"Crazy, Mad, and Dangerous": A Critical Discourse Analysis of the (Re)Construction of Mental Illness in South African Magazines

by

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Thesis presented in fulfilment of the requirements for the degree of
Master of Arts in the Faculty of
General Linguistics at Stellenbosch University

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April 2019

Declaration

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April 2019

Abstract

This research intended to establish what the discourses of mental illness in South African magazines are, and determine whether there is a need for a revision of the current reporting practices on mental illness in mass media in order to destigmatise mental illness in the social sphere and foster positive presentations in mass media. Specifically, it addresses the following research questions: (i) how is mental illness represented in the South African magazines *You, Drum,* and *Move!*; (ii) what linguistic tools are used in the discursive (re)construction of mental illness in *You, Drum,* and *Move!*, and (iii) how do *You, Drum,* and *Move!* differ in their construction of mental illness as a primary, secondary, or tertiary focus.

To answer these research questions, this study adopts a Critical Discourse Analytical (CDA) approach; specifically it looks at mental illness through the lens of Van Dijk's approach to CDA. It also draws on several concepts from other theories from the field of Discourse Analysis (DA) that are useful in analysing the discursive construction of social reality, namely Goffman's framing theory, Scollon's theory of attribution, and Huckin's discussion of "discreet silences" as a form of textual silence.

The findings of this study showed *You*, *Drum*, and *Move!* were similar in their topicalization of mental illness as *You* and *Move!* topicalised depression the most, while *Drum* equally topicalised depression and suicide. The top two issues topicalised in all three of the magazines primary, secondary, and tertiary articles were depression and suicide. The most prominent themes that co-occurred with topics of mental illness in the primary, secondary, and tertiary articles were dangerousness (to oneself or to others), and the professional treatment of mental illness. Further, the linguistic tools used in the discursive (re)construction of mental illness include: evaluative nouns, evaluative verbs, evaluative adverbs, evaluative adjectives, metaphors, comparisons, implicature, discreet silences, and polarization.

This study makes a starting contribution to addressing the challenges of inaccurate beliefs about mental illness, ignorance about the magnitude of mental health problems, and stigma against those living with mental illnesses, by investigating the role of the media in engendering stigma, encouraging ignorance, and producing inaccurate beliefs about mental illness.

Opsomming

Hierdie navorsing het beoog om vas te stel wat die diskoerse van geestesongesteldheid in Suid-Afrikaanse tydskrifte is en om te bepaal of daar 'n hersiening van die huidige verslagdoeningpraktyke oor geestesongesteldheid in massamedia nodig is om geestesongesteldheid in die sosiale sfeer te destigmatiseer en positiewe aanbiedings te koester. Spesifiek, word die volgende navorsingsvrae aangespreek: (i) hoe word geestesongesteldheid in die Suid-Afrikaanse tydskrifte *You*, *Drum*, en *Move!* verteenwoordig; (ii) watter taalkundige hulpmiddels word gebruik in die diskursiewe (her)konstruksie van geestesongesteldheid in *You*, *Drum*, en *Move!*, en (iii) hoe verskil *You*, *Drum*, en *Move!* in hul konstruksie van geestesongesteldheid as 'n primêre, sekondêre of tersiêre fokus.

Om hierdie navorsingsvrae te beantwoord neem hierdie studie 'n kritiese diskoersanalitiese benadering (KDA); dit kyk spesifiek na geestesongesteldheid deur die lens van Van Dijk se benadering tot KDA. Dit verwys ook na verskeie begrippe uit ander teorieë uit die veld van diskoersanalise (DA) wat nuttig is om die diskursiewe konstruksie van die sosiale werklikheid te ontleed, naamlik Goffman se raamteorie, Scollon se teorie van toeskrywing en Huckin se bespreking van "diskrete stiltes" as 'n vorm van tekstuele stilte.

Die bevindinge van hierdie studie het gewys dat *You*, *Drum* en *Move!* soortgelyk is in hul beklemtoning van geestesongesteldheid waar *You* en *Move!* depressie die meeste beklemtoon het, terwyl *Drum* depressie en selfmoord soortgelyk beklemtoon het. Die top twee kwessies wat in al drie die tydskrifte se primêre, sekondêre en tersiêre artikels beklemtoon is, was depressie en selfmoord. Die mees prominente temas wat saam met geestesongesteldhede voorgekom het in die primêre, sekondêre en tersiêre fokusartikels was gevaar (vir jouself of ander) en die professionele behandeling van geestesongesteldheid. Verder sluit die taalkundige hulpmiddels wat gebruik word in die diskursiewe (her)konstruksie van geestesongesteldheid die volgende in: evaluatiewe selfstandige naamwoorde, evaluatiewe werkwoorde, evaluatiewe bywoorde, evaluatiewe byvoeglike naamwoorde, metafore, vergelykings, implisiete, diskrete stiltes, en polarisasie.

Dus maak hierdie studie 'n begin bydrae tot die aanspreking van die uitdagings van onakkurate oortuigings oor geestesongesteldheid, onkunde oor die omvang van

geestesgesondheidsprobleme en stigma teenoor diegene met geestesiektes, deur die rol van die media te ondersoek in die stigmatisering, aanmoediging van onkunde, en die vervaardiging van onakkurate oortuigings oor geestesongesteldheid.

Acknowledgements

Firstly, I would like to extend my deepest gratitude to my supervisor, Dr. Lauren Danger Mongie, whose mentorship and guidance have been invaluable. Thank you for all of the late nights, early mornings, words of encouragement, and endless motivation. I am truly thankful to have shared this journey with you.

Secondly, my sincere thanks go to my parents, Miranda and Kevin Wilkinson, without whom this thesis would not have been possible.

Thirdly, my love goes to my sister and friend, Jessica Wilkinson, for keeping me grounded throughout this process. Thank you for all of your help scanning and numbering articles, and for your constant encouragement – I appreciate you more than words can express.

Fourthly, I would like to thank my best friend, Peter Rix, for providing me with unfailing love and support while I completed this thesis. Thank you for your never-ending belief in me, for pushing me when I wanted to give up, and for making the tough days bearable. I owe everything to you.

Lastly, I'd like to send a message to everyone currently living with mental illness: you are not "crazy". There is help, and there is hope.

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Chapter 1: Introduction and Background

"There is hope, even when your brain tells you there isn't."
– John Green

1.1. Introduction

This thesis will investigate, from a discourse analytical perspective, the linguistic construction of mental illness in three popular South African magazines. It will investigate the linguistic tools used in the representation of "mental illness", as well as the linguistic contexts in which mental illness is topicalised. The data used for this investigation was collected from electronic versions of print-news articles of three widely circulated weekly South African English lifestyle magazines, namely, *You, Drum,* and *Move!* over a three month period.

Key terms: mental illness, mental health, news media, discourse, critical discourse analysis.

1.2. Problem Statement and Focus

I will use the definition of "mental illness" as provided by the American Psychiatric Association of Mental Illness (as the largest psychiatric association in the world and as the authors of the *Diagnostic and Statistical Manual of Mental Disorders*, or the DSM) as: "health conditions involving changes in thinking, emotion or behaviour (or a combination of these), [which] are associated with distress and/or problems functioning in social, work or family activities" (American Psychiatric Association 2015). Further, "mental illness" refers collectively to all diagnosable mental disorders currently listed in the DSM.

News media contributes significantly to public knowledge about topical issues and events in society (Wahl, Wood and Richards 2002: 10). It influences public conceptions of social reality by providing individuals with the frames in which to situate a wide range of social matters; one of which is mental illness. It has been shown that the media is the primary source of information on mental health issues for the general public, thus, it can be said that the media contributes profoundly to the formation of social knowledge structures that affect people's conceptualisation of 'mental illness', as well as their ideologies about individuals

who have a mental illness (Wahl 1992: 343). Thus, when the media frames a particular phenomenon, such as mental illness, unfavourably, it creates prejudice and discrimination, and becomes a social structure for perpetuating stigma; this stigma causes the marginalisation of certain groups of people, such as the marginalisation of people with mental illnesses. The proposition is therefore that every mention of mental illness in news media, however unelaborated, communicates some information about this issue to the public (Wahl et al. 2002: 16). Research shows that mass media depicts the mentally ill unfavourably as inadequate, dangerous, and unlikeable individuals, with positive stories highlighting people successfully living with mental illnesses significantly lacking (Wahl 1992: 345). These injurious depictions subsequently harmfully affect public perceptions of mental illness and the mentally ill (Wahl et al. 2002: 16). Mass media is therefore informing the public of mental illness through their commonly inaccurate and adverse depictions of the mentally ill.

Further, it can be said that it is the media's responsibility as one of the most currently influential and widely consumed sources of information to construct positive and accurate representations of mental illness in order to encourage public attitudes that are conducive to the destigmatisation of mental illness and to promote help-seeking behaviours in those with a mental illness (Philo, Secker, Platt, Henderson, McLaughlin and Burnside 1994: 272). The negative and stereotyped representations of mental illness, and the mentally ill, that are found in the media, are of great importance if one is to attempt to make sense of the ways in which people understand and respond to topics regarding mental health (Ohlsson 2017: 2). Moreover, education is identified in several studies as a significant destigmatizing strategy, thus educating the public on mental illness and addressing the stigma associated with it is critical to promoting help-seeking behaviours in the mentally ill (Matsea 2017: 369). One way of addressing such stigma is "protest", which is "a strategy that uses media to confront wrong beliefs, eradicate damaging portrayals, and minimize the amount of time these portrayals are broadcast to the public".

Additionally, the existing body of work on the media's construction of mental illness is dated, with most studies being ten or more years old, thus research on the current nature of media depictions of mental illness is limited, and even more so, studies examining the linguistic construction of mental illness in the media are lacking (Wahl 1992: 348). Also, many prior studies on representations of "mental illness" centre on the impact of negative depictions of mental illness, rather than how these constructions are textually formed (Bilić

and Georgaca 2007: 168). There is also a lack of consistency amongst existing studies regarding what is being examined (Wahl 1992: 349). Several studies look broadly at topics related to "mental illness", which consequently leads to different agreements on what is to be counted and how – thus making comparisons to these studies problematic. This thesis aims to fill some of these gaps in the research by conducting a linguistic analysis, specifically a critical discourse analysis (CDA), of how mental illness is constructed and reconstructed in popular South African magazines with the aims of establishing what the discourses of mental illness in South African magazines are, and determining whether there is a need for a revision of the current reporting practices on mental illness in mass media in order to destigmatise mental illness in the social sphere and foster positive presentations in mass media.

1.3. Research Questions

The main research question for this study is:

i. How is mental illness represented in the South African magazines *You, Drum,* and *Move?*

The two sub-questions extending on this main research question are:

ii. What linguistic tools are used in the discursive (re)construction of mental illness in *You, Drum,* and *Move?*

iii. How do *You, Drum,* and *Move!* differ in their construction of mental illness as a primary, secondary, or tertiary focus?

1.4. The Context of Mental Health in South Africa

According to the CIA and Hanass-Hancock (in De Kock and Pillay 2016: 2), South Africa is a middle-income country that presents significant socioeconomic risk for mental illness, as "of its population of 52 million, 53% live below the poverty line, 24% are unemployed and 11% live with HIV/AIDS"; these are all said to be factors that contribute to an increased risk for psychiatric illness.

Further, South Africa's main health care system is its primary health care (PHC), which was established in 1994 with the intent of providing accessible health care to all South Africans,

and it is thus the system on which the majority of South Africans rely for their healthcare services (De Kock and Pillay 2016: 2,7). The physicians in PHC are overworked, and with the lack of psychiatrists in the country, they also fall responsible for the treatment of people living with mental illnesses (Kok and Lehohla in De Kock and Pillay 2016: 2). Additionally, the World Health Organization (in De Kock and Pillay 2016: 2), estimates that there is a ratio of 9.7 nurses trained in mental health per 100 000 population in South Africa's public health care system, indicating that the rural parts of South Africa are at a critical point regarding the availability of mental health care professionals (De Kock and Pillay 2016: 7). It is thus in South Africa's public rural primary healthcare where the resources for mental health are strained the most (De Kock and Pillay 2016: 2). In a country where "intractable poverty, infectious disease, maternal and child mortality, and conflict" are prevalent, mental health is habitually overlooked in discussions of ongoing health crises in South Africa (Lund 2018: 1). This tendency is magnified by inaccurate beliefs that mental illness cannot be treated, by ignorance about the magnitude of mental health problems, and by stigma against those living with mental illnesses (Lund 2018: 2). In order for mental health to be on South Africa's health and development policy agenda, attention needs to be given to all three of these current challenges, that is: stigma, ignorance, and inaccurate beliefs regarding mental illness. Thus, this thesis makes a starting contribution to addressing these challenges by investigating the role of the media in engendering stigma, encouraging ignorance, and producing inaccurate beliefs about mental illness.

1.5 Public Stigma and Self-Stigma

An important concept to consider when discussing mental illness is that of 'stigma'. Researchers distinguish between "self stigma" and "public stigma", where "public stigma" is what is typically thought of when dealing with the concept 'stigma' and "refers to the negative attitudes held by members of the public about people with devalued characteristics" (Corrigan and Rao 2012: 464). On the other hand, "self stigma" is defined as the internalization of these public attitudes, which results in the individual "suffer[ing] numerous negative consequences as a result". In studying the effect of (public) stigma on the internal behavioural processes of individuals, social psychologists have found that "social isolation and ostracism" is a common result. When an individual becomes aware of the discrimination directed at them (for example, a person with schizophrenia being aware of the negative stereotype that exists about people with schizophrenia as dangerous individuals), their self-

esteem and self-efficacy decreases as a result; this is the first step of self-stigma. Corrigan and Rao (2012: 465) explain this process of the internalization of public stigma into self-stigma as follows:

> Individuals who live with conditions such as schizophrenia are […] vulnerable to endorsing stereotypes about themselves, self-stigma. It is comprised of endorsement of these stereotypes of the self (e.g. "I am dangerous"), prejudice (e.g. "I am afraid of myself"), and resulting self-discrimination (e.g. self-imposed isolation). Once a person internalizes negative stereotypes, they may have negative emotional reactions.

Further, researchers say that self-discrimination, specifically in the form of self-isolation, has many detrimental effects on individuals, resulting in "decreased healthcare service use, poor health outcomes, and poor quality of life" (Corrigan and Rao 2012: 465). In the context of mental health, self-isolation could mean that an individual who has a mental illness does not make use of healthcare services to get the psychological and medical treatment that could be necessary and/or beneficial to them.

A further consequence of self-stigma is said to be the "why try" effect, which is where "self-stigmatization interferes with goal achievement [and] functions as a barrier to achieving life goals" (Corrigan and Rao 2012: 466). As a result of an individual's diminished self-esteem, they will view themself as less worthy, and incapable of achieving a life goal. An example of the "why try" effect is the following: "why should I even try to get a job? Someone like me − someone who is incompetent because of mental illness − could not successfully accomplish work demands" (Corrigan and Rao 2012: 466). In this example, the individual has internalized the belief that having a mental illness makes one incompetent, and diminishes one's abilities, hence the belief that they would not succeed at a job; the "why try" effect is the result of these internalized stereotypes and prejudices (about mental illness). Alternatively, there is a paradox to self-stigma in that it is suggested that the solution to self-stigma, and the negative consequences that result from it, is personal empowerment (Corrigan and Rao 2012: 466). Personal empowerment suggests that people need to be encouraged "to believe they can achieve their life goals", and comprises "power, control, activism, righteous indignation, and optimism" (Corrigan and Rao 2012: 466). Research supports that empowerment is the antidote to self-stigma, as investigations have shown it to be associated with a higher self-esteem, a better quality of life, greater social support, and a

greater satisfaction with mutual-help programs[1]. In terms of mental illness, and reducing the stigma about mental illness, it should be clarified that self-stigmatization is not a flaw of the individual, but rather an injustice and error of society (Corrigan and Rao 2012: 467). Thus, "eradicating it is the responsibility and should be the priority of that society". It can thus be said, "erasing public stigma may be a broad based fix of the stigma problem" (Corrigan and Rao 2012: 467).

1.6. Terminological Clarification

Below, I offer explanations, specific to this report, of technical terms used frequently in this study for quick reference. Keeping in mind that this thesis works with lay understandings of mental health/illness, dictionary (and not technical medical) definitions are given when defining mental disorders.

Attention Deficit Hyperactivity Disorder (ADHD)

ADHD refers to the condition of being exceedingly active and unable to concentrate on anything for very long (COBUILD Advanced Learner's Dictionary 2014: 88). It involves "impaired or diminished attention, impulsivity, and hyperactivity", and is especially present in children; people with this condition resultantly find it difficult to learn and also frequently behave in inappropriate ways (The Free Dictionary 2018).

Anxiety

The term "anxiety" in this thesis is used to refer to a psychiatric diagnosis of anxiety – a disorder – and not merely anxiety as a feeling or experience. Thus, "anxiety" can be defined as, "a multidimensional response to stimuli in [a] person's environment, or a response to an internal stimulus", which "reflects a combination of biochemical changes in the body, the patient's personal history and memory, and the social situation" (The Free Dictionary 2018). These biochemical changes produce physical symptoms in the individual that include: nervousness, muscle tension, sweaty palms, becoming more aware and attentive, dilated eyes, increased heart rate, rapid breathing, and a slowed down digestion.

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[1] These are "services that provide information and peer support to people with a lived experience of mental illness [where] people meet to discuss shared experiences, coping strategies and to provide information and referrals" (Meteor 2018).

Bipolar Disorder

"Bipolar disorder" is a mental illness in which a person's state of mind radically fluctuates between extreme, manic happiness (highs) and extreme, restless depression (lows) (COBUILD Advanced Learner's Dictionary 2014: 145).

Critical Discourse Analysis (CDA)

Critical Discourse Analysis (CDA) is an intricate and multidisciplinary field of investigation that looks at multifaceted social phenomena (Van Dijk 2005: 352). There are various approaches to CDA that are theoretically and analytically diverse. Nevertheless, all approaches to CDA ask questions about the way specific discourse structures are utilised in the (re)production of power and dominance in society, and contain a common perspective and a general aim of identifying and analysing discourse that is considered socially problematic (Van Dijk 2005: 352).

Depression

The term "depression" in psychiatry refers to "a mental state of altered mood", which is "characterized by feelings of sadness, despair, and discouragement" (The Free Dictionary 2018). Depression can be an illness in itself, or it can be a symptom of another psychiatric disorder. In this thesis, "depression" should not be understood as mild, sporadic negative feelings, but rather as a psychiatric condition that causes an individual to be susceptible to feelings of extreme sadness, despair, and discouragement (The Free Dictionary 2018).

Discourse

The concept 'discourse' is used in a multitude of manners in the social sciences, however this study adopts Van Dijk's (1993: 253) definition of "discourse" as "structured forms of knowledge and the memory of social practices". Hence, 'discourse' is a form of linguistic investigation that is interested in how text and talk in social and political contexts produce and reproduce inequality, dominance, discrimination, and social power abuse in society through language use and production.

Framing

The term "framing" refers to the process of "selection and salience" whereby communicators select and elevate certain pieces of information about a communicative topic, thereby making those particular bits of information more prominent and memorable to receivers (Entman

1993: 53). Framing theory suggests that the way something is presented to an audience, or the structure of a text (i.e. the "frame"), influences the choices people make about how that data is processed, and how they will understand their context (i.e. the "pictures") (Goffman 1974: 21).

Ideology

Van Dijk (1998: 135) defines 'ideology' as a set of socially shared beliefs that are "acquired, used, and changed in social situations…[based on]…social interests of groups and social relations between groups". They are formed and changed through the everyday interaction and discourse of members in social contexts of group relations and institutions, like the press (Van Dijk 1997a: 22).

Mental Health

The term "mental health" refers to one's "emotional, behavioural, and social maturity or normality" – that is to say, it denotes the absence of a mental or behavioural disorder, and further refers to an individual's state of psychological and emotional well-being (The Free Dictionary 2018).

Mental Illness

"Mental illness" refers to any health condition that involves changes in one's thinking, emotion, or behaviour (or a combination of these) that is coupled with distress and/or any problems functioning in social, work, or family activities (American Psychiatric Association 2015). Further, it is a broad term that denotes either "a disease of the brain, with predominant behavioural symptoms", and/or "a disease of the 'mind' or personality, evidenced by abnormal behaviour" (The Free Dictionary 2018). The term "mental illness" is used interchangeably with "mental disorder" in this thesis.

Mental Models

The term "mental models" is used by Van Dijk (1998: 27) to explain the ("missing") link between how group ideologies come to be expressed in individual discourse. He defines "mental models" as "mental representations of personal experiences of specific actions, events, or situations", which are stored in a person's long-term memory.

Obsessive Compulsive Disorder (OCD)

"Obsessive Compulsive Disorder", or OCD, is a "disorder characterized by persistent, intrusive, and senseless thoughts (obsessions) or compulsions to perform repetitive behaviours that interfere with normal functioning" (The Free Dictionary 2018).

Paedophilia

"Paedophilia" refers to engaging in sexual activity with a child, or the condition in an adult of being abnormally sexually attracted to children (COBUILD Advanced Learner's Dictionary 2014: 1123).

Pathological Lying

"Pathological lying" denotes an abnormal tendency in individuals to lie or over-exaggerate; it is a "compulsion to embroider the truth, engage in exaggeration, or tell lies" (The Free Dictionary 2018).

Selective Mutism

"Selective mutism" is an anxiety disorder of childhood where a child continuously refuses to speak in certain social situations but is able and willing to speak to particular people (The Free Dictionary 2018).

Schizophrenia

"Schizophrenia" is a type of psychotic disorder in which an individual experiences impaired thinking, emotions, and behaviours, and a breakdown in the relation between these three elements (The Free Dictionary 2018). This results in a distorted perception, inappropriate actions and feelings, and a withdrawal from reality and personal relationships. Individuals with schizophrenia may also have "enhanced perceptions of sound, colours, and other features of their environment" (The Free Dictionary 2018).

1.7. Structure

The first chapter of this study intends to identify and explain the topic under investigation. It further contextualises this study by providing background information, and a framework for this study to be situated in. Chapter 2 provides a literature review of five previous studies on the construction and/or representation of mental illness in print media, and its effects on

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public opinion regarding mental illness and individuals who are mentally ill. This chapter serves to highlight the findings that have been made on the topic in question, and to further recognise the research questions that have not yet been asked, and thus not answered, previously. Chapter 3 discusses the theoretical background and analytical toolkit of the CDA approach chosen for this study. Chapter 4 offers a summary of the study's methodology. Chapter 5 provides a qualitative analyses and discussion of 25 articles collected over a given time period that discursively (re)construct mental illness. It further offers some quantitative observations of the data corpus and findings. Finally, chapter 6 provides a conclusion, considering the findings of chapter 5, and highlights this study's most notable discoveries.

1.8. Conclusion

This chapter has given an overview of the focus of this study by introducing the reader to the main aims and research questions, the current context of mental illness in South Africa, and key theoretical concepts used in the analysis and findings of this study. Chapter 2 will contextualize this study by giving an overview of five previous studies on the (re)construction of mental illness in print media and its ideological impact on readers.

Chapter 2: Literature Review

2.1 Introduction

This chapter contextualises this study's focus on the discourse of mental illness in South African magazines by reviewing five previous studies that have been completed on the construction and/or representation of mental illness in print media and its effects on public opinion regarding mental illness, and on people with a mental illness. Each study's research questions, data corpus, analytical methodology, and notable findings are summarised in this chapter.

2.2. Is Newspaper Coverage of Mental Illness Changing?

The first study, conducted by Wahl et al. (2002: 9), begins with the declaration that due to the fact that much of the public's knowledge about mental illness is derived from news media, it is essential to know what news media reports about mental illness and whether this coverage has changed over time. Researchers on mass communication have persistently indicated that mass media influences the publics' ideas of social reality by providing individuals with the frames in which to situate a wide range of social matters (Wahl et al. 2002: 9-10). In particular, news media is a widely consumed and trusted source of information that communicates a range of social and scientific issues to the public. Wahl et al. (2002: 10) state that findings from various researchers suggests that the coverage of mental health, and its related concerns, in the news can and does incite views of mental illness that are stigmatized and stereotyped.

In their study, they consult four previously completed papers on the coverage of mental illness by news media and note two similarities amongst the findings of these studies: firstly, the depiction of the mentally ill tends to be consistently negative, and secondly, there is a widespread association of the mentally ill with crime and violence (Wahl et al. 2002: 12). They further noted numerous aspects of mental illness, which previous studies have not addressed, that ought to be explored – like the inclusion of interviews and/or quotes from mentally ill patients themselves into news coverage, the explanation/definition of psychiatric labels in news stories (with identifiable symptoms of particular disorders provided), and the use of 'People First Language' in news stories, which is a linguistic prescription that denotes

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using language that speaks of people with disorders rather than equating them to their disorders, in order to avoid dehumanization (that is, speaking of "people with schizophrenia" rather than "schizophrenics", which is referring to people as their illnesses) (Wahl et al. 2002: 13). They also observed that the majority of previous studies used data that was at least ten years old, and either from the United Kingdom or Canada, and that previous studies did not test whether mental health advocacy groups (promoting improved media representations of mental disorders) and programs (aimed at journalistic training in coverage of mental illness) have had any effect on, or improved, news coverage of mental illness as a response to these efforts (Wahl et al. 2002: 13). Thus, with this in mind, the research by Wahl et al. (2002: 14) attempted to fill some of these identified research gaps by posing the question of whether newspaper coverage of mental illness has changed over the past decade, and secondly, they looked at how current news coverage of mental illness measures up to the particular areas of interest/concern of advocates of mental health.

