

GENDERED PORTRAYALS OF MENTAL HEALTH AND
MENTAL ILLNESS IN POPULAR MAGAZINES
IN THE UNITED STATES

by

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ABSTRACT

Research found that gendered stigma associated with mental health problems played an essential role in shaping public's perceptions about gender and mental illness. Magazines as a widely circulated printed media have long been understudied pertaining to the topic of mental health and mental health issues. This thesis explored the portrayals of mental health issues in four magazines (two men's magazines and two women's magazines) during a ten-year period from 2002-2011 through a content analysis. .

The current study examined the topics, cause and solution framing, sources cited, discourse type and message cues used in men's and women's magazines. Results indicated that magazines tended to cover general mental health terms such as stress or anxiety rather medically diagnosable illnesses such as depression. While these magazines were most likely to attribute mental illnesses to social causes, self-help was the solution most often proposed. Human interest discourse was more likely to be used than scientific discourse. Finally, magazines were more likely to use challenge code than stigma code in their coverage of mental illnesses.

Men's magazines and women's magazines differed primarily from each other in the sources cited and discourse types. Women's magazines seemed to cite more frequently expert sources than men's magazines, especially academic sources. Moreover, women's magazines employed more scientific discourse than men's magazines. Limitations of this study were presented and future research directions were provided.

DEDICATION

This thesis is dedicated to my family and my close friends. I give special thanks to my loving parents, whose encouragement and unconditional support made me feel loved and motivated throughout the entire master's program. I appreciate many friends for your help in the process of writing my thesis.

LIST OF ABBREVIATIONS AND SYMBOLS

| | |
|----------|---|
| n | Sample size; number of cases |
| p | Probability associated with the occurrence under the null hypothesis of a value as extreme as or more extreme than the observed value |
| RQ | Research Question |
| χ^2 | Chi-square distribution |

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CHAPTER 1

INTRODUCTION

Mental illnesses and the stigma associated are critical problems in the United States. According to the Mental Health Surveillance Study (MHSS) launched by Substance Abuse and Mental Health Services Administration (SAMHSA) (2011), around one out of five adults aged 18 or older in the United States suffer from some form of mental illness (SAMHSA, 2011). Mental illness is one of the leading causes of suicide and disability in the US (SAMHSA, 2011). Significant differences in the rate of severe mental disorders exist between women and men: women are more likely to suffer from depression, anxiety and somatic complaints, while men are diagnosed three times more than women for antisocial personality disorders (Asbury, 2001).

Stigma of Mental Illness

People with mental illnesses suffer from negative social attitudes which result from stigma and misconceptions of mental health problems (Corrigan & Penn, 1999; Klin & Lemish, 2008). In general, stigma is defined as a mark characterized by disgrace or discredit. Such marks exclude the person bearing these marks both socially and physically from the community (Byrne 2001). In other words, stigma creates the tendency to identify a person only by his/her “stain” rather than other traits this particular person possesses (Goffman, 1963). In all societies, stigma exists in order to identify (or label) and exclude those who are “the others” (Gilman, 1988, 1995; Haghghat, 2000; Shakespeare, 1994; Stangor & Crandall, 2000; Wedding & Boyd, 1999).

People with mental illness are often considered as dangerous and violent (Allen & Nairn, 1997; Angermeyer & Matschinger, 1996; Philo, 1997; Sieff, 2003; Wahl, 1995; Wahl, 2004; Wahl & Lefkowitz, 1989). Abusive words are repetitively used in media coverage of the mental ill, for example, nuts, psycho, crazy, loony, basket case, etc (Harper, 2005). Admittedly, studies do provide evidences that there is some correlation between certain violent behaviors and diagnosed mental illnesses, but people with mental illness are rarely related to severe violent crimes (Harper, 2005). As a result, fear of stigma and prejudice is now among the principle reasons for a postponed treatment or even the refusal for assistance (Jorm, 2000; Lipczynska, 2005; Philo & Secker, 1999). This could lead to higher risks of severe mental illnesses and larger social costs.

Stigma related to mental illnesses has a gender bias, such that men suffering from mental illnesses are often considered to be violent and dangerous, while women with mental illnesses are often thought to be dependent and incompetent (Ottati, Bodenhausen, & Newman, 2005; Wirth & Bodenhausen, 2009). Such a gender bias can arguably be attributed to the Western cultural tradition that constructs women's body and mind as defective and passive (Hurt, 2007). From ancient Greece until the late eighteenth century, the structures of male and female bodies were treated similarly in the study of medicine (Tavris, 1992). However, after the nineteenth century, the female body "was no longer seen as analogous to the male body, but as distinctly opposite, different" (Tavris, 1992, p.159). This trend has been developed into an ideology that as different and passive (Krieger & Fee, 1994).

Gender also plays an important role in perpetuating stigma of mental illness. According to Farina (1981), generally speaking, men suffer more from the stigmatized image or stigma of mental illness than women. Previous studies reported that the public believed that women were more likely to suffer from major depression than men (Kessler, 2003; Ussher,

2010), while men were more likely to be associated with the symptomatology of externalizing disorders and substance dependence (Grant, 1997).

Wirth and Bodenhausen (2009) found that gender moderated the relationship between mental illness and stigma. Through a national online survey experiment, they found that men and women with gender-atypical mental illnesses received less sympathy and less inclination to help than individuals with gender-typical mental illnesses. However, this study did not differentiate gender and sex and used the two terms interchangeably. Furthermore, the researchers did not explore intensively the socially constructed aspect of stigma of mental illness, because their definition of stigma focuses more on medical condition.

Social class is considered as another key factor influencing the stigma of mental illness (Harper, 2005). Previous studies found strong correlations between mental distress and poverty or low pay (Brown & Harris, 1978; Werner, Malaspina & Rabinowitz, 2007). Unemployment and substance abuse are also frequently associated with mental health problems (Clark & Oswald, 1994). In combination of gender bias discussed above, working-class women were considered four times likely to suffer from mental illnesses than women from other social class. (Brown & Harris, 1978).

Today, mass media has become an important source to perpetuate and distribute all the stigmas related to mental illnesses (Brodie, Foehr, Rideout, & Baer, 2001; Hafferty & Foster, 1994; Klin, 2001). The next section will focus on the relationship between media and the stigmatization of mental illness.

Media and the Stigmatization of Mental Illness

Media contribute to the process of stigmatization, because it cultivates, constructs and spreads the misperception and stereotypes related to the mentally ill (Brodie, Foehr, Rideout, & Baer, 2001; Hafferty & Foster, 1994; Klin, 2001). Jorm (2000) estimated that media consumption and interaction with people with mental illnesses represented two most

important sources of information about mental illness. A number of studies have examined the media portrayal of mental illness targeting at general audiences, such as newspaper and TV (e.g., Barnes & Earnshaw, 1993; Cloverdale, Nairn, & Claasen, 2001; Corrigan et al., 2004; Day & Page, 1986; Matas, el-Guebaly, Harper, Green, & Peterkin, 1986; Rochefort et al., 2002; Wahl, 1996; Wahl, Wood, & Richards, 2002; Williams & Taylor, 1995). However, in-depth research on how media contribute to the gendered stereotypes about mental illnesses still remains scant at this point. There are some essential factors needed to be considered when researching gender and stigma of mental illness, for example, media genre, narrative convention, information sources, etc. (Harper, 2005). According to Dyer (1982), various topics concerning health and illness are covered in women's magazines since twentieth century, such as psychological health, information about nutrition, etc. Harper (2005) proposed a possible explanation for the diversity and extensiveness of health topics covered in women's magazines. Women are regarded as an important target audience for knowledge and stories about mental disorders because women still exhibit their role as "health gatekeeper" in their family and relationships until now (Harper, 2005, p. 162). Furthermore, Bunton (1997) maintained that people have become more concerned about their health since 1950s and this increasing concern implied the increasing individualization of health issues. According to Foucault (2005), the increasing concern of one's well-being emerged when the society became increasingly industrialized. The society cultivated this ideology and value which contributed to the development of the society and became an integral part of the system of "biopower" (Foucault, 2005).

In an era, when women are exposed intensively to a more mediated context, it is of great importance to investigate how women's magazines cover topics pertaining mental health problems (Harper, 2005). Their perceptions about such issues could influence not only themselves, but also the whole family and their significant ones (Harper, 2005). Since studies

about how this discourse are presented and changed in men's magazines remains scant, the investigation of mental illness topics in men's magazine would be contributing to the scholarship. Furthermore, a comparative study of the coverage of mental illness in men's and women's magazines should be especially illuminating, because it shows how this topic is constructed differently or similarly in these two kinds of magazines..

In this paper, the portrayal of mental health problems in popular magazines will be examined through a content analysis by employing agenda setting theory, framing theory and the communication theory of stigma. This paper will also evaluate the differences of the construction of messages related to mental illness in women's magazine and men's magazine.

The following chapter provides the theoretical framework, literature review and some of the findings in existing studies. Detailed information of the research design, findings are included in Chapter 3. Discussion, limitations of the research and directions for future are addressed in Chapter 4 and Chapter 5.

CHAPTER 2

LITERATURE REVIEW

Media Portrayal of Mental Illness

Agenda-setting theory

According to the agenda-setting theory, media play an essential role in influencing what is the most important issue, how the audiences perceive those issues and what the decisions audiences will make (Scheufele, 1999). People are dependent on media to receive information about mental health disorders, so media has a profound influence on people's attitudes toward mental illnesses (Boreinstan, 1992; Ray & Hinnant, 2009; Slopen et al. 2007). Furthermore, media not only plays an important role in shaping the public's perceptions about mental illness, but also influences policies on mental illness (Slopen et al., 2007). This effect would not only influence the public at large, but also affect deeply everyday life of people with mental illness. Jorm (2000) reported that one third of the information about mental disorders came from media. Similarly, Borinstein (1992) reported 74% of people said they received information or stories concerning mental illness in magazines.

Besides influencing public's perception about how important the issue of mental health is, media also tells audiences what the major mental illnesses afflicting the general populations are. Newspapers paid most attention to antisocial behavior, depression, schizophrenia and anxiety in terms of adult mental illness (Slopen, Watson Gracia & Corrigan, 2007). Hence I ask the first two research questions (RQs):

RQ1: To what extent is mental health covered in popular magazines?

RQ2: What are the major mental illnesses covered in popular magazines?

Theory of framing

Theory of framing examines the relationship between mediated portrayal of the reality and the public's perception and impression about the world (Goffman, 1974). Media shape public's perception about a certain topic by selectively highlighting some aspects and downplaying other aspects of the issue.

First, causes and solutions constitute an essential part in constructing the image of mental disorders and provide important answers to the mental health issues. Cause framing refers to how media construct the cause of a condition and who should be blamed (Entman, 1993). For example, people tended to blame obese people if their obesity was caused by controllable factors, such as personal behaviors; but if obesity was attributed to uncontrollable factors, such as genetic cause or environmental causes, people were more willing to offer help and exhibited more positive attitudes (Jeong, 2007).

Cause framing and solution framing helps people to understand who should be responsible for mental illness and what kind of solutions are proposed by media. Existing studies consistently reported the frequent attribution to external causes for mental illness. Linsky (1970) reported external (eg. environmental and economic factors) causes was prominently attributed in magazines from 1966-1900. Similarly, Clarke (2011) found that environmental cause is one of the two most frequently attributed causes for childhood depression. Media's attributions not only influence audiences' attitude and decision, it also provide the audience a sense of security and optimism (Conard, 2001), because if the cause of the illness is found, mental illness could be understood (Cumming & Cumming, 1957), treated and prevented. Although causes of adult mental illness are covered less frequently, environmental factors and genetic/biological factors took up respectively 10.1% and 4.6% in

all the collected articles on adult mental illness, while moral critique and blame on the individual with mental illness was found largely absent (Slopen et al., 2007).

In terms of solution framing, Slopen et al. (2007) acknowledged that biological treatment, psychosocial treatment, the general use of word “treatment” and research advances were covered respectively in 19.2%, 14.2%, 50.0% and 1.8% of all articles collected from all large-scale American daily newspapers in 2002.

Cause framing in women and men’s magazines is understudied at this point. However, it is important to investigate this issue because it not only reflect media’s influence on public’s attitude but also could be a reflection of the receptivity and the change of their perception of mental illness. Thus another research question is asked as follow:

RQ3: How is mental health framed in popular magazines in terms of causes and solutions?

Source framing refers to the process in which the credibility and authority of an information source are constructed in the media and accepted by the audiences (Entman, 1993). Wheeler et al. (1999) found that mental illness was perceived as contagious among audiences when they received information from a fictional source. In terms of non-fictional sources of mental illness, the most prominent sources in newspaper were health experts (Slopen et al., 2007). Nawkova et al. (2012) found that mental health professionals was cited by one-third of the articles collected from six most widely read newspapers and magazines in three Central European countries in 2007 and 61.6% of the articles with positive attitudes towards mental illness.

However, the opinion of people with mental illness was inadequately presented in the media. Nawkova et al. (2012) found that only 10% in all collected articles from newspaper quoted the opinion of people with mental disorder. Similarly, Wahl (2000) reported the limited availability in the use of people with a disorder or their relatives in magazines.

Although medical sources provided valuable information about mental disorders, it undermined the social and environmental factors that influenced the daily experience and life of people with mental illness (Wahl, 2000).

Understanding source framing in media coverage of mental illness is important for several reasons. First of all, people were found to have insufficient knowledge about mental illnesses and the desire to know more triggered the need for credible information from professionals and media (Nunnally, 1961; Borinstein, 1992; Ray & Hinnant, 2009). Secondly, while Americans are unlikely to receive information about mental illnesses from professionals (Borinstein, 1992), people turned to media as a prominent source of knowledge about mental illnesses. This imbalanced or even absent information from different sources could lead to further distance and stigmatizing portrayal of mental disorders. Therefore another research question is proposed as follow:

RQ4: What are the sources cited in popular magazines' coverage of mental health and mental illnesses?

Finally, an examination of the discourse (human interest discourse vs. scientific discourse) used in the portrayal of mental illness is due. Human interest discourse “brings a human face or an emotional angle to the presentation of an event, issue, or problem” (Semetko & Valkenburg, 2000, p. 95). Therefore the audiences' interests could be triggered and increased (Bennett, 1995). Conard (2001) reported that “many newspapers and magazines have special science sections that regularly report and showcase medical and scientific findings” (p. 229). Comparing to human interest discourse, scientific discourse leads to objectivity, credibility and authority (Clarke, 2012). Hence the next RQ:

RQ5: To what extent is the human interest discourse and scientific discourse used in the portrayal of mental illnesses in popular magazines?

Media and Stigma of Mental Illness

Stigmatization is the process of marking someone for his/her discrediting or questionable status (Goffman, 1963). The process of stigma is accompanied with stereotyping, prejudice, discrimination and generates social order (Foucault, 1977). A person can be marked because of his physical, social and moral status (Ashforth & Kreiner, 1999). From a sociofunctional perspective, when someone exhibits characteristics that are threatening or that could potentially prohibit their group from functioning effectively, the group as a whole will stigmatize these individuals to protect the collective benefits (Neuberg et al., 2000, p. 34). For example, people legally punish and banish thieves, cheaters or traitors, who threats the community by taking limited group resources and even provide these resources to other competitors or competing group (Neuberg et al., 2000; Smith, 2007).

In particular, people with mental illness are perceived as dangerous, violent, incompetent and in need of hospitalization (Corrigan, Leonhard, Lundin, & Kubiak, 2004; Gerbner, 1998; Glasson, 1996; Reinke & Corrigan, 2005; Link & Phelan, 2001; Ottati, Bodenhausen, & Newman, 2005; Philo, 1996; Wahl, 1999, Wahl, 2003). Admittedly there is correlation between some violent behaviors and diagnosed mental illnesses; however, people with mental illness are rarely related to severe violence crime (Harper, 2005). However, people with mental illness are more likely to get to the headline in the media when “negative image” are related to them (Harper, 2005).

Associating mental illness with violence fosters the negative attitude towards the mentally ill and creates social distance and social exclusion (Angermeyer & Matschinger, 1996; Philo, 1997; Wahl, 2004; Wahl & Lefkowitz, 1989). Farina (1981) indicated that people’s attitude toward the mentally disordered were even worse than a leper. In particular, people would think “an insane person” to be “more dangerous, insecure, unpredictable, bad, tense and foolish” (p. 224).

The media contributes to the construction and maintenance of stigmas associated with the mentally ill. The language used is very problematic when media construct the image the mentally ill, such as nuts, psycho, and crazy (Harper, 2005). Moreover, 75 percent of news stories associated with people with mental illness accentuated the violent behaviors (Shain and Phillips, 1991). From a visual aspect, the mad is portrayed very differently from “normal people” and they are also perceived as similar to what they should look like in terms of their behaviors, reactions and even appearances. Porter (1991) contended that the theories of physiognomy perpetuated the assumption that people with mental disorders would exhibit a totally different look than others, because the evil possessing their mind and body would reduce those individuals to a bestial nature.

In the process of constructing and distributing the image of people with mental disorder, there could be two formats used in the communication of stigma: challenge format and stigma format (Smith, 2007). The repetitive exposure to different formats would impact the audiences’ attitude toward mental illnesses (Bilandzic & Busselle, 2008; Gerbner, Gross, Jackson-Beeck, Jeffries-Fox, & Signorielli, 1978).

According to Smith (2007), stigma codes and challenge codes were both important cues which influencing people’s perception and attitudes toward people with mental illness. Stigma communication is based on a mark which stimulates the categorization, the avoidance, the triggered feeling of threat and the reminders of self-protection with an intention to guard the collective benefits (Smith, 2007). Stigma codes include marks, social exclusion, responsibility (e.g. those stigmatized people choose their stigmatized condition), labeling (e.g. communities affix labels which stress that this is a separate social entity in and of itself), peril (e.g. the perceived danger that a stigmatized group poses to the rest of the community) (Smith, 2007).

Messages accentuating optimism, hope, social inclusion, personification and fight are considered containing challenging codes (Smith, 2007). Compared to stigma codes, challenge codes cultivate different even opposite attitude toward mental illnesses (Smith, 2007).

Challenge codes include cues of optimism (e.g. people showing smiling or other optimistic messages), hope (e.g. message that emphasized success), social inclusion (e.g. us-language), personification of the health concern (e.g. placed the illness as the subject or direct object of their sentences I am a stroke) and combat (e.g. to fight) (Smith, 2007).

Hence I ask the next RQ:

RQ6: To what extent is the challenge format and the stigma format used in the coverage of mental illnesses in popular magazines?

Gender and Media Portrayal of Mental Illness

People with mental illness are perceived differently based on their gender: men are often considered to be violent and dangerous, while women are often thought to be dependent and incompetent (Ottati, Bodenhausen, & Newman, 2005; Wirth & Bodenhausen, 2009). It is important to investigate the role of gender, because it could potentially enlarge the social status distance and affect audiences' attitude toward people with mental illness and with different gender. A study on gender bias of mental disorder contended that public exhibited more positive attitude when the person had the kind of mental disorder which was stereotypically consistent with the person's gender (Wirth & Bodenhausen, 2009). In the following paragraphs, stigma associated with women and men will be discuss respectively, the socio-cultural root of each gendered stigma of mental illness and their effects on public's attitude will also be discussed.

First of all, mental illness has long been associated with women (Meyer et al., 2011). The conception of disciplining could be the origin of the association between women and

mental illness (Foucault, 1977). Theoretically, disciplining is defined as a power which "implies an uninterrupted, constant coercion, supervising the process of the activity rather than its result and it is exercised according to a codification that partitions as closely as possible time, space, movement" (Foucault, 1977, p.137). The force of disciplining and the disciplinary institutions created the "submissive body" and "docile" aspect of women. Schools, prisons, hospitals and the military, etc. are all considered as the place where the force of disciplining originates.

In terms of the disciplining of women and their body, Bordo (1993) argued that historically the female has long been controlled and oppressed by this durable strategy of disciplining regardless of their age, class, race and sexual orientation. Moreover, women and women's body become more and more adapted to the control and discipline (Bordo, 1993). In fact, this control was found to be quite effective: women are spending more and more time in managing and disciplining their body and now the time they spend is much more than any other time in history (Bordo, 1993). With these studies indicated, it is fair to predict that women's magazines would provide much more information and discussion about the control of their body and mind.

According to Ottati, Bodenhausen and Newman (2005), people with mental illness are portrayed as violent, dangerous, dependent and incompetent. The gender bias associating with mental illness suggests that dependence is more likely to be portrayed as femininity, while violence and danger are more likely to be associate with mentally disordered male (Ottati et al., 2005). The stigmatizing portrayal deeply influences the audiences' attitudes towards people with mental disorders. Farina (1981) stated female patients were treated better than male patients, because danger was a major factor affecting people's attitudes and behavior toward people with mental disorder. Even though numerous studies have shown that, in most cases but not all, people would treat women with mental illness more favorably than men,

there was no evidence from the perspective of the patients that could prove this was how people actually do in reality (Farina, 1981). This study did not shed light on the discrepancy of people's behavior and attitude on this issue.

The media's portrayal of men with mental illnesses is quite different from that of women. In the history of Western theology, men's image was primarily governed by the free will he possessed (Glock, 1964). A man should not be vulnerable to the environment or any external factors (Glock, 1964). Hammen and Peters (1977) pointed out that if a man was depressed, people would feel the inconsistency between his mental condition and the appropriate role a man should play. As media attributed largely external factors as the cause of mental illnesses (Clarke, 2011; Linsky, 1970) and, as discussed before, men should exhibit their traditional gendered image, this could be another reason that men were constructed by the media to suffer much less mental illness than women. Sometimes, mental illness could even be a contributing character to a man's toughness (Harper, 2005). Harper (2005) maintained that "In many films, depressed man overcome psychic adversity by sheer strength of will" (p.190).

Moreover, development of modern medicine resulted in an increasing attention toward women's body. Hunt (2007) maintained that with different "advances" in medicine, increasing attention and medication focused on women's bodies served as a disabling power for the female. Grosz (1995) addressed that this increasing medicalization of the female body revealed a body depressed and controlled by the power. Women's bodies were treated as a component to a machine, thus were vulnerable to adjustment, removal or replacement (Grosz, 1995). Therefore it is widely accepted that women's bodies needed constant medical attention and monitoring (Hurt, 2007). Both the society and women themselves had the responsibility to constantly observe and monitor women's activities and their bodies (Hurt, 2007).

As the popular media is a powerful mechanism of discipline which imposes a passive image of female body and mind, women themselves are those who should be blamed for their depression because of their inability to handle depression (Hurt, 2007). So this study predicts that women's magazines would provide more self-help recommendations to resolve women's mental illness (including depression, anxiety, etc.).

Another important factor that brings about the increasing management and the preoccupation about women's body could be the "increasingly elusive and insidious" "modern disciplinarian" (Bartky, 1998). In Bartky's studies, the author argued that "The disciplinary power that inscribes femininity on the female body is everywhere and it is nowhere; the disciplinarian is everyone and yet no one in particular" (36). For a more generalized audiences, this discourse also creates a social norm and even a "reality" that women are more prone to get depression, anxiety and other kinds of mental illness by the repetition of the narratives and images (Metzl, 2003; Treichler, 1992).

In Gardner's (2007) work, the authors found that the ads for selective serotonin reuptake inhibitors (SSRIs) tended to target a broad population of middle-aged women, no matter they were working or non-working and in every possible channels from fashion or other women's magazines to TV dramas showed in both day and night-time. Moreover, there are new trends in the normalization of cultural ideas. For example, "These new forms of depression promotion become effective by mimicking women's cultural practices of telling stories to self-evaluate and drawing upon the empowerment language of feminism" (Gardner's, 2007, p.544). "Intended to make readers comfortable, the narrativized format mainstreams outdated social gender biases by cashing in on female celebrity as well as professionalism" (Gardner's, 2007, p.544).

As discussed above, women are socially and culturally constructed as the primary referent to depression and other kinds of mental illness. Another is stated as follow:

Based on the gendered portrayal of mental disorder, the final research question is proposed as follow:

RQ7: how do men's and women's magazine present mental illness differently in regard of gender and the image traditionally constructed for each gender?

CHAPTER 3

METHOD

Sampling

In this study, four popular magazines are chosen to collect articles from: *Glamour*, *Vogue*, *Gentlemen's Quarterly* and *Esquire*. In order to examine the differences of the portrayal of mental illness between men's magazine and women's magazines, two magazines of each kind has been selected. All these magazines have decades of history, have high circulations and could be accessed through the online databases at the University of Alabama.

Glamour is a women's magazine and it was founded in 1939 in the United States. Its target audiences are women between ages from 18 to 49. According to the Alliance for Audited Media, its paid circulation in the second half of 2012 reached 2,324,170. *Vogue* was established in 1894 in the United States. During the same period, according to Alliance for Audited Media, its paid circulation reached 1,311,545. Both magazines focus on fashion and lifestyle of women. *Gentlemen's Quarterly*, also known as *GQ*, was launched in 1931 in the United States. This monthly men's magazine focus on fashion, style, and culture for men. Its target audiences are single men with an annual income of \$50,000 or greater. In the second half of 2012, its paid circulation attained 947,511. *Esquire* was founded in 1932 in the United States as a lifestyle magazine. Topics such as relationships, travel, technology, fashion and finance are covered in these magazines. Overall, these four magazines represent the leading popular magazines for men and women.

The qualified samples are defined as articles that contain at least one of these keywords: depression, anxiety, stress, mental illness and mental issue published between 2002

and 2011. Popular magazines, unlike books or journals, are not kept issue by issue in most libraries, so online full-text resources are considered to be an ideal sampling pool. The overlap of available online resources among the four selected magazines lies in the decade from 2002 to 2011. This is why this specific publication period is selected.

The search resulted in 1201 articles collected from all four popular magazines. However, not all of these articles with the key words listed above were about mental illnesses. For example, the term depressed occurred in many articles that mentioned the economic depression in the 1930s-1940s in some articles. Those articles not related to mental health and mental illnesses were excluded from the sample and in the end a total of 893 articles were kept for data analysis.

Coding

All the research questions and hypothesis are explored using content analysis. Each article was read and coded according to the designed codebook.

First, the demographic information of each article will be coded, including: article's ID, magazines and year of publication.

Next, each of the article will be coded for the following variables:

Types of mental illnesses covered: depression, anxiety, stress, general mental illness and other. Two types of words are included: neutral words (depression and anxiety) and labeling words (mental illness) (Nowkova et al., 2012). Moreover, as stress was perceived as one of the most decisive factors which caused mental illness, stress was also concluded in the searched key words (Link, Phelan, Bresnahan, Stueve & Pescosolido, 1999).

Cause frame: Social causes refer to all factors related to work, family or friends, romantic relationship (e.g. sex life), social economic status, society (customs, festivals, and pressure coming from social environment) and other. Psychological causes include lifestyle

(e.g. healthy diet) and perceptions (e.g. religion, or changing minds) and other. Biological causes include gender (simply because you are a woman, physical health issue), environmental change (e.g. pollution, season, etc.), genetic, appearance and other. The examination of cause framing was used to analyze children's depression in mass printed magazines (Clarke, 2011) and in the study of periodicals' coverage of alcoholism (Linsky, 1970).

Solution frame: the strategies and solution, of course, are related to the causes. According to WHO's recommended treatments for depression, psychosocial support, medication or psychotherapy and the combination of the two are defined as effective treatments (World Health Organization, 2012). Psychosocial support includes self-help treatment and social support. Medication or psychotherapy includes medical treatment and clinical treatment (e.g., consult psychologist, psychological expert, etc.).

Source frame: Entman (1993) defined source framing as the process in which the credibility and authority of an information source are constructed in the media and accepted by the audiences. In order to investigate what are the major sources on mental disorders, each article will be coded based on their informative sources. Informative or narrative resources are coded into two major categories: expert resources (family, patient/self, friends or acquaintances) and non-expert resources (non-profit organizations with a mental illness focus, government agency, academic resources).

Discourse: according to Ray and Hinnant (2009), "Human-interest stories are those that follow personality profiles and prominently feature people who suffer from the disorder or those that know someone with the disorder. Scientific information articles seek to impart information to the general public and do not delve into personal narratives. An example of an article having both types of information could be an article with a personal narrative introduction that transitions to scientific information." (p.9).

Stigma format: if the text contains the cues of marks, social exclusion, responsibility, avoid, peril, health labels, shame(disgust), the text will be coded as concluding stigma codes (Smith, 2007). Four major components of such cues include mark, responsibility, group labeling and peril. Marking is a process by which certain individuals are perceived to exhibit an immediate recognition so that the public could perform the attitude or behavior suggested by the society (Smith, 2007). Marks force the audiences to focus more on the stigma and discrimination associated with those individuals (Smith, 2007). Responsibility refers to the perception that certain individuals should be blamed and take the responsibility for their stigmatized condition (Jones et al. 1984.). Group labeling pertaining to the act by which the society separate and isolate a group of people from the community using stigma, different pronouns (e.g. we and they) and label (such as the mentally ill) (Smith, 2007). Peril refers to the concern and danger that the public perceive toward the stigmatized individuals (Deaux et al., 1995; Frable, 1993; Jones et al., 1984).

Challenge format: if the text contains the cues of optimism, hope, social inclusion, personification of the health concern and combat, the text will be coded as concluding challenge codes (Smith, 2007).Challenge format suggests that the community as whole should face together the health issues and it also constructs the attitude that the community should support and not treat the problems as threats but challenges. Messages that avoid emphasizing danger, blame or generalization of a health concern are considered as using challenge format. Other forms of challenge format accentuate the membership of the stigmatized groups, for example, using the pronoun of “we” instead of “they” emphasizes social inclusion of the stigmatized group.

Coder Training and Intercoder Reliability

Coders are trained to read thoroughly each articles. Terms and questions are clarified and explained in detail to each coder in order to achieve on an agreed criteria for coding. Then each coder will code separately. Thirty percent of the articles were randomly selected from the sample for coding. One coder coded all the articles (30% of the data, $n= 268$) in the sample. An additional coder will code a randomly selected 10% of the total sample ($n=30$). Cohen's kappa was used to calculate intercoder reliability. A two-person intercoder reliability test was conducted on a random sample of 10% of the total sample. Cohen's *kappa* was used to measure agreement for each research question. *Kappa* scores ranged from .78 to .92. Kappa scores above .75 illustrate outstanding agreement (Olswang, Svensson, Coggins, Beilinson, & Donaldson, 2006).

Data Correction

Sequential Bonferroni correction was used in conducting multiple chi-square tests in the comparison of men's and women's magazines in order to control for Type I error (Peters Covello & McCallum, 1997). Some significant results became insignificant after data correction.

CHAPTER 4

RESULTS

In total, 893 articles were included in the final sample (Vogue: 357, Glamour: 206; GQ: 140; Esquire: 190). There were 268 (30% of the data) articles coded in total.

RQ1 asked to what extent mental health issue is covered in popular magazines. During the ten-year period (2002-2011) studied in this research, women's magazines tended to talk more about mental health issues (63.1% of the sample). Please see Table 1 for the frequency and the valid percent of the coverage in the four magazines:

Table 1

The Extent of Coverage

| Magazine | Frequency | Valid Percent (%) |
|----------|-----------|-------------------|
| Vogue | 107 | 39.9 |
| Glamour | 62 | 23.1 |
| GQ | 42 | 15.7 |
| Esquire | 57 | 21.3 |
| Total | 268 | 100 |

Besides the examination of the extent to which mental health issues were covered in popular magazines, an investigation of the major mental health issues discussed can provide an insight into how media's influencing what are the most important issues. RQ2 sought to find out what are the major topics covered in the four magazines. Overall, stress was found to

be the most prominent topic (50.7%, $n=136$) followed by anxiety (38.8%, $n= 104$), depression (20.5%, $n=55$) and general mental illness (4.1%, $n=11$).

Table 2
Comparison of the Topics Covered in Men’s and Women’s Magazines

| Mental Illness | Frequency in Women’s Magazines | Frequency in Men’s Magazines | Compare Women’s Magazines and Men’s Magazines | | |
|------------------------|--------------------------------|------------------------------|---|-------------------------|-------------------|
| | | | Chi-square | Original <i>p</i> value | Adjusted <i>p</i> |
| Anxiety | 58 (34.3%) | 46 (46.4%) | 3.878 | .049 | |
| Stress | 92 (54.4%) | 44 (44.4%) | 2.494 | .114 | |
| Depression | 48 (28.4%) | 7 (7.1%) | 17.417 | .000 | .000** |
| General Mental Illness | 4 (2.3 %) | 7 (7.1%) | 3.509 | .061 | |

* $p < .05$; ** $p < .01$
*** $df=1$

In women’s magazines, stress was found to be the most popular topic (54.4%, $n= 92$), followed by anxiety (34.3%, $n=58$), depression (28.4%, $n=48$) and general mental illness (2.3%, $n=4$).

In men’s magazines, anxiety (46.4%, $n=46$) and stress (44%, $n=44$) were found to be the most covered topics followed by depression (7.1%, $n=7$) and general mental illness (7.1%, $n=7$).

RQ3 examined the framing of cause and solutions. In terms of the cause mentioned, social cause was the most dominant attribution to mental health issues which constitute 54.1% ($n=145$) of the sample. Psychological cause (8.2%, $n=22$) and biological cause (12.3%, $n=33$) constitute around 20% of the articles. There was no specific cause mentioned in the rest of the articles (25.4%, $n= 68$).

Forty-seven percent of the articles ($n=126$) provided solutions to mental health issues. Among these articles, self-help was found to be the most prominent solution (34%, $n=91$). Although seeking help from professionals was considered to be important, only 9.7% of the articles suggested clinical treatment ($n=26$) and 6.7% of them proposed medical treatment ($n=18$).

Table 3.

Results of Chi-square of Cause and Solution Framing

| | Frequency in Women's Magazines | Frequency in Men's Magazines | Compare Women's Magazines and Men's Magazines | | |
|---------------------|--------------------------------|------------------------------|---|-------------------------|-------------------------|
| | | | Chi-square | Original <i>p</i> value | Adjusted <i>p</i> value |
| Cause | | | | | |
| Social Cause | 87 (51.2%) | 58 (58.6%) | 1.270 | .260 | |
| Psychological Cause | 18 (10.7%) | 4 (4.0%) | 3.620 | .057 | |
| Biological Cause | 27 (16.0%) | 6 (6.1%) | 5.685 | .017 | |
| Solution | | | | | |
| Self-help Solution | 61 (36.1%) | 30 (30.3%) | 0.934 | .334 | |
| Social Support | 2(1.2%) | 0 (0%) | 1.180 | .227 | |
| Medical Treatment | 8 (4.7%) | 10 (10.1%) | 2.870 | .090 | |
| Clinical Treatment | 24 (14.2%) | 2 (2.0%) | 10.574 | .001 | 0.004** |

* $p < .05$; ** $p < .01$

*** $df=1$

Although the dominance of self-help solutions were found both in women's magazines and men's magazines, there is significant difference between women's magazines and men's magazines in terms of the solutions provided. Women's magazines are more likely to provide solutions to mental health issues than men's magazines, $\chi^2(1, N = 268) =$

4.695, $p = .03$. Moreover, women's magazines were found to provide clinical treatment more frequently than men's magazines, $\chi^2(1, N = 268) = 10.574, p = .001$, adjusted $p = .004$.

RQ4 examined the sources employed by popular magazines. Seventy-nine percent of the articles ($n=212$) provided information of the sources. Non-expert sources (54.1%, $n= 145$) were found to be more popular than expert sources, such as patient/self (48.1%, $n=129$), families (2.6%, $n=7$), friend and others (7.8%, $n=21$). Popular magazines appeared to have given voices to those suffering from mental illnesses and conditions. Other sources was much less prominent than patient/self-source.

Expert source played a less important role in distributing information and knowledge about mental health issues, and was found in 28% of the sample ($n=75$). Academic researchers (13.4%, $n=36$) and doctor (10.8%, $n= 29$) were found to be the most prominent among the expert sources. Other sources constituted a relatively small portion of the information sources, such as mental health expert (6.3%, $n=17$), nonprofit organization (3.0%, $n=8$), government agency (0.4%, $n=1$) and other (1.5%, $n=4$).

Table 4.

Comparison of the Sources Cited between Women's and Men's Magazines (Table Continued on Next Page)

| Source | Frequency in Women's Magazines | Frequency in Men's Magazines | Compare Women's Magazines and Men's Magazines | | |
|---------------------------|--------------------------------|------------------------------|---|--------------------|--------------------|
| | | | Chi-square | Original p value | Adjusted p value |
| Non-Expert Sources | 141 (83.4%) | 71 (71.7%) | 3.690 | .023 | |
| Families | 4 (2.4%) | 3 (3.0%) | 0.108 | .742 | |
| Patient/Self | 77 (45.6%) | 52 (52.5%) | 1.212 | .271 | |
| Friends | 18 (10.7%) | 3 (3.0%) | 5.020 | .025 | |

| | | | | | |
|-------------------------|------------|------------|-------|------|--------|
| Expert Sources | 58 (34.3%) | 17 (17.1%) | 9.109 | .003 | |
| Non-profit Organization | 8 (4.7%) | 0 (0%) | 4.831 | .028 | |
| Government Agency | 1 (0.6%) | 0 (0%) | 0.588 | .443 | |
| Academic Sources | 30 (17.8) | 6 (6.1%) | 7.338 | .007 | 0.042* |
| Mental Health Expert | 14 (8.3%) | 4 (4.0%) | 2.900 | .089 | |
| Doctor | 24 (14.2%) | 5 (5.1%) | 5.417 | .020 | |
| Other | 2 (1.2%) | 2 (2.0%) | 0.297 | .586 | |

* $p < .05$; ** $p < .01$

*** $df=1$

Women's magazines seemed more likely to provide information about the sources, $\chi^2(1, N = 268) = 5.183, p = .023$, adjusted $p = .046$. Moreover, women's magazines provided more frequently on information from expert $\chi^2(1, N = 268) = 9.109, p = .003$, adjusted $p = .006$. Specifically, the difference lies in academic sources, $\chi^2(1, N = 268) = 7.338, p = .007$, adjusted $p = .042$.

To answer RQ5, this research examined the discourse type of each article. Human interest discourse was found in 63.1% ($n=169$) of the articles and scientific discourse was used in 28.4% ($n=76$) of them.

There was a significant difference in the employment of scientific discourse between women's magazines and men's magazines, $\chi^2(1, N = 268) = 5.141, p = .023$, adjusted $p = .046$. It was found that women's magazines tended to use more scientific discourse while addressing mental health issues.

RQ6 sought to find what kind of message cues popular magazines prefer to use in discussing mental health issues. 41.8% of the articles included message cues ($n=112$). Among these articles, 62.7% of them employed challenge cue ($n=100$), including hope (22.4%,

n=30), social inclusion (8.6%, *n*=23), personification (0.7%, *n*=2) and combat (1.9%, *n*=5).

Both women's magazines and men's magazines seemed to prefer challenge cues when mental-illness related topics were involved.

Stigma cues were not prominent and only found in 4.1% of the articles (*n*=11). The most frequently used stigma cue was social exclusion (2.6%, *n*=7), followed by mark (1.1%, *n*=3) and peril (0.7%, *n*=2). Label was not found as a message cue in the 112 articles. There was no significant difference in stigma cue between men's magazines and women's magazines.

CHAPTER 5

DISCUSSION

Gender bias associated with mental illness played an influential role in shaping public's attitude and perceptions about people with mental health issues (Ottati, Bodenhausen, & Newman, 2005; Wirth & Bodenhausen, 2009).. Different attitudes induced by gendered stigma about mental illness perpetuate social distance and enlarge the social distance in the society. An exploration of the gendered portrayal of mental health issues is in need, because it can increase the awareness of the gendered stigma associated with mental illness and will potentially contribute to the decrease of the stigma associate with mental illness.

This thesis examines the portrayal of mental health issues in popular magazines in the United States in terms of the following aspects: major topics covered in the magazines, framing of causes and solutions, sources cited, discourse type and message cues.

It is found that there are significant differences between women's and men's magazines in discourse type and the citation of expert sources.. The framing of causes and solutions and message cues are found to be similar in women's magazines and men's magazines.

The Extent of Coverage

RQ1 examines to what extent mental health issue is covered in popular magazines. In the period from 2002 to 2011, more articles pertaining to mental health are found in women's magazines than in men's magazines. Women's magazines constitute more than 60% of the total sample. As mental illness are more associated with women, it is not surprising to see women's magazines covered more about mental health issues. Foucault (1977) argued that the disciplining power of women's body yielded a demand of women's constant self-monitoring

of their well-being and their body. As a result, women might be more concerned with mental health issues than men.

Mental Health Topics Covered

RQ2 seeks to find out what the most frequently covered topics concerning mental health issues are in men's and women's magazines. Stress and anxiety are found to be the most prominent topics in the four popular magazines. This is consistent with the finding of Link, Phelan, Bresnahan, Stueve and Pescosolido (1999) that American people perceived stressful situations as one of the most decisive factors which caused mental illness.

The reason for the similarity of topics covered in men's and women's magazines potentially lies in the communicative channel itself. Magazines focus more on people's daily life experiences and promote healthy life styles. They do not intentionally cover mental disorders, because the audiences are assumed as healthy that they do not have the need for treatments or diagnosis of mental illnesses.

Causes and Solutions

RQ3 explored the causes and solutions provided in popular magazines for mental health issues. In this research, social cause is found to be the most prominent attribution followed by biological cause and psychological cause.

Social cause refers to environmental factors which trigger mental health problems, including stressor from work, school, relationships, cultural or social norms, etc. For example, an article from Glamour says, "So I'm not surprised to read that there seems to be a relationship between excessive Internet use and depression, according to research" ("The cave", 2010, p.178).

Biological causes refer to the biological factors which has impacts on mental health, such as genetics, substance abuse, brain damage, chemical imbalance in the brain, etc. For example, Sheila Weller (2010) in *Glamour* interviewed a girl who suffered from anxiety

caused by substance abuse. She said, “I had this horrible anxiety. I is afraid of parking my car in the dark. I would fly out of the car and into the house. I developed OCD. I'd make lists all the time of everything I is going to do. If I didn't have a plan, I would get very nervous” (Weller, 2010, p. 306). “In June 2008, I was accepted at Safe Harbor, a substance abuse facility in Orange County, California. When I completed the inpatient treatment, I knew I wanted to help others not just women with alcohol and drug problems, but also women who'd been traumatized, whether they had lost a friend, or had been a victim of domestic violence, rejection or abandonment” (Weller, 2010, p. 306).

Psychological causes refer to psychological factors which impact mental health. It includes psychological trauma such as experiences of emotional or physical abuse, loss of an important family member, parental neglect, etc. For example, an article in Esquire said that “Bhuiyan stayed in Dallas, living on couches. For a long time he is afraid to go outside. He probably suffered from post-traumatic stress, but couldn't afford counseling” (Sager, 2011, p.184).

My finding is consistent with existing studies. Borinstein (1992) reported that Americans named the stress of daily life and the chemical imbalance in the brain as the most prominent causes for mental health issues. Similarly, Link et al., (1999) found that people emphasized stressful situations as one of the most decisive factors which caused mental illness. They also attributed the hybridity of chemical imbalance in the brain and stressful situations as the most common cause for mental illness (Link et al., 1999).

Both women’s magazines and men’s magazines are found to attribute mental illness to social causes, such as stress from work and familial responsibilities. This attribution potentially led to an increasing awareness and contributed to demystifying mental illness in the society (Hickling, 1992). The attribution of social cause brought about an increasing openness of the topic pertaining to mental health issues. Hickling (1992) reported that the

print media played an essential role in diminishing the stigma and increasing the acceptance of mental health issues.

The dominance of social cause covered in popular magazines exhibited the trend of a transition in the society and a new constructed reality of people's life. Hardt and Negri (2005) argued that in an age of information, work and society became relationship-oriented, communication-oriented and emotion-oriented. Relationship, communication and emotion can all generate social cost and transformed into economic value (Hardt & Negri, 2005). So this could be an explanation why magazines address less severe and general mental health issues and talk more about more mundane mental issues, such as stress and anxiety from relationship, work and society.

In terms of solutions, self-help solutions are found to be the most prominent solutions in both men's and women's magazines. In this research, self-help solutions refer to all self-help treatment or strategies which do not include any consultations to professionals, such as meditation, making changes to life style and healthy diet, etc. For example, an article in *Glamour* said the following,

“I get a headache maybe once a week. I think it's stress-related, but should I mention it to my doctor?”

You could be having either tension or migraines--both are induced by stress. During a tension headache, your head feels stuck in a vise. During a migraine, your head throbs. They're both incredibly unpleasant but not outright dangerous. Try meditation, breathing exercises, or lavender-oil aromatherapy. If you're in serious distress, your doctor can give you some medication.” (Oz, 2011, p.28)

Self-help solutions is found to be also dominant in anti-depression ads targeting at women and in women's magazines (Garden, 2007). The dominance of this kind of discourse exhibited an accentuation of each individual's responsibility of monitoring their mental health

(Harper, 2009). Moreover, this discourse also underlined people's willing to be healthy and their increasing attention to their mental health (Harper, 2009). To some extent, this phenomenon is consistent with the individualism characteristic of the American culture. Furedi (2004) argued that self-help solution provided the opportunity for each individual to choose their own way of life and even their destinies.

Foucault (2005) provided the concept of "biopower" to theoretically explain the need of self-help solutions in an industrialized society (p. 239-246). He argued that the monitoring of well-being and the appreciation of life rooted in the eighteenth century when the society became increasingly more industrialized. Census of the population, the control of mortality rate and the self-regulation of individual's well-being are all considered a practice of biopower (Foucault, 2005).

However, self-help solutions also undermined the severity of mental health issues. Self-help solutions sometimes did not help people to cope with mental health issues (Sommers and Satel, 2006). It can forbid people to seek help from professionals and could delay their seeking of treatment.

Although social cause is found to be the most prominent attribution of mental illness, there is found no prominent accentuation on solutions such as social support or permanent solution which changed the structure of power which yielded the problem (Harper, 2005). In conclusion, popular magazines are found to pay more attention to mental illness and offered self-help solutions which can not provide immediate comfort but can potentially cause delayed treatment..

Furthermore, women's magazines are found to include more clinical solutions than men's magazines. Clinical solutions include consultation with mental health expert, psychiatrists, doctors and other possible strategies of seeking help from clinical sources. For example, in a story about a teenage girl discussed in *Glamour*, it said, "For several weeks she

was hospitalized for depression” (Ruddy, 2008). This could be explained by the gendered stigma related with mental illness. Mental illness was associated more with women than men (Meyer et al., 2011). A constant monitoring and the “submissive body” of women can also be an ideological paradigm to view this phenomenon (Foucault, 1977). Seeking help from clinical resources can be hard for the male because it will potentially impact their masculinity and toughness (Harper, 2005). As a consequence, women, on the other hand, are considered more likely to receive help from professionals and experts.

Source Framing

RQ4 examined the framing of information source in popular magazines. Non-expert sources are found to be more popular than expert sources in popular magazines. However, Wahl (2000) reported a decrease in non-expert sources in magazines. Expert sources provided more accurate and specific information on the cause, treatment, symptoms of mental health issues (Wahl, 2000). Moreover, expert sources offered explanations and possibly included the change in the policies and laws concerning mental health issues (Wahl, 2000). However, it was possible that expert sources could leave out the social or environmental factors which contributed to mental disorders.

Women’s magazines were found to cite expert sources more frequently, especially academic sources than men’s magazines. My finding is consistent with the existing studies. It was reported that media cultivated women to trust authorities and to perceive experts as knowledge sources concerning mental health issues (Gardner, 2007). Through the analysis of anti-depressant advertisements targeted at men and women, Gardner (2007) contended that obtaining knowledge from experts was considered as a life-time obligation for women. While advertisements targeting at men underlined the men’s power of personal will and the power of biotechnology over mental health issues (Gardner, 2007)

Non-expert sources provided more detailed information on their experiences and what happened (Nairn, 1999). Non-expert sources were also considered credible through the sources' identification as participants (Nairn, 1999). Furthermore, narratives and the storytelling style in the magazines help the audiences to engage more into their readings about mental health problems.

Types of Discourse Used

RQ5 found out the women's magazines are more likely to use scientific discourse than men's magazines. Scientific discourse emphasized on the symptoms, treatment and the general knowledge about mental health issues (Wahl, 2000). It also exhibits objectivity, credibility and authority (Clarke, 2012).

The prominent employment of scientific discourse actually reinforced the conservative stigma about female mental illness. It exhibited a need or a desire of knowledge and information about mental illness in women's magazines. Moreover, women are considered to be the most important audiences for the health-related information, because they are perceived as the "health gatekeeper" in relationships and in the family (Harper, 2005, p. 162).

The prominent employment of human-interest discourse is consistent with the representations and the stigma of male mental illness. In western ideology, men is considered different from women because they possessed free will (Glock, 1964). Men's triumph over their mental disorders through the power of will is considered as a character of masculinity and toughness (Harper, 2005). Human-interest discourse provided the chance to reinforce this ideology by offering a detailed narrative about how men overcame their mental issues on their own.

To some extent, women's magazines seem to be more open and be more tolerant to the topic of mental illness than men's magazines. More reliable information and knowledge about mental illness is provided in women's magazines.

Message Cues

RQ6 asks what message cues popular magazines use when they cover mental health topics. The current study found that challenge cues are used more than stigma cues in the coverage of mental illnesses in popular magazines in the United States. Magazines, as a form of popular culture and an important part of the entertaining industry, seem to provide more moderate image and less stereotyping portrayals of mental illness. Unlike academic journals or brochures about mental illness, magazines intend to empower the audiences and promoting the public's awareness of mental health problems.

The current study also found out that men's magazines tended to use more stigma cues than women's magazines. However, due to the small number of the sample, this finding was considered insignificant after the use of sequential Bonferroni correction. It is expected that if the sample is large enough, there is probably a significant difference in stigma cues between men's magazines and women's magazines.

Men with mental illness are perceived as violent and dangerous (Ottati et al., 2005). As a consequence, stigma cues underscored the feeling of insecurity of the audiences. This is because the stigmatized group are always considered to be isolated or marginalized.

CHAPTER 6

LIMITATIONS AND DIRECTIONS FOR FUTURE STUDIES

The primary limitation of this research lies in the small sample size. Also the exploration of the portrayal of mental illness could be further developed through the examination of the portrayal of different age groups, ethnicity and in different media, especially new technologies. In addition, in this study, the sample did not include the advertisement about mental health issues in popular magazines. An examination of the advertisements would also be contributing to the literature.

This research examines a ten year period from 2002 to 2011. It is valuable that if researchers could trace the changes in the report of mental health issues in popular magazines in the future. Moreover, the sample is not representative of all popular magazines in the United States. Future studies can explore similar topics in other types of works, such as teen magazines, and examine the readers' reactions to the information concerning mental illness in popular magazines.

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APPENDIX

CODEBOOK

| | | |
|--|--|---|
| <i>RQ1: To what extent is mental health covered in popular magazines? (how many related articles are found in different magazines)</i> | | |
| Definition | 1. ID | |
| | 2. Year of publication | |
| | 3. Categories | 1) women's magazine 2) men's magazine |
| | 4. Specific name of Magazines: | 1) Vogue 2) Glamour 3) GQ 4) Men's health |
| <i>RQ2: What are the major mental illnesses covered in popular magazines?</i> | | |
| Mental illness(0: No, 1: Yes for each option) | 5. major mental illness topic covered: 1) depression 2) anxiety 3) stress 4)general mental illness 5) other (psychosis and bipolar disorders) | |
| <i>RQ3: How is mental health framed in popular magazines framed in terms of causes and solutions?</i> | | |
| Cause framing (0: No, 1: Yes for each option) | 6. Reason: 1). social (eg. work, family and relationships, SES, pressure from customs, festivals or other social environments) 2). psychological (eg. lifestyle and perceptions, including healthy diet, religion, or changing minds-be realistic, everything is fine, etc) 3). biological (eg. gender: simply because you are a woman or a man; being influenced by environmental change, like pollution, season, etc; genetic; appearance) | |
| Solution Framing (0: No, 1: Yes for each option) | 7. Strategies: 1) self-help 2) social support 3) medical treatment 4) clinical treatment (consult psychologist, psychological expert, etc.) | |
| <i>RQ4: Who are the sources cited in popular magazines' coverage of mental health and mental illnesses?</i> | | |

| | |
|---|---|
| Source (0: No, 1: Yes for each option) | 8. Categories: 0) None 1) Non-expert 2) expert 9. Who are non-expert sources: 1) family 2) patient/self 3) friends or acquaintances 10. Who are expert sources: 1). Non-profit organizations with a mental illness focus 2). Government Agency 3). Academic researchers, 4). Mental health experts or psychologists, 5). Doctor 6) Other |
| <i>RQ5: To what extent is the human interest discourse and scientific discourse used in the portrayal of mental illnesses in popular magazines?</i> | |
| Discourse type (0: No, 1: Yes for each option) | 11. Discourse type: 0) None 1) Human interest 2) Biomedical/scientific |
| <i>RQ6: how differently mental illnesses are discussed in terms of their message cue between women's magazine and men's magazine?</i> | |
| Message cue (0: No, 1: Yes for each option) | 12. Message cue: 0) None 1) Challenge Codes 2) Stigma Codes 13. If it contains challenge codes, what kind of specific message cue does it include: 1) cues of optimism (people showing smiling or other optimistic messages), 2) hope (message that emphasized success), 3) social inclusion (us-language), 4) personification of the health concern (eg. placed the illness as the subject or direct object of their sentences I am a stroke) 5) combat (to fight) 14. If it contains stigma codes, what kind of specific message cue does it interpret: 1) marks (Marking someone is a sociofunctional process using cues that evoke automatic reactions easily for quick recognition, learning potential, and suggested social response), 2) social exclusion, 3) responsibility (Responsibility is concerned with a perception of choice. Stigmatizers may believe that their targets choose their stigmatized condition), 4) labeling (Communities affix labels to stigmatized groups. The labeling process stresses that this is a separate social entity in and of itself), 5) peril (Peril is the perceived danger that a stigmatized group poses to the rest of the community) |