*, *12*(3), 297-316. DOI: 10.1177/1464884910388224.

Peterson, D., & Harvey, D. C. (2015). Kafkaesque bureaucracies as natural breaching experiments: Interactional failures and the search for institutional agency. *Symbolic Interaction*, *38*(2), 195-212. DOI: 10.1002/symb.149.

Philo, G., Secker, J., Platt, S., Henderson, L., McLaughlin, G., & Jocelyn, B. (1994). The impact of the mass media on public images of mental illness: Media content and audience belief. *Health Education Journal*, *53*, 271-281.

Pickersgill, M. (2013). How personality became treatable: The mutual constitution of clinical knowledge and mental health law. *Social Studies of Science*, *43*(1), 30-53. DOI: 10.1177/0306312712457722.

Pinel, P. (1806). *A treatise on insanity: In which are contained the principles of a new and more practical nosology of maniacal disorders than has yet been offered to the public*. Sheffield, United Kingdom: W. Todd.

Pinfold, V., Toulman, H., Thornicroft, G., Huxley, P., Farmer, P., & Graham, T. (2003). Reducing psychiatric stigma and discrimination: Evaluation of educational interventions in UK secondary schools. *British Journal of Psychiatry*, *182*, 342-346. DOI: 10.1192/bjp.182.4.342.

Poole, R. (2016). A corpus-aided ecological discourse analysis of the Rosemont Copper Mine debate of Arizona, USA. *Discourse & Communication*, *10*(6), 576-595. DOI: 10.1177/1750481316674775.

Poremski, D. Whitley, R., & Latimer, E. (2014). Barriers to obtaining employment for people with severe mental illness experiencing homelessness. *Journal of Mental Health*, *23*(4), 181-185. DOI: 10.3109/09638237.2014.910640.

Potts, A. (2015). A theory for educational research: Socialisation theory and symbolic interaction. *Education Research and Perspectives*, *42*, 633.

Press Complaints Commission. (2014). *On reporting mental health issues*. Retrieved from: http://www.pcc.org.uk/advice/editorials-detail.html?article=NDIwMA==.

Prichard, J. C. (1835). *A treatise on insanity and other disorders affecting the mind*. London, United Kingdom: Sherwood, Gilbert and Piper.

Prins, H. (2010). *Offenders, deviants or patients?* (4th ed.). London, United Kingdom, Routledge.

Pugh, T., Hatzenbuehler, M. L., & Link, B. (2015). Structural stigma and mental illness. Retrieved from: https://sites.nationalacademies.org/cs/groups/dbassesite/documents/webpage/dbasse_170045.pdf

Pyatt, J. (2006). Caged psychos sue over chilly nights. *The Sun,* p. 19.

Pyatt, J. (2006, December 26). Broadmoor staff panto for rapists. *The Sun,* p. 11.

Pyatt, J. & Millard, N. (2010, February 2). The Beastly Boys; Broadmoor killers; dance track studio exclusive. *The Sun*, p. 13.

Ramsay, M. (2011). *The early years of the DSPD (Dangerous and Severe Personality Disorder) programme: Results of two process studies*. Retrieved from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/217370/early-years-dspd-programme-research-summary.pdf

Ray, B., & Dollar, C. B. (2014). Exploring stigmatization and stigma management in mental health court: Assessing modified labelling theory in a new context. *Sociological Forum*, *29*(3), 720-734. DOI: 10.1111/socf.12111.

Rayson, P., & Garside, R. (2000, October). Comparing corpora using frequency profiling. In *Proceedings of the workshop on Comparing Corpora* (pp. 1-6). Association for Computational Linguistics.

Reese, S. D. (2009). *Finding frames in a web of culture: The case of the war on terror*. In P. D'Angelo & J. A. Kuypers (eds.). *Doing news framing analysis: Empirical and theoretical perspectives*. New York, NY: Routledge.

Reichborn-Kjennerud, T. (2010). The genetic epidemiology of personality disorder. *Dialogues in Clinical Neuroscience*, *12*(1), 103-114.

Reichborn-Kjennerud, T., Ystrom, E., Neale, M. C., Aggen, S. H., Mazzeo, S. E., Knudsen, G. P., ... & Kendler, K. S. (2013). Structure of genetic and environmental risk factors for symptoms of DSM-IV borderline personality disorder. *JAMA Psychiatry*, *70*(11), 1206-1214. DOI: 10.1001/jamapsychiatry.2013.1944.

Reid, H. M. (2013). *Introduction to statistics: Fundamental concepts and procedures of data analysis*. Thousand Oaks, CA: Sage.

Rhydderch, D., Krooupa, A. M., Shefer, G., Goulden, R., Williams, P., Thornicroft, A., ... & Henderson, C. (2016). Changes in newspaper coverage of mental illness from 2008 to 2014 in England. *Acta Psychiatrica Scandinavica*, *134*(S446), 45-52. DOI: 10.1111/acps.12606.

Riffe, D., Lacy, S., & Fico, F. (2014). *Analyzing media messages: Using quantitative content analysis in research.* London, United Kingdom: Routledge.

Rigby, C. (2008, June 2). Your life: my girl's night out with stranger ended with her being beaten to death. *The Mirror,* p. 32.

Ritter, L. J., & Ueno, K. (2017). Construction and management of stigma based on voluntary-achieved status. *Symbolic Interaction*, *40*(4), 541-560. DOI: 10.1002/SYMB.296.

Roberts, E., Bourne, R., & Basden, S. (2013). The representation of mental illness in Bermudian print media, 1991-2011. *Psychiatric Services*, *64*(4), 388-91. DOI: 10.1176/appi.ps.201200204.

Robinson, L. (2007). The cyberself: The self-ing project goes online: Symbolic interaction in the digital age. *New Media & Society*, *9*(1), 93-110. DOI: 10.1177/1461444807072216.

Roe, J., Joseph, S., & Middleton, H. (2010). Symbolic interaction: A theoretical approach to understanding stigma and recovery. *Mental Health Review Journal*, *15*(1), 29-36. DOI: 10.5042/mhrj.2010.0200.

Rogers, B., & Dunne, E. (2011). 'They told me I had this personality disorder…. All of a sudden I was wasting their time': Personality disorder and the inpatient experience. *Journal of Mental Health*, *20*(3), 226-233. DOI: 10.3109/09638237.2011.556165.

Romero, G. A. (Director). (1978). *Dawn of the Dead*. United States of America. United Film Distribution Company.

Rose, D. (1998). Television, madness and community care. *Journal of Community and Applied Social Psychology*, *8*, 213-228. DOI: 10.1002/(SICI)1099-1298(199805/06)8:3<213::AID-CASP449>3.0.CO;2-C.

Rose, D., Thornicroft, G., Pinfold, V., & Kassam, A. (2007). 250 labels used to stigmatise people with mental illness. *BMC Health Services Research*, *7*:97. DOI: 10.1186/1472-6963-7-97

Rose, N. (1979). The psychological complex: Mental measurement and social administration. *Ideology & Consciousness*, *5*, 5-68.

Rose, N. (2003). Neurochemical selves. *Society*, *41*(1), 46-59. 10.1DOI: 007/BF02688204.

Rose, N., & Miller, P. (2008). *Governing the present: Administering economic, social and personal life.* London, United Kingdom: Polity Press.

Rosenfield, S. (1997). Labeling mental illness: The effects of received services and perceived stigma on life satisfaction. *American Sociological Review*, *62*(4), 660-672.

Rosenthal, R. (Director). (1981). *Halloween II*. United States of America: Universal Pictures.

Rüsch, N., Abbruzzese, E., Hagedorn, E., Hartnehauer, D., Kaufmann, I., Curschellas, J., … Corrigan, P.W. (2014b). Efficacy of coming out proud to reduce stigma's impact among people with mental illness: Pilot randomised controlled trial. *The British Journal of Psychiatry*, *204*, 391-397. DOI: 10.1192/bjp.bp.113.135772.

Rüsch, N., Lieb, K., Bohus, M., & Corrigan, P.W. (2006). Self-stigma, empowerment, and perceived legitimacy of discrimination among women with mental illness. *Psychiatric Services*, *57*, 399-402.

Rüsch, N., Muller, M., Lay, B., Corrigan, P. W., Zahn, R., Schonenberger, T., … Rossler, W. (2014a). Emotional reactions to involuntary psychiatric hospitalization and stigma-related stress among people with mental illness. *European Archives of Psychiatry and Clinical Neuroscience*, *264*, 35-43. DOI 10.1007/s00406-013-0412-5.

Rüsch, N., & Thornicroft, G. (2014). Does stigma impair prevention of mental disorders? *The British Journal of Psychiatry*, *204*, 249-251. DOI: 10.1192/bjp.bp.113.131961.

Russell, A. (2004, February 3). Killer: jail violated my rights. *The Sun*, p. 10.

Russell, S. (2007, April 17). Hammer murder Dad backs tougher mental health reforms. *The Sun*, p. 22.

Rymer, M. (Director). (2002). *Queen of the Damned*. Hollywood, CA: Warner Brothers.

Sainsbury Centre for Mental Health. (2008). *Annual Review 2007*. London, United Kingdom: Author.

Samson, P. (2012, December 16). Timebomb; warped world of school massacre outcast. *The Sun*, pp. 2-3.

Samuels, J. (2011). Personality disorders: Epidemiology and public health issues. *International Review of Psychiatry*, *23*, 223-233. DOI: 10.3109/09540261.2011.588200.

Scambler, G. (2009). Health-related stigma. *Sociology of Health & Illness*, *31*(3), 441-455. doi:10.1111/j.1467-9566.2009.01161.x

Scheff, T. J. (1963). The role of the mentally ill and the dynamics of mental disorder: A research framework. *Sociometry*, *26*: 436-453.

Scheff, T. J. (1974). The labelling theory of mental illness. *American Sociological Review*, *39*(3), 444-452.

Scheufele, D. A. (1999). Framing as a theory of media effects. *Journal of Communication*, Winter, 103-122. DOI: 10.1093/joc/49.1.103.

Scheufele, D. A. (2014). Science communication as political communication. Proceedings of the National Academy of Sciences of the United States of America, *111*(Supplement 4), 13585-13592. DOI: 10.1073/pnas.1317516111.

Schomerus, G., Schwahn, C., Holzinger, A., Corrigan, P. W., Grabe, H. J., Carta, M.G., & Angermeyer, M. C. (2012). Evolution of public attitudes about mental illness: A systematic review and meta-analysis. *Acta Psychiatrica Scandinavica*, *125*, 440-452. DOI: 10.1111/j.1600-0447.2012.01826.x.

Schuck, A. R. T., & de Vreese, C. H. (2006). Between risk and opportunity: News framing and its effects on public support for EU enlargement. *European Journal of Communication*, *21*(5), 5-32.

Scorsese, M. (Director). (1990). *Goodfellas* [Motion picture]. Hollywood, CA: Warner Brothers.

Scott, D., & Enander, A. (2017). Postpandemic nightmare: A framing analysis of authorities and narcolepsy victims in Swedish press. *Journal of Contingencies and Crisis Management*, *25*(2), 91-102. DOI: 10.1111/1468-5973.12127.

Scott, M. (2012). WordSmith Tools version 6. Stroud, United Kingdom: Lexical Analysis Software.

Scott, R. (2001, October 7). Verdict is madness. *Sunday Mirror*, p. 14.

See Me Scotland Campaign. Retrieved from http://www.seemescotland.org.uk/positivereporting/mediaguidelinesforstigmastopwatchers.

Sharac, J., McCrone, P., Clement, S., & Thornicroft, G. (2010). The economic impact of mental health stigma and discrimination: A systematic review. *Epidemiologia e Psichiatria Sociale*, *19*(3), 223-232. DOI: 10.1017/S1121189X00001159.

Shattell, M. M. (2009). Stigmatizing language with unintended meanings: "Persons with mental illness" or "mentally ill persons"? *Issues in Mental Health Nursing*, *30*(3), 199-199. DOI: 10.1080/01612840802694668.

Shaw, A. (2001, October 5). That's good; Josie reaction as evil Stone caged. *Daily Mirror*, pp. 2-3.

Shedler, J., Beck, A., Fonagy, P., Gabbard, G. O., Gunderson, J., Kernberg, O., … Westen, D. (2010). Personality disorders in DSM-5. *American Journal of Psychiatry*, *167*(9), 1026-1028.

Shefer, G., Henderson, C., Frost-Gaskin, M., & Pacitti, R. (2016). Only making things worse: A qualitative study of the impact of wrongly removing disability benefits from people with mental illness. *Community Mental Health Journal*, 1-8. DOI: 10.1007/s10597-016-0012-8.

Shen, F. (2004). Chronic accessibility and individual cognitions: Examining the effects of message frames in political advertisements. *Journal of Communication*, *54*(1), 123-137. DOI: 10.1093/joc/54.1.123.

Shift. (N.D.). Reporting mental health and suicide. A resource for journalists and editors. Retrieved from: http://www.staffs.ac.uk/assets/What's%20the%20story%20reporting%20mental%20health%20and%20suicide%20%5BEN%5D_tcm44-76725.pdf

Short, V., Lennox, C., Stevenson, C., Senior, J., & Shaw, J. (2012). *Mental illness, personality and violence: A scoping review.* Retrieved from: http://www.ohrn.nhs.uk.

Sibley, P. (2002, July 31). Let Brady starve to death. *Daily Mirror*, p. 19.

Sieff, E. M. (2003). Media frames of mental illnesses: The potential impact of negative frames. *Journal of Mental Health*, *12*(3), 259-269. DOI: 10.1080/0963823031000118249.

Simon, W. (2009). Follow-up psychotherapy outcome of patients with dependent, avoidant and obsessive-compulsive personality disorders: A meta-analytic review. *International Journal of Psychiatry in Clinical Practice*, *13*(2), 153-165. DOI: 10.1080/13651500802570972.

Singh, A., Mattoo, S., & Grover, S. (2016). Stigma associated with mental illness: Conceptual issues and focus on stigma perceived by the patients with schizophrenia and their caregivers. *Indian Journal of Social Psychiatry*, *32*(2). DOI: 10.4103/0971-9962.181095.

Singh, G. K., & Siahpush, M. (2016). Inequalities in US life expectancy by area unemployment level, 1990-2010. *Scientifica*, 2016, 8290435.

Singh, S. P., Paul, M., Parsons, H., Burns, T., Tyrer, P., Fazel, S., ... & Thana, L. (2017). A prospective, quantitative study of Mental Health Act assessments in England following the 2007 amendments to the 1983 act: Did the changes fulfil their promise? *BMC Psychiatry*, *17*(1), 246. DOI: 10.1186/s12888-017-1391-2.

Skodol, A. E., Clark, L. A., Bender, D. S., Krueger, R. F., Morey, L. C., Verheul, R., ... & Oldham, J. M. (2011). Proposed changes in personality and personality disorder assessment and diagnosis for DSM-5 Part I: Description and rationale. *Personality disorders: Theory, research, and treatment*, *2*(1), 4. DOI: 10.1037/a0021891.

Skodol, A. E., Gunderson, J. G., Shea, M. T., McGlashan, T. H., Morey, L. C., Sanislow, C. A., ... & Pagano, M. E. (2005). The collaborative longitudinal personality disorders study (CLPS): Overview and

implications. *Journal of Personality Disorders*, *19*(5), 487-504. DOI: 10.1521/pedi.2005.19.5.487.

Slade, N., & Longden, E. (2015). Empirical evidence about recovery and mental health. *BMC Psychiatry*, *15*(1), 285.

Smith, R. (2001, February 17). Killer cut out liver. *Daily Mirror*, p. 17.

Smith, R. (2009, April 2). Beach killer sent pic of victim on mobile. *Daily Mirror*, p. 21.

Smith, R. (2012, November 3). Christian Slayer. *Daily Mirror*, pp. 14-15.

Smith, R. J. (2011). Goffman's interaction order at the margins: Stigma, role, and normalization in the outreach encounter. *Symbolic Interaction*, *34*(3), 357-376. DOI: 10.1525/si.2011.34.3.357.

Soar, M. (2007). The bite at the beginning: Encoding evil through film title design. In M. F. Norden (ed.), *The changing face of evil in film and television* (pp. 1-16). New York, NY: Rodopi Publishers.

Solomon, C., Stein, M. B., & Sareen, J. (2015). Generalised anxiety disorder. *The New England Journal of Medicine*, *373*(21), 2059-2068. DOI: 10.1056/NEJMcp1502514.

Solomon, C., & Taylor, W. (2014). Depression in the elderly. *The New England Journal of Medicine*. *371*(13), 1228-1236. DOI: 10.1056/NEJMcp1402180.

Sontag, S. (1978). *Illness as metaphor*. New York, NY: Farrar Straus & Giroux.

Spencer, J. W. (2005). It's not as simple as it seems: Ambiguous culpability and ambivalent affect in news representations of violent youth. *Symbolic Interaction*, *28*(1), 47-65. DOI: 10.1525/si.2005.28.1.47.

Springer, S. A., & Harwood, J. (2015). The influence of episodic and thematic frames on policy and group attitudes: Mediational

analysis. *Human Communication Research*, *41*(2), 226-244. DOI: 10.1111/hcre.12045.

Stalker, K., Ferguson, I., & Barclay, A. (2005). 'It is a horrible term for someone': service user and provider perspectives on 'personality disorder'. *Disability & Society*, *20*(4), 359-373. DOI: 10.1080/09687590500086443.

Stark, C., Paterson, B., & Devlin, B. (2004). Newspaper coverage of violent assault by a mentally ill person. *Journal of Psychiatric and Mental Health Nursing*, *11*, 635-643. DOI: 10.1111/j.1365-2850.2004.00743.x.

Steets, S. (2016). Taking Berger and Luckmann to the realm of materiality: Architecture as a social construction. *Cultural Sociology*, *10*(1), 93-108. DOI: 10.1177/1749975515616652.

Steidley, T., & Colen, C. G. (2017). Framing the gun control debate: Press releases and framing strategies of the National Rifle Association and the Brady campaign. *Social Science Quarterly*, *98*(2), 608-627. DOI: 10.1111/ssqu.12323.

Steingrimsson, S., Sigurdsson, M. I., Gudmundsdottir, H., Aspelund, T., Magnusson, A. (2016). Mental disorder, imprisonment and reduced life expectancy – A nationwide psychiatric inpatient cohort study. *Criminal Behaviour and Mental Health*, *26*(1), 6-17. doi:10.1002/cbm.1944

Steptoe, A., Shankar, A., Demakakos, P., & Wardle, J. (2013). Social isolation, loneliness, and all-cause mortality in older men and women. *Proceedings of the National Academy of Sciences of the United States of America*, *110*(15), 5797-5801. doi:10.1073/pnas.1219686110

Stern, A. (1938). Psychoanalytic investigation and therapy in the borderline group of neuroses. *Psychoanalytic Quarterly*, *7*, 467-489.

Stewart, A. (2016). *Basic statistics and epidemiology: A practical guide.* (*4th* ed.). Boca Raton, FL: CRC Press.

Stott, R. (2001. October 7). Verdict is madness. *Sunday Mirror*, p. 14.

Stroud, J., & Parsons, R. (2013). Working with borderline personality disorder: A small-scale qualitative investigation into community psychiatric nurses' constructs of borderline personality disorder. *Personality and Mental Health*, *7*(3), 242-253. DOI 10.1002/pmh.1214.

Sullivan, G. M., & Feinn, R. (2012). Using effect size—or why the P value is not enough. *Journal of Graduate Medical Education*, 4(3), 279-282. DOI: 10.4300/JGME-D-12-00156.1.

Sullivan, M. (2001, February 13). Court mum's lunge at son's devil killer. *The Sun,* p. 17.

Sullivan, M. (2006, March 9). Most dangerous inmate ever seen. *The Sun,* p. 12.

Sullivan, M., & Parker, N. (2010, August 3). Perv lifer dies after 'beating' in jail cell. *The Sun*, p. 4.

Sun, S. (2011). Meta-analysis of Cohen's kappa. *Health Services and Outcomes Research Methodology*, *11*(3-4), 145. DOI: 10.1007/s10742-011-0077-3.

Svartberg, M., Stiles, T. C., & Seltzer, M. H. (2004). Randomized, controlled trial of the effectiveness of short-term dynamic psychotherapy and cognitive therapy for cluster C personality disorders. *American Journal of Psychiatry*, *161*(5), 810-817. DOI: 10.1176/appi.ajp.161.5.810.

Syson, N. (2001, July 5). Psychopath. *The Sun,* p. 7.

Taylor, A. (2010, December 22). Human hater; crossbow cannibal: he's just bad, not mad, making of a monster. *The Sun.,* p. 2.

Taylor, A. (2012, July 12). The Exorcist; why was Casey's killer free? Twisted & demon obsessed…brother says she is like…*The Sun,* pp. 12-13.

Taylor, S. M., & Dear, M. J. (1981). Scaling community attitudes toward the mentally ill. *Schizophrenia Bulletin*, *7*(2), 225. DOI: 10.1093/schbul/7.2.225.

Temple, L. (2003, October 23). So evil; ex-squaddie jailed for life after stabbing 18-month-old to death. *Daily Mirror*, p. 19.

Thomas, D. R., & Hodges, I. D. (2010). *Designing and managing your research project: Core skills for social and health research*. Thousand Oaks, CA: Sage.

Thornicroft, G. (2006). *Shunned: Discrimination against people with mental illness*. Oxford, United Kingdom: Oxford University Press.

Thornicroft, G. (2008). Stigma and discrimination limit access to mental health care. *Epidemiology and Psychiatric Sciences*, *17*(1), 14-19. DOI: 10.1017/S1121189X00002621.

Thornicroft, A., Goulden, R., Shefer, G., Rhydderch, D., Rose, D., Williams, P., ... & Henderson, C. (2013). Newspaper coverage of mental illness in England 2008-2011. *The British Journal of Psychiatry*, *202*(s55), s64-s69. DOI: 10.1192/bjp.bp.112.112920.

Thornton, J. A. A., & Wahl, O. (1996). Impact of a newspaper article on attitudes towards mental illness. *Journal of Community Psychology*, *24*, 17-25. DOI: 10.1002/(SICI)1520-6629(199601)24:1<17::AID-JCOP2>3.0.CO;2-0.

Thornton, L. (2010, December 22). Cut up and eaten. *Daily Mirror*, pp. 4-5.

Thornton, L. (2012, July 12). She claimed demons were driving her to murder and begged docs for help..so why was she free to kill a 13-year-old? Casey maniac gets 22yrs. *Daily Mirror*, p. 11.

Time to Change. (2012, June 26). *Media Film*. Retrieved from: https://www.youtube.com/watch?v=rF0uGCIm_6w&feature=youtu.be.

Time to Change. (No Date). *Media guidelines*. Retrieved from: http://www.time-to-change.org.uk/sites/default/files/imce_uploads/TtC%20Media%20Leaflet%20NEWS%20(2).pdf

Torgersen, S., Myers, J., Reichborn-Kjennerud, T., Røysamb, E., Kubarych, T. S., & Kendler, K. S. (2012). The heritability of Cluster B personality disorders assessed both by personal interview and questionnaire. *Journal of Personality Disorders*, *26*(6), 848-866. DOI: 10.1521/pedi.2012.26.6.848.

Toscano, M. E., & Maynard, E. (2014). Understanding the link: 'Homosexuality,' gender identity, and the DSM. *Journal of LGBT Issues in Counseling, 8*(3), 248-263. DOI: 10.1080/15538605.2014.897296.

Touri, M., & Kostarella, I. (2017). News blogs versus mainstream media: Measuring the gap through a frame analysis of greek blogs. *Journalism*, *18*(9), 1206-1224. DOI: 10.1177/1464884916648097.

Touri, M., & Koteyko, N. (2015). Using corpus linguistic software in the extraction of news frames: Towards a dynamic process of frame analysis in journalistic texts. *International Journal of Social Research Methodology*, *18*(6), 601-616. DOI: 10.1080/13645579.2014.929878.

Travis, A. (2000, July 24). Vigilance – or vigilante justice. *The Guardian.* Retrieved from: https://www.theguardian.com/uk/2000/jul/24/alantravis

Treloar, A. C. (2009). A qualitative investigation of the clinician experience of working with borderline personality disorder. *New Zealand Journal of Psychology*, *38*(2), 30-34.

Tribble, C. (2010). What are concordances and how are they used? In A. O'Keeffe & M. McCarthy (eds.), *The Routledge handbook of corpus linguistics*. London, United Kingdom: Routledge.

Tsang, H. W. H., Ching, S. C., Tang, K. H., Lam, H. T., Law, P. Y. Y., & Wan, C. N. (2016). Therapeutic intervention for internalized stigma of severe mental illness: A systematic review and meta-analysis. *Schizophrenia Research*, *173*(1-2), 45-53. DOI: 10.1016/j.schres.2016.02.013.

Tversky, A., & Kahneman, D. (1986). Rational choice and the framing of decisions. *The Journal of Business*, *59*(4), 251-278. DOI: 10.1086/296365.

Tyrer, P. Coombs, N., Ibrahimi, F., Mathilakath, A., Bajaj, P., Ranger, M., … Din, R. (2007). Critical developments in the assessment of personality disorder. *British Journal of Psychiatry*, *190*(suppl. 49), s51-s59. DOI: 10.1192/bjp.190.5.s51.

Tyrer, P., Duggan, C., Cooper, S., Crawford, M., Seivewright, H., Rutter, D., … Barrett, B. (2010). The successes and failures of the DSPD experiment: The assessment and management of severe personality disorder. *Medicine, Science and the Law*, *50*, 95-99. DOI: 10.1258/msl.2010.010001.

Tyrer, P., Reed, G. M., & Crawford, M. J. (2015). Personality disorder 1. Classification, assessment, prevalence, and effect of personality disorder. *Lancet, 385*, 717-726. DOI: 10.1016/S0140-6736(14)61995-4.

University of Lancaster. (2014). Log-likelihood calculator. Retrieved from: http://ucrel.lancs.ac.uk/llwizard.html).

University of York Centre for Reviews and Dissemination. (2008). Systematic reviews: CRD's guidance for undertaking reviews in health care. Available at: https://www.york.ac.uk/media/crd/Systematic_Reviews.pdf.

Uppal, G., & McMurran, M. (2009). Recorded incidents in a high-secure hospital: A descriptive analysis. *Criminal Behaviour and Mental Health*, *19*(4), 265-276. DOI: 10.1002/cbm.741.

Vadrot, A. B. M. (2017). Knowledge, international relations and the structure-agency debate: Towards the concept of "epistemic selectivities". *Innovation: The European Journal of Social Science Research*, *30*(1), 61. DOI: 10.1080/13511610.2016.1226787.

Vahabzadeh, A., Wittenauer, J., & Carr, E. (2011). Stigma, schizophrenia and the media: Exploring changes in the reporting of schizophrenia in major US newspapers. *Journal of Psychiatric Practice*, *17*(6), 439-446. DOI: 10.1097/01.pra.0000407969.55098.55.

Van Erkel, P. F., & Thijssen, P. (2016). The first one wins: Distilling the primacy effect. *Electoral Studies*, *44*, 245-254. DOI: 10.1016/j.electstud.2016.09.002.

Van Gorp, B. (2005). Where is the frame? Victims and intruders in the Belgian press coverage of the asylum issue. *European Journal of Communication*, *20*(4), 484-507. DOI: 10.1177/0267323105058253.

Van Gorp, B. (2007). The constructionist approach to framing: Bringing culture back in. *Journal of Communication*, *57*, 60-78. DOI: 10.1111/j.1460-2466.2006.00329.x.

Van Gorp, B., & van der Goot, M. J. (2012). Sustainable food and agriculture: Stakeholder's frames. *Communication, Culture & Critique*, *5*, 127-148. DOI: 10.1111/j.1753-9137.2012.01135.x.

Van Gorp, B., & Vercruysse, T. (2012). Frames and counter-frames giving meaning to dementia: A framing analysis of media content. *Social*

Science and Medicine, 74, 1274-1281. DOI: 10.1016/j.socscimed.2011.12.045.

Van Hoecke, E. (2009). Icons in exile: The representation of mentally ill patients in British newspapers. *International Journal of Culture and Mental Health*, *2*(1), 29-37. DOI: 10.1080/17542860802560371.

Van Nieuwenhuizen, A., Henderson, C., Kassam, A., Graham, T., Murray, J., Howard, L. M., & Thornicroft, G. (2013). Emergency department staff views and experiences on diagnostic overshadowing related to people with mental illness. *Epidemiology and Psychiatric Science*, *22*, 255-262. DOI: 10.1017/S2045796012000571.

Veysey, S. (2014). People with a borderline personality disorder diagnosis describe discriminatory experiences. *New Zealand Journal of Social Sciences Online*, *9*(1), 20-35. DOI: 10.1080/1177083X.2013.871303.

Viera, J. A., & Garrett, J. (2005). Understanding inter-observer agreement: the Kappa statistic. *Family Medicine*, *37*(5), 360-363.

Virkki, T., Husso, M., Notko, M., Holma, J., Laitila, A., & Mäntysaari, M. (2015). Possibilities for intervention in domestic violence: Frame analysis of health care professionals' attitudes. *Journal of Social Service Research*, *41*(1), 6-24. DOI: 10.1080/01488376.2014.917449.

Vossen, M., Van Gorp, B., & Schulpen, L. (2016). In search of the pitiful victim: A frame analysis of Dutch, Flemish and British newspapers and NGO-advertisements. *Journal of International Development*. [Online publication]. DOI: 10.1002/jid.3235.

Wahl, O. E., Wood, A., & Richards, R. (2002). Newspaper coverage of mental illness: Is it changing? *Psychiatric Rehabilitation Skills*, *6*(1), 9-31. DOI: 10.1177/070674371305800208.

Wahl, O. F., Wood, A., Zaveri, P., Drapalski, A., & Mann, B. (2003). Mental illness depiction in children's films. *Journal of Mental Health*, *12*(3), 249-258. DOI: 10.1002/jcop.10072.

Wahl, O. F. (1995). *Media madness*. New Jersey, United States of America: Rutgers University Press.

Wakefield, J. C. (2014). Social construction, biological design, and mental disorder. *Philosophy, Psychiatry, & Psychology*, *21*(4), 349-355.

Walton, A. (2009, July 22). Psychos roam free inside Broadmoor. *Daily Star*, p. 2.

Wang, P. S., Angermeyer, M., Borges, G., Bruffaerts, R., Chiu, W. T., Girolamo, G., … Ustun, T. B. (2004). Delay and failure in treatment seeking after first onset of mental disorders in the World Health Organisation's World Mental Health Survey Initiative. *World Psychiatry*, *6*(3), 177-185.

Watson, A. C., Corrigan, P. W., Larson, J. E., & Sells, M. (2007). Self-stigma in people with mental illness. *Schizophrenia Bulletin*, *33*(6), 1312-1318. DOI: 10.1093/schbul/sbl076.

Waugh, W., Lethem, C., Sherring, S., & Henderson, C. (2017). Exploring experiences of and attitudes towards mental illness and disclosure amongst health care professionals: A qualitative study. *Journal of Mental Health*, *26*(5), 457-463. DOI: 10.1080/09638237.2017.1322184.

Weaver, D. A., & Bimber, B. (2008). Finding news stories: A comparison of searches using LexisNexis and Google News. *Journalism & Mass Communication Quarterly*, *85*(3), 515-530. DOI: 10.1177/107769900808500303.

Webber, M., Corker, E., Hamilton, S., Weeks, C., Pinfold, V., Rose, D., … Henderson, C. (2014). Discrimination against people with severe mental illness and their access to social capital: Findings from the Viewpoint survey. *Epidemiology and Psychiatric Sciences*, *23*(2), 155-165. DOI: 10.1017/S2045796013000243.

Wheeler, V. (2010, March 13). Did this monster murder 30 more? *The Sun,* pp. 30-31.

White, S., & Armstrong, J. (2004, August 2). Prison gang's knife plot to murder Huntley; killer's on move after death bid. *Daily Mirror*, p. 15.

Whitehead, E. (2001). Teenage pregnancy: On the road to social death. *International Journal of Nursing Studies*, *38*(4), 437-446. DOI: 10.1016/S0020-7489(00)00086-9.

Whitehead, E., Carlisle, C., Watkins, C., & Mason, T. (2001). Historical developments. In T. Mason, C. Carlisle, C. Watkins & E. Whitehead (eds.), *Stigma and social exclusion in healthcare* (pp. 17-29). London, United Kingdom: Routledge.

Whiteley, S. (2004). The evolution of the therapeutic community. *Psychiatric Quarterly*, *75*(3), 233-248. DOI: 10.1023/B:PSAQ.0000031794.82674.e8.

Whitley, R., Adeponle, A., & Miller, A. R. (2015). Comparing gendered and generic representations of mental illness in Canadian newspapers: An exploration of the chivalry hypothesis. *Social Psychiatry and Psychiatric Epidemiology*, *50*(2), 325-333. DOI 10.1007/s00127-014-0902-4.

Whitley, R., & Berry, S. (2013). Trends in newspaper coverage of mental illness in Canada: 2005-2010. *Canadian Journal of Psychiatry*, *58*(2), 107-112. DOI: 10.1177/070674371305800208.

Whitley, R., & Wang, J. (2017). Good news? A longitudinal analysis of newspaper portrayals of mental illness in Canada 2005 to 2015. *The Canadian Journal of Psychiatry*, *62*(4), 278-285. DOI: 10.1177/0706743716675856.

Widiger, T. (2013). Changes in the conceptualisation of personality disorder: The DSM-5 debacle. *Clinical Social Work Journal*, *41*, 163-167. DOI 10.1007/s10615-012-0419-9.

Wilson, C., Nairn, R., Coverdale, J., & Panapa, A. (1999a). Mental illness depictions in prime-time drama: Identifying the discourse resources. *Australian and New Zealand Journal of Psychiatry*, *33*, 232-239. DOI: 10.1046/j.1440-1614.1999.00543.x.

Wilson, C., Nairn, R., Coverdale, J., & Panapa, A. (1999b). Constructing mental illness as dangerous: A pilot study. *Australian and New Zealand Journal of Psychiatry*, *33*, 240-247. DOI: 10.1046/j.1440-1614.1999.00542.x.

Wilson, D. (2011, July 11). The News of the World shouldn't claim Sarah's law has been a success. *The Guardian*. Retrieved from: https://www.theguardian.com/commentisfree/2011/jul/11/news-of-the-world-sarahs-law.

Wilson, L. C., Ballman, A. D., & Buczek, T. J. (2016). News content about mass shootings and attitudes toward mental illness. *Journalism & Mass Communication Quarterly*, *93*(3), 644-658. DOI: 10.1177/1077699015610064.

Wondemaghen, M. (2014). Legal narratives as significant news sources about mental illness and violent crime. *International Journal of Comparative and Applied Criminal Justice*, *38*(4), 343-372. DOI: 10.1080/01924036.2013.848219.

Wooding, D. (2006, March 24). Dangerous patient bill is scrapped. *The Sun,* p. 23.

Woolfe, F. (2006). *Mental Health Bill still not fit for the twenty-first century, says Alliance*. Retrieved from: http://www.mentalhealthalliance.org.uk/news/prbillpublished.html

World Health Organization. (1992). *The ICD-10 classification of mental and behavioural disorders: Clinical descriptions and diagnostic guidelines*. Geneva, Switzerland: World Health Organization.

Wright, K., & Furnham, A. (2015). How to spot a narcissist: Mental health literacy with respect to Narcissistic Personality Disorder. *Personality and Mental Health*, *9*(2), 150-161. DOI 10.1002/pmh.1277.

Wynne-Jones, R. (2011, July 21). Red-top redemption: Why tabloid journalism matters. *The Independent*, p. 5.

Xie, L. (2015). The story of two big chimneys: A frame analysis of climate change in US and Chinese newspapers. *Journal of Intercultural Communication Research*, *44*(2), 151-177. DOI: 10.1080/17475759.2015.1011593.

Yang, A. (2015). Building a cognitive-sociological model of stereotypes: Stereotypical frames, social distance and framing effects. *Howard Journal of Communications*, *26*(3), 254-274. DOI: 10.1080/10646175.2015.1049757

Yates, N. (2003, April 5). Nailbomber savagely beaten in Broadmoor; staff rescue race-hate killer Copeland. *Daily Mirror*, p. 29.

Zimmerman, M. (2011). A critique of the proposed rating system for personality disorder in DSM-5. *Journal of Personality Disorder,* 25(2), 206-221. DOI: 10.1521/pedi.2011.25.2.206.

Zito, J. (2007). *Memorandum submitted by The Zito Trust (MH 45).* Retrieved from: http://www.publications.parliament.uk/pa/cm200607/cmpublic/mental/memos/uc4502.htm.

Appendix 1. Literature Search Strategy

Literature search design

The literature search was undertaken informed by the Preferred Reporting Items or Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Moher *et al*., 2009).

Data collection

The literature was searched using the databases: CINAHL, MEDLINE, PsychInfo, Cochrane, Web of Science and Wiley Online. The search terms used were combinations of: newspaper, media, mental and psychiatr*. The review of the literature was undertaken throughout the duration of the study and the articles searched for were published between the dates 01.01.00 and 01.10.17. The results from this search are represented Table A1.

All articles were reviewed initially at the abstract. Any articles that met the inclusion criteria at the abstract were read through fully to identify if they also satisfied the exclusion criteria. Additionally, any articles that were referenced within the papers that appeared to meet the inclusion and exclusion criteria were sought through the University library services.

Table A1. Literature search results

Databases	Search Terms	Results
CINAHL, MEDLINE, PsycINFO	Newspaper AND Mental	27
	Newspaper AND Psychiatr*	5
	Media AND Mental	357
	Media AND Psychiatr*	130
Cochrane	Newspaper AND Mental	1
	Newspaper AND Psychiatr*	14
	Media AND Mental	59
	Media AND Psychiatr*	18
Web of Science	Newspaper AND Mental	33
	Newspaper AND Psychiatr*	7
	Media AND Mental	263
	Media AND Psychiatr*	126
Wiley Online	Newspaper AND Mental	6
	Newspaper AND Psychiatr*	4
	Media AND Mental	27
	Media AND Psychiatr*	30

Inclusion criteria:

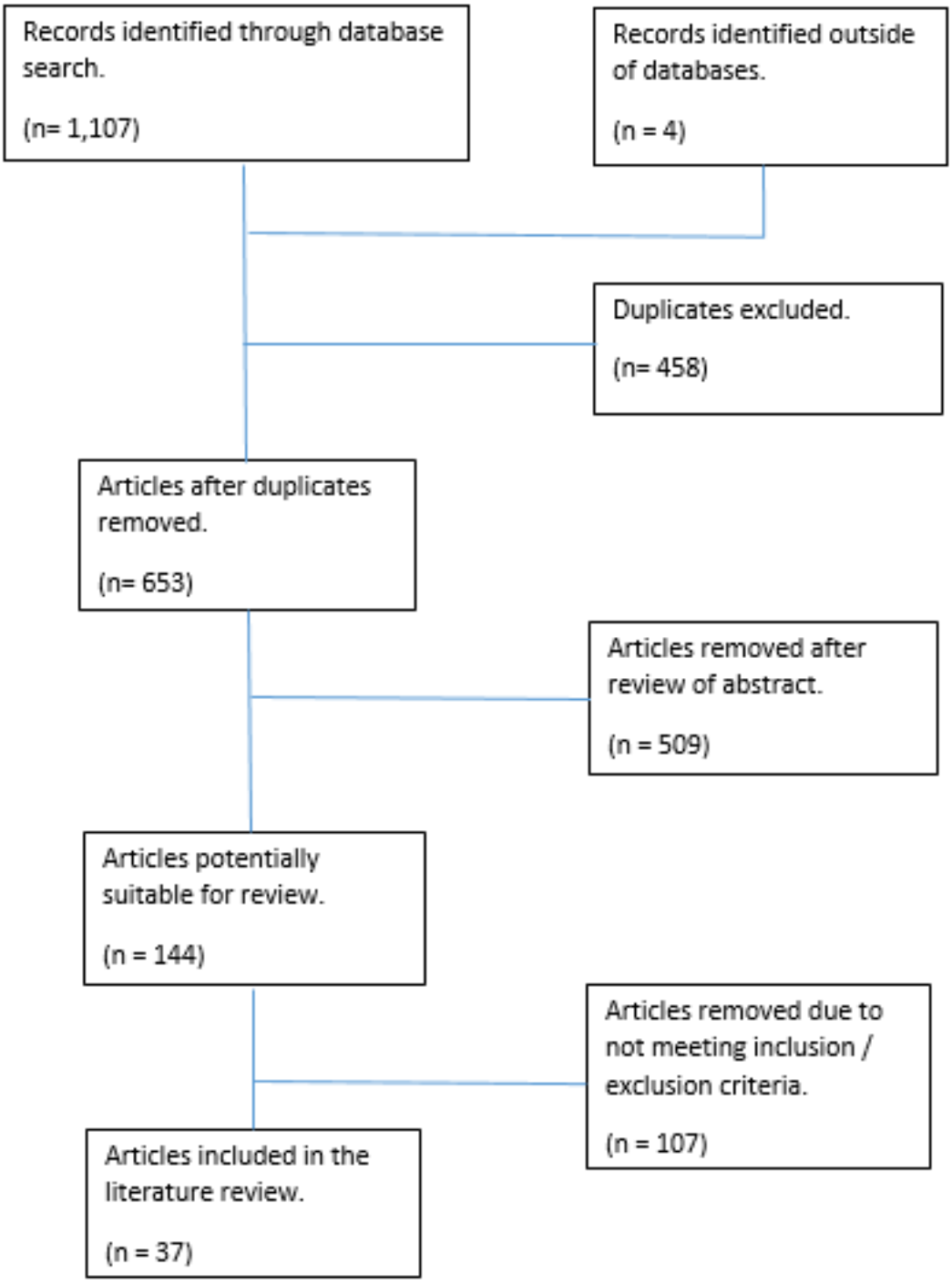
- Original research.
- Provides empirical data on the representation of mental health in the media.
- Published between the selected dates.

Exclusion criteria:

- Not written in English.
- No clearly articulated research process.
- No data specific to the category of homicide/ danger/aggression/crime.
- Not peer reviewed (including dissertations and theses).

The results of the search identified 37 articles that met the criteria. This process is represented in Figure A1.

Figure A1. PRISMA Flow diagram of selection of studies for inclusion in the review (Moher *et al.*, 2009)



Appendix 2: Literature Quality Assessment

The quantitative and qualitative studies were reviewed against different criteria. The quantitative studies were measured against criteria adapted from Greenhalgh (2006) and the University of York Centre for Reviews and Dissemination (2008). Issues of validity and reliability were informed by issues pertinent to content analysis and linguistic analysis. With regards to content analysis studies, emphasis was placed on the studies clearly addressing research validity through the presence of a conceptual model linking the findings to the wider society, e.g. stigma. The issues of reliability centred on the articulation of a coding framework that clearly met the criteria of analytic codes being comprehensive and mutually exclusive (Krippendorf, 2012). For studies that produced quantitative linguistic analysis, reliability was measured against the clear articulation of a research process informed by linguistic research (Baker, 2012). The results from this assessment are represented in Table A2.

The qualitative studies were assessed against criteria adapted from the Critical Appraisal Skills Programme (2013). The qualitative studies employed either discourse analytic or frame analysis approaches, and the issues of validity and reliability were assessed against their ability to clearly articulate the approach they used and demonstrate that they had been followed in the study. The results from this assessment are represented in Table A3.

Table A2. Quantitative studies quality assessment

Study	Explicit aims	Well described sample	Representative sample	Development of coding framework described	Coding framework available	Validity and reliability justified	Discussion of generalisability	Total score. Max 7.
Angermeyer & Schutze (2001)	Y	Y	Y	Y	N	N	Y	5
Aoki et al (2016)	Y	Y	Y	Y	Y	Y	Y	7
Aragones et al (2014)	Y	Y	Y	Y	Y	Y	Y	7
Cain et al. (2014)	Y	Y	Y	Y	Y	Y	Y	7
Calo & Baban (2013)	Y	Y	Y	Y	Y	N	N	5
Carpiniello et al (2007)	Y	N	N	N	N	N	Y	2
Clement & Foster (2008)	Y	Y	Y	Y	Y	N	Y	6
Corrigan et al. (2005)	Y	Y	Y	Y	Y	Y	Y	7
Dickens (2008)	Y	N	N	N	Y	N	N	2
Flynn et al. (2015)	Y	Y	Y	N	N	N	Y	4
Goulden et al. (2011)	Y	Y	N	Y	Y	Y	Y	6
Kalucy et al. (2015)	Y	Y	Y	Y	Y	Y	Y	7
Knifton & Quinn (2008)	Y	Y	N	Y	Y	N	Y	5
Koike et al. (2015)	Y	Y	N	Y	Y	Y	Y	6
Murphy et al. (2013)	Y	Y	N	N	N	N	Y	3
Nawka et al. (2012)	Y	Y	Y	Y	Y	Y	Y	7
Nakkova et al. (2012)	Y	Y	Y	Y	Y	Y	Y	7
Ottewell (2017)	Y	Y	N	Y	Y	Y	Y	6
Rhydderch et al. (2016)	Y	Y	Y	Y	N	Y	Y	6
Roberts et al. (2013)	Y	N	N	N	Y	Y	Y	4
Thornicroft et al. (2013)	Y	Y	Y	Y	N	Y	Y	6
Vahabzadeh & Wittenauer (2011)	Y	Y	N	N	N	N	Y	3
Wahl et al. (2002)	Y	Y	N	N	N	Y	Y	4
Whitely et al. (2015)	Y	Y	N	Y	N	N	Y	4
Whitely & Berry (2013)	Y	Y	N	Y	N	N	Y	4
Whitely & Want (2017)	Y	Y	N	Y	Y	N	Y	5

Table A3. Qualitative studies quality assessment

Study	Explicit aim	Qualitative method appropriate	Design appropriate	Data collection appropriate	Data analysis rigorous	Clear statement of findings	Research valuable	Total score. Max 7.
Bilic & Georgaca (2007)	Y	Y	Y	Y	Y	Y	Y	7
Blood (2002)	Y	Y	Y	Y	Y	Y	Y	7
Cummins (2010)	Y	Y	N	Y	N	Y	Y	5
Dickens (2008)	Y	Y	N	Y	N	Y	Y	5
Foster (2006)	Y	Y	N	Y	N	Y	Y	5
Kesic et al. (2012)	Y	Y	Y	Y	Y	Y	Y	7
McGinty et al. (2014)	Y	Y	Y	Y	Y	Y	Y	7
Nairn et al. (2006)	Y	Y	Y	Y	Y	Y	Y	7
Olstead (2002)	Y	Y	Y	Y	Y	Y	Y	7
Paterson (2006)	Y	Y	N	Y	N	Y	Y	5
Paterson (2007)	Y	Y	Y	Y	Y	Y	Y	7
Stark et al. (2004)	Y	Y	N	Y	N	Y	Y	5
Wondemaghen (2014)	Y	Y	Y	Y	Y	Y	Y	7

Appendix 3: Coding Manual

The category of homicide is informed by the Home Office description of homicide as including: “murder, manslaughter and infanticide” (2011, p. 22). Scots law also includes the sentence of ‘culpable homicide’ (ONS, 2012). So articles that identify someone with a personality disorder as having committed murder, manslaughter, infanticide or culpable homicide are included in the homicide category.

Reported court cases do not always state the charge or the sentence, so all articles in which it is stated that the person was accused or sentenced for killing someone are included, even if it is not stated that the person was sentenced for homicide etc.

Forging a link between personality disorder and homicide is not limited just to crime reporting and sentencing, so all articles where it is made explicit that a service is being used by people with personality disorder who had committed homicide are included.

Also included are articles where it is clearly stated that the police are pursuing enquiries about someone with a personality disorder having committed homicide, i.e. before having been formally charged.

As the objective of the content analysis is to identify all articles that contribute to the category of homicide, all articles that forge a link between personality disorder and homicide are included, irrespective of the relative weighting of that contribution compared to other themes within the article. If, for example, the focus of the article is on a broader issue such as mental health legislation, but the article also makes reference to someone who has committed homicide, then this is included. However, it has to be stated clearly in the article that the person committed homicide; just using the name of someone, who is relatively well-known for having committed homicide, is not sufficient.

Issues of overall tone are irrelevant to the inclusion and exclusion criteria, so articles are included in the homicide category irrespective of whether they take a sympathetic tone towards the person who has committed homicide.

All articles must be allocated to either a homicide or a non-homicide category.

Exclusion criteria:

- Crimes other than homicide e.g. attempted murder; sexual assault; torture; grievous bodily harm; or 'leaving someone for dead' where the victim does not die, are not be included unless the person also committed homicide.
- General comments about dangerousness, either about individuals or in relation to a service, without specific reference to homicide, e.g. references to a Dangerous and Severe Personality Disorder Unit (DSPD), would not be included unless there was specific mention of people in the unit having committed homicide.
- Association only with a homicide is not included, e.g. someone suffering with a personality disorder who is the partner of someone who commits murder would not be included.
- Article refers to a fictional rather than a real person.

Appendix 4: Publications and Conference Papers

During the course of the study I have taken the opportunity to publish and present material that has arisen from undertaking this thesis. These are listed below.

Peer reviewed papers

Bowen, M., & Lovell, A. (2013). Representations of mental health disorders in print media. *British Journal of Mental Health Nursing*, *2*(4), 198-202. DOI: 10.12968/bjmh.2013.2.4.198.

Bowen, M. L. (2016). Stigma: Content analysis of the representation of people with personality disorder in the UK popular press, 2001–2012. *International Journal of Mental Health Nursing*, *25*(6), 598-605. DOI: 10.1111/inm.12213.

Chapter in edited text

Bowen, M. (2014). Dangerous and severe personality disorder. In P. Taylor, K. Corteen, & S. Morley (eds), *A companion to criminal justice, mental health and risk*. Bristol, United Kingdom: Polity Press.

Conference and research seminar presentations

Bowen, M. (2011). *Media representations of mental health disorders*. International Network for Psychiatric Nursing Research, Keble College, Oxford.

Bowen, M. (2013). Stigma: Personality disorders in British redtop newspapers: 2001-2012. International Network for Psychiatric Nursing Research.

Bowen, M. (2015). Stigma: Personality disorder and homicide in popular UK press, 2001-2012. European Conference on Mental Health, Riga, Latvia.

Bowen, M. (2017). A symbolic interactionist perspective on the relationship between society, the press and individuals in the processes of stigmatisation of people with personality disorder. Postgraduate Conference, University of Chester, Faculty of Health and Social Care.