2.2.1. Procedure

In their attempt to answer these research questions they collected a total of 600 newspaper articles from six different newspapers across the United States spanning several geographical regions for the years 1989 and 1999. These articles were identified through a search of the Lexis/Nexis online database of U.S. newspapers using the key phrase "mental illness". The selected newspapers were: *New York Times, Washington Post, Boston Globe, Los Angeles Times, St. Louis Post Dispatch* and *St. Petersburg Times* (Wahl et al. 2002: 14). These newspapers were chosen based on their different geographical locations as well as on their completeness in the database for the years 1989 and 1999. 100 articles were collected from each of the listed newspapers, with 50 of those articles from 1989 and the other 50 from 1999. These articles were selected at random and overall represented 30 per cent of all articles on mental illness for the two years (Wahl et al. 2002: 14). The articles were then read and rated (according to four different criteria) by one senior rater and two volunteer undergraduate students who had been trained using sample articles from other newspapers. First, raters were asked to indicate if an article made reference to a specific mental disorder or more generally referred to "mental illness" (Wahl et al. 2002: 14). If specific disorders were referred to, they had to specify by means of a yes-or-no answer if an explanation or symptom description was given for that particular disorder. Secondly, raters had to identify themes expressed in the article from a provided list (compiled in statement format such as "mental

illness can be successfully treated" and "people with mental illnesses may be dangerous") based on themes uncovered in previous research and through discussions with mental health advocates (Wahl et al. 2002: 15). These themes were: dangerousness, unfair treatment, treatment as successful, the occurrence of personal successes, biogenetic causes, advances in research and treatment, and parental causation (Wahl et al. 2002: 19). There was also a section provided for raters to indicate other themes identified that were not in the list above and record these. Themes that emerged in this additional section were: the need for more resources, stigma/public education, parity/insurance, homelessness, and legal issues (Wahl et al. 2002: 19). Thirdly, raters were required to note what elements (from a provided list) the collected articles contained (Wahl et al. 2002: 15). These elements were: misuse of psychiatric terms, opinions of non-medical experts, opinions of medical experts, opinions of advocacy representatives, use of slang expressions, referrals for information/help, consumer perspectives, use of 'People First Language', reference to people as their disorders, family perspectives, generic references to mental illness, and consumer biography (Wahl et al. 2002: 20). Lastly, raters were required to assess the overall tone of the article as either positive (whereby individuals with mental illnesses were represented as having strengths, abilities, the potential for recovery, and contributing to society), negative (whereby people with mental illnesses were shown to be weak, violent, incomplete, and unattractive), neutral (neither positive nor negative in tone), or mixed (portrayed both positively and negatively) (Wahl et al. 2002: 15). All of the randomly selected articles were rated according to the aforementioned criteria as an example of the contexts in which the public receives information about mental illness through newspaper coverage of this topic (Wahl et al. 2002: 16).

2.2.2. Findings

The results of the study by Wahl et al. (2002: 16) revealed that agreement amongst raters differed and thus (considering the aim of their research was to yield information on what *most* readers would extract from the selected articles) only items (disorders, themes, elements, and tone) where two or more raters agreed were included in their result tallies; these results are presented below.

1999 Coverage and Changes From 1989

Coverage of mental illness in 1999 indicated that most articles did not refer to specific mental disorders but rather spoke generally of the concept 'mental illness' (Wahl et al. 2002: 17). In those articles where specific mental illnesses were named (only 77 out of the total 300 articles) schizophrenia was the most common – 72 out of the total 77 articles (Wahl et al. 2002: 18). Furthermore, where exact illnesses were named it was rare for the symptoms, development, and/or effect of the illnesses to be included in the articles – only 20 out of the 77 articles did this. In terms of theme, dangerousness (conveyed by crime stories broadcast by provocative headlines such as "Suspect In Killing Was Repeatedly Released From Mental Institutions") was the most common theme for the collected 1999 articles, where as the most commonly identified "other" theme was the need for more resources for the treatment of mental illness (Wahl et al. 2002: 18). Results regarding the specific story elements of articles showed that 26 per cent of articles included background information on individuals with a mental illness, however, this account mostly consisted of descriptions of the individual's criminal or psychiatric history rather than a genuine biography. Moreover, there was an equal likelihood of reference to people as their disorders and the use of 'People First Language' (9 per cent respectively), and there also showed to be a reliance on the opinions of medical experts (11 per cent) as opposed to opinions of non-medical experts (only 2 per cent) (Wahl et al. 2002: 20). Referrals for information and help for mental illnesses were only incorporated into six per cent of the articles. Overall, the tone of the articles was much more negative than positive, with clear negative depictions of the mentally ill found in 38 per cent of the articles, and positive presentations in only 17 per cent of the articles (Wahl et al. 2002: 21). Looking at these results in comparison to the results that the 1989 articles yielded, it was evident that some changes occurred in the decade between samples (Wahl et al. 2002: 21). For example, the most commonly named mental disorder in 1989 was substance abuse, which was replaced by schizophrenia in the 1999 results. Also, the inclusion of opinions of non-medical experts shows to have declined over the decade, which was 11 per cent in 1989 and only two per cent in 1999 (Wahl et al. 2002: 22). In terms of "other" themes identified, stigma and insurance parity appear to have emerged as more significant topics in 1999, at 14 per cent, compared to the 1989 results, which was roughly four per cent. Newspapers were also more likely to provide references for help services in 1999 (six per cent) than in 1989 (two per cent). Finally, the tone of articles shows a decline in negative tone – from 48 per cent in 1989 to 38 per cent in 1999 – and an increase in positive toned articles – from 11 per cent in 1989 to 17 per cent in 1999 (Wahl et al. 2002: 23).

Similarities in Reporting Practices from 1989 to 1999

Nevertheless, although some changes can be seen in reporting tendencies over the decade, coverage remained much the same with percentages having shifted little between 1989 and 1999 (Wahl et al. 2002: 23). In both 1989 and 1999 schizophrenia, substance abuse, bipolar disorder, and depression were the top four mental disorders that received newspaper coverage (Wahl et al. 2002: 23). Dangerousness prevailed as the most common theme, along with the poor treatment of those with mental illnesses, in both 1989 and 1999. Opinions of individuals suffering from mental illnesses remained infrequent, general references to the "mentally ill" stayed high, and references to people as their disorders were ample. Furthermore, despite the decrease in negative toned articles from 1989 to 1999 and the increase in positively toned articles, negative articles continued to be far more recurrent that positive ones.

2.2.3 Discussion of Results

The results and findings of the study by Wahl et al. (2002: 23) indicate both positive and negative discoveries for mental health advocates. Firstly, the pessimistic portrayal of mental illness in news reports can be seen as a prolongation of a well-established norm (Wahl et al. 2002: 25). Mental illness remains strongly connected to crime and violence. This link appears to have been forged by emphasising anomalous dramatic stories through a continual pattern of inaccurate presentation in various stories across many years (Wahl et al. 2002: 25). This encourages the public to believe that mental illness and violence coexist whereas actually most individuals with mental illnesses are not violent or criminal; it is the news media's coverage of mental illness that convinces the public to believe otherwise (Wahl et al. 2002: 25). Results also indicate that there is far more general reference to "the mentally ill" than there is to specific disorders, which may persuade the public to view mental illness as an unvaried disorder, thereby undermining the acknowledgement of the variety of disorders, symptoms, and consequences of mental illnesses (Wahl et al. 2002: 24). Also, considering schizophrenia is the disorder most consistently named, the public may perceive 'mental illness' as tantamount to serious disability – as individuals who suffer from schizophrenia can have a range of symptoms including hallucinations, delusions, unusual behaviour, a loss of interest, unresponsiveness, and a lack of activity that severely disrupts normal daily activity. Furthermore, the results also indicated that there have been inadequate advancements in revising the language used to speak about mental illnesses with no meaningful increase in the use of 'People First Language' and a continuance of referring to people as their disorders –

thus further contributing to mental illness stigma (Wahl et al. 2002: 13). Lastly, their findings reveal that there is a medical bias in newspaper reporting of mental illness. The deficiency of non-medical perspectives may bring about the belief that only biological and genetic rationalisations can explain mental illness, which results in an absence of recognition of the significance of social, psychological, and community aid when speaking of mental illnesses and the management thereof.

The study by Wahl et al. (2002: 29) highlights the need for a more significant change in the way news media reports on mental illness with particular focus needed on: the increased use of 'People First Language', breaking the association of the mentally ill with that of crime and violence, applying reporting practices that focus on the broader spectrum of mental illnesses, and increasing positive reporting methods on mental health/illness.

2.3. Newspaper Stories as Promulgating Mental Illness Discrimination and Structural Stigma

The second study, conducted by Corrigan, Watson, Gracia, Slopen, Rasinski, and Hall (2005: 551), explored themes of newspapers covering mental illness as a "measure of structural stigma". They define "structural stigma" as "represent[ing] policies of private and government institutions that restrict the opportunities of the groups that are stigmatized" – which is formed by socio-political forces; they define this against "personal stigma", which according to them is "an individual psychological process that includes prejudicial attitudes and discriminatory behaviours" (Corrigan et al. 2005: 551). Their research observed existing news media trends when covering topics of mental illness, with the objective of exploring how structural stigma and discrimination against mental illness occurs through stigmatizing messages promulgated by institutions like newspapers (Corrigan et al. 2005: 551).

Their research is grounded on two hypotheses and two theoretically significant content areas for coding articles – which they based on previous empirical research (Corrigan et al. 2005: 552). The first hypothesis is: considering individuals with mental illnesses as dangerous and violent evokes fear, which resultantly causes collective avoidance of the mentally ill; the second hypothesis is: if people are viewed as personally responsible for their mental illnesses then feelings of anger and punishment are likely to be elicited, while those not blamed for their illnesses are more likely to be sympathized and offered help (Corrigan et al. 2005: 552).

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The two key content areas for coding the collected articles that they focused on were: (i) how stories discussed treatment, and (ii) the inclusion of advocacy action in the articles. Corrigan et al. (2005: 552) define "advocacy action" as "promoting public policy and actions that increase the opportunities for persons with mental illness". These four central topics (dangerousness, blame, treatment and recovery, and advocacy action) were used in the coding system developed for their study.

2.3.1. Procedure

Corrigan et al. (2005: 552) used a probability sampling method[2] to collect newspaper articles from large newspapers across the United States that had a daily circulation[3] of greater than 250 000 in the year 2002. Where states did not have dailies where the circulation exceeded 250 000, the state's largest newspaper was selected in order to ensure that the data was geographically diverse (Corrigan et al. 2005: 552). A total of 70 newspapers that met these criteria were discovered from the Audit Bureau of Circulations – a web site that lists all daily newspapers from the U.S. These newspapers list all of their articles on one of four databases: Lexis/Nexis, NewsBank, Dow Jones Interactive Factiva, or Proquest (Corrigan et al. 2005: 552). Using these four online databases all 70 newspapers were searched for stories containing any of the three terms "mental", "psych", or "schizo". Articles were omitted if they comprised one of these terms as a segment of a movie or book title, if they spoke of psychiatric evaluations or psychotherapy without a clear association to mental illness, and if they covered drug or alcohol abuse without the distinct inclusion of mental illness as a distress (Corrigan et al. 2005: 552). Articles were searched for during six arbitrarily chosen weeklong periods in 2002 spread throughout the year (week 1: February 24 to March 2, week 2: April 28 to May 4, week 3: July 14 to July 20, week4: August 18 to August 24, week 5: October 13 to October 19, and week 6: December 15 to December 21) and then coded via themes that fit into the aforementioned four topics (dangerousness, blame, treatment and recovery, and advocacy action) – articles could be sorted into more than one topic (Corrigan et al. 2005: 552). A total of 3353 separate articles were identified (Corrigan et al. 2005: 553).

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[2] A form of sampling that uses a process of random selection.

[3] The number of copies it (the newspaper) distributes on an average day.

Coding Schema

The coding scheme that was developed for their study was congruous with their theoretical framework of stigmatizing themes related to the topics: dangerousness, blame, treatment and recovery, and advocacy actions (Corrigan et al. 2005: 552). In order to derive themes relevant to each of the four main topics, Corrigan et al. (2005: 552) used themes developed by Wahl et al. (2002) and they also conducted a focus group consisting of six affiliates to mental health advocacy groups and two representatives from the media to extract more possible themes. The focus group was asked to give instances of news stories that may be perceived as detrimental and/or biased to people with mental illnesses. After analysing the transcripts from the focus group, additional themes were added into the four main topics guiding this study (Corrigan et al. 2005: 552). Each theme included a definition that was roughly one paragraph long in order to assist with coding. All of the collected newspaper articles were coded by raters for themes, where the "interrater reliability" was determined for ten per cent of the articles and yielded an agreement rating of roughly 98 per cent – thus making the raters' coding commensurable with one another (Corrigan et al. 2005: 553). The final four key topics with their respective themes are listed below.

- **Blame**: personal blame, parental failure, genetic or biological cause, environmental causes;
- **Dangerousness**: danger to others, violent crime, non-violent crime, suicidal or self-injurious behaviour, mental illness as legal defence, legal competence, criminal victimization, drug and alcohol abuse;
- **Treatment and recovery**: research advances, biological treatments, psychosocial treatments, recovery as an outcome; and
- **Advocacy actions** (and concerns): poor-quality treatment, shortage of resources, homelessness, housing issues, and insurance parity (Corrigan et al. 2005: 553).

2.3.2. Findings

The results of the study by Corrigan et al. (2005: 553) indicated that 39 per cent of all articles concentrated on dangerousness and violence – these articles were frequently found in the front segment of the newspapers, thus adding to the articles' influence – with the biggest portion of articles here reporting on violent crimes. Additionally, 13 per cent of stories in this group were related to suicide or self-injurious behaviours. 26 per cent of the articles fell into

the category of treatment and recovery with psychosocial treatment being the predominant topic of discussion (at 14 per cent) and biological treatment also fairly prevalent (at 13 per cent) (Corrigan et al. 2005: 553). 20 per cent of the articles discussed advocacy action and concerns – with a key issue being resource shortage (at eight per cent) and also poor quality treatment (at five per cent). Only two per cent of articles discussed insurance parity, even though it is an important issue on the agenda for mental health advocates (Corrigan et al. 2005: 554). Lastly, 15 per cent of the articles spoke of blame where most of these articles held environmental factors (such as stress/trauma) accountable.

2.3.3. Discussion of Results

This study provides a glimpse into the stigma of mental illness as depicted by the negative attitudes surrounding it – and the limited positive messages that may oppose this stigma (Corrigan et al. 2005: 554). Overall, the 39 per cent of articles that were related to dangerousness is consistent with the findings of Wahl et al. (2002: 19), which found that dangerousness was the most predominant theme in newspapers about mental illness for the years 1989 (30 per cent) and 1999 (26 per cent). These results show that the public continue to be prejudiced with news concerning mental illness and hazardousness (Corrigan et al. 2005: 554). In terms of blame, it appears that public beliefs are shifting in terms of thoughts about causality, as there were fewer articles about personal and parental blame for mental illness and more articles centring on genetic causes and environmental stressors (Corrigan et al. 2005: 555). Also, many more articles discussed themes regarding treatment and recovery (26 per cent) as opposed to blame (15 per cent), which shows a positive development.

The data collected for this study offers an outlook on structural stigma about mental illness and its influence on the public domain; it further provides direction for advocacy group efforts that aim to change the information that is presented to the public regarding mental illness (Corrigan et al. 2005: 555).

2.4. A Critical Discourse Analysis of 'Mental Illness' in Serbian Newspapers

The next study I will make reference to was carried out by Bilić and Georgaca (2007: 167) and follows a critical discourse analytical method to observe the way 'mental illness' is portrayed in daily Serbian newspapers. This study specifically identified the discourses that

were used to form depictions of 'mental illness', the textual tactics used to create these depictions, and the consequences of these particular portrayals of mental illness.

2.4.1. Procedure

Bilić and Georgaca's (2007: 173) research comprised a two-year period from January 2003 until December 2004. Articles were collected from ten national Serbian newspapers by means of a keyword search of an online database (EBART), which contained all articles from the ten newspapers for the selected time frame. Their research focused on daily newspapers, as, according to statistics, they constitute the most broadly read print media (Bilić and Georgaca 2007: 173). The ten newspapers used for their data collection were: *Balkan, Blic, Danas, Dnevnik, Ekspres, Glass Javnosti, Kurir, Nacional, Politika, and Vecernje Novosti* (Bilić and Georgaca 2007: 185). All sections of the newspapers were examined – including interviews, editorials, columns, and news (Bilić and Georgaca 2007: 173). The keyword search comprised all key terms associated with the concept 'mental illness' – both broad terms and terms concerning particular illnesses – that were extracted from an abnormal Psychology textbook. These keywords were: "abnormality", "anorexia", "anxiety", "bulimia", "depression", "hysteria", "madness", "mania", "mental disorder", "mental health", "mental illness", "paranoia", "personality disorder", "phobia", "post-traumatic stress disorder", "psychiatrist", "psychiatry", "psychopathy", "psychologist" "psychology", "schizophrenia, "sexual dysfunction", and "suicide" (Bilić and Georgaca 2007: 185). Colloquial terms were excluded from the search as Bilić and Georgaca (2007: 173) believed it probable that these terms would be used metaphorically and so only formal terms concerning 'mental illness' were incorporated. Due to the database's electronic search facility, each search was performed on all newspapers.

A total of 165 articles were collected that contained instances of the aforementioned keywords, with no metaphorical uses of the terms included in the data collection; 95 (57.5 per cent of the data) of these articles were from the year 2003 and 70 (42.5 per cent of the data) of these articles were from the year 2004 (Bilić and Georgaca 2007: 185). Articles were then bunched into groups based on the topics they discussed. These eleven groups were: murder, rape, and dangerousness; PTSD (Post Traumatic Stress Disorder); depression in a national mental health perspective; depression (not in a national context); paedophilia; schizophrenia; human rights issues, anti-stigma, and mental health law; suicide; anxiety and/or phobia;

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anorexia; and forced institutionalisation (Bilić and Georgaca 2007: 185). Subsequently, the accumulated articles were read and analysed according to:

- **Constructions** of mental illness;
- **Textual tactics** used in these constructions – that is to say the ways in which stories were composed as cohesive and truthful and also the attribution of authority in the articles;
- The **discourses used** to form depictions of 'mental illness';
- The **positioning** of the speaker and the 'other' in the articles,
- The **relations between discourses** (the discourse of mental illness and that of other discourse/s); and
- The **consequences and impact of the discourse** of 'mental illness' for individuals with mental health difficulties (Bilić and Georgaca 2007: 173-174).

The analysis was performed on the original Serbian texts. After the identification of the main discourses in the texts, the articles were translated into English (by the authors themselves) with the translation matching the original Serbian texts as closely as possible. The texts were then analysed again according to each identified discourse.

2.4.2. Findings and Discussion of Results

Overall, the most frequent topic found across the total 165 articles that were collected was murder, rape and dangerousness – occurring in 21.8 per cent of the articles (Bilić and Georgaca 2007: 185). The second most frequent topic was PTSD (17.6 per cent), followed by depression in a national mental health perspective (15.1 per cent), and then schizophrenia (12.1 per cent). The least frequent topic was anorexia – occurring in only 0.6 per cent of the articles (Bilić and Georgaca 2007: 185). From the data analysis three central discourses could be identified: the discourse of dangerousness, the discourse of bio-medicalization, and the discourse of socio-political transition (Bilić and Georgaca 2007: 174). I will present the findings of each of these discourses below.

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The discourse of dangerousness

The discourse of dangerousness was related to mental illness in the articles either unequivocally – where individuals with mental illnesses were connected to brutal crimes – or suggestively, where the mentally ill were conflated with other stigmatized groups in society (Bilić and Georgaca 2007: 176). In one case, mental illness was portrayed as a "virus" and as a contagious sickness spreading across Serbia; the relation to modern science is evident here as mental illness is sensationally depicted as a "contagion" – thus framing it as something that is familiar and comprehensible to the public, but undesirable (Bilić and Georgaca 2007: 174-175). By referring to mental illness as "a virus that spreads across Serbia" danger is implied, which phrases like "blood-stained streets" and "personal and family tragedies" are further indicative off; this also illustrates that mental illness affects one's family and is thus not solely bound to the individual (Bilić and Georgaca 2007: 175). Furthermore, the depiction of mental illness as an infectious and physical ailment implies the need for detection, restraint, and control and depicts sufferers of mental illness as unpredictable and prone to committing vicious crimes (Bilić and Georgaca 2007: 175).

Moreover, the mentally ill were portrayed as a unified group, thus individuals lacked their own identity and the differentiation among mental illnesses was disregarded (Bilić and Georgaca 2007: 175). People with mental illness were further affiliated with other condemned groups in society (like drug addicts, people who are HIV positive, and alcoholics, for example) through successive listing and use of terms like "these people" and "patients", thus forming the vision of a collective "less-human group" (Bilić and Georgaca 2007: 176). Furthermore, these terms further intensify this group's detachment from "normal people" and strengthen the idea that society needs to "control and isolate people [with mental illnesses]" (Bilić and Georgaca 2007: 176). The association of the mentally ill with other stigmatized groups who are typically dramatically exaggerated as dangerous in news media, is likely to have implications of the mentally ill as also violent.

The discourse of bio-medicalization

Bio-medicalization was another common discourse drawn on to discuss mental illness. Here, psychiatrists (as the professionals that diagnose mental illnesses and prescribe medication to the mentally ill) were referred to religiously as the knowledge experts in mental illness (Bilić and Georgaca 2007: 176). Psychiatrists were illustrated as "the most reliable sources of

information on 'mental illness'" and were either quoted directly or indirectly mentioned; also, their qualifications and official positions were always plainly stated. Service user reports, on the other hand, were generally only used to support professional opinions and their identities and professions were less frequently reported (Bilić and Georgaca 2007: 176). Bilić and Georgaca (2007: 177) note that this method of assigning the psychiatrist "a superior status of expertise" is one of the tactics used by media producers to pull off a report that is "credible and objective".

Furthermore, psychiatrists were commonly found to ascribe mental illness to biological reasons, with the use of a scientific vocabulary securing their authority (Bilić and Georgaca 2007: 176). Bilić and Georgaca (2007: 177) also identified a textual strategy of vagueness, as technical language was regularly used to explain intricate biochemical processes associated with mental illness and its causes, yet this technical medical discourse was unexplained and is typically incomprehensible to laypersons reading these articles. Also, the entirety of complex human phenomena was frequently reduced to biomedical explanations, thus diminishing the self to a mere biological phenomenon and reinforcing the medical model linked to mental illness (Bilić and Georgaca 2007: 177). On the other hand, some articles used simpler language that could more easily be understood by readers, with the aim in these articles being more to educate and inform the public about mental illness (Bilić and Georgaca 2007: 178). Several articles also likened physical disorders to mental disorders, while other articles presented sufferers of mental illness as passive patients unaware of what is happening to them and needing to accept treatment from psychiatrists so that the psychiatrist can "successfully return the patient to normal life". The discourse of bio-medicalization constructed mental illness as a medical disorder, with psychiatrists represented as the specialists in diagnosing and dealing with these illnesses (Bilić and Georgaca 2007: 178). Further, psychiatrists transferred knowledge about mental illness to the public, often using specialized medical discourse in their explanations and coercing the public to accept the authority of psychiatry, while individuals with mental illnesses were constructed as incapable in understanding and reacting to their difficulties, thus de-legitimizing their personal accounts of living with mental illnesses; here, mental illness was constructed as a reflection of individual disordered biochemical processes (Bilić and Georgaca 2007: 181).

The discourse of socio-political transition

Unlike the discourses of dangerousness and the discourse of bio-medicalization, which are well established in the literature as "cross-culturally encountered in newspaper reports on 'mental illness'", the discourse of socio-political transition is more specifically related to this particular collection of texts, and to Serbia's socio-political situation at the time of Bilić and Georgaca's (2007: 179) data collection. The discourse of socio-political transition consisted of two contrasting methods to the topic of mental illness, however both methods started with the same two acknowledgements: firstly, that the number of mentally ill individuals in Serbia has increased, and secondly, that the socio-political situation at the time of this study had a negative impact on the mental health of the Serbian population (Bilić and Georgaca 2007: 181).

In the first approach, the discourse of socio-political transition situates mental disorders in a social context and collectivizes mental illness as a feature of the entire (Serbian) nation (Bilić and Georgaca 2007: 179). There is a "nationalist rhetoric" that is employed with Serbia constructed as "a healthy nation" – in spite of its hardships – and as a superior nation despite its marginal worldly status (Bilić and Georgaca 2007: 180). There is also evidence of a "Christian moralist discourse", where Christian values are proposed as the solution to problems resultant from Serbia's state of transition, and other religious affiliations are excluded by reference to only a single envisioned healthy society. This first approach collectivizes mental health by illustrating a healthy nation in spite of its increase in mental disorders due to its social conditions (Bilić and Georgaca 2007: 180). Contrarily, the second approach collectivises mental illness by depicting a nation suffused with abnormality (Bilić and Georgaca 2007: 180). This implies that the polarization between "us" – normal – and "them" – abnormal – no longer exists, and so the marginalization of the abnormal breaks down (Bilić and Georgaca 2007: 180). It also implies that mental illness is not an individual condition that resides in mentally ill persons, but rather that mental illness is a collective abnormality for psychiatrists to provide expert views on – thus further re-establishing the medical model. This discourse constructs a specific description of mental illness as conditioned by social circumstances (Bilić and Georgaca 2007: 181).

To conclude, Bilić and Georgaca's (2007: 181) study indicates that mental health depictions are exceedingly negative in Serbian news media and that daily Serbian newspapers stigmatize individuals with mental health problems by constructing them as unsafe non-resistant suffers

of their biomedical disorders. Their study also highlights that the medical model of mental illness is the central model, which is explainable by the authority and expertise delegated to psychiatrists, and the delegitimisation of reports by lay persons and other professionals (Bilić and Georgaca 2007: 181).

2.5. Constructions of Mental Health in Three Australian Newspapers

The fourth study I will draw on, which was conducted by Kenez, O'Halloran, and Liamputtong (2015: 513), studied mental health depictions in three daily Australian newspapers. By looking at previous studies on the representation of mental health by the media, Kenez et al. (2015: 513) noticed that media portrayals of wellbeing (in comparison to illness) appear to have been disregarded. They believe that the media has the ability to form positive pictures of mental health and encourage individuals suffering from mental illnesses to seek help, or on the contrary, to instigate adverse and stigmatizing attitudes about mental health (Kenez et al. 2015: 513). Kenez et al. (2015: 513) further acknowledge the role of journalistic framing (emphasising some aspects over others, see section 3.4) on the audience's interpretation and understanding of information, with previous studies concluding that the majority of news media frames mental illness negatively – with crime and violence emerging as a dominant topic. The study by Kenez et al. (2015: 514) looked at portrayals of mental health as a universal issue, but also relative to illness and wellbeing; they focused on two prevalent mental disorders: (i) mood and anxiety disorders, and (ii) psychotic disorders. They attempted to fill previous research gaps by providing an account of mental wellbeing in the media, and they also aimed to investigate whether media portrayals of mental health have improved.

2.5.1. Procedure

Kenez et al. (2015: 514) selected newspapers as their data source as they are one of the forms of public discourse that have been around for the longest period of time, and newspapers are re-readable, which they argue makes them more impactful than other forms of media that do not have this characteristic. The newspapers they chose for their study were: *The Age*, *Herald Sun*, and *The Australian* – as well as their weekend equivalents (*The Sunday Age*, *Sunday Herald Sun*, and *Weekend Australian*). These newspapers were chosen as they made a comparison between tabloid newspapers (*Herald Sun*) and broadsheet newspapers (*The Age*

and *The Australian*) possible, as well as a comparison between Melbourne representations (*Herald Sun* and *The Age*) and nationwide representations (*The Australian*) possible (Kenez et al. 2015: 514). They collected hard copies of these newspapers, as hard copies allowed for an analysis of the data in its original form and also for visual elements and article prominence within the newspapers to be considered. Data collection took place from April 8, 2012 until June 30, 2012 (a twelve week period), which ensured that an equal amount of each day's newspapers were collected (Kenez et al. 2015: 514). It also ensured that data collection took place when no major mental health events were planned and before the 2012 Olympic Games – which could have impacted the amount of data collected. Further, they were only concerned with how journalists portrayed the issues of mental health and so letters to the editor were omitted from their analysis, as well as sections not directly applicable to mental health – such as articles centring on business, travel, entertainment, and property, for example (Kenez et al. 2015: 514). They drew on previous studies and literature, as well as the *Diagnostic and Statistical Manual of Mental Disorders*, in order to compile a list of terms (common and conversational terms, terms concerning treatment, terms relating to specific disorders and symptoms, and terms related to positive psychology) associated with mental health, which assisted in their collection of relevant articles (Kenez et al. 2015: 514). This list contained a total of 130 terms and related terms. Although this list was extensive the possibility of other terms emerging was not ruled out (Kenez et al. 2015: 514). To further ensure the collection of appropriate articles, only articles that contained one or more of the generated list of terms in: a contextual sentence, headline, standfirst[4], breakout boxes[5], or first two paragraphs were incorporated (Kenez 2015: 514). A total of 225 suitable articles were gathered; information from these articles was recorded into a Microsoft Excel spreadsheet where features (such as the page number the article was found on, and the article title, for example) of each article was recorded, to assist with the data analysis. Kenez et al. (2015: 514) employed a mixed methods approach that consisted of a quantitative content analysis, which used descriptive statistics to observe and record patterns, and a qualitative thematic analysis to determine particular categories and patterns within the collected texts.

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[4] A brief introductory summary of an article in a newspaper, which typically appears immediately after the headline.

[5] A text box that gives a synopsis of a story and key highlights of that story.

2.5.2. Findings

The quantitative findings of the study by Kenez et al. (2015: 515) revealed firstly, that most of the articles came from *Herald Sun* and *Sunday Herald* – with a joint total of 111 articles out of the total 225 articles; *The Age* and *The Sunday Age* made up a joint total of 57 articles*, and *The Australian* and *The Weekend Australian* also made up a joint total of 57 articles. It was also revealed that when compared with the rest of the week, more content was gathered on Saturday and Sunday – 104 articles out of the total 225 articles were collected on the weekend. In the third week, data collection was at its highest (29 articles were collected), and in the fifth week, it was at its lowest (ten articles were collected) (Kenez et al. 2015: 515). Furthermore, 61.3 per cent of the articles included visual components (like photographs, or computer-generated images), and articles in weekend papers were larger in their physical size than in the weekday papers. It was further shown that the majority of the collected articles were on mental *illness* (119 of the articles), as opposed to mental *wellbeing* (63 of the articles), and 43 of the articles generally discussed mental health (topics like funding, policy, awareness, and understanding were found here) Kenez et al. (2015: 515). Lastly, the most frequently featured illness was mood disorders, which appeared in 38 articles and 16.9 per cent of the data.

Furthermore, a qualitative thematic analysis of the data revealed four major themes: the causes of mental illness, responsibility and control of mental illness, diagnosis and labelling of mental illness, and the impacts and outcomes of mental illness – these themes reveal a dominant focus on mental illness over wellbeing in the articles (Kenez et al. 2015: 516). I will present the findings made within each theme individually below.

The cause of illness

The cause of mental illness in the articles was attributed to genetics and physiological factors (Kenez et al. 2015: 516). Statements from medical professionals often supported these claims; there were also suggestions that mental illnesses and/or a general state of poor mental health results from increased pressures of modern life – like society's high expectations, and increased workloads (Kenez et al. 2015: 516). Furthermore, mood and anxiety disorders were discussed as the consequence of both direct and indirect physical trauma, as well as psychological trauma.

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Responsibility and control

The articles often presented the mentally ill as accountable for their behaviour, while few articles depicted the mentally ill as explicable for their behaviours due to their illnesses (Kenez et al. 2015: 516). Although reference was made here to the mentally ill's illnesses, specific disorders were not always named. Mentally ill individuals were often framed as female, and the mentally ill were constructed as responsible for managing their illnesses through self-help programmes (Kenez et al. 2015: 516). Several articles used the "fear of judgement from others" as a tactic to push for the importance of this self-management, while other articles made it clear that it was the responsibility of the mentally ill's significant other to press for self-help.

Diagnosis and labelling

Mental illness was regularly discussed as a pervasive illness, yet it was also deemed over-diagnosed on the basis that pharmaceutical companies benefit and profit from its diagnosis (Kenez et al. 2015: 516). Mental illness stigma was considered to have decreased over time due to awareness about mental health/illness having increased. Furthermore, several articles presented stereotypical accounts of psychotic illnesses, but this were infrequent (Kenez et al. 2015: 516).

Impacts and outcomes

Positive effects from dealing with mental illness were presented as desirable and worthwhile, with quotes from individuals successfully managing their mental illnesses used to support these claims (Kenez et al. 2015: 516). The connection between the mind and the body was also frequently discussed, where a healthy body was linked to a healthy state of mind. Although positive outcomes from managing mental illness mostly featured, some negative outcomes of living with mental illness also featured (Kenez et al. 2015: 516).

2.5.3. Discussion of results

Overall the study by Kenez et al. (2015: 516) showed that there is a difference between tabloid reporting and broadsheet reporting. *Herald Sun* (tabloid) contained the majority of content and also focused more on mental wellbeing as opposed to illness. The amount of content that was collected did not appear to be affected by locality, as the same amount of

articles were collected from the Melbourne and nationwide broadsheets (Kenez et al. 2015: 516). External events appeared to have an effect on reporting content, as weeks four and five appeared to overlook mental health, which were also the weeks in which the State and Federal budgets were released (Kenez et al. 2015: 516). Furthermore, the results indicated that mental illness is deemed more newsworthy than mental wellbeing, as more than half of the collected data, as well as the results from the thematic analysis, focused on mental illness. Also, not all of the articles named specific mental illnesses, which previous research has shown is more likely to instigate negative perceptions of all mental disorders – thus these articles contributed to stigmatizing views about mental illness rather then eradicating them (Kenez et al. 2015: 516). The results also discussed the management of mental illness and preserving good mental health, but these articles did not clearly reference additional support, and instead implicitly provided help by suggesting individuals see their doctor for more information.

Overall, the study by Kenez et al. (2015: 517) examined mental health as a holistic concept – including both illness and well-being – and it showed that certain variables (like the day of the week, and the news proceedings in a particular week) have an effect on the content that is reported on and published. Furthermore, it proved that Australian media would benefit from education on reporting on mental health in a way that eliminates all possibly stigmatising ideas (Kenez et al. 2015: 516).

2.6. Media Representations and Public Discourse of Mental Health and Psychiatry in Swedish Media

The fifth study I will be referring to was conducted by Ohlsson (2017: 1), and focused on the role of mass media in manipulating public discourse on health and illness. Ohlsson (2017: 2) used the "theory of social representations" in order to observe how matters regarding mental health and psychiatry, as well as various perspectives on these matters, are represented by Swedish mass media. The "theory of social representations" accounts for "the processes where socially shared knowledge is transformed and (re)constructed [by mass audiences]" – where mass media has been shown to have a significant influence on the way these social representations are formed and distributed by the public (Ohlsson 2017: 2). Hence, the ideas and conceptions that are prevalent in the media are considered crucial in forming common sense knowledge in society.

2.6.1. Procedure

In order to complete this study, Ohlsson (2017: 3) qualitatively analysed two major national daily Swedish newspapers – *Svenska Dagbladet* and *Dagens Nyheter* – from 2009. These newspapers occupy a favoured place in Swedish media, have a sizeable readership and circulation, are frequently referred to in other Swedish media, and are described as "trustworthy" and "authoritative". All texts from these two newspapers from the year 2009 that contained the word stems "*psykisk**" ("mental*") OR "*psykiatri**" ("psychiatry*") OR "*psykoterap**" ("psychotherapy*") OR "DSM" (*Diagnostic and Statistical Manual of Mental Disorders*) were collected (Ohlsson 2017: 3). These three word stems were selected as they: "would be used in most cases where issues of mental health or illness [were] dealt with" (Ohlsson 2017: 3). The articles were collected via a database for printed Swedish news media and amounted to a total of 1242 applicable texts (Ohlsson 2017: 3). Instances where terms were only used metaphorically, or "where issues of interest to [Ohlsson's] study were not topical or thematised in ways that could provide data for the analysis", were excluded – thereby resulting in a subsample of 691 texts. A two-step qualitative analysis of the texts ensued: firstly, a thematic analysis to observe representations, views, and overall themes in the data; and secondly, an analysis of the central tensions and conflicts in each of the revealed themes from the thematic analysis (Ohlsson 2017: 3-4). Ohlsson (2017: 4) translated the amassed articles himself before conducting the analysis, and subject these translations to review from colleagues in order to ensure translation accuracy.

2.6.2. Findings

Results of the analysis revealed three broad themes in the texts, each with their own distinct tensions and conflicts. These themes were: mental health as a current significant issue, polemics in a field of contestation, and ambivalence regarding expert knowledge (Ohlsson 2017: 4,7,9). These themes, as well as their unique tensions and conflicts, will be presented individually below.

Theme 1: Mental health as a current significant issue

The first theme that arose in the data was that of mental health as a current significant issue in society. The analysis showed that in all sections of newspapers, that is: in debate, editorial pages, pages on culture, letters to the editor, news pieces, and any other sections, attention is given to mental health issues (Ohlsson 2017: 4). There were even citations of mental health

issues in book and film reviews, as well as theatre plays. The findings show mental health to be a current issue occupying a major space in public discourse, with the subject groups "deviant actions and crime", "dramatic rise and common problems", and "conceptual ambiguity" surfacing here (Ohlsson 2017: 4).

(i) Deviant actions and crime

As previous studies have revealed, the mentally ill are often described as dangerous perpetrators of violent crimes. Ohlsson's (2017: 4) study uncovers comparable findings, as when violent crimes or dramatic events were reported on, the offender's mental state of mind was often referred to with comments on the individual's previous psychiatric treatments and/or specific diagnoses of mental illness, hence reinforcing this link between mental illness and criminal behaviour and also serving as a moral judgement of the mentally ill – thereby contributing to the stigmatisation often associated with the "other" (Ohlsson 2017: 5). Mental illness was presented as the explainable factor for criminal actions through a reiterative correlation between deviance and crime, and the mentally ill (Ohlsson 2017: 5).

(ii) Dramatic rise and common problems

The data also demonstrated ample descriptions of mental illness as: a common incident, one of Sweden's main health problems, and as a key modern-day issue that causes immense suffering and "tremendous economic costs to society" (Ohlsson 2017: 5). There was a specific focus on depression, and the increasing number of individuals diagnosed with depression, as well as on the rise in prescribed anti-depressants in recent years. The growth in diagnosed mental illnesses was associated with all stages of modern-day life, which was represented as characterised by high expectations and profuse in choices – especially for the youth (Ohlsson 2017: 5). Thus, parents were illustrated as responsible for preparing their children for life's challenges in order to protect them from "falling ill", with psychologists and psychiatrists often cited as essential in assisting parents with providing this support to their children.

(iii) Conceptual ambiguity

Evident in the articles was a dispute on what a "healthy life" looks like with articles citing doctors who claim that individuals have unrealistic expectations of a "pain-free life" and

beliefs that "feeling well is a human right" (Ohlsson 2017: 6). Also, the Swedish population was identified as too preoccupied with general health rather than serious health problems, thus illuminating a conceptual ambiguity of "mental illness". Furthermore, medical terms used to report on mental illness in Swedish newspapers were found to be unclear as terms were often not clearly defined, thus causing a conceptual confusion as to what should be considered as medical issues and what is instead a different kind of painful experience (Ohlsson 2017: 6).

Theme 2: Polemics in a field of contestation

The second theme considers the number of dissimilar perspectives and viewpoints on mental illness found in the media discourse that constantly challenged one another, where "polemics", "questioning psychiatry", and "ignorance and prejudice" were identified as core tensions (Ohlsson 2017: 7-8).

(i) Polemics

Evident in the collected data were various viewpoints on mental illness; these included: medical and clinical views (often conveyed by individuals with medical careers), scientific views (particularly when commenting on research discoveries), political accounts (in opinion pages and interviews), opinions of representatives for consumer-operated administrations, and views of health service customers (Ohlsson 2017: 7). It was common for persons quoted in articles and for the authors themselves to refer to perspectives that differ from their own and explicitly challenge and contest these – almost all statements about mental health/illness were debated elsewhere. This difference of opinion and denunciation of others' views makes mental health/illness a severely controversial topic (Ohlsson 2017: 7).

(ii) Questioning psychiatry

A widespread subject in the data was the questioning of therapy and the critique of Swedish psychotherapy training (Ohlsson 2017: 7). Texts commented on the efficacy of a variety of psychotherapeutic techniques where professionals, service users, and others heavily critiqued different therapeutic methods and specifically categorically rejected psychodynamic therapy and the effectiveness of cognitive behavioural therapy (Ohlsson 2017: 7). Pharmacological treatments were also doubted, with specific focus placed on the risks and limits of medication

and the dangers thereof (Ohlsson 2017: 8). There was also evidence of varying views on the treatment of mental illness. This opposing discourse presents a complicated frame to the reader where they then have to assess the credibility of various knowledge claims and therapy approaches (Ohlsson 2017: 8).

(iii) Ignorance and prejudice

The collected texts were also evidence of the prejudice and stigma of mental illness, as mental illness was often referred to in a derogative way and regarded as a "moral defect" (Ohlsson 2017: 8-9). In some texts, sufferers of mental illness expressed their desire for an "ignorant public" to be educated on mental illness, with government officials also proposing an innovative programme initiative to increase awareness concerning mental illness and contest its negative constructs (Ohlsson 2017: 9). Other claims from the general public contradicted these views by stating that mental illness is already stigmatised less today and that it is also less likely considered taboo nowadays to see a psychologist. These contesting ideas and opinions add to the complex frame of this discourse that is presented to readers.

Theme 3: Ambivalence regarding expert knowledge

The last theme identified was that of contradictory ideas about mental health experts, where "taken-for-granted authority" and "questioned expertise" formed the content categories of this theme (Ohlsson 2017: 9).

(i) Taken-for-granted authority

The collected articles demonstrate a clear trust in the knowledge of psychologists and psychiatrists as they were regularly consulted to provide explanations and comments on a range of topics – not just mental health related but on other subjects too, like personal development, stress, diet, parenting, and so on (Ohlsson 2017: 9). They were also entrusted to identify "normal" individual and social behaviour, and behaviour that is considered "aberrant" and "wrongful". This trust in professional expertise was further evident in established sections of newspapers where readers could send in personal problems and issues to be answered and given advice by psychotherapists (Ohlsson 2017: 9).

(ii) Questioned expertise

On the other hand, experts in the field also appeared to be questioned and their knowledge claims dismissed (Ohlsson 2017: 9). Critics questioned the scientific source for knowledge in the discipline of psychiatry and argued that the field is out-dated, old-fashioned, and "based on obsolete ideas". There were also questions raised about obtaining a true impartial division between "normal" and "pathological" and about trustworthy diagnoses (Ohlsson 2017: 10). Furthermore, some reports called the medical paradigm insufficient in understanding and explaining mental suffering. Additionally, several reports also dealt with psychiatric practices and their inadequacies. Service users described their encounters with abusive staff and the use of physical force, and inadequate care experienced in these facilities (Ohlsson 2017: 10). Psychiatric practices were described as "imped[ing] recovery" and as "a system that makes abuse possible". It is clear that there was also a strong voice of distrust in professional expertise present in the discourse.

2.6.3. Discussion of results

Ohlsson's (2017: 11) study reveals the topical nature of mental health in modern society and the predominant questions around it of how mental illness can be circumvented and how a healthy mental state of mind can be preserved. Mental illness is largely constructed as a threat to the individual and as a danger to contemporary society. It is also clear that mental health and the discussions surrounding it are characterised by conflicting views and opinions, which appear to be positioned around two central aspects: the normal and the pathological, and trust and distrust (Ohlsson 2017: 11,13).

The normal and the pathological

Although the concepts 'mental health' and 'mental illness' seem to be characterised by a terminological vagueness, there were frequent discussions of the difference between "normal" and "aberrant" behaviour in the data – even if these conceptual boundaries were sometimes blurred and/or questioned (Ohlsson 2017: 11). When discussions of crime were prevalent, there were explicit divisions made between the mind of a criminal and that of a healthy mind, with the former being described as deviant and clearly dissimilar from the later. These discussions can be called a "thema" in social representations, as there is a dichotomy created between normality and abnormality and between 'us' and 'them' (Ohlsson 2017: 11). These findings of media representations are fundamentally at the core of

conceptions and stigmatisation of the mentally ill (Ohlsson 2017: 12). Mental illness was also often referred to as a kind of "virus" that disseminates through society, thus merging pathology with that which is deemed deplorable. On the other hand, others voiced the opinion that in modern-day society everyone is at risk, and experiencing mental struggles, thus there is no distinction between the mentally ill and those who are not (yet) affected by mental illness (Ohlsson 2017: 12). There were also overt efforts to contest stigmatising perceptions of mental illness. This normalising discourse diverts away from the thema of 'self-other' (Ohlsson 2017: 12).

Trust and distrust

Further, specialised knowledge in the field of mental health was also characterised by opposing opinions, with strong tensions emerging regarding legitimacy and authority in the discipline (Ohlsson 2017: 13). Several texts displayed an irrefutable trust in the professionals – psychologists, psychiatrists, and psychotherapists – on a range of topics relating to everyday adversities, like stress and the demands of routine working life, and also on the extraordinary and unusual, like serious illness or trauma from an abusive relationship; laypersons thus put their trust in, and rely on, professional's expert knowledge to live a healthy life and minimise risk. It can thus be said that professional knowledge occupies an authoritative position in society as professionals are entrusted to shape the lives of individuals, thus emphasising the "on-going medicalization and professionalization of our emotional and everyday lives" (Ohlsson 2017: 13). These findings also corroborate the discoveries of Bilić and Georgaca (2007: 178) of a dominant biomedical discourse of mental illness in the media, which constructs mental illness as a medical illness that specialists need to control and treat. On the contrary, numerous texts demonstrated uncertainty and scepticism in psychiatric capabilities, illustrating psychiatric facilities as harmful and dangerous to its patients, and the medical treatment of mental illnesses by psychiatrists as insufficient and dubious (Ohlsson 2017: 14). Furthermore, there was a certain level of scepticism about the foundations of knowledge of psychiatry with the relationship between professionals and laypersons portrayed as unhealthy, and psychiatric practices as requiring critical inspection – thus this discourse creates doubt and uncertainty in readers' minds about trusting in professionals for help.

It can be concluded that the findings from the newspaper content in this study do not conform to a single discourse of mental health/illness, as there were many representations and perspectives of mental health/illness present that were contradictory and juxtaposed (Ohlsson 2017: 12). Ohlsson's (2017: 1) study is thus indicative of the intricate epistemic context that newspapers produce for every day sensemaking and its impact on the conceptualisation of 'mental health' and 'mental illness'.

2.7. Conclusion

This chapter has provided an introduction to the context of this study by offering a discussion of five previous studies that investigated representations of mental illness in print news media. Chapter 3 will provide a discussion of the theoretical framework that this study is situated in.

Chapter 3: Theoretical Framework

3.1. Introduction

This chapter will introduce the theoretical framework that this study is situated in, which will comprise a discussion of: Critical Discourse Analysis (CDA), including the characteristics and aims of CDA, the emergence of CDA in the 1900s, Van Dijk's socio-cognitive approach to CDA and its central concepts and structures, and notable criticisms levelled at the field of CDA; as well as several concepts from other theories from the field of Discourse Analysis (DA) that are useful in analysing the discursive construction of social reality, including the concept of 'framing' in the media, as first put forward by Goffman; Scollon's theory of attribution; Huckin's discussion of "discreet silences" as a form of textual silence; and the genre of tabloid journalism and its associated features.

3.2. Critical Discourse Analysis (CDA)

The findings of this study are situated within the paradigm of Critical Discourse Analysis (CDA), also sometimes referred to as Critical Discourse Studies (CDS) or Critical Linguistics (CL). CDA is not considered a specific direction of research and it does not have a unitary theoretical framework; rather it is a field with various approaches that are theoretically and analytically diverse – thus Critical Discourse Analysts are typically explicit in their own individual positions and remain self-reflective of their research processes (Wodak 2009: 3). Nevertheless, all approaches to CDA ask questions about the ways specific discourse structures are utilised in the (re)production of power and dominance in society, and contain a common perspective and a general aim of identifying and analysing discourse that is considered socially problematic (Van Dijk 2005: 352). This focus on discourses of power both contemplates these social practices and contributes to achieving social and political change (Mongie 2013: 77). Aside from analysing the discursive (re)production of power, CDA is also interested in challenging the (re)production of this dominance in the interest of the dominant groups in society – referred to as "elites" (Mongie 2013: 77). CDA looks at multifaceted social phenomena and is thus described as an intricate and multidisciplinary field of investigation (Van Dijk 2005: 352).

Further, Van Dijk (1993: 249) defines CDA as being "concerned with the relations between discourse, power, dominance, social inequality and the position of the discourse analyst in

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such social relationships". The word "critical", according to Van Dijk (cited in Wodak 2001: 2), refers to CDA as concerned with prevalent social problems, thus critical discourse analysts adopt perspectives of marginalised group members in society, and critically analyse the discourse of those who are in power and responsible for the marginalisation of others, and those who have the means and ability to resolve such problems. It does not – as often misunderstood – denote a negative study of social or political phenomena. Additionally, Wodak (2001: 10) says the word "critical" in CDA indicates "[the researcher] having distance to the data, embedding the data in the social, taking a political stance explicitly, and […] focus[ing] on self-reflection as scholars doing research". The critical aspect that characterises CDA is exactly what distinguishes it from other forms of discourse analysis, as well as from textlingusitics (Kress 1990: 84). Moreover, the concept 'discourse' is used in a multitude of manners in the social sciences, and so Critical Discourse Analysts typically clarify their definition of the term before presenting their studies. That being said, Van Dijk (in Wodak 2009: 6) defines "discourse" as "structured forms of knowledge and the memory of social practices", meaning that discourse is a form of linguistic investigation that is interested in how text and talk in social and political contexts produce and reproduce inequality, dominance, and social power abuse in society through language use and production (Van Dijk 1993: 253). He differentiates this from "texts", which he defines as "concrete oral utterances or written documents". This thesis uses Van Dijk's (1986, 1993, 1997, 1998, 1999, 2005, 2006) definition and approach to CDA.

3.2.1. Characteristics and Aims of CDA

CDA is fundamentally concerned with tenacious social problems, which it intends to better understand through discursive analysis (Meyer 2001: 3). It aims to reveal "how linguistic-discursive practices [overlap] with the wider socio-political structures of power and domination" (Kress 1990: 85). Thus, one of its attributes involves being an advocate for the groups in society that suffer from social inequality and discrimination. It is interested in so-called "real problems", that is, important problems in society that jeopardize the lives and welfare of many (Van Dijk 1993: 252). Central to these social issues is the intricate relationship between social dominance and discourse. One of CDA's main aims is thus analysing structural relationships (both transparent and non-transparent) of dominance and power as expressed through language in society (Wodak 2001: 3). As it is typically interested in productions of dominance in both written and spoken discourse, these studies generally

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make use of various forms of written or spoken language – such as newspapers, magazines, online blogs, political speeches, and so on. Thus, CDA critically examines social inequality as it is manifested and legitimated in societal discourses. This interest in discourses of power aims to reveal social practices, but also to generate social and political transformations (Mongie 2013: 77). Hence one of CDA's main aims is "change through critical understanding" (Van Dijk 1993: 253).

Additionally, CDA deems the relationship between language and power crucial. It sees "language as social practice", and considers the context in which discourse is produced to be of utmost importance (Van Dijk 1993: 249). This idea is clarified in a popular definition adopted by many CDA researchers, which states:

> Describing discourse as social practice implies a dialectical relationship between a particular discursive event and the situation(s), institution(s) and social structure(s), which frame it: the discursive event is shaped by them, but it also shapes them. That is, discourse is socially constitutive as well as socially conditioned – it constitutes situations, objects of knowledge, and the social identities of and relationships between people and groups of people. It is constitutive in the sense that it helps to sustain and reproduce the social status quo, and in the sense that it contributes to transforming it […] (Fairclough and Wodak 1997: 258).

Thus, CDA aims to critically study social discrimination as it is articulated, established, legitimised, and so on, by language use and production (Wodak 2001: 3). As a paradigm, it is collectively interested in methodically examining semiotic data (written, spoken, or visual) to shed light on social power and inequalities in society. Habermas's statement (in Wodak 2001: 3) that "language is […] a medium of domination and social force…[that] serves to legitimize relations of organized power" encapsulates the belief that most critical discourse analysts endorse.

3.2.2. The Emergence of CDA as a Network of Academics In the 1900s

The launch of Van Dijk's journal titled *Discourse and Society* in 1990*,* and a meeting between a group of CL academics in 1991, where they discussed, and came to an agreement on, the main theories and methods that would characterise CDA, signified and marked the emergence of CDA as a paradigm (Wodak 2009: 3). This 1991 meeting consisted of: Teun Van Dijk, Ruth Wodak, Theo van Leeuwen, Norman Fairclough, and Gunther Kress, who all acknowledged the role language plays in shaping society (Wodak 2002: 13). Subsequently,

CDA as a paradigm was solidified in Kress's (1990: 85-86) publication of ten "theoretical foundations and sources" of the approach to CDA, which comprised: (i) the conceptualization of language as a kind of social action; (ii) the understanding of texts as the result of socially situated speakers and writers; (iii) a recognition of the fact that text producers typically exist in unequal relationships with one another; (iv) the understanding that meanings from texts are the product of reader and writer interaction(s); (v) the recognition that linguistic aspects are never random; (vi) the acknowledgement that language, texts, and linguistic aspects are always non-transparent; (vii) the acknowledgement that due to the socio-cultural positioning of language users, there is inevitably a limit on language users' scope of access to certain language system arrangements; (viii) the view that concepts like 'norm', 'core', and 'the language system' are problematic; (ix) a vision of language that always considers history; and (x) the dependence on close linguistic description. This list is a clear reflection of the theoretical roots of CDA.

3.2.3. Van Dijk

For reasons stated above, Van Dijk is commonly seen as one of the core contributors to present-day CDA. His framework for CDA and his socio-cognitive approach will be the main point of departure for this study, as I find his explanation of how ideology and discourse correlate, and his conceptualisation of 'mental models', valuable for this study's investigation of the (re)construction of mental illness in South African magazines, and its affect on individuals' constructions and ideologies about mental illness – his conceptualisation of 'mental models' elucidates how individuals internalize media messages about mental illness. Further, Van Dijk's approach was chosen for this study as it makes the most sense to me.

Van Dijk's (1997a: 22) approach to CDA is a socio-cognitive one, in that it "deals with shared social representations and their acquisition and uses in social contexts". His theory centres on the concept 'ideology', which he defines as involving beliefs, or mental representations, hence necessitating cognitive structures. He further states that ideologies are social, institutional, or political (and usually not personal), and hence they also consider social structures. His approach is embedded in a discourse analytical framework when examining the "subtle textual expressions of ideologically based opinions". He is of the belief that there exists a complex relationship between ideologies, opinions, and media discourse.

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The next sections will explore this relationship by considering the concepts, 'discourse', 'power', 'mind control', 'ideology', and 'mental models' (Van Dijk 1997a: 21).

3.2.3.1. 'Discourse', 'Power', and 'Mind Control'

According to Van Dijk (1993: 252), 'discourse' is understood as a "social practice" due to the fact that language is viewed as existing in a "dialectical relationship with society", and not as an entity existing separately from society. This means that language is shaped by the social context in which it is used but it also shapes the social context (Mongie 2013: 78). Since discourse is socially consequential, it is a potential source of social power and power issues (Wodak 2009: 6). Thus, as there is always the potential for manipulation between participants, power exists in all discourse (Van Dijk 1993: 254). Certain powerful groups, which Van Dijk (1993: 254) calls "elites", have privileged access to discourses, and more "dominant discourses" (like institutional, bureaucratic, and media discourses) thus they control the way less powerful individuals (who have a limited set of discourses, like conversations with family members, and friends) perceive social phenomena. This power and dominance is typically organised and institutionalised – that is, it is legitimised via laws, enforced by the police, and ideologically sustained by the media (Van Dijk 1993: 255). So-called "elites" feature at the top of the power hierarchy as they play a major role in the decision-making and planning of the processes that enact and sustain power through discourse. The power that these "elites" have over dominant discourses allows them to control the attitudes, knowledge, norms, and beliefs of less powerful individuals, or those individuals who do not have direct access to these dominant discourses; Van Dijk (1993: 257) refers to this as 'mind control'. Henceforth, 'mind control' refers to the power and dominance of members of one group over another group/s, which includes control over both action and cognition – as "elites" can limit the freedom and actions of other group members, but also influence their minds using particular persuasive strategies and discourse structures (Van Dijk 1993: 254). This control is not always bluntly manipulative as it can be enacted and reproduced in subtle, every day forms of text and talk that appear natural and quite acceptable – like sexist, or racist discourse, for example. This is a crucial point for critical discourse analysts as "managing the mind of others is essentially a function of text and talk" (Van Dijk 1993: 254). CDA is thus concerned with the discursive tactics that legitimise control and uphold the social order – which denotes the continuation of societal discrimination and biases that are perceived as "the norm". These "norms" (typically) reflect the ideologies and opinions of "elites", and are discursively constructed in discourse; the role

of 'mental models' is significant here. The next section will consider Van Dijk's theory of 'ideology' and his conceptualisation of 'mental models' and 'context models'.

3.2.3.2. 'Ideology', 'Mental Models', and 'Context Models'

Van Dijk (1998: 135) defines 'ideology' as a set of socially shared beliefs that are "acquired, used, and changed in social situations…[based on]…social interests of groups and social relations between groups". He believes ideologies to be extremely complex social phenomena, and says that individuals' ideologies (as a socially constructed dimension of their mind) are interconnected with social structures and everyday social practices of discourse and other forms of interaction among people (as group members) (Van Dijk 1997a: 22). Thus, ideologies in this sense are "like knowledge and natural language"; they are formed and changed through the everyday interaction and discourse of members in social contexts of group relations and institutions – like the press. Van Dijk's (2006: 116, 117) concept of 'ideology' can be summarised as: (i) requiring a cognitive component to account for the notion of a "belief system"; (ii) not containing the ideological practices (such as burial ceremonies, to remember and say goodbye to the dead) or societal structures (like churches, erected to practice particular religious beliefs) that are based on them, as they are *ideas* (iii) socially shared by group members (to define the group's identity), and thus not private nor personal; (iv) the foundational social beliefs responsible for specifying cultural values and controlling the everyday behaviour of individuals; and (v) gradually acquired (and disintegrated) and (sometimes) changed throughout one's life – hence firmly established. Furthermore, Van Dijk (1998: 135) says that ideologies are expressed, reproduced, acquired, and changed by the social practices of their members through discourse. He deems ideologies the "interface" between cognitive processes and social processes. That is, he believes ideologies are the connection between the cognitive processes used by individuals to make sense of social reality, and the social processes involved in their interaction with others. Van Dijk (2006: 115) further says that methodical discourse analysis makes it possible for the structures and functions of underlying ideologies to be studied – especially the polarization in text and talk between in-group and out-group members.

Moreover, Van Dijk's (in Mongie 2013: 92) theory of ideology presumes that individuals reflect the social groups to which they belong through their knowledge, beliefs, and attitudes. This occurs in a dialectical relationship, as ideologies influence group member's discursive practices and these practices reinforce group membership. Nevertheless, despite this

clarification that group ideologies determine the behaviour of individual group members, it is not clear how group ideologies are expressed in individual discourse (Mongie 2013: 96). For this reason, one of CDA's main goals, according to Van Dijk (1998: 27), is identifying this "missing link" between group ideologies and individual discourse. Van Dijk (1998: 27) identifies and names this "missing link" as "mental models" (also known as "event models"), which he describes as "mental representations of personal experiences of specific actions, events, or situations", which are stored in a person's long-term memory. Mental models embody the subjective interpretation of discourse, hence they are personal, and they are what individuals will later on remember of a discourse (Van Dijk 1999: 125). These models are constructed from information that is extracted from discourse, and from sociocultural knowledge in the process of understanding text and talk (Van Dijk 1999: 126). The subjectivity of mental models is evident in how people "selectively interpret and represent events about which they communicate, but also by what opinions they have about events". Opinions, according to Van Dijk (1997a: 29) are "evaluative beliefs", as they are beliefs that presuppose a value, and involve a judgement about somebody or something. As soon as there is a group, or a conflicting group interest involved, these beliefs are said to be ideological. These evaluative beliefs are contrasted with factual beliefs, on the grounds that factual beliefs contain "truth criteria"[6], and evaluative beliefs presuppose values (Van Dijk 1997a: 30). Mental models are thus "personal, subjective, and context-bound". Important to this process is the internalisation of mental models in group members before they are discursively expressed as group ideologies (Van Dijk 1998: 27). Van Dijk's proposal of the process by which ideologies come to be expressed in discourse is depicted schematically by Mongie (2013: 96) as follows:

IDEOLOGY – organized into – GROUP ATTITUDES – internalized into – MENTAL MODELS – expressed in – DISCOURSE.

A key part of this process is how ideologies are first internalized into an individual's mental

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[6] Van Dijk (1997a: 30) clarifies "truth criteria" to be a "socially shared criteria of truth" (like "observation, reliable communication, valid inference, scholarly research", and so on), or "accepted criteria of knowledge". Truth criteria are not static; it can vary in different time periods and/or for different groups. In order for beliefs to be factual, it is only necessary that within the particular group or culture, there is an accepted criterion of knowledge that is applied (Van Dijk 1997a: 30). If these criteria of knowledge favor a particular group of people, then the truth criteria itself (or the system of knowledge) is said to be ideologically based.

models before group ideologies come to be expressed in discourse. During this internalization process, the individual modifies the ideology by comparing it to their personal experiences. Van Dijk (1998: 21) explains that as group ideologies and personal experiences are internalized into mental models, the ideological groups to which people belong affect their mental representations of events. In the media, this affects the discourse structures of news reports, as journalists will make use of strategic reporting practices that will encourage the audience to form a model that is similar to the journalist's model. This is usually achieved by manipulating aspects of the surface structures of news stories so that the journalist's in-group is positively presented, while the journalist's out-group is negatively presented (Van Dijk 1998: 21).

Moreover, in addition to mental models, Van Dijk (1997b: 193) identifies "context models", which he states pertain to the *communicative event* that language users participate in – as opposed to mental models that involve what language users *communicate about*. Context models, according to Van Dijk (2013: 137) are mental representations that define the "goals of the discourse, its communicative acts, and the properties of the audience". They are continuously updated so that they are always representative of the current situation, as they include the following information pertinent to communicative events: "age, gender, ethnicity, class, roles, goals, or beliefs of participants, as well as setting characteristics, such as time, location, and circumstances" (Van Dijk 1999: 130). Different participants in communicative events each have their own personal context model that determines their personal interpretation of the current situation; hence context models are personal and subjective, while participants' context models need to partly synchronize in order for discursive interaction and communication to even be possible (Van Dijk 1999: 130). Context models are thus personal and are the participants' "subjective *interpretations* and experiences of the communicative event or context" (Van Dijk 1997b: 193). For this reason, one may expect to find various versions of a single event – due to the influence of context models on discourse production; for example, the discourse of a journalist addressing the topic of suicide in a magazine article may differ from the discourse of the same journalist speaking about suicide with a friend. Context models are thus important to Van Dijk's theory, as they convey how the specific physical, social, and linguistic circumstances in which an utterance is made affect the production and comprehension of a text.

Ultimately, Van Dijk's (1997: 41) theory proposes that people's opinions about events

express their underlying ideologies, and these ideological frameworks monitor social practices and discourse in ways that are strategic and at the interest of the individual. His theory about the ways in which public discourses are internalised into personal ideologies, and specifically the way journalists' ideologies affect the discourse structures of news articles, proved useful for this study's analysis, as it accounts for the close relationship between discourse and ideology and how they simultaneously influence, and have an affect on, one another.

3.2.3.3. Discourse Structures

Moreover, Van Dijk's (1997a: 23) theory of 'ideology' comprises three main components: social functions, cognitive structures, and discursive reproduction. The social function of ideologies accounts for why people use ideologies in the first place, and according to Van Dijk (1997a: 24) the main social function of ideologies is the organization of the social practices of group members so that the group's goals can be realized, and its interests protected (Van Dijk 1997a: 24). The cognitive content of ideologies reflects the groups' social practices, in other words, what people do as group members reflects what they think as group members, and vice versa; this answers the question of what ideologies look like and how they manage social practices. Lastly, the discursive reproduction of ideologies denotes how group ideologies and attitudes are (in)directly expressed in discourse. Van Dijk (2006: 125) offers a discussion of analytical tools that can be applied when analysing discourse for underlying ideologies and beliefs. These "tools" are linguistic mechanisms that enable the production of a specific account of reality. Considering this thesis uses media data for its analysis, it is imperative to consider how journalists' opinions and ideologies are (consciously or subconsciously) expressed in text and talk, and how this has an affect on audience perception of a text (Van Dijk 1997a: 31); thus Van Dijk's "tools" are central to the textual analysis of this thesis and are discussed in detail below.

(i) Lexical Items

An analysis of lexical items is an analysis of the particular words an author/speaker uses in a text or speech (Van Dijk 1997a: 31). Certain words, particularly content words like nouns and verbs, and modifiers like adverbs and adjectives, have a clear evaluative judgement, thus these words are carefully selected by the journalist/publisher so that specific thoughts can

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strategically be evoked or suppressed in the reader through discourse; they communicate the ideological stance of the author/speaker so that implied opinions can be deduced (Van Dijk 1997a: 32). Evaluative nouns, evaluative verbs, evaluative adjectives, and evaluative adverbs are thus important lexical items to analyse for in media constructions of mental illness.

(ii) Modified Propositions

The way individual lexical items are strategically combined into clauses also expresses particular opinions of the journalist. Thematic roles are one factor that should be considered in the construction of clauses, as placing a subject in the agent role (the one that performs the action) assigns more responsibility for the actions done. Thus, when out-group members are involved in actions considered negative, they will typically be placed in the agent role, as their responsibility for the action is emphasised. Yet, when members of the in-group are involved in negative actions, they are likely to be placed in the "non-agentive" role, so that responsibility is evaded. Conversely, when members of the out-group are involved in positively valued actions, they will be placed in the "non-agentive" role, and when members of the in-group are involved in positively valued actions they will be placed in the agent role. The passive voice can also be used to de-emphasize responsibility. Van Dijk (1997a: 33) calls this strategy of polarization the "ideological square". The ideological square proposes a strategy of polarization whereby the in-group is positively described and the out-group negatively described. It is a general strategy used by groups to express shared group attitudes and ideologies via mental models. It involves emphasising our (the in-group) good properties/actions, while emphasising their (the out-group) bad properties/actions, and similarly mitigating our (the in-group) bad properties/actions, while mitigating their (the out-group) good properties/actions.

Propositions can further be modified using syntactic complexity. This a strategy whereby elites use highly complex language and sentences so that their discourse is incomprehensible to members of the public that are less-powerful, thereby excluding them from debate and decision-making. On the other hand, elites can sometimes use extremely simplified syntactic structures to condescend particular societal groups, which is ideologically based.

(iii) Implication

Implications involve opinions that are not necessarily explicitly stated in a proposition, but can be drawn from an expressed proposition based on "an event model or context model"; they allow authors to convey several meanings without explicitly stating them (Van Dijk 1997a: 33). Further, implicatures require a culturally shared knowledge of language in order to be recognised (Van Dijk 1997a: 34).

(iv) Presupposition

Presuppositions are presumed to be known, or true, in a specific mental model, and thus they are not asserted by any utterance (Van Dijk 1997a: 34); they denote claims that speakers make without asserting them, and are based on the ideological square. They are persuasive and are written "matter-of-factly", hence they are not easy to ignore or negate. Some presuppositions are not true at all, as is the case with presuppositions that contain opinions (Van Dijk 1997a: 35). Van Dijk (in Mongie 2013: 139) describes presuppositions as "a specific and well-known case of semantic implication".

(v) Description

Regarding the sequence level of propositions, one can consider how events are described on the generality and specificity scale (Van Dijk 1997a: 35). Applying the ideological square to this phenomenon will mean that one can expect Our good deeds and Their bad deeds to be described using more detailed propositions – that is being more specific. On the other hand, Our bad deeds and Their good deeds are expected to be described more generally (if at all), and in abstract terms with not much detail to any extent (Van Dijk 1997a: 35).

Van Dijk (in Mongie 2013: 141) also identifies the notion of the "strategic use of irrelevance". This is a strategy used by journalists that involves the manipulation of what seems relevant and important to readers, which in turn affects the way readers understand events and hence the mental model they will construct about particular events. This strategy involves the journalist describing irrelevant information about a member of their out-group so that the individual is discredited, or so that this information is causally related to other information about the individual. Journalists use this strategy in line with the principle of the ideological square for positive self-presentation and negative other-presentation.

(vii) Rhetorical Devices

In addition to the discursive structures discussed above, rhetorical structures should also be considered, as these structures can similarly be used to express ideology (especially the ideology of journalists reporting news articles). Rhetorical devices (also known as figures of speech) have goals of persuasion, as they intend to influence audience perception of a text by strategically using rhetorical structures (McQuarrie and Mick 1996: 424). Hence, rhetoric focuses more on the way a statement is expressed (the manner and method of the expressed statement), rather than its propositional content. Rhetorical figures can thus be described as "artful deviation[s] in the form taken by a statement" (McQuarrie and Mick 1996: 424). Commonly used rhetorical devices include: rhyme, whereby the syllables at the end of words are repeated; alliteration, whereby consonants at the beginning of words (that are adjacent or close by) are repeated; hyperbole, which are exaggerated claims; rhetorical questions, which is when a question is asked with the intention of making an assertion rather than obtaining an answer; ellipsis, which is when an omission is made that needs to be completed from contextual clues; euphemism, which is the substitution of a less offensive or agreeable expression for an expression that may offend or suggest something unpleasant; metaphor, whereby substitution is made based on an underlying similarity; and pun, which is when substitution is made based on accidental similarity (McQuarrie and Mick 1996: 430,431). According to Van Dijk (1993: 278), rhetorical devices mainly function to emphasise what has already been stated, or to exaggerate or mitigate particular information; they also promote the strategy of the ideological square.

To conclude, Van Dijk's toolkit, identified and listed by Mongie (2013: 136-142), includes analysing for: evaluative nouns, evaluative verbs, evaluative adjectives, evaluative adverbs, strategic sentence structures (including active and passive voice, thematic roles, and syntactic complexity), implicatures (opinions that are stated as facts), presuppositions (opinions that are taken for granted and not stated as facts but assumed), words that express degrees of certainty (such as, "claimed", "might have", "supposedly", and so on), the generality/specificity of propositions, and rhetorical devices – which includes rhyme, alliteration, hyperbole, rhetorical questions, ellipses, euphemism, metaphor, and pun.

3.2.3.4. Semantic Structures

In addition to the discursive structures that communicators may use in text and talk to express

ideology and opinion, there are several semantic strategies that should also be considered in translating overall ideological attitudes into discourse (Van Dijk 1997a: 41). These strategies are: volume models, importance models, relevance, attribution, and perspective, and are outlined below.

(i) Volume Models

Volume models account for the fact that speakers don't usually say everything they know about an event, meaning that they only voice certain propositions for contextual reasons (Van Dijk 1997a: 41). Speakers may use general propositions, or conversely more detailed propositions, which is typically constrained by the ideological square, as we tend to "say a lot about Our good things and Their bad things, and say little about Our bad things and Their good things" (Van Dijk 1997a: 41). Thus, volume models are "generally much more detailed than the texts that express them".

(ii) Importance Models

Secondly, importance models consider that speakers will typically organise discourse according to a hierarchy of macrostructures (at the top) and microstructures (at the bottom), where the former is considered important to the speaker, and the latter less so (Van Dijk 1997a: 42). In line with the ideological square, one can thus expect, "information that is favourable about/for Us and unfavourable for Them, will be construed as important", or as macro-information, while information that is favourable about/for Them and unfavourable for Us will be construed as less-important, or as micro-information (Van Dijk 1997a: 42).

(iii) Relevance

Relevance considers the pragmatic aspect of discourse, and is defined by what information is considered relevant to a specific group, that is "the usefulness of information for specific recipients" (Van Dijk 1997: 42). It denotes "the ways in which the information relates to the goals, norms and interests of the group" (Mongie 2013: 140). Information that is important and relevant to the journalist's in-group will be assigned more volume in a text, discussed in more detail, and thus deemed more relevant. Hence, relevance follows the structure of the

ideological square in that Our discourse will feature information that is relevant to Us and irrelevant to Them, and vice versa (Van Dijk 1997: 42).

(iv) Attribution

Agency, attribution, and blame function as a form of ideological orientation, as good acts will be attributed to Us, and bad acts to Them (Van Dijk 1997: 43). Similarity, We will be placed in the role of agent (and thus assigned more responsibility and control) when the act is valued as good, and They will be placed in the agent role when the act is valued as bad. Conversely, Their good acts will be attributed to factors beyond control (for example saying, "they were just lucky"), and the same is true for Our bad acts (for example saying, "he was just afraid") (Van Dijk 1997: 43). Attribution strategies thus involve action description, and word order (agent role, and active and passive voice).

(v) Perspective

Perspective considers that events are always described and evaluated from a specific position, point of view, or standpoint (of the author/speaker) (Van Dijk 1997: 43). They are culturally, socially, personally, and situationally based, meaning that they are context-dependent. At the level of discourse, perspective is expressed in context-dependent deitics[7] – pronouns ("I"), demonstratives ("this", and "that"), and adverbs ("now") – verbs ("come" and "go"), and position-dependent nouns ("sister", and "home") (Van Dijk 1997: 44). Further, perspective can also manifest in explicit personal perspective ("in my opinion"), or in explicit social perspective ("from our point of view") – which also frequently occurs in ethnocentric perspectives ("we are not used to that behaviour").

To conclude, Van Dijk's (1997: 44) strategic principles examined above reveal how language users can express their opinions (beyond explicitly evaluative words) when "given a mental model of an event, and a context model of the current communicative event" through: the generality versus specificity of descriptions, the quantity of propositions used in event descriptions, the explicitness versus implicitness of propositions, the importance assigned to propositions in comparison to others, the relevance appointed to certain propositions over

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[7] "Deictic" refers to words or expressions whose meaning is dependent on the context in which it is used, for example "me" and "here"; they cannot be fully understood without additional contextual information.

others, the way agency, responsibility, and blame for actions is attributed in texts, and the perspective taken when describing and evaluating events (Van Dijk 1997: 44).

3.2.4. Criticisms of CDA

Since the establishment of CDA as its own discipline forming a part of the intellectual landscape of the humanities, a number of criticisms have been levelled at it as a field and at its practitioners, which have come both from within and outside its disciplinary borders (Breeze 2011: 493). These criticisms mainly focus on the methodological flaws and theoretical shortcomings of CDA, and essentially all ask the same question, which is whether CDA produces valid knowledge (Haig 2004: 133). In her paper, Breeze (2011: 493-525) provides a detailed discussion of the core criticisms of CDA that have emerged over the years, which I will present in summary below.

(i) The underlying premises of CDA

Considering that CDA is a field with various approaches that are analytically and theoretically diverse, many critics have argued that the foundation for CDA is random and driven by the idiosyncrasies of the practitioner carrying out the particular study rather than by a well-grounded principle (Breeze 2011: 498). Thus when interpreting a critical discourse analyst's work, one needs to keep the particular researcher's explicitly stated political commitments in mind as CDA is primarily defined by its political aims (Breeze 2011:520).

(ii) The method of CDA

Secondly, ample criticism has been directed at the methodological flaws of CDA, with emphasis on the lack of understanding of the need for consistency (Breeze 2011: 502). The method of CDA has been criticised for being "impressionistic" in that it is said practitioners are subjectively selective when obtaining data for analysis, and subsequently interpret this data in a manner that is unsystematic. It is argued that a lack of methodological consistency makes CDA unsuitable for academic research, regardless of its genuine intuitions (Breeze 2011: 504).

(iii) The textual interpretation of CDA

According to Breeze (2011: 508), the textual interpretation of a text within CDA has received the greatest amount of criticism. Critics have argued that CDA research begins with the assumption that there is a one-to-one relationship between the text/discourse and its reader/recipient. Furthermore, there is a kind of circular argument that ensues as the claim that "language use determines cognition" is weakened by the fact that the only evidence for cognition is language use (Breeze 2011: 508). It would be more accurate to say that "language both represents and influences cognitive processes", thus care must be taken when attempting to draw conclusions about language from thought, and vice versa. Additionally, critics have pointed out how practitioners seem to analyse texts subjectively and thus point out that there is a need for a more objective, impartial analyses when dealing with language data, and even more care should be taken when handling spoken language, as the pragmatic aspect similarly needs to be considered for the latter (Breeze 2011:512). Furthermore, an audience's reception of a text is often considered as being in alignment with the researchers' subjective interpretation of a text, and thus CDA does not properly record the ways in which relationships between texts and subjects work (Breeze 2011:519).

(iv) The role of 'context' in the analysis of a text

One of CDA's central beliefs is that discourse is socially embedded, and so the context of discourse is considered to be of utmost importance to discourse analysts (Breeze 2011: 512). However, one of the major criticisms against CDA is that discourse analysts often overlook the social features of discourse, specifically the social settings in which discourse is rooted. Viewing language as socially embedded generates a complex web of intertextuality and multimodality, as different linguistic media are intertwined with one another and with non-language media (Breeze 2011: 512). As CDA typically looks at decontextualized samples of language it often fails to take into account the immediate micro-context of language, and instead, the concept 'context', for critical discourse analysts, tends to the macro context, or the power structures in society as a whole (Breeze 2011: 516). Critical discourse analysts ought to consider the specific features of the immediate context of discourse with high regard in order to avoid false interpretations (Breeze 2011:520).

(v) CDA as essentially negative

As CDA practitioners essentially work towards empowering the oppressed and effecting transformation that eradicates oppression, their work is often deconstructive rather than

constructive (Breeze 2011: 516). That is, their work is essentially negative – which is the fifth criticism levelled at the field of CDA. CDA has been said to "systematically elide[…] the study of social processes which make the world a better place in favour of the critique of processes which disempower and oppress". There are major calls for CDA to redirect some of its efforts into a "positive discourse analysis", where the focus would be looking at positive changes – for example studying how new gender relationships are established or how indigenous people overcome their colonial heritage – and thus providing information on how positive transformations can be carried out (Breeze 2011: 517).

(vi) CDA as an intellectual conformism

As CDA has established itself as a relatively novel approach to language study that challenges old orthodoxies, it has also defined itself as "critical", being particularly interested in the critique of social power (Breeze 2011: 518). In using the term "critical", CDA has created a dichotomy between critical and uncritical/acritical/non-critical approaches, where the former is illustrated as positive and the latter as possibly flawed. Thus, by not taking a critical stance, one is viewed as contributing to the continuation of a social order that is discriminatory, and so there is already some ideological manipulation in the term "critical" in "critical discourse analysis" (Breeze 2011: 518-519). The last criticism of the field of CDA is based on this idea, with critics having said that there is room for types of discourse analysis that do not necessarily need to result in social criticism, and further, that discourse analysts do not need to be critical in order to be regarded as "valid, useful or interesting" (Breeze 2011: 519).

The criticisms listed herein mostly concern flaws in methodology of CDA, and its theoretical shortcomings (Breeze 2011: 520). As a paradigm, CDA offers a model for analysing how ideology functions in and through discourse, particularly contributing to understanding the workings of power in society though real language phenomena. In the words of Breeze (2011: 520), "it would be unfortunate if this important mission were to be undermined by methodological flaws and theoretical shortcomings".

3.3. Goffman's Framing Theory

In what follows, I shall provide a discussion of framing, which proves useful for a CDA of the (re)construction of mental illness in South African magazines. As previously mentioned,

the discourse structures of news media are dependent on the journalist's mental model, and the way they strategically manipulate surface aspects of news reports to align favourably with their specific model. The term "framing" can be applied to this process of strategic manipulation of news reports, as it involves discussing topics in specific ways to reach particular outcomes.

Goffman (1974) was the first theorist to provide an overview of framing theory, under the title *Frame Analysis* (1974). He uses picture frames as a metaphor to explain how people use frames (i.e. structure) to understand their pictures (i.e. context) (Goffman 1974: 21). His theory is based on the idea that in order to make sense of a social situation, meaning must be constructed through specific frames of understanding. Frame analysis is supported by the fact that humans must classify their experiences, and their unique perception of events, in order to communicate them to others (Goffman 1974: 21). Thus this process involves building frames and basic cognitive structures to direct us in our perception of reality. Goffman's framing theory begins with what he calls 'primary frameworks'; in simple terms, it is the primary framework that allows individuals to interpret and give meaning to the things that go on in the world around them (Goffman 1974: 21). They are the most basic frameworks and it is not likely that we are aware of them but we apply them with ease to give meaning to the objects around us, and to make experiences and events more meaningful (Goffman 1974: 21). Thus, in summary, Goffman (1974: 24) states that events and experiences tend to get perceived in terms of people's primary frameworks so that humans can make sense of the world around them, and describe particular events.

Further, according to Entman (1993: 52), "to frame is to *select some aspects of a perceived reality and make them more salient in a communication text, in such a way as to promote a particular problem definition, causal interpretation, moral evaluation, and/or treatment recommendation for the item described*". Thus framing involves a process of "*selection* and *salience*", where "salience" refers to "making a piece of information more noticeable, meaningful, or memorable to audiences" (Entman 1993: 52). An increase in salience means that the chances of observed information and its perceived and processed meaning being stored in the receiver's memory, is enhanced. Communicators select and elevate specific pieces of information about an item (that is a subject dealt with in communication) thereby making those bits of information more prominent and memorable to receivers (Entman 1993:

53). This concept is known as "agenda setting" and essentially denotes how the media is responsible for the particular topics placed on the public agenda, thus influencing what issues the audience considers of value, and resultantly what issues the public tend to discuss. The media also filters the issues that do make it on to the public agenda by making decisions about news, which affects the way it is perceived, reconstructed, and eventually disseminated to the public – this is known as "gate keeping". "Gate keeping" thus involves what the media allows on the public agenda, and what topics it keeps out of the "gates" of the public (i.e. off the public agenda).

Furthermore, framing can be seen as occupying four places in the communication process: the communicator, the text, the receiver, and the culture. *Communicators* make framing judgements (which can be conscious or subconscious) in deciding what to say and how to say it, which is typically in line with their belief system; the *text* then contains these frames, which are expressed "by the presence or absence of certain key words, stock phrases[8], stereotyped images, sources of information, and sentences" – which strengthens specific facts and judgements about particular themes; the *receiver's* conclusions and thoughts that are guided by the chosen frame may or may not mirror the frames in the text (and thus the communicator's intended frame); and the *culture* refers to the range of frequently elicited frames in a social grouping's discourse (Entman 1993: 52-53). Thus, the way things are linguistically framed in discourse, by emphasising certain interpretations over others, affects the way social matters are conceptualised by individuals that are exposed to this framing, and the way that these individuals see the world (Reali, Soriano and Rodríguez 2016: 128-129).

3.3.1. Framing in the Media

The role of media framing in particular is of utmost importance to this thesis, as the media is representative of the views of those in power, which inevitably influences the thoughts, evaluations, and actions of readers/viewers on particular topics (D'angelo 2017: 2). When considering the conceptualisation of psychiatry and psychological problems, the influence of linguistic framing in the media on receivers is immense (Reali et al. 2016: 128). According to D'angelo (2017: 1), "a media frame is a written, spoken, graphical, or visual message modality that a communicator uses to contextualise a topic, such as a person, event, episode,

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[8] A term/phrase frequently used by a person or group and thus associated with them.

or issue, within a text transmitted to receivers by means of mediation". In this definition, "receivers" refers to individual people, and groups – both formally connected (like family members) and informally connected (like audience members); "contextualisation" denotes the purposeful behaviour a communicator uses for receivers to make judgements on a specific topic; and "mediation" means the production and distribution process of film, print, and electronic mass media – including internet and app-based applications (D'angelo 2017: 1). Media frames are significant as they form the grounds for individuals and groups to assess, understand and act on particular topics (D'angelo 2017: 2). So, the media places attention on specific events and then presents them in a deliberate way for audiences; the way that information is presented to audiences (i.e. the frame) impacts the choices made by the audience about how to process that information.

Further, media framing ought to be distinguished from a persuasive process, as where persuasive messages are intended to alter opinions/attitudes of individuals, media frames merely erect the foundation for individuals and groups to think about, interpret, assess, and act on a particular matter (D'angelo 2017: 2). They are most typically associated with journalism, and since journalists make news, news organisations are generally viewed as the last determiner of frames before they reach the public (D'angelo 2017: 2). Thus, the conventions of newsrooms, as well as the journalist's own knowledge, have a significant role in the framing process. D'angelo (2017: 1) offers a description of two ways in which media frames can occur: (i) equivalency framing, and (ii) emphasis framing. Below I offer an explanation of emphasis framing, as it is applicable to this thesis.

3.4.1.1. Emphasis Framing

One way that the media can establish a frame of reference entails emphasis framing. With emphasis framing, a communicator consistently emphasises certain parts of information, while leaving out other potentially topic-relevant information, so that a particular set of judgements is promoted, and thus a specific theme, value, symbol, or stereotype is evoked to arrange and link the topic-relevant information. Emphasis frames are often indicative of the concealed opinions and attitudes suggested, and are therefore more an indication of interests than a considered presentation of a message (De Bruycker 2017: 778). Thus, emphasis frames persuade individuals to focus on a particular characterisation of a certain issue over others, by

placing attention on carefully selected pieces of information about a communicative topic (Druckman 2001: 230).

3.4. Scollon's Theory of Attribution

Another important theory to this thesis is Scollon's theory of attribution, which accounts for the "giving or withholding of voice" via linguistic means to produce particular outcomes (Scollon 1997: 383). By "attribution" Scollon (1997: 384) says he refers to "any linguistic means one might use to indicate who is responsible for saying something". His theory thus accounts for the ways in which journalists delegate responsibility for opinions and attitudes that are (re)produced in news discourse (Mongie 2013: 143). Attribution is one way in which power can be attained through discourse, as it can be used to grant or deny others voice (Scollon 1997: 383), and furthermore, it demonstrates how "journalists use and characterise sources to influence the ideologies of the reader, while taking minimal responsibility for the ideological stance of the article" (Mongie 2013: 143). A central point to Scollon's theory regards the careful selection of attributive verbs in news discourse, which ascribe quotes to their sources (Scollon 1998: 222). Scollon (1998: 223) explains that the journalist's specific choice of attributive verbs has a profound effect on the ideological stance of the article that the journalist creates for the reader. For example, the attributive verbs "say" and "tell" are considered completely neutral, where as the attributive verbs "claim" and "admit" contain stronger implications. If journalists make use of attributive verbs that are not neutral, it is likely to influence readers' interpretations of articles, as they will be ideologically swayed in the direction of the journalist's selection of attributive verbs (Scollon 1998: 143).

 A further central point to Scollon's theory of attribution regards the way sources are characterised, which is dependent on how the journalist chooses to describe them. A source's credibility is emphasised (by explicitly referring to their competence, authority, or personal participation) usually when their contribution is in line with the journalist's ideological stance, and de-emphasised when their contribution differs from the ideology of the journalist. The journalist also needs to make a decision about whether the sources' contributions will be made via direct quotes, indirect quotes, or by using his/her own voice – in which case attribution is not assigned to anyone. The allocation of voice is dependent on whether the journalist wants to claim power over the opinions and attitudes expressed, or if they want to evade responsibility (Scollon 1998: 228). Thus, it is expected that journalists will use less of

their own voice and direct quotes, and use more indirect quotes. The reason for this is that with direct quotes, the journalist risks losing ideological control over the story, and in using their own voice, they are at risk of being held accountable for the attitudes and opinions expressed, but with indirect quotes, the journalist retains control over the ideological stance of the article (by carefully choosing what information to include and what words to use to present the information), while delegating responsibility for what is said to the source, and thus avoiding accountability for the attitudes and opinions expressed in the report (Scollon 1998: 217). Nevertheless, journalists may also use direct quotes to purposefully evade responsibility for what is being said, typically, when the utterance is not in agreement with the journalists' own ideology and mental model. Thus, in news discourse, the journalist constructs a version of an event by referring to various newsmakers reports of that specific event, and in doing so hides their personal ideological position through strategically choosing the attributive verbs, the characterisation of sources, and the positioning of the contribution of the source (Mongie 2013: 143). Thus, news stories can be viewed as mere reports about what newsmakers say about events, rather than an account of the actual event being topicalized (Scollon 1998: 216).

Ultimately, Scollon (1997: 390) states that deductions about attribution and power in news discourse cannot be made without first considering the wider cultural and ideological context of that discourse, and that the attribution of texts ought to be considered alongside an analysis of the social and ideological positions of the news source, person, and analyst. His theory of attribution accounts for the granting or denial of voice by considering the social and institutional power behind voice, and the role the broader context of social practice plays in attribution (Scollon 1997: 392).

3.5. Textual Silence

In what follows, I shall provide a discussion of "discreet silences" as a form of textual silence, as identified by Huckin.

Discourse analysts recognise the equal importance of what is not said in communication with that which is stated (Huckin 2002: 348). This is emphasised in the following quote: "the greatest triumphs of propaganda have been accomplished, not by doing something, but by refraining from doing. Great is truth, but greater still […] is silence about truth" (Huxley in

Huckin 2002: 347). Thus, meaning can be said to be relational as it is ideologically situated in a system of presences and absences. Huckin (2002: 348) defines "textual silence" as "the omission of some piece of information that is pertinent to the topic at hand", and divides it into the following five broad categories: (i) speech-act silences; (ii) presuppositional silences; (iii) discreet silences; (iv) genre-based silences; and (v) manipulative silences. He explains that the first two categories mainly occur on the sentence or utterance level, while the last three categories are much greater in their implementation. Huckin's classification of "discreet silences" is relevant to this study, and so a discussion of this type of silence follows.

3.5.1. Discreet Silences

Huckin's (2002: 350) third category of textual silences is that of "discreet silences", which are silences where the writer withholds sensitive information, or avoids certain topics, in order not to offend the reader, or to avoid invading another person's privacy or interests. This type of textual silence comprises cases of confidentiality, tactfulness, and taboo topics. Confidentially is well established in present-day society, and so it is often openly named as the defence for silence without the reader taking offence from it (Huckin 2002: 350). It involves restricting certain information to a particular group of people, and denying others access to this information. It can be used for any form of confidential communication, for example in professions like law and diplomacy. Additionally, tactfulness is used in instances where knowledge that is shared by the reader and writer is potentially embarrassing to the reader – with tactfulness usually limited to individual persons (Huckin 2002: 350). Furthermore, taboo topics are regarded as a distinct type of tactfulness, and involve topics that could be humiliating, uncomfortable, or otherwise sensitive to the writer and/or reader (Huckin 2002: 350). Unlike tactfulness, taboo topics usually don't take place at the individual level but rather pertain to matters that an entire culture would be sensitive to. Huckin (2002: 351) thus characterises discreet silences as follows: (i) the topic concerned is socially, culturally, or legally sensitive in some way, and the reader is aware of this; (ii) the writer/speaker does not consider the silence to have any communication importance other than possibly reinforcing community standards; and (iii) the communicative effectiveness of the silence is not measured by whether the reader/listener notices it or not.

3.5.2. Identifying Textual Silences

Textual silences of any type do not have a distinct and unconcealed linguistic form; consequently, identifying something that is absent in texts and to do so systematically is not an effortless task, and thus unsurprisingly poses a methodological challenge for discourse analysts (Huckin 2002: 352-353).

Specifically, discreet silences are considered unrestricted, so the discourse analyst must pay close attention to the broader context when identifying these silences (Huckin 2002: 353). Contextuality is thus of utmost importance here as it is "the discourse property that holds the key to identifying discreet […] silences". These kinds of silences must relate to the topic and surrounding context in some way, else practically anything could be regarded a textual silence in any text; by close textual analysis the analyst can gather, "what *could* have been said yet *wasn't*" (Huckin 2002: 353). Van Dijk's (1998: 27) concept of 'mental models' is of importance here as cognitively, the text producer and text interpreter erect a mental model of the situation based on their personal experiences and social knowledge. The text producer draws on their context model to initiate the communication process by formulating a text using topics and subtopics, where the text producer's choice of topics and subtopics (and thus the information that is both represented and obscured) is an important link between their context model and the true text (Huckin 2002: 353). A text interpreter will subsequently use these semiotic cues to activate their own context model, which if he or she is compliant will agree fairly well with that of the producer, and if he or she is resistant, will likely contrast to the text producer's erected context model (Huckin 2002: 354).

Thus, to conclude, writers and speakers generally frame public issues by strategically mentioning particular topics and subtopics they deem relevant, and omitting others (Huckin 2002: 354). By doing this, they set the context for the reader/listener to invoke a particular context model, thereby influencing their assessment and understanding of a particular topic. Thus, textual silences, specifically discreet textual silences, are crucial to identify in order to accurately assess what information the public is given about mental illness, and what information is strategically omitted.

3.6. Tabloid Journalism

This study uses tabloid magazines as its data source, and so this section will discuss the genre of tabloid journalism.

The term "tabloid" dates back to 1884 where it was a pharmaceutical trademark – a combination of the words "tablet" and "alkaloid" – and signified the concentrated form of medicines as pills or tablets (Rowe 2000: 2). This pharmacological tabloid effect was later transferred to the media, with a more literal meaning, where newspapers defined as "tabloids" were "like […] small, concentrated, effective pill[s], containing all news needs within one handy package, half the size of […] conventional broadsheet newspaper[s]" (Örnebring and Jönsson 2004: 287). Shifting from broadsheet to tabloid meant a revision of a paper's "layout, design, and pagination, as well as a somewhat less mandatory modification to its overall 'pitch'"; and it marked an alteration to the paper's "style, social role, and content" (Rowe 2000: 8). The tabloid, as a genre, differs from more formal journalistic genres as it utilizes a unique "tabloid speak" (full of colloquial terms), and moves away from the lengthy, analytical, and non-representational properties of broadsheets; it further allows for intra-sectorial difference through the recognition of tabloid sub-genres, which make use of "different aesthetics, politics and textual relations" (Rowe 2000: 6-7).

3.6.1. Tabloid Journalism and the Public Sphere

From the very beginning, tabloid papers have been regarded as sensational and emotional, and as comprising fact and impartiality; they have been criticised for over-simplifying complicated issues and are said to cater "for the lowest common denominator" (Örnebring and Jönsson 2004: 287). Tabloid journalism is condemned for thriving on sensation and scandal, and for personalising news events (Örnebring and Jönsson 2004: 283). It has become a journalist other, a symbol for all that is wrong with contemporary journalism, and is said to "lower the standards of public discourse" (Örnebring and Jönsson 2004: 284). It consequently becomes impossible to speak about "quality tabloid journalism", since by definition tabloid journalism is said to bad, the existence of good tabloid journalism is illogical. Furthermore, there is the belief that going tabloid means "'dumbing down [a] newspaper", so much so that when Australian newspaper The *Newcastle Herald* transformed into a tabloid product, it made sure not to use the term ("tabloid") in its marketing and promotion, and instead coined the term "compact" in an effort to prevent any negative associations between itself and "the

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lower press", and to further avoid affiliation with the adverse qualities typically linked to tabloids (Rowe 2000: 8).

Moreover, criticisms aimed at journalism (both lay and academic) are frequently based on binary oppositions: emotional versus rational/intellectual, sensational versus contextual, and complex versus simple (with the latter of each binary pair being considered the preference) – but emotion, sensation, and simplicity (the features of tabloids) are not necessarily opposed to serving the public good (Örnebring and Jönsson 2004: 284). In fact, the journalistic *other* of tabloid journalism has created an "alternative public sphere" where issues and audiences previously unaddressed by journalistic mainstream are attended to. The 'public sphere' as a concept has been used increasingly to define the role of mass media (news in particular) in public life, and to consider the way the media context is changing (Örnebring and Jönsson 2004: 284). Further, one can speak of a media landscape consisting of a mainstream and several non-standard spheres where relegated groups attempt to gain access to the mainstream (Örnebring and Jönsson 2004: 285). The mainstream public sphere is controlled by different classes of elites – like "politicians, corporate representatives, representatives of non-government organisations", and so on; these elites in the mainstream create a need for one or several alternative non-standard public spheres that allow for different people to discuss different issues in different ways. The alternative public sphere signifies that the discourse takes place somewhere other than the mainstream public sphere, with participants that do not usually dominate media discourse, addressing issues that are not typically debated in the mainstream media, and using other forms of debate/discussion to speak about issues – like forms that encourage citizen participation, for example (Örnebring and Jönsson 2004: 286). The word "alternative" here signifies "criticism and questioning of the political, economic and cultural elites and the societal status quo – the possession of some emancipatory potential" (Örnebring and Jönsson 2004: 287). The alternative public spheres eventually aim to incorporate their counter definitions and discourses into the mainstream and thus be accepted into the mainstream. The discourse created in tabloid journalism – although evidently not taking place in an alternative sphere and mostly existing in the mainstream – could offer three *other* aspects of the public sphere, that is, "cover[ing] different issues using different forms, giving voice to different participants" (Örnebring and Jönsson 2004: 286).

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Tabloid journalism thus plays an imperative role in affecting social change as it introduces new forms of public discourses into the social sphere by addressing topics previously not open to debate, while using new methods and introducing new publics. It gives marginalised, disenfranchised groups (such as immigrants and migrants, and the mentally ill, for example) – who had previously been overlooked by the prestige press – the opportunity to gain access to news by enlarging the public, and it allows for social change to be enforced by discussing urgent issues previously deemed undebatable (Örnebring and Jönsson 2004: 293). Tabloid journalism generates novel methods of journalistic discourse that is more available to its audience; it also enlarges public discourse and the public sphere, and triggers political participation by appealing to readers' emotions together with their rational minds. It is further indicative of the failure of other societal institutions (including more esteemed news organisations and popular political parties) in adequately addressing vital topics of concern for the public (Örnebring and Jönsson 2004: 293).

3.6.2. "Tabloidism" and "Tabloidisation"

The synonymous relationship of tabloid journalism with bad journalism gives the process of "tabloidisation" a pejorative label (Rowe 2000: 2). The term "tabloidisation" is often used to denote the process through which all journalism, and media, has shifted to become more like tabloid journalism (Örnebring and Jönsson 2004: 283). Thus, tabloid journalism is no longer confined to the tabloid press, and instead permeates several (if not all) forms of media today – this includes non-print forms, like television. Considered modestly, "tabloidisation" could be regarded "a media phenomenon involving the revision of traditional newspaper and other media formats driven by reader preferences and commercial [demands]"; measured ambitiously, it could be deemed "a social phenomenon both instigating and symbolising major changes to the constitution of society" (Rowe 2000: 3). To view the tabloid less comprehensively and more narrowly and technically could prove more useful; that is, to view the tabloid as an institutionally produced media genre with its different elements existing in many forms of media to varying extents (Rowe 2000: 6).

Moreover, the classification of the "tabloid" is made complicated by the concept's changeability. Rowe (2000: 4) points out that in different regions, the arrangement of the tabloid can have slight differences in its "mode of address, political stances, literary and visual aesthetics, and place in the cultural formation". Thus, there are both similarities and

differences in the various orderings of the tabloid across the world, meaning that, there are divisions within "tabloidism", but also instances of tabloid features in the very media that aims to distance itself from tabloids (Rowe 2000: 4). Hence, the particular social and media histories in which tabloid texts are produced, condition the texts (Rowe 2000: 2). Rowe (2000: 5) provides a list of ten general characteristics of the tabloid, which he says overlaps at times; according to this list, tabloids: (i) represent a decline of mainstream, formal institutional politics; (ii) bring previously distinct private issues into the public sphere; (iii) sensationalise and spectacularize news; (iv) dissolve the borders between news and entertainment, and news and advertising; (v) increasingly place interest on celebrities and stars; (vi) play a part in the unconstrained growth of the media; (vii) present accessible "bites" of information in a manner that is personal and direct; (viii) contribute to the deterioration of ethics in the media and of a serious tone; (ix) drift towards right-wing populism; and (x) desensitize the cultural climate and feelings of individuals.

According to Rowe (2000: 7), tabloidisation is now a thoroughly permeated concept that all forms of media, as well as their customers, need to take a stance on. The tabloid nowadays is so widespread that both media producers and consumers must be concerned with it, even where it is shunned.

3.7. Conclusion

This chapter has considered the theories that were used in the analysis of data collected for this study – namely Van Dijk's approach to Critical Discourse Analysis, Goffman's framing theory, Scollon's theory of attribution, Huckin's discussion of "discreet [textual] silences", and the genre of tabloid journalism. Chapter 4 will give an account of the methodological features that directed this study.

Chapter 4: Methodology

4.1. Introduction

This chapter will offer an account of the methodological considerations that guided this study, and it will also demonstrate how the theoretical framework given in the previous chapter is used in an analysis of the specific media texts of interest to this study. In particular, this account will include: a revision of the research questions, the method used for media selection, a review of the profiles of *You*, *Drum*, and *Move!* magazine, the details of the data collection process, and the analytical tools used in the analysis of the accumulated data.

As discussed in chapter one, this study examines a collection of media texts from a CDA perspective in order to explore how mental illness is constructed and reconstructed in popular South African magazines by establishing how mental illness is represented in three specific South African magazines. The data for this study consists of media texts on mental illness, which were collected from three publications specifically selected for this study – namely *You*, *Drum*, and *Move!* magazine. The data was studied in order to answer the research questions outlined in section 1.3, and again in section 4.2 below, and to recognize the greater issues that emerge in the analysis of such data.

4.2. Research Questions

As discussed in chapter one (cf. section 1.3), the main research question for this study is:

i. How is mental illness represented in the South African magazines *You, Drum,* and *Move?*

The two sub-questions extending on this main research question are:

ii. What linguistic tools are used in the discursive (re)construction of mental illness in *You, Drum,* and *Move?*

iii. How do *You, Drum,* and *Move!* differ in their construction of mental illness as a primary, secondary, or tertiary focus?

4.3. Method for Media Selection

Firstly, it should be stated that this study uses print media as its source for data collection, as I consider it the most accessible form of media for the majority of the South African population – considering that South Africa is a middle-income country, and that "of its population of 52 million, 53% live below the poverty line" (cf. section 1.4). Magazines in particular were selected (over newspapers), as magazines typically focus on *topics of interest*, while newspapers publish on *current events and interests*; meaning that if mental illness was not considered a current event or interest at the time of data collection, and newspapers were used as the data source, there would likely be few, to nil, articles collected on the topic.

That being said, the three South African magazines *You, Drum,* and *Move!* were specifically selected for this study for the following reasons: (i) they are all published by Media24, which is South Africa's leading publishing company, and a part of Naspers (an extensive multinational media and internet group); (ii) they all publish weekly, thus making them comparable in publishing frequency; (iii) they are all English lifestyle magazines, thus they are the most likely to publish content on the topic of mental illness, as opposed to magazines focusing on the outdoors, cooking, or home décor, for example; (iv) they are all tabloid magazines, as opposed to broadsheets, since they are inline with the attributes of tabloid journalism (cf. section 3.7); and (v) all three of these magazines have readership rates of near, or over, two million readers – *You* has a readership of 1 927 000 (Media24 *You* 2018), *Drum* has a readership of 2 914 000 (Media24 *Drum* 2018), and *Move!* has a readership of 2 005 000 (Media24 *Move!* 2018)[9] – thus indicating that all three of these magazines are widely disseminated and consumed by the South African population.

4.4. A Characterisation of *You*, *Drum,* and *Move!* Magazine

As this study includes a textual analysis of articles collected from *You*, *Drum,* and *Move!* the profile of each magazine was considered before analysis took place, and is summarised below.

You magazine was first launched in 1987, after research showed there was an "opportunity for an English *Huisgenoot*" (Media24 About 2018). It is described as South Africa's "biggest

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[9] These figures are all provided by PAMS 2017 (Publisher Audience Measurement Survey) as referenced by Media24.

selling English magazine in the country", and is said to be a general interest family magazine aimed at the demographically and ethnically diverse South African English-speakers (Media24 You 2018). That being said, out of the 13 issues that were collected for this study, the cover images were mostly of white people (particularly Western icons, like the British royal family, celebrities, and the current and former U.S president); when there were images of non-whites it was mainly famous African Americans. The imagined readership of *You* is thus evidently white people. Further, it covers a range of topics – including human dramas, new medical and scientific discoveries, fashion, fiction, sport, recipes, and more – with its content described as being entertaining, informative, and intriguing, including "topical background features on news events that touch the lives of ordinary South Africans".

Further, *Drum* (the sister magazine of *You*) was first established as *The African Drum,* by journalist and broadcaster Robert Crisp in the 1950s, and changed the way Black South Africans were represented in society (South African History 2016). Despite the newly elected policy of Apartheid at the time, *The African Drum*, "reflected the dynamic changes that were taking place among the new urban Black South African – African, Indian and Coloured – communities", and was a reverberant voice of resistance. Neverthless, the magazine was not at first succesful, and it was only after its takeover in 1951 by Jim Bailey and his team who rebranded and redesigned the magazine, that its publication grew (South African History 2016). Its name then changed to *Drum*, and the magazine continued to highlight urban Black cultrue and reflect Black life, and was later acquired by Media24 in 1984 (About Media24 2018). Today, *Drum* is still marketted to Black South Africans, however, it is less politically oreinted and more focused on news, entertainment, and feature articles, while forming an important component of the South African popular media landscape, and regarded an essential part of every Black South African's daily life (South African History 2016). Out of the 13 issues that were collected from *Drum* for this analysis, all of the cover images were only of black people, thus clearly illustrating the imagined readership.

Moreover, *Move!* can be described as "an English magazine [offering] easily accesible advice, celebrity news, competitions and news and reflects readers' roots in the community and the importance of religion" (Media24 Move! 2018). It is a magazine that intends to be relatable, and claims to want its readers to be able to identify with its content, which it aims to achieve by advertising affordable shopping, providing recipes that use simple ingredients, and marketing itself as open for any questions from its readers (MySubs 2018). It describes

itself as helping the "*Move!* woman" improve her living standard by giving her access to relevant information, at an affordable price, so that she can be inspired, advised, and entertained, all the while emphasising her religious role in the community – *Move!* thus integrates a religious discourse into its content. The imagined readership of *Move!* is black people, which is evident from the fact that all 12 of the issues collected for this study had black people on their cover; there was only one white person on one of the covers. Evidently, *You*, *Drum,* and *Move* are all unique in their intended audiences, and are thus representative of South Africa's diverse population.

4.5. Data Collection Method

This study uses non-reactive linguistic textual data for its research, specifically electronic versions of print-news articles of three widely circulated weekly South African English lifestyle magazines, namely *You*, *Drum,* and *Move!*. The data collection process consisted of obtaining all of the copies from *You*, *Drum,* and *Move*! that were published over a three-month period in 2017, which was from the beginning of October until the end of December. To obtain this data, a free online website called "MySubs" was used, which is a site that provides access to popular South African magazines (both back copies and forthcoming copies) and newspapers through user subscription for a small fee – subscriptions can either be electronically (in PDF format), or in hardcopy format. I opted for an electronic subscription so that the magazine articles could be searched electronically over a manual hand-search to ensure increased search accuracy, and eliminate human errors that could occur due to tiredness and/or distraction.

A total of 38 magazines were collected for the given time-period: 13 were from *You*, 13 were from *Drum*, and 12 were from *Move!*. Each magazine was searched for appropriate articles (that is, articles that contained a topic of mental illness or a mental-illness related topic, like suicide) using an exhaustive list of 122 terms (see Appendix Z); this list was compiled using the terminology used in the reviewed literature in chapter two – mostly from the study by Kenez et al. (2015) (cf. section 2.5). The search was done electronically using the "control F" computer feature on the obtained PDF formats of the magazines. Any article that included a term from the list, in the context of mental illness, was collected and printed off, except if the term was used as part of: a book or film title/description, a horoscope reading, a comic strip, a fictional story submission, a TV show name/description/review, a crossword puzzle/word

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search, a letter to the editor, a quiz (like personality quizzes), or as a joke; this amounted to a total of 131 appropriate articles. Also, to clarify, addictive disorders, sexual disorders, learning disorders, and eating disorders were not included in this analysis. The total appropriate articles were then sorted into three categories: primary, secondary, and tertiary articles. Primary focus articles were articles where the main focus of the article was mental illness and/or a mental illness related topic; secondary focus articles comprised articles where a mental illness and/or a mental illness related topic was mentioned and expanded on but did not form the focal point of the article; and tertiary focus articles were articles where the key (mental illness related) term was used metaphorically, in an analogy, or as a descriptive device, or where the topic of mental illness, and/or a mental illness related issue, was skimmed over with no elaboration. This resulted in a total of 25 primary focus articles, 18 secondary focus articles, and 88 tertiary focus articles (see figure 2 in section 5.6 for a thorough breakdown of the data corpus).

Following the categorisation of data, which was now classified by magazine and further by primary/secondary/tertiary focus, the primary focus articles were read and important information was captured into an excel spreadsheet in order to ensure a systematic textual analysis took place thereafter; this idea was also adopted from the study by Kenez et al. (2015) (cf. section 2.5). Further, this spreadsheet included the following information about each article: the name of the magazine in which the article occurred, the alphabetical number given to the article (corresponding to the article's alphabetical number in the appendices), the publication date of the magazine in which the article was in, the title of the article, an acknowledgment of whether the article was mentioned on the front cover of the magazine or not, the name of the section in the magazine in which the article appeared, the page number on which the article occurred, the total number of pages in the magazine in which the article was found, the total number of pages of the article, the main psychiatric disorder(s)/topic(s) that the article covered, other psychiatric disorder(s)/topic(s) that the article mentioned, and lastly an acknowledgement of the themes present in the article. Further, the following themes (in relation to mental illness) were listed as possibly present in articles: dangerousness (to oneself or to others), the professional treatment (including medical/psychological/psychiatric) of mental illness, mental illness as adversely affecting one's friends/relatives/colleagues, mental illness as a taboo topic, the unfair treatment of people with mental illnesses, race (as existing in a causal relationship with mental illness, and African mysticism. These themes

were compiled using the themes found in the study by Wahl et al. (2002) as a guideline (cf. section 2.2).

4.6. Analytical Methodology

Following the classification of data, data analysis took place. This study adopts a qualitative approach to data analysis, with a few quantitative evaluations made thereafter. In order to analyse the primary focus articles and answer my first and second research questions, I used textual analysis. Textual analysis is a qualitative research method, which according to Van Dijk (1998:194) should include an analysis at the grammatical, morphological and semantic levels, as well as an analysis at the production and comprehension levels – which is to consider the (re)production and understanding of discourse. I made use of Van Dijk's (2006: 125) analytical tools in order to perform this textual analysis, which includes identifying texts for: evaluative nouns, evaluative verbs, evaluative adjectives, evaluative adverbs, strategic sentence structures (including active and passive voice, thematic roles, and syntactic complexity), implicatures, presuppositions, words that express degrees of certainty, the generality/specificity of propositions, and rhetorical devices – which includes rhyme, alliteration, hyperbole, rhetorical questions, ellipses, euphemism, metaphor, and pun; this toolkit was identified and listed by Mongie (2013: 136-142) and is discussed in detail in chapter 3 (cf. section 3.2.3.3). Further, in using Van Dijk's analytical instruments to identify the linguistic tools used in the discursive (re)construction of mental illness in *You*, *Drum*, and *Move!* I also refer to Goffman's framing theory, Scollon's theory of attribution, and Huckin's concept of "discreet textual silences".

 Moreover, this analysis includes several quantitative evaluations of key findings made in this study, namely: a graph representing the topics of the primary focus articles collected from *You*, *Drum*, and *Move!* magazine (see Figure 1 in section 5.2), a table offering a quantitative overview of the corpus (see Figure 2 in section 5.6), a graph representing the topics of the primary, secondary, and tertiary articles from *You*, *Drum*, and *Move!,* and a graph representing the themes that co-occurred with topics of mental illness in the primary, secondary, and tertiary articles collected from *You*, *Drum*, and *Move!* (see Figure 4 in section 5.6). The inclusion of this quantitative data allows the reader to have an overview of the key findings made in this study, and also serves to answer the third research question – which is how *You*, *Drum*, and *Move!* differ in their construction of mental illness as a

primary/secondary/tertiary focus. Following the quantitative analysis of the corpus, a comparative analysis of the findings made in *You*, *Drum*, and *Move!* was provided, where key similarities and differences were noted, as well as any other significant findings made during the data collection and analysis process.

4.7. Conclusion

This chapter has shown the methodological process of data collection that was used for this study, and it has further provided a detailed description of the analytical methodology used in the analysis of the collected data. It has also indicated how this method of data analysis serves to answer this study's research questions, and it has provided a profile of *You*, *Drum*, and *Move!* magazine for the reader. Chapter 5 gives a detailed analysis of the primary focus articles collected from *You*, *Drum*, and *Move!*, offers several quantitative evaluations of the findings made in this study, and provides a comparison of the key similarities and differences discovered during the data analysis process.

Chapter 5: Data Analysis and Discussion

5.1. Introduction

This chapter offers a textual analysis of 25 articles collected from *You*, *Drum,* and *Move!* magazine that contain issues related to mental illness as a primary focus. To conduct this analysis I use CDA, particularly Van Dijk's (2006: 125) analytical toolkit as identified and listed by Mongie (2013: 136-142), to reveal the current discourses of mental illness in these three magazines over the selected three-month time period. In identifying the discourse of mental illness in *You*, *Drum,* and *Move!* I also make reference to the concept of 'stigma' (cf. section 1.5), Goffman's framing theory, Scollon's theory of attribution, and Huckin's category of discreet textual silences, as discussed in chapter three. The process of data analysis was a continuous movement of reading the corpus to identify particular features and integrating the results with both the literature and theoretical framework of this thesis. This chapter further provides some quantitative evaluations of the corpus in order to address the third research question of how *You*, *Drum*, and *Move!* differ in their construction of mental illness as a primary, secondary, or tertiary focus. Lastly, there will be a comparative analysis of the findings made across all three magazines, where key similarities and differences are identified.

The textual analysis component of this chapter is divided into three sections: mental illness as a primary focus in *You* magazine, mental illness as a primary focus in *Drum* magazine, and mental illness as a primary focus in *Move!* magazine. The analysis in each of these sections is structured chronologically by date of issue of the magazine in which the article was published; if two or more articles collected were published in the same magazine issue they were ordered chronologically by page number. Further, each primary focus article was given an alphabetical number, and is analysed in its own sub-section where the heading corresponds to the respective article's title. Each line in each primary focus article was also manually numbered to make the reference to individual lexical items easy to follow. The original copies of all of the articles, with their additional line numbering, can be found in the appendices of this thesis.

5.2. An Overview of the Issues that were Topicalised in the Primary Focus Articles of *You*, *Drum*, and *Move!*

The graph below offers an illustration of the mental illnesses and related topics that were topicalised in all of the primary focus articles collected from *You*, *Drum* and *Move!*.
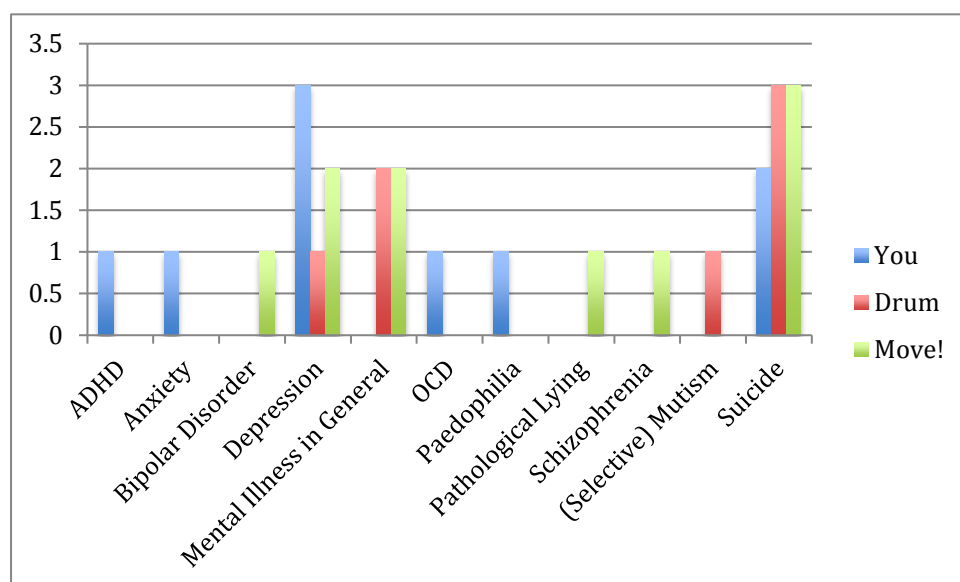
Figure 1 – A Graph Representing the Topics of the Primary Focus Articles Collected From *You*, *Drum*, and *Move!* Magazine

The following can be deduced from Figure 1:

i. There was a total of eleven different mental illnesses, and related issues, topicalised across all of the primary focus articles;

ii. Depression was the most topicalised mental illness in *You*'s primary focus articles;

iii. Suicide was topicalised the most in both *Move!* and *Drum*'s primary focus articles;

iv. *Drum* had the least variance in its coverage of topics in its primary focus articles, and half as much variance when compared to *You* and *Move!*; and

v. All three magazines covered both depression and suicide as a primary topic.

Based on Figure 1 it can be concluded that attention is given to more prevalent and familiar mental illnesses, such as depression. Also, only the topics depression, suicide, and mental illness in general, were the focus of more than one primary focus article across all of the

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magazines, with all of the other topics featuring only once in the primary focus articles. This suggests that the discourse that does exist about mental illness in the media focuses on common, widely known, mental disorders (like depression), that discussions about mental illness tend to approach the topic as a whole, and thus lack focus on specific disorders, and that suicide stories are used as a way of bringing discussions about mental illness onto the public agenda.

5.3. Mental Illness as a Primary Focus in *You* Magazine

A total of nine primary focus articles were collected and analysed from *You* magazine, which covered the following mental illnesses and related topics: depression, Attention Deficit Hyperactivity Disorder (ADHD), paedophilia, Obsessive Compulsive Disorder (OCD), suicide, and anxiety. Depression was the most frequent disorder that was covered, which was the central topic of three out of the total nine primary focus articles. The longest article was on ADHD, which was three pages long, while all of the other articles did not exceed one page. From the nine primary focus articles, one of the articles was collected from October, five were from November, and three were from December. None of the primary focus articles collected from *You* were mentioned on the magazines' front covers.

5.3.1. "I'm Married to a Monster" (Article A)

Article A is in the advice column, with "Dr Louise", whose credentials are not given. The topic of the article is paedophilia. The use of the metaphor "married to a monster" (line 1) in the title, is an implicit comparison between the mentally ill individual and a monster, thus the characteristics of monsters (as the unknown, unnatural, and unexplained) are associated with the individual who is mentally ill, thereby constructing him as atypical and implying paedophiles are atypical; also, the alliteration of "married to a monster" emphasises this comparison. The construction of paedophiles as atypical is further illustrated in the following quotes:

(1)   it's often difficult to spot them (line 23)

(2)   people like your husband (line 43-44)

(3)   those who have it [paedophilia] (line 45)

The phrase "difficult to spot them" (1) implies that you need to be able to spot paedophiles. The claim "have it" (3) is used in the same way one would say one "has flu"; thus paedophilia is constructed as an illness one *has* and not as something one *does*. The individual lexical items "them" (1), "people" (2), and "those" (3) discursively construct a Self-Other dichotomy, where the Self denotes those who are not paedophiles (i.e. the mentally sane), and the Other denotes those who are paedophiles (i.e. the mentally ill); thus paedophiles are constructed as a kind of "Otherness", which implies there is a public stigma about having a mental illness. The writer further constructs paedophiles as dangerous to children, which is illustrated by the phrase:

(4)   my husband was caught sexually abusing our neighbour's six-year-old son (line 3-5)

Placing the subject in the agent role assigns more responsibility for the actions done; thus the subject's actions (as the out-group member) are emphasised. The word "caught" indicates that the individual's mental illness was only disclosed due to his failure to hide it, and not because he asked for help. It is also implied that paedophiles are not easily discerned, which is illustrated by the description that they

(5)   often look like harmless, charming people (line 18-19); and
(6)   wear a mask of congeniality and kindness as that's what attracts children to adults (line 22-23)

The phrase "often look like" (5) implies that They (paedophiles) are not harmless and charming, and the phrase "mask of congeniality and kindness" (6) denotes fake kindness, thus meaning that paedophiles purposefully act fake to attract children to them, which further constructs Them as deceiving – as masks are typically worn as a disguise. The article also constructs mental illness as a choice when it says,

(7)   some paedophiles manage not to abuse their own children (line 24-25)

The modification "some", "manage" and "their own" implies that many paedophiles do abuse their own children, and it also implies that the power to offend or not to offend may be a choice. There is also evidence of self-stigma in the article, which the adjective "good-for-nothing" below implies:

(8)   [my husband] says I should divorce him as he's a good-for-nothing (line 9-10)

The adjective "good-for-nothing" describes a lazy and feckless person, meaning that the mentally ill individual attributes these qualities to himself. The following address is made to the writer:

(9)   you might want to consult with a psychologist to help you process all of this (line 41-42)

The phrase "might want to" is a degree of certainty, indicating that seeing a psychologist is merely a possibility. The presupposition is that the writer is struggling with the revelation that her husband is a paedophile, which implies that mental illness has a negative impact on the mental well-being of the sufferer's relatives, which may cause that person's relatives to need psychological treatment. Further, the article focuses on the professional treatment of paedophilia when it is said that

(10)   paedophilia is a mental disorder and those who have it don't give up their pathological behaviour without treatment (line 44-46)

The terms "pathological" and "treatment" construct paedophilia as a mental illness; the implication is that They (paedophiles) give up their behaviour with treatment. The following individual lexical items are also used in the article that denotes the professional treatment of paedophilia: "therapist" (line 32, 35), "prognosis" (line 36), and "psychologist" (line 41).

Overall, this article represents paedophiles as atypical and Other. It constructs paedophilia as a choice, paedophilia as necessitating medical treatment, and paedophiles as dangerous and difficult to discern.

5.3.2. "A Student's Struggle" (Article B)

Article B covers the topics depression and suicide. The writer says:

(11)   some judge her or call her weak from jumping from a Braamfontein building (line 3-4)

The implicature, which is apparent from the verb "judge" and the adjective "weak", is that some people consider suicide an act of weakness, and thus judge those who commit suicide as if it is a character flaw. The indefinite pronoun "some" could be considered a strategy of polarization in that the writer distances themself from this group of people. Also, the writer explicitly names the method and place of the suicide ("jumping from a Braamfontein building"), which encourages the reader to create a mental image of the suicide. Further, the writer makes the following affirmations about depression:

(12) depression is real and rife at university (line 14); and

(13) scars run deep (line 14)

The affirmation that "depression is real" (12) presupposes that some individuals consider depression illusory and hence not an actual and treatable illness – which is indicative of a lack of knowledge, or ignorance, about mental illness – and the adjective "rife" (12), implies depression is a widespread illness. The alliteration of "real and rife" (12) emphasises the existence, and severity of suicide. Further, the phrase "at university" (12) proposes that the writer believes students commonly suffer from depression, as they are faced with the stressors of academia. The noun "scars" (13) implies depression has a lasting emotional effect on sufferers, and also that depression may be caused by negative life experiences, like a scar is caused by an injury; the modified verb "run deep" (13) affirms that depression is a serious illness that is usually deep-rooted. The writer also says:

(14) people see students partying and drinking like there's no tomorrow […] I can guarantee that's a smokescreen for deeper issues (line 9-10)

Considering the context of this article, the modified noun "deeper issues" refers to depression; thus the noun "smokescreen" in the metaphor "a smokescreen for deeper issues" implies that people who have depression put up a façade for the public, and further that people with depression self-medicate with drinking. Also, "guarantee" is a degree of certainty, indicating that the writer is indubitably sure of these claims. Individuals who are mentally ill would only put up a deceptive outer appearance if their true identity was likely to lead to an adverse outcome, or if they were ashamed of their illness; thus it is presupposed that those who are depressed are judged and shamed for their illness.

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Overall, the article represents suicide as a character flaw, and those who commit suicide as weak. It constructs depression as caused by negative life experiences, and represents those who have depression as mostly students who self medicate with drinking, and who are judged and shamed for their illness.

5.3.3. "How Do I Regain My Confidence?" (Article C)

The third primary focus article is about depression. The writer describes being "extremely depressed" (line 2-3). The adverb "extremely" illustrates that depression immensely affected the writer. He says:

(15)   I just stayed in my room and didn't do anything (line 4-6)

The phrase "I just stayed in my room" illustrates living with depression as a period of isolation, while the phrases "didn't do anything", and "I simply didn't go to work" in the following:

(16)   I lost my job during the time I was depressed as I simply didn't go to work and didn't let my manager know what was going on (line 15-19),

construct living with depression as a period of unproductivity. The result of this unproductivity is that the individual "lost [his] job" (16). Also, the phrase "stayed in my room" in (15), and "didn't go to work" in (16) imply that depression makes it very difficult to leave one's house. The phrase "didn't let my manager know what was going on" (16) implies that the individual did not tell his manager about his depression because he couldn't, which implies that it is difficult to communicate that one is depressed. The writer also says he felt like he'd

(17)   never find [his] way out [of the depression] (line 6-7),

which is a metaphor in which being depressed is compared to being physically lost, implying that depression feels never-ending. He further says:

(18) those two years of my life [when I was depressed] robbed me of my belief in myself
(line 11-13)

The words "robbed me" are a metaphor that describes depression/mental illness as a thief, suggesting that depression forcefully steals something from the sufferer, which is clarified to be one's self-confidence – as is illustrated by the phrase "my belief in myself". Further, causality is evoked between depression and unemployment in the following:

(19) I don't have the self-confidence to apply for a job again (line 13-14),

which is done through the causative conjunction "as", thus implying that depression puts one at risk of losing one's job. It also implies that the lack of self-confidence that is caused by depression outlasts the depression itself, and also that it may prove difficult to secure a job after being depressed. Further, the professional treatment of mental illness is evident in the following quote:

(20) my mother eventually took me to a psychiatrist and with his help I'm now getting better (line 7-10).

The adverb "eventually" implies that the depressed individual got the help he needed after a long time; the word "now" indicates that the individual is currently receiving help; and the words "with his help I'm now getting better" in reference to the "psychiatrist" implies that the professional treatment of mental illness is needed in order to improve. The article also asserts (to the writer):

(21) what you're experiencing now is normal after being so ill (line 22-24)
(22) it would have happened if you'd had a physical illness or injury that kept you at home (line 24-26)

The affirmation that the writer's experiences are "normal" (21) presupposes that some people may think mental illness is abnormal, and the word "normal" depathologises mental illness. Also the word "now" seems to imply that this (the writer's current situation of being unemployed and lacking self-confidence) is temporary. The use of the emphasised adjective "so ill" (21) affirms that depression is a serious illness, which is just as severe as a physical

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illness/injury – as is suggested by the explicit comparison of mental illness and "physical illness or injury" in (22). Further, the implication in (22) is that one wouldn't blame oneself for a physical illness/injury, so they shouldn't blame themself for a mental illness.

Overall, the article represents depression as a period of isolation and unproductivity. It also constructs people with depression as lacking self-confidence, and struggling with employment. Depression is represented as a medical illness, for which treatment is necessary, and it is likened to a physical illness/injury.

5.3.4. "When You Just Can't Focus" (Article D)

Article D is about ADHD; it focuses on the lack of knowledge and awareness about ADHD, which is evident in the quotes below:

(23) it's possible they have attention-deficit hyperactivity disorder (ADHD) – and there's a pretty good chance they don't even know it (line 10-13)

(24) the woman […] was recently referred to him because of "stress" (line 52-54)

(25) I'd always thought I was disorganised and lazy (line 106-107)

(26) Manyoni now raises awareness about ADHD in Soweto and other townships (line 126-128)

The word "possible" in (23) is a degree of certainty, implying that the writer merely thinks ADHD is a possibility, but lacks the skills and/or knowledge to make this diagnosis. Further, the scare quotes around the word "stress" in (24) are used to imply that the woman's condition was not in fact stress (but a mental illness), and the phrase "I'd always thought" in (25) implies that the individual now realises that their qualities were symptoms of a mental illness. The following implicatures are evident in the quotes above: people can live with a mental illness without recognising it – "they don't even know" (23) – people with ADHD get wrongly referred to psychologists for other (non-mental illness related) issues – "referred to him because of 'stress'" (24) – the symptoms of ADHD can be mistaken for poor personality traits, like being "lazy" (25) rather than being recognised as symptoms of a mental illness, and there is a lack of awareness about ADHD in townships, which is implied by the word "now" (26). Further, the article contains a predominant medical discourse, emphasising that the medical treatment of ADHD is necessary in order to manage it. Individuals with ADHD

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are also referred to as "patients" (line 51, 82) in the article. Further, the following individual lexical items are also indicative of this medical discourse: "diagnosis" (line 3, 35, 88, 136, 143), "undiagnosed" (line 14, 44), "diagnosed" (line 91, 213), "assessment" (line 87), "consulted" (line 111), "practitioners" (line 86-87), "doctor" (line 111), "condition" (line 14, 17, 23, 50, 63, 85, 110-111, 171, 247, 252), "treatment" (line 4, 24, 35-36, 80, 84, 89, 92), "therapy" (line 90, 235), "intervention" (line 216), "prescribed" (line 111-112), "prescription" (line 226), "medical" (line 83, 86), "medication(s)" (line 89, 112, 133, 222, 224, 229), "Ritalin" (line 112, 225), "Concerta" (line 225), "Strattera" (line 225). This discourse illustrates the writer's view that ADHD needs to be professionally diagnosed by a medical practitioner, so that medication can be prescribed for the treatment of, and recovery from, this illness. Additionally, the article discursively constructs the professional treatment of ADHD as "life-changing" (line 92), and says that those with ADHD need treatment in order to: "change their lives" (line 4), be "helped" (line 113), "benefit" (line 221), "control" their illness (line 216), "[improve] the[ir] brains ability to focus" (line 222-223), and "decrease [their] symptoms". Thus, the treatment of ADHD is implied to be necessary for one to live successfully with ADHD. The article further states:

(27) in African cultures it's [ADHD] considered witchcraft; something to be exorcised with a ritual (line 120-125)

What the author is implying here is that mental illnesses can be attributed to witchcraft in African cultures, which will prevent someone with ADHD from getting appropriate medical help; the verbs "witchcraft", "ritual", and "exorcised" indicate this, and denote a theme of African mysticism. It is also said that

(28) [ADHD is] often considered a problem only if your colleagues or loved ones struggle to cope with your behaviour (line 45-48).

The use of the word "behaviour" constructs ADHD as a choice, and, the verb "cope" means that something is difficult to deal with, thus meaning that people's mental illnesses are difficult to deal with. The implication in the above quote is that the impact mental illness has on the individual suffering from the illness is considered secondary to the affect it has on one's "colleagues" and "loved ones" – as it is only once they "struggle to cope" that it is "considered a problem". This implicature is also evident below:

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(29) impulsivity and impatience can cause friction with others and lead to problems in work and personal relationships (line 174-177)

The "impulsivity" and "impatience" that is symptomatic of ADHD is negatively constructed here, as it is said to "cause friction" and "lead to problems" in one's work and relationships, thus reiterating that people's mental illnesses are difficult to deal with, and further implying that ADHD negatively affects one's work and relationships. Further, the following quotes:

(30) often those with ADHD are told they are rude, lazy, disrespectful or generally high maintenance (line 140-142); and
(31) [ADHD children will] probably make you miserable (line 148-149),

illustrate that ADHD is often mistaken for negative personality traits, which is indicated by the words "rude" (30), "lazy" (30), "disrespectful" (30), "high-maintenance" (30), and "miserable" (31). The word "often" (30) denotes that people with ADHD are regularly "told they are rude, lazy, disrespectful or generally high maintenance" (30). The word "probably" implies that ADHD children will almost certainly make one miserable. It is also said that people with ADHD

(32) haven't reached their full potential due to the impact the condition has had on their lives (line 168-172); and that
(33) the struggle to focus can lead to difficulty holding down a job (line 173-174)

The word "impact" (32) implies that ADHD has a strong effect on sufferers. It is also implied that ADHD prevents sufferers from functioning optimally, indicated by the phrase "haven't reached their full potential" (32), and that working with ADHD is a challenge, indicated by the phrases "struggle to focus" (33) and "difficult holding down a job" (33). The next statements are in contrast with the negative things that have been said about ADHD patients up until now:

(34) patients are mostly successful professionals (line 51-52)
(35) many prominent athletes and performers have ADHD (line 61-62)
(36) famous people with ADHD include […] (line 67-70)

The word "mostly" in (34) implies that some "patients" are not successful, maybe partly as a result of their ADHD. The implication in (34) is that this type of mental illness (ADHD) will not stop one from being successful. It is also implied that ADHD is nothing to be ashamed of as it occurs in "successful professionals" (34), "prominent athletes" (35), "prominent […] performers" (35), and "famous people" (36). The article refers readers with ADHD to the website of the "Attention Deficit and Hyperactivity Support Group of Southern Africa (Adhasa)" (line 268-270) for more help, information, and support.

Overall, the article represents people with ADHD as medical patients requiring treatment. ADHD is constructed as often mistaken for poor/negative personality traits, and as witchcraft in African cultures. It further constructs ADHD as a choice, and as preventing one from functioning and working optimally. Further, it is illustrated that one can be successful with ADHD, and that the illness can be managed with medication.

5.3.5. "I'd Rather Die Than Carry On Like This" (Article E)

The fifth article is about suicide. The writer rationalizes suicide by saying:

(37)   death seems like a better option (line 24); and
(38)   I'd rather die than carry on like this (line 1-2).

The word "option" (37) implies that suicide is a rational choice, and the word "rather" (38) implies that suicide can be a rational response to negative life circumstances. Also, the word "better" (37) suggests that the writer views suicide as an appropriate/satisfactory/effective choice. She further says:

(39)   my life feels like a punishment (line 21-22)

The simile in (39), indicated by the word "like", is a direct comparison that compares the writer's life to a punishment received for an offence, thus implying the writer feels the same way about her life, as she would about being punished for an offence. The article also contains a religious theme, which the noun "pastor" in the following quotes illustrates:

> (40)   I was ready to walk away from [my] marriage but the pastor I spoke to said I should just give [my husband] another chance (line 17-19); and
>
> (41)   ask the pastor to speak to your in-laws (line 35-36)

The phrases "the pastor I spoke to" (40), and "ask the pastor" (41), are evidence of a trust placed in religion to help with life's challenges, such as an unhappy marriage. The writer further states:

> (42)   I tried to commit suicide by overdosing but it didn't work (line 20-21)

The word "overdosing" illustrates one method of committing suicide. The word "tried", and the phrase "it didn't work", implies that suicide can be attempted without always necessarily being realized. The writer is advised to

> (43)   consult a good divorce attorney (line 39-40),

which implies that the writer's suicide attempt is a result of her unhappy marriage (and thus not a mental illness). Further, the response to the writer's disclosure that she wants to commit suicide – explicitly stated in (37) and (38) – and her attempted suicide stated in (42) is not addressed in the advice given to the writer, which is an indication of a discreet textual silence, as the topic of suicide is potentially considered taboo, and thus a discussion about it is avoided.

Overall, the article rationalises suicide as a response to negative life circumstances.

5.3.6. "I Miss the Person I Used to Be" (Article F)
Article F covers the topic depression. The title of the article implies that depression changes one as a person, which is indicated by the words "used to be" (line 2). Further, depression is constructed as paradoxical, when the writer says:

> (44)   I'm happ[y] but miserable (line 8)

The conjunction "but" and the antonyms "happy" and "miserable" make the statement contradictory. The adjective "miserable" illustrates depression as a feeling more intense than sadness. The writer also asks:

(45)   what's wrong with me? (line 23)

The word "wrong" implies that the writer considers herself abnormal, and in an atypical state, which implies that depression is considered atypical. Further, the writer says:

(46)   all I do during the week is work and sleep (line 9-10)

(47)   at weekends I do my laundry and sleep, nothing else (line 10-11)

(48)   I always end up not going [to visit my family] because I decide to sleep instead (line 14-15)

(49)   I end up not feeling up to it [going out to do something fun] and I end up sleeping (line 18-19)

The writer reiterates her continuous resort to sleep, which illustrates that depression makes one sleep a great deal, which implies that being depressed is exhausting, and/or that when one is depressed they want to dissociate from the world. The writer fills their time with "work" (46), and "laundry" (47), which is illustrated by the phrase "all I do" (46), and "nothing else" (47). The phrase "not feeling up to it" (49) is a variation of the phrasal verb "feel up to", which is typically used in questions and negatives. It conveys having (or not having) enough strength/energy to do something; thus, the implication is that the writer's depression has made her weak and idle, resulting in her not engaging in the activities that she would otherwise engage in if she were not depressed. It is asserted that

(50)   the continuous sleeping you describe and feeling of not being able to get yourself going are typical signs of clinical depression (line 26-29)

The writer is said to be "clinical[ly] depressed" based on the fact that she is showing "typical signs [of depression]", which presupposes that depression has distinct symptoms that can be identified and diagnosed in individuals. The phrase "not being able to get yourself going" denotes the writer's idle state. Specifically the words "not being able" means that the writer is lacking in skill and ability, and the phrase "get yourself going" implies that the writer lacks

the skills and means to get herself motivated, implying that (professional) intervention is required. Further, the writer says:

(51)   I've put things I used to enjoy doing, such as socialising, on hold (line 20-21)

The words "used to enjoy" implies that the writer hasn't always been this way, and that she previously enjoyed socialising, which implies that depression has made her anti-social. The phrase "on hold" implies that the writer is only temporarily unable to pursue the activities she used to enjoy, which implies her depression is temporary, and treatable. She also says:

(52)   I feel isolated from the world (line 21-22)

The word "isolated" implies that the writer feels dissociated from society, probably because of her depression. The words "the world" illustrate the writer as alone away from the whole world. The following is also said:

(53)   I find it hard to meet people and make friends (line 12-13)

The word "hard" implies that depression makes meeting people and making friends a struggle. Also, the writer says:

(54)   I can't seem to take a step forward (line 24)

The phrasal verb "step forward" means to make an improvement; the writer uses this phrasal verb in the negative, and in conjunction with the personal pronoun "I", thus the implication is that the writer *alone* cannot make an improvement on her mental state and requires some form of intervention in order to improve. This intervention is suggested to be a medical one; the following individual lexical items illustrate this medical discourse: "medical" (line 30), "medication" (line 44), "practitioner" (line 30), "doctor" (line 42), "assessed" (line 31), "prescribed" (line 31), "antidepressant" (line 32, 43), and "serotonin" (line 47). The noun "serotonin" can also be classified as technical language, as it refers to an intricate biochemical process associated with depression, and is most likely not going to be understood by laypersons reading this article without an explanation.

Overall, depression is constructed as an abnormality, and as atypical. Further, it is constructed as a medical illness for which treatment is necessary, and as an illness that makes one sleep excessively, and not engage in the activities that one used to.

5.3.7 "I Don't Have a Clue Why I Feel Anxious!" (Article G)

Article G covers the topic anxiety. The writer questions his "severely anxious and stressed" (line 2-3) state. The adjective "severely" illustrates that the writer's anxiety is to an intense degree. He says:

(55) I have a good job and enjoy my work (line 5-6)

(56) my colleagues are nice (line 6-7)

(57) at home things are going well (line 7-8)

(58) my wife is loving towards me and goes out of her way to do nice things for me (line 8-11)

(59) we don't have any financial problems (line 11-12)

The recurrent use of positive words in the quotes above, namely "good", "enjoy", "nice", "well", "loving", and "goes out of her way", discursively constructs a positive image of the writer's life. He says:

(60) I have no real reason to feel this way [anxious] (line 4-5); and

(61) there really is nothing that should keep me awake at night (line 12-14)

The phrase "real reason" (60) implies mental illness necessitates a (valid) reason, thus implying that anxiety is the effect of a particular cause. The writer feels that because he is happy and has a good life, he has no valid reason to be mentally ill; implying that mental illness only affects people that are unhappy – which is evidence of a misconception about, and a lack of knowledge of, mental illness. Also, the phrase "keep me awake at night" (61) illustrates insomnia is part of the problem, implying that anxiety includes insomnia. There is also a predominant medical discourse in the article, particularly in the explanation of the cause of anxiety. The following individual lexical items are evidence of this medical discourse: "limbic system" (line 17, 21), "brain structures" (line 17-18), "'emotion centre' of the body" (line 19), "biochemical" (line 20), "cortisol" (line 26-27), "serotonin" (line 26),

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"adrenaline" (line 26), "health" (line 29), "check-up" (line 24), "physician" (line 24-25), "stress" (line 31), "anxiety" (line 32, 36), "hypnotherapy" (line 33-34), "triggered" (line 36), and "psychologist" (line 30, 33). The technical language used to explain the intricate biochemical processes associated with mental illness and its causes is typically incomprehensible to laypersons reading this article (without an explanation); it also reinforces a medical model linked to mental illness. It is further stressed that medical intervention is the treatment to anxiety. The writer is advised to:

(62) get a clean bill of health (line 29); and
(63) then consult with a psychologist (line 29-30)

The phrase "clean bill of health" (62) means to be told that one is healthy after being examined by a doctor. Thus, (62) and (63) are indicative of how one's mental health is considered secondary to, and disparate from, their physical health – indicated by the word "then" in (63).

Overall, anxiety is represented as an effect, and as only affecting people who are unhappy and dissatisfied with their life. Further, anxiety is constructed as a medical illness that requires medical treatment, and mental illness is represented as distinct from physical illness.

5.3.8. "Depression and Life Policies" (Article H)

The next primary focus article is about depression; the focus of the analysis of this article is on the way in which causality is evoked between being depressed and being unable to work (and thus being dysfunctional). The article makes use of people first language when it says:

(64) it's a common myth that people who suffer from depression can't get life cover (line 5-7)

The phrase, "suffer from depression"– as opposed to saying "the depressed" – puts the individual before the illness, thus avoiding dehumanizing the mentally ill. The noun "sufferer(s)" (line 129, 168) was also used to identify individuals with depression, which is evident in the quote below:

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(65)   when there's too big a risk the sufferer may commit suicide (line 128-130),

and refers to people with depression sympathetically. Further, the article contains a legal discourse, which the following individual lexical items illustrate: "obliged", "disclose", and "condition(s)" in the quote below:

(66)   you're obliged to disclose such a condition [depression] to you insurer because it can influence the risk analysis and conditions of your [life] cover (line 26-30)

The repetitive reference to depression as a "condition" as opposed to an "illness" constructs depression as something that is debilitating. The phrase "influence the risk analysis" makes a link between mental illness and the risk of not working/the risk of suicide. People with depression are constructed as a "risk" (line 29, 47, 50, 58, 129) to both insurance companies, and to employers – as people's depression can affect their work, which is evident in the quotes below:

(67)   incidents when you weren't able to work because of the condition (line 40-42)
(68)   the insurer then determines how big the risk is that, for example, you might become unable to work due to depression (line 45-49)
(69)   depression can render a person unable to work for long periods (line 73-74)
(70)   … when you may not be able to work due to depression (line 114-115)

The word "incidents" (67) is vague in its reference; it could be referring to suicide/suicide attempts, or to sick leave taken for the sake of one's mental health. The modal words "might" (68), "can" (69), and "may" (70) express a degree of certainty; the writer thus illustrates depression rendering someone unable to work as a possibility, and not a certainty. The phrase "due to" (68)(70) creates causality between depression and unemployment/unproductivity. The article also states:

(71)   internationally depression is the No 1 cause of disability (line 164-166),

which illustrates that depression is a widespread illness (conveyed by the term "internationally"), and also that depression is a "disability", which implies that it handicaps

individuals, and limits one's capabilities. Even though depression is classified as a "disability", insurance companies exclude it from disability cover, which is evident below:

(72) you can claim disability cover for any other reason, for example if you become paralysed in an accident and can't do your work because of that, but not if you can't work because of depression (line 77-82)

The exclusion of depression from disability cover, even though it is classified as a disability, illustrates people with mental illnesses as unfairly treated. Further, it is said that

(73) 80% of depression sufferers dramatically improve their life by using antidepressants (line 161-170),

which implies that people who suffer from depression should try antidepressants, and also that depression is treatable (with the use of antidepressants). The phrase "improve their life" implies that people with depression need to increase their quality of life; the modifier "dramatically" illustrates the large extent to which antidepressants could improve the lives of people who are depressed; and the noun "antidepressants" is indicative of the medical treatment of mental illness.

Overall, depression is constructed as being causally related to being unable to work (and thus dysfunctional). The article constructs depression as a risk (because of the risk of suicide) to insurance companies and employers, and also represents depression as a disability though excludes it from disability cover; it further constructs depression as treatable with medication, thereby constructing a medical model of mental illness.

5.3.9. "What Causes OCD?" (Article I)

Article I is about Obsessive Compulsive Disorder (OCD), which is referred to as a "disorder" (line 12), and more specifically as "an anxiety disorder" (line 15-16). The term "disorder" constructs OCD as an illness that disrupts normal physical or mental functions. The writer describes, "battling" (line 2) with OCD and says it has

(74) persisted with varying degrees of severity (line 5-6)

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The verb "battling" constructs OCD as an enemy that is dangerous, and the verb "persisted" implies that OCD is a chronic illness, which is asserted in line 19. The phrase "varying degrees of severity" implies that people with OCD experience the illness to different extents. There is also evidence of a medical discourse in the article, with emphasis on the professional treatment and management of OCD, which the following individual lexical items indicate: "counselling psychologist" (line 7), "psychiatrist" (line 9), "patients" (line 36), "disorder" (line 12), "chronic" (line 19), "coping techniques" (line 8), "medicine" (line 9), "medication" (line 37-38), "antidepressant" (line 37), and "anti-anxiety" (line 37). Referring to people with OCD as "patients" constructs people with OCD as sufferers receiving medical treatment. The writer further says:

(75)   I'm currently seeing a counselling psychologist to learn coping techniques (line 6-8)

The word "currently" implies that the individual will not need to see the psychologist forever, as eventually they will be able to cope on their own. Also, the phrase "learn coping techniques" implies that OCD is something that can be treated behaviourally. The writer also says:

(76)   [I] will also be seeing a psychiatrist to review the medicine I've been on for the past 10 years (line 8-10),

which implies that the individual may have been taking the wrong medication for the last ten years; it's also indicative of the chronic nature of OCD (as is illustrated by the words "the past 10 years"). The article also includes the following:

(77)   OCD patients may benefit from antidepressant and anti-anxiety medication (line 36-38)

The modal verb "may" is a degree of certainty that implies that antidepressant and anti-anxiety medication could possibly be effective in treating OCD, but not necessarily so. Also, the term "benefit" is a very vague term; it is not saying that OCD patients can be "healed", but rather that they will gain something (from medication) – which is not specifically named.

The implication is that there is a link between OCD, depression, and anxiety, and possibly that OCD causes depression/anxiety. Further the article stresses:

(78) it's important you consult with your psychiatrist regularly to review how well it's [the medicine] working (line 38-39)

The phrase "consult with your psychiatrist" implies that it is necessary for people with OCD to constantly be assessed (by a professional) to ensure they are being properly treated for their illness; and the phrase "review how well it's working" implies that medication is not equally effective for everyone. The article also contains some technical terminology that is not likely to be understood by the audience, thus excluding them from the discourse. The following individual lexical items are indicative of this: "chromosomal anomalies" (line 33), "frontal cortex" (line 35), "cognitive-behavioural therapy" (line 46), and "deep-brain stimulation" (line 47). This technical medical discourse is unexplained in the article.

Overall, OCD is constructed as a medical condition that disrupts the normal functioning of one's life. It constructs OCD as being both behaviourally treatable, and treatable through medication. Further OCD is constructed as something temporary, and as being linked to depression/anxiety.

5.4. Mental Illness as a Primary Focus in *Drum* Magazine

The next section provides an analysis of the seven primary focus articles that were collected from *Drum* magazine, which covered the following mental illnesses and related topics: suicide, mental illness in general, selective mutism (as an anxiety disorder), and depression. Suicide was the most frequent topic in the articles, being the focus of three out of the total seven primary focus articles. The longest article was article P, which was about depression and life insurance, yet it was still only one page. From the seven primary focus articles, four of the articles were collected from October, one was from November, and two were from December.

5.4.1. "Speak Up" (Article J)

The first primary focus article in *Drum* is about (child) suicide; the writer says:

(79) I've gathered that many young people who've committed suicide are known to have a quiet character (line 2-4); and

(80) Lebo Maseko is said to have been a quiet kid too (line 5-6)

The verb "gathered" (79) indicates that the writer makes the deduction in (79) from his own reasoning, rather than from explicit evidence; the statement in (80) is used to verify the claim made in (79), as it is considered the evidence for the inference. It is thus implied that "young people" (79) who kill themselves are characterised by being quiet, and thus that quietness is a warning sign that something is wrong, which is reiterated in the quotes below:

(81) this must be a wake-up call to parents of kids who don't talk too much (line 10-11); and

(82) if our children are often quiet it doesn't mean everything is fine (line 12-14)

The phrase "kids who don't talk too much" (81) refers to children who are quiet, and the phrase "doesn't mean everything is fine" (82) presupposes that people often equate quietness with contentment; the writer is saying that children who do not talk much could possibly be deeply troubled. The metaphor "wake-up call" (81) compares child suicide to being asleep, and thus unaware of something, which presupposes that parents of children who commit suicide are oblivious to the warning signs, and need to be made aware of them. The writer also says:

(83) like many others who appear to have taken their own lives, what prompted him to take his life remains a mystery (line 7-9)

The modified pronoun "many others" implies that suicide is common, the word "appear" implies that in cases of suicide it is not always undoubtedly clear that the person has in fact killed themselves; the word "prompted" implies that there is an event or feeling that causes one to commit suicide, the word "mystery" describes suicide as a phenomenon that is difficult/impossible to understand/explain, and the word "remains" means this is still the case. Further, the following measures are suggested to prevent child suicide:

(84) school governing bodies must prioritise the discussion of safety in our schools (line 19-21)

(85) there must always be security guards or parent volunteers to patrol school yards (sic) (line 21-23)

(86) if there'd been someone patrolling the school yard (sic) at Khula-Mlambo Primary School, Lebo might still be alive (line 23-25)

The phrase, "prioritise the discussion of safety in our schools" (84) presupposes that this practice is not currently in place, and the verb "patrol(ling)" (85)(86) implies policing and criminals, which constructs child suicide as merely bad behaviour that needs to be restrained. Also, the word "if" (86) introduces a conditional clause in which causality is created between "someone patrolling" and "still be alive"; the implication is that the boy's suicidal ideation was only momentary, and that he would not have tried again if he had been stopped. Interestingly, the article does not discuss mental illness as a possible cause of the boy's suicide, which can be considered a discreet textual silence, as the topic of suicide is likely culturally taboo, and hence a discussion about it is avoided.

Overall, the article presents suicide as a bad behaviour in children that can be prevented by keeping watch over them – particularly in schools. It is also presented as a consequence to troubled children, where quietness is constructed as a warning sign for troubled behaviour and suicidal thoughts.

5.4.2. "Emotional Blackmail" (Article K)

Article K is in the advice column with "Sis Dolly", whose credentials are not given. This article covers the topic suicide, which is referred to as "emotional blackmail" (line 1). The word "blackmail" implies that suicide is a threat/manipulative tactic, which is further evident in the quotes below:

(87) My girlfriend has threatened to kill herself if I leave her (line 2-3)
(88) I want to leave but I don't want to be responsible for her death (line 4-5)

The verb "threatened" (87) constructs suicide as a manipulative tactic, the word "if" (87) creates causality between "leave her" and "commit suicide", and the conjunction "but" (88) introduces the presupposition that the writer will be responsible for his girlfriend's death if he

leaves her and then she commits suicide – which also normalizes the idea that there is someone to blame for suicide. The article asserts:

(89)   she needs help (line 14)

The word "needs" implies that something is absolutely necessary – which in this case is "help" and most likely refers to the professional treatment of mental illness, as the number for "the South African Depression and Anxiety Group's suicide helpline" is given following the assertion in (89). Also, this kind of "help" would not be necessary if the individual did not have a mental illness, thus the implication is that suicidal threats/thoughts is a sign of mental illness.

Overall, suicide is constructed as a threat and manipulative tactic. The article also normalizes the idea that there is someone to blame for suicide, and constructs suicidal threats/thoughts as indicative of a mental illness.

5.4.3. "Time to Heal" (Article L)

The next article covers mental illness in general. The writer declares:

(90)   people suffering from any form of mental illness are not cowards, bewitched, demon-possessed, attention seekers nor are they being dramatic (line 2-5)

The phrase "any form of mental illness" implies that there are many kinds of mental illness. The words "are not" and the descriptions that follow – "cowards", "bewitched", "demon-possessed", "attention seekers", and "being dramatic" – presuppose the following existing beliefs about people with mental illnesses: they lack courage, they have been cursed, they have been possessed by an evil spirit, they are looking for attention, and they are overreacting. The writer asserts:

(91)   all forms of mental illness are real, and they're not a weakness (line 5-6)

Asserting mental illness as "real", presupposes the existing belief that mental illness is illusory, and the negation that mental illness is "not a weakness" presupposes the existing belief that being mentally ill means to be weak. The writer continues:

(92)   when you almost lost hope – you were not being a coward, right? (line 9-11)

Adding "right?" at the end of this statement turns the declarative statement into a rhetorical question, which indicates that the writer is looking for reader confirmation to emphasise the point being made – which is that people with mental illnesses are not cowards. The article also contains a religious discourse, which is evident in the following quotes:

(93)   you wished and prayed that you would be kept safe (line 11-12)
(94)   God sees you (line 23)

The verb "prayed" (93) denotes the address of a prayer to a God or other deity, and the phrase "kept safe" (93) references the religious belief that one's God protects one from danger. The word "sees" (94) discursively constructs God as all-watching and all-knowing; saying "God sees you" (94) implies that He is aware of your struggles (and thus one's battles with mental illness). Also, the verb "heal" (line 1) in the title could be reference to one's spiritual healing, and/or to God's (presupposed) ability to "heal" the (mentally and physically) ill. The biblical references in the article presuppose the existence of a God, and also the ability of this deity to relieve one's sufferings. Further, the following nouns, and noun phrases, are used to refer to people with mental illnesses in the article: "people suffering" (line 2), "people with mental illnesses" (line 14-15), "these people" (line17), and "those suffering" (line 18-19). There is evidence of people first language when the writer says "people with mental illnesses", as opposed to "the mentally ill", which avoids dehumanization. A strategy of polarization is evident, which the words "these" and "those" illustrate, thus the writer does not consider themself as part of this social group (i.e. people who are mentally ill). Also, the word "suffering" is sympathetic. The writer directly addresses those who currently have a mental illness, and asserts:

(95)   it's okay not to be okay (line 19-20)
(96)   cry, take all the time you need to heal and protect your peace (line 20-21)
(97)   it's all about your sanity, so nurture it (line 22)

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(98)   make your mental health a priority (line 25)

The repetition of the word "okay" in (95) makes this statement memorable, and constructs "okay" as a keyword to readers; this assurance also presupposes current shame about not feeling/being "okay". The word "cry" (95) implies that crying heals depression, or helps one cope with depression, which implies that showing emotion is healthy; also the phrase "protect your peace" (96) means to guard ones state of mind, which denotes self-care and self-love and presupposes that people with mental illnesses neglect their mental health. The word "time" (96) implies that depression gets better with time if one actively works on it; and the word "heal" (96) is a medical term – as one would typically speak about healing from an injury – thus mental illness is likened to a physical illness/injury. The word "sanity" (97) constructs mental illness as linked to insanity, and the word "nurture" (97) is a metaphor that illustrates that one's mental health grows if it is taken care of. The statement in (98) implies that people are responsible for their own mental health, and presupposes that people with mental illnesses currently neglect their mental health.

Overall, mental illness is represented as temporary, and one's mental health is represented as something that needs to be cared for and protected. Mental illness is further constructed as a practice of witchcraft, and as a result of being possessed by an evil spirit. The article also constructs religion, and God, as able to relieve one's struggle with mental illness; it likens mental illness to physical illness/injury, and constructs self-care and the nurturing of one's mental health as important to recovering from mental illness.

5.4.4. "Learn to Speak Up" (Article M)

The next article is about selective mutism – an anxiety disorder. The words "speak up" (line 1) in the title is a play on words, as normally speak up means share your opinion, but here it literally means use your voice. The writer tells the story of someone who

(99)   suffered from selective mutism as a child (line 3)

The word "suffered" is sympathetic. The writer urges readers to:

(100) never be afraid to express yourself, or to take risks (line 34-35),

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which implies that being selectively mute denotes being afraid to express oneself and/or to take risks, as opposed to being symptoms of mental illness. This implication is also discursively constructed in the quotes below:

(101) each time he had an idea he would restrain himself and suffer in silence (line 4-5)

(102) he feared that if he spoke, he would sound unintelligent (line 6-7)

(103) his social anxiety alienated him from many people, leaving him with only a handful of friends and an almost non-existent social life (line 8-11)

(104) [his classmates] knew him to be extremely shy (line 21)

The words "restrain himself" (101) illustrate selective mutism as the boy's fault/decision. The alliteration of "suffer in silence" (101) focuses the reader's attention on this section of the text. The repetition of the "s" sound suggests a snake-like-quality, which contributes to a mood of danger – thus constructing silence as dangerous. The words "sound unintelligent" (102) imply that mutism is a social problem, rather than a sign of mental illness, and that people who are mute worry about others' opinions of them. The phrase, "only a handful of friends and an almost non-existent social life" (103) are the potential negative consequences of untreated mental illness. The words "extremely shy" (104) construct mental illness as a character trait rather than an illness. Further, the writer says:

(105) [he] worked up the courage to do the presentation of a group assignment he'd worked on (line 13-15)

The phrase "worked up the courage" constructs mutism as a fear of public speaking – illustrated by the phrase "presentation of a group assignment" – which implies that the boy's mutism was a lack of courage, and thus a character flaw, and not a mental illness. Also, the title – "learn to speak up" (line 1) – implies that one can teach oneself not to be mute (since it is a character flaw). Further, the writer says:

(106) today he's known for his presentation skills and innovative ideas (line 25-26)

The word "today" implies that this was not always the case, and the phrase "presentation skills and innovative ideas" (106) presupposes that these skills are highly valued.

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Overall, selective mutism is represented as a character trait/flaw, and as a social problem that can be overcome with bravery and courage; it is represented as the decision (and thus fault) of the individual.

5.4.5. "Don't Expect Too Much" (Article N)

The next primary focus article is about suicide, specifically male suicide. The following is said about men and suicide in the article:

(107) men are often raised to believe a man is a tiger and he isn't meant to cry because tigers don't cry (line 6-8)

(108) that old-school thinking has killed many men (line 8-9)

(109) men are faced with many challenges: depression, low self-esteem, dysfunctional relationships, infidelity and debt (line 10-12)

The metaphor, "a man is a tiger" (107), discursively constructs men as strong, determined leaders – just like tigers are typically characterised. Saying "tigers don't cry" (107) implies that men don't show emotion, as they have an image to uphold of being tough, which presupposes that showing emotion is a sign of weakness. The modified noun "old-school thinking" (108) relates to outdated views of gender and masculinity. The phrase "killed many men" (108) implies that the lack of emotion showed by men has resulted in many male suicides. It is implied that the "challenges" outlined in (109) are some of the reasons men commit suicide; the implication is that men and women face different "challenges", thus suggesting that women do not experience "depression, low self-esteem, dysfunctional relationships, infidelity and debt" (109) in the same way, or to the same extent, as men. Further, the writer warns:

(110) we must always be on the lookout for the danger signs (line 13-14); and

(111) if a man suddenly becomes reckless in his behaviour, it could be a sign that he no longer values his life (line 14-16)

The word "must" (110) is a degree of certainty, thus expressing absolute necessity to "lookout for the danger signs" (110) of suicide. The presupposition in (110) is that there are clear signs (indicated by the words "danger signs") that one is going to commit suicide – thus

implying that suicide can be prevented if one is on the "lookout" for these signs, recognises them on time, and acts on them, although no mention is made on how to act on these warning signs once they are identified. The adverb "suddenly" (111) means to happen quickly and unexpectedly, thus the implication is that suicide can happen without warning. Further, the writer differentiates black men from other-raced men, saying:

(112) black men in particular have been raised in a way that they can't easily express their feelings (line 17-19)

(113) so they [black men] repress emotions until it all comes out – and they just explode (line 19-21)

The phrase, "in particular" (112) suggests that black men, more than other-raced men, "can't easily express their emotions" (112), thus implying a cultural difference. The words "raised in a way" (112) implies that the way people were brought up determines whether they will express their emotions or not. The word "easily" (112) implies that black men can still express their emotions, but they do so with difficulty. The verb "explode" (113) is a metaphor for suicide, as suicide is compared to a bomb, suggesting that suicide is the result of accumulated repressed emotions that eventually reach a breaking point and detonate like a bomb. The writer further says:

(114) society must play its part by not being too judgemental about men and the expectation of masculinity (line 22-25)

The word "judgemental" and the phrase "expectation of masculinity" presuppose that society is critical of men, and expects men to be masculine. Also, the words "play its part" imply that society has a duty/responsibility in the prevention of male suicide. The expectation of society on men is further evident in the title, which reads:

(115) don't expect too much (line 1)

The adverb "too" implies that society can still have expectations of men, but not excessive ones.

Overall, the article represents suicide as the result of supressed emotions in (particularly black) men, and also the outcome of society's high expectations of men to be masculine. It constructs suicide as a man's issue, and as preventable by identifying the warning signs.

5.4.6. "They Have Mental Issues" (Article O)

The next article focuses on mental illness as a whole. The title refers to mental illness as "issues" rather than "illnesses"; this constructs mental illness as simply personal problems/difficulties as opposed to legitimate, diagnosable, medical illnesses; also the word "issues" is used in a dismissive way in slang English, just like the word "drama", hence mental illness is dismissed. The writer asks for advice regarding her three brothers who

(116) all seem to have suddenly developed mental disorders (line 3-4)

The adverb "suddenly" implies that mental illness can come out of nowhere, and is abrupt and unexpected; the writer makes this claim based on the following observations:

(117) the first-born dropped out of school, left home and is now a beggar (line 4-6)

(118) the last-born also dropped out of school and was diagnosed with depression (line 7-9)

(119) the middle brother has developed a habit of hanging around a dumpsite and talking to himself (line 11-13)

The implications in the above quotes are: "dropp[ing] out of school" (117)(118), being a "beggar" (117), "hanging around a dumpsite" (119), and "talking to [one]self" (119) means one has mental issues. The words "beggar" (117) and "hanging around a dumpsite" (119) constructs mental illness as affecting people that live in poverty. The word "diagnosed" (118) implies that depression needs to be identified by means of professional assessment, or that a diagnosis makes mental illness official, and the word "habit" (119) implies that being mentally ill is a practice that can be unlearned. Further, the writer says:

(120) my mom is a domestic helper (line 15-16)

(121) my dad is a drunk and emotionally abusive (line 16-17)

(122) mom has been through a lot (line 17-18)

The individual lexical items: "drunk" (121), "emotionally abusive" (121), and "been through a lot" (122) discursively construct a troubled home, and the noun "domestic helper" (120) indicates a family with a lower socio-economic status. The implication is thus that people with mental illnesses come from troubled, poor homes. The writer continues:

(123) we all used to be so close (line 14)

(124) who can help us? (line 20)

The words "used to be" (123) refers to a time before the writer's brothers had "mental issues", thus the implication is that her brothers' "mental issues" have affected the writer's relationship with her siblings. The pronoun "us" (124) implies that the speaker considers herself affected by her brothers' mental issues; the presupposition in (124) is that mental illness necessitate "help". Further, the psychiatric treatment of mental illness is evident below:

(125) he's been taking medication for three months (9-10)

(126) they'll be able to assist with assessing your brothers and putting them through a programme if that's what is needed (line 31-34)

The noun "medication" (125) denotes psychiatric medication, the verb "assessing" (126) is an indication of the trust placed in professionals to identify and diagnose mental illnesses, and the noun "programme" (126) refers to rehabilitation programmes for people with mental illnesses, thus reiterating the professional treatment of mental illness. Also, the word "if" implies that (rehabilitation) "programme[s]" (126) are not always necessary to treat mental illness, which implies that there are different treatment methods for the mentally ill.

Overall, this article constructs people with mental illnesses as: people living in poverty, people who drop out of school, beggars, and people coming from troubled homes. It represents mental illness as a personal problem, rather than a diagnosable illness, and as a practice that can be unlearned. It also constructs psychiatric treatment/medication as necessary when having a mental illness, and the professional diagnosis of mental illness as legitimising it.

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5.4.7. "Excluding Depression" (Article P)

The last primary focus article in *Drum* is the same article as the one published under the title, "Depression and Life Policies" in *You* (Article H), with the only difference being the title and standfirst. See section 5.2.8. for a detailed analysis of this article.

5.5. Mental Illness as a Primary Focus in *Move!* Magazine

The next section provides an analysis of the nine primary focus articles that were collected from *Move!* magazine, which covered the following mental illnesses and related topics: suicide, depression, mental illness in general, bipolar disorder, pathological lying, and schizophrenia. Suicide was the most frequent topic, being the focus of three out of the nine primary focus articles from *Move!*. The articles on pathological lying, schizophrenia, and one of the articles on mental illness in general (article S) were the longest articles in the magazine – all of which covered two pages. From the nine primary focus articles, two of the articles were collected from October, six from November, and one was from December.

5.5.1. "Male Suicide on the Rise" (Article Q-1)

The first primary focus article in *Move!* is about (male) suicide. This article is one of two articles in *Move!* to be mentioned on the front cover of the magazine, where its title is, "why many South African men commit suicide" (see Q-2), and preceded by the heading "spotlight" (see Q-2) which is capitalized, and acts as an identifier to the problem/situation (i.e. the article) publishers want to draw readers' attention to in the specific issue. The following are said to be "factors contributing to suicide among men" (line 20-21):

> (127) being over-indebted, dysfunctional relationships, spousal infidelity, depression and
> low self-esteem (line 24-25)

As the article exclusively focuses on men, it is implied that women are not faced with the issues outlined in (127). Also, the implicatures above are: "being over-indebted" causes suicide, "dysfunctional relationships" cause suicide, "spousal infidelity" causes suicide, "depression" causes suicide, and "low self-esteem" causes suicide; most of the reasons named here are contextual issues and not mental issues (except for depression) thus suicide is constructed as the result of one's adverse circumstances, rather than the outcome of a mental

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illness. The article further constructs men, and not women, at risk of suicide for the following reasons:

(128) black men carry with them issues of masculinity and opening up about their emotional side is seen as a sign of weakness (line 28-30)

(129) no man wants to be considered as weak (line 31)

(130) men are breadwinners, which puts a great amount of pressure on them and when they are unable to provide, they are left feeling inadequate and overwhelmed (line 34-35)

(131) [men] are not even given a chance to talk about their feelings (line 89-92)

(132) unemployed men are seen as weak and they are not respected (line 95-96)

(133) [unemployed men's] voices are not heard (line 99-100)

(134) men don't talk about their issues (line 103-104)

These statements imply that these factors don't affect women, or don't affect them as badly, or don't cause them to kill themselves, all of which are untrue. The words "black men" (128) differentiates black men from other-raced men on the basis that (only) black men have "issues of masculinity" and are considered weak when they are emotional, thus a racial difference is constructed in the text. The implication in most of these quotes is that this does not apply to women; so women don't mind being seen as weak, women don't feel pressured to be breadwinners, women don't suffer emotionally when they can't provide for their families, women are given the chance to talk about their feelings, unemployed women are not seen as weak and are respected, unemployed women's voices are heard, and women do talk about their issues; thus women are not at risk of suicide for these reasons. The article also states:

(135) the major factor contributing towards men killing themselves is the way they are being perceived by society (line 26-28)

(136) society expects so much from men (line 86-88)

The words "the major factor" (135) implies that there are many factors/reasons for men committing suicide; the words "contributing towards men" (135) implies that some other factor is causing women to kill themselves; the word "contributing" (135) implies that society is partly responsible for the increase in male suicide, as society "expects so much from men"

(136) – thus implying that society's expectations of men is causing them to commit suicide, and that society expects more from men than from women. Further, men are said to be unable to report abuse for fear of being mocked, which is evident below:

(137) [men] can't even report abuse without being ridiculed (line 105-108),

thus there is evidence of disgrace and shame associated with male rape, and male abuse, with the implication that these two issues cause male suicide, and also implying that women can report abuse without negative consequences, which evidently is not the case. Further, the article provides a list of "warning signs of suicide" (line 41), which interestingly does not discuss mental health/illness. The article directs (suicidal) individuals to "family" (line 68), "friends" (line 68), "church" (line 69), "cultural events" (line 69), and "community work" (line 70) to "keep [their] mind busy" (line 70), so that suicide can be prevented. The last quote ("keep [their] mind busy") implies that as long someone's mind is preoccupied they will not commit suicide. The absence of a discussion of mental illness could be considered a discreet textual silence, in that it is possibly culturally inappropriate/taboo, and thus a discussion about it is avoided. Further, the article includes direct quotes from "Hendriettah Khupe, a social work supervisor at LifeLine" (line 32-33), and "Garron Gsell, chief executive and founder of Men's Foundation" (line 39-40). The use of direct quotes from a social work supervisor and a chief executive of a NGO focusing on men's health, but no reference to *mental* health professionals is further indicative of this article's lack of focus on suicide as a mental health issue. The article concludes by providing a number for "Lifeline South Africa", which is said to be:

(138) a 24/7 telephonic crisis line intervention with skilled counsellors ready to assist all people, including men, in [South Africa] with all their problems and situations they cannot handle (line 71-75)

The phrase "including men" presupposes that "all people" does not also count men, which implies that men are not typically users of this service, as they do not have "problems and situations they cannot handle", or that they have no need for this service as they do not speak about their problems.

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Overall, suicide is constructed as a man's issue – resulting from issues of masculinity and from society's expectations of men (thus constructing society as partly responsible for male suicide); women are excluded from the issue of suicide. Further, suicide is constructed as a contextual issue, and as a result of adverse circumstances, rather than the result of mental illness; and as an issue particularly affecting black men – who are differentiated from other-raced men.

5.5.2. "Nomzamo's Darkest Hour" (Article R)

The next primary focus article in *Move!* focuses on depression and suicide, as actress and media personality Nomzamo Mbatha opens up about her depression and her cousin's suicide. The title of the article (line 1-2) is a metaphor, as "darkest" denotes unhappiness, and "hour" implies it is temporary. The verbs "battle" (line 3)/"battled" (line 7), and "suffer" (line 74)/"suffering" (line 21) are used to modify the noun "depression" in the article, which is sympathetic. Nomzamo refers to herself as "heartbroken" (line 24) and "broken" (line 42, 47, 52) in response to her cousin's suicide – thus implying that suicide causes one's relatives and friends an overwhelming amount of pain/distress – and further she says she went through "turmoil" (line 44), which implies that suicide is disturbing and confusing. She also says:

(139) it never gets easier (line 54)

The word "never" implies that dealing with the suicide of a relative or friend is perpetually difficult; it is never ending pain/distress. Nomzamo's cousin's suicide is conversed as follows:

(140) she took her life due to depression (line 16-17)

The preposition "due to" constructs suicide as a consequence of (untreated) depression, while "took her life" is a euphemism for "killed herself" – thereby constructing the topic of suicide as a sensitive one. Nomzamo asserts that:

(141) depression needs to be taken seriously and material things won't chase it away (line 17-19)

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The assertion that "depression needs to be taken seriously" implies that the topic of depression is currently overlooked in society, and the phrase "material things won't chase it away" presupposes that some people believe material objects will dispel depression, which implies that people who are depressed simply need cheering up. There is also evidence of a misconception of suicide and depression in the article, as Nomzamo explains how a stranger said the following about her cousin's suicide:

(142) RIP Carla, I'm so sad your family never loved you enough (line 29-30)

The implication here is that people commit suicide, because their families do not love them enough. This misconception is indicative of a lack of public knowledge about depression and suicide. The statement in (142) is negated by Nomzamo in (140), who clearly and explicitly states that her cousin killed herself "due to" depression. Nomzamo also says:

(143) it is easier for people to speak on things that have never happened to them (line 36-37),

The phrase "things that have never happened to them" implies that stigmatizing beliefs about depression and suicide often result from a lack of experience with these issues.

Overall, this article represents depression as an illness; it constructs suicide as causing perpetual pain for one's relatives and friends, and as the consequence of untreated depression. It also constructs depression and suicide as misconceived by those who have a lack of experience with these issues.

5.5.3. "Mental Illness is Nothing to be Ashamed of" (Article S)

The next primary focus article covers mental illness in general. The title of the article presupposes that some people are ashamed of having a mental illness, which is indicative of a stigma of mental illness, and the mentally ill. This shame, and disgrace is further evident in the following quotes:

(144) many people feel that seeing a psychiatrist means that something is very wrong and that a referral is an admission of severe illness (line 88-90)

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(145) few people see the role of psychiatrists as someone who helps ordinary people deal
with extraordinary situations (line 90-93)

(146) mentally ill patients are called crazy, mad and dangerous (line 117-118)

The word "admission" (144) is usually related to being guilty, thus the implicature is that seeing a psychiatrist is to be guilty of something immoral. The implicature in (144) is that people are scared to acknowledge serious mental illnesses; it is also interesting that someone would want to hide when something is seriously wrong emotionally, but most people are quick to see a doctor if they think something is seriously wrong physically. The use of the word "ordinary" (145) is the writer's attempt to destigmatise mental illness, and the words "few people" (145) suggests that the opposite is true for *most* people, that is, most people see the role of psychiatrists as someone that helps *abnormal* people deal with extraordinary situations. The words "crazy, mad and dangerous" (146) are some of the stigmatising labels given to people who have a mental illness. Further, the article also emphasises the lack of treatment of mental illness, which is evident in the quotes below:

(147) many people who need psychiatric help don't receive it and are left to struggle on
their own (line 93-95)

(148) lack of knowledge on mental illness derails the treatment process and leads to
people suffering in silence (line 97-100)

(149) some of them [the mentally ill] don't want to be seen as different and abnormal [so
they don't get treatment] (line 119-120)

The words "left to struggle on their own" (147) implies that people who are mentally ill require psychiatric help. The word "derails" (148) is a metaphor that compares the lack of knowledge of mental illness to a train hat has gone off track – it is dangerous and destructive (especially to the treatment of mental illness). The alliteration of "suffering in silence" (148) emphasises this point; the repetition of the "s" sound suggests a snake-like-quality, which contributes to the mood of danger and destruction. The words "don't want to be seen as different and abnormal" (149) is a reason people who are mentally ill don't seek psychiatric help, which presupposes that seeing a psychiatrist is abnormal, and also that there is shame associated with seeing a psychiatrist. Also, the implication in (148) is that an increased awareness of mental illness will result in more people seeking professional treatment for

mental illness. The advocation for the treatment of mental illness is evident in the quotes below:

(150) consult a medical practitioner to get the correct diagnosis and treatment (line 133-135).

(151) encourage them to see a professional (line 141)

(152) [the mentally ill] might prefer medication and refuse to talk about their problems (line 127-129)

The word "consult" (150) denotes that professional advice is needed when one has a mental illness, the words "correct diagnosis" (150) implies that people who are mentally ill get misdiagnosed, and the word "encourage" (151) implies that people who are mentally ill need to be persuaded to seek professional help. The word "prefer" implies that people who are mentally ill have a choice regarding treatment, and the words "refuse to talk" (152) presupposes that one method of treatment for mental illness involves talking about one's illness, and also the word "refuse" has connotations of being stubborn. It is further implied that people who are mentally ill would choose medication over counselling, which the words "prefer medication" (152) illustrate. Also, mental illness is differentiated from physical illness in the quotes below:

(153) mental illness is not physical like a wound (line 123-124)

(154) a wound is easily treatable as it can be seen (line 125)

The implication is that mental illness is not easily treated because it cannot be seen (like a wound) thus implying that it is easier to get treatment for illnesses that are physical and visible than for those that are not. There is also evidence of a genetic cause of mental illness in the article – indicated by the individual lexical items "genetic predisposition" (line 38), and "family history" (line 38) in the quote below:

(155) medical illness is […] a combination of genetic predisposition (or family history), early life trauma and adversity, stressors, medical illnesses and substances, among other factors (line 37-40)

The word "combination" illustrates that there are different factors that contribute to being mentally ill. The article also contains a racial theme with regards to the conceptualisation of 'mental illness', which is evident in the following quotes:

(156) there is a lot of poor judgement, insight and ignorance when it comes to mental illness, especially among black people (line 101-104)

(157) some call it the white people's illness (line 104-105)

(158) [black] people may be quick to blame witchcraft when someone has a mental illness (line 108-110)

(159) someone who is from a rural area may be quick to use bewitchment as a point of reference when someone has a mental illness because of the general perception that exists in rural areas (line 111-116)

The adverb "especially" (156) distinguishes "black people" from other-raced people, in that they are said to particularly have "poor judgement, insight and ignorance" about mental illness. The phrase "white people's illness" (157) illustrates a misconception that only white people have mental illnesses, which also presupposes that there is a causal relationship between one's race and being mentally ill. The word "witchcraft" (158) denotes the use of spells; the implication is thus that (for "black people") to be mentally ill is to be under an evil spell, thus implying mental illness is not a psychiatric illness, and illustrating a theme of African mysticism.

Overall, the article represents mental illness as a medical condition, for which professional treatment is necessary. It constructs mental illness (and psychiatrists) as equating shame and embarrassment, and differentiates people's responses to mental illness from their responses to physical illness. Further, it differentiates mental illness from physical illness, constructs genetics as a possible cause of mental illness, and constructs a causal relationship between one's race and being mentally ill, in that mental illness is constructed as a white person's issue. It also contains a theme of African mysticism as mental illness is said to be a practice of witchcraft.

5.5.4. "High Rate of Child Suicide" (Article T-1)

The next primary focus article in *Move!* is the second article from *Move!*'s primary focus articles to feature on the front cover, where the title is: "parents beware child suicide is on the rise" (see T-2), which is preceded by the word "spotlight" (see T-2). As was clarified in section 5.6.1. "spotlight" seems to be indicative of the article (i.e. the problem) in the current issue that publishers want to draw readers' attention to. The verb "beware", and the plural noun "parents" in the title on the cover is a form of cautionary advice to *all* parents to be watchful of their children, as the implication is that any, and all, children could potentially commit suicide; this constructs suicide as a pervasive tragedy. The main topic of the article is (child) suicide; the article states:

(160) kids see killing themselves as a way out of challenges (line 3)

(161) more kids kill themselves (line 14)

The alliteration of "kids see killing themselves" (160) and "kids kill themselves" (161) emphasises the words "kids" and "kill"/"killing" thus stressing these words to readers; the "k" sound is harsh, and sharp, just like the image of children committing suicide is harsh/unpleasant. The use of alliteration in these statements functions as a rhetorical device used strategically by the author to emphasise the (horrifying) reality of children committing suicide. Also, the word "more" (161) presupposes that child suicide is not uncommon. Further, the following individual lexical items are used to refer to kids committing suicide in the article: "child suicide" (line 2, 11, 59), "[children] taking their own lives" (line 4-5), "[kids] kill/killing themselves" (line 3, 14, 27, 78-79), "[children] commit/committing suicide" (line 9, 26, 39-40), and "suicide in children" (line 20, 49). The collocation of kids/children with suicide/killing (themselves) in the article, and the repetition of this collocation, ensures that this image is firmly established in the audience's mind. Furthermore, the article offers the following reasons for child suicide:

(162) children] can't explain how they are feeling at depth [and thus think] suicide is the best option (line 45-47)

(163) [children feel] trapped and helpless (line 28)

(164) [it's] a way out of challenges (line 3, 31)

(165) [children see it as] a solution to situations they are going through (line 32-33)4

(166) [children are experiencing] bullying, pressure from home, feelings of rejection, fear of disappointing parents or friends, divorce or domestic violence (line 40-42)

(167) [children] are forced to be breadwinners in their families, which leads to stress and depression (line 81-87)

(168) [children] are spoilt and when they don't get what they want, they kill themselves (line 74-79)

The words "way out" (164) and "solution" (165) construct suicide as an answer to problems/challenges, and the word "option" (162) implies that suicide is a rational choice. The words "trapped" and "helpless" imply that child suicide is the response to emotional difficulties. Also, the statement in (166) states that children kill themselves as they are being bullied, are under pressure, feel rejected, are scared of disappointing their parents or friends, have parents that are divorced, and/or have abusive parents. The implication evident in most of the quotes above is that suicide in children is a response to emotional problems; "depression" (167) is the only mental illness mentioned as a possible cause of suicide; the absence of a discussion of mental illness is considered a discreet textual silence, as the topic is likely culturally taboo, and so it is avoided in the article. Also, the statement in (168) illustrates the extremely irrational belief that children kill themselves because they don't get what they want. The article tells the following story:

(169) a few weeks ago, a nine-year-old boy was found hanging from a swing at a Mpumalanga school with a tunic belt around his neck (line 15-17)

(170) the boy's mother could not believe what had happened saying her son was a happy child (line 17-19)

The writer explicitly names the method and place of the suicide ("hanging from a swing", "tunic belt around his neck", "Mpumalanga school"), which encourages the reader to create a mental image of the suicide. The phrase "could not believe" (170) and "her son was a happy child" (170), implies that happy children do not kill themselves, and also implies that there were no visible warning signs of the boy's suicide. The article further says:

(171) as a parent, you should not only be worried about the physical health of your child but you should also consider their emotional health (line 54-56)

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The word "worry" has strong connotations, which is used to refer to a child's physical health, while the word "consider" has weak connotations, and is used to refer to a child's mental health. The implication is that parents do not consider their children's emotional health to the same extent that they consider their children's physical health; also the word "emotional health" is used instead of "mental health", which suggests that mental health/illness is possibly a taboo topic, thus it is not explicitly named and it is avoided in the content of the article. Also, the presupposition is that "health" contains two distinct categories – physical health and mental health.

Overall, this article represents suicide (in children) as a response to emotional difficulties, and the result of poor "emotional health". It constructs suicide as a rational choice, and also differentiates parents' consideration for their children's mental health from their physical health – where the former is neglected.

5.5.5. "Inheritance of a Mentally Ill Beneficiary" (Article U)

Article U is in the legal advice column with "Ausi Nthabi" who is said to hold "an LLB from Wits University and is studying for her LLM". The article is about mental illness in general, as the writer asks:

(172) what happens if a beneficiary nominated for inheritance is mentally ill (line 3-5)

(173) who is supposed to manage their inheritance (line 5-6)

The words "what happens" (172) implies that something should happen, which presupposes that a mentally ill beneficially is unusual/uncommon. The words "mentally ill" is dehumanising as it characterises people who have a mental illness, as their illness. The presupposition in (173) is that the "mentally ill" are incapable of managing money, and thus need someone to "manage their inheritance" (173) for them. The article further constructs people with mental illnesses as incompetent, saying:

(174) a curator can be appointed (line 10-11)

(175) the role of the curator is to administer the inheritance (line 14-15)

(176) the inheritance will be managed as if the mentally ill person is a minor child (line 17-19)

The term "curator" (174)(175) denotes legal discourse – as in civil law curators are assigned to individuals that the law regards as incompetent to administer the object in question for themself – thus people with mental illnesses are constructed as incompetent. Further, "administer" (175) denotes responsibility, which implies that people who have a mental illness lack a sense of responsibility. Also, the metaphor "as if the mentally ill person is a minor child" (176), implies that the qualities that one would typically associate with small children (like a lack of knowledge, an inability to think rationally, a struggle to discern between fantasy and reality, requiring adult assistance, and so on) are attributed to individuals with mental illnesses – thus constructing people with mental illness as unintelligent, incapable beings.

Overall, the article dehumanizes people with mental illness; it represents them as incompetent and irresponsible (and thus needing assistance/supervision) and compares them to small children, thereby constructing them as unintelligent, and incapable.

5.5.6. "I Thought my Mom Bewitched Me" (Article V)

The next article's main focus is bipolar disorder. The writer states:

(177) I was told that I had depression (line 25-26)

(178) a few months later, I was told that I was bipolar (line 27-28)

The word "had" (177) constructs depression as something one can possess/have, like the way one *has* flu; interestingly when speaking about bipolar, the copular verb "was" (178) is used instead, which constructs bipolar as a state/quality/identity, thus dehumanizing people with mental illnesses by equating them to, and defining them by, their disorder, rather than using people first language. The verb "told" (178) suggests that someone (else) diagnosed the writer with her mental illness, thus implying that mental illnesses need to be identified and diagnosed by professionals. Also, the implication in the quotes above is that bipolar disorder is sometimes misdiagnosed as depression. The writer describes her experience with mental illness as "hell" (line 48), which conveys that she was suffering greatly. Further, there is evidence of a medical discourse in the article in the quotes below:

(179) I went to hospital (line 25)

(180) I was sent to a mental clinic for treatment (line 26-27)

The individual lexical items "hospital" (180), "mental clinic" (181), and "treatment" (181) convey a medical discourse. The word "sent" (181) implies that the individual did not willingly go to the "mental clinic", however she willingly "went" to hospital, which implies that people don't mind going to the doctor for a check up for a physical illness/injury, but are embarrassed to go to the doctor for a mental illness. Further, the writer conveys her belief that her mental illness was a result of her mother "bewitching" (line 13) her. The verb "bewitching" refers to witchcraft, which constructs 'mental illness' as a form of African mysticism, and thus not as a medical illness. This is further evident in the quote below:

(181) [my mother] sent me to traditional healers and pastors to help me (line 22-24)

The noun "pastor" denotes religion and the modified noun "traditional healers" refers to a sangoma[10], which implies that mental illness is not a psychiatric condition, but rather a condition that can be cured through prayer and traditional healing practices. Also the words "help me" presupposes that people with mental illness need assistance. The article further reads:

(182) I always thought mental illness affected only white people (line 5-6)
(183) [I] never thought that it would happen to me (line 6-7)

The word "thought" (183)(184) illustrates that this is merely the writer's opinion, and that this opinion has changed; the word "affected" (183) constructs mental illness as an influence that has an effect on one's character; and the words "white people" (183) conceptualises mental illness as causally related to one's race, which implies the false belief that non-whites cannot be mentally ill. Also the phrase "happen to me" (184) constructs mental illness as something that one experiences. These statements are negated when the writer says:

(184) anyone can suffer from a mental illness (50-51)

Furthermore, the writer describes her experience with mental illness as:

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[10] These are traditional medicine practitioners in South Africa that are believed to communicate with ancestors, work with plant medicine, and prayer, to heal illness, social discord, and spiritual difficulties (Shamanic Intuitive Healing Arts 2018).

(185) one minute I was fine and the next, I was a maniac (line 8-9)

The word "maniac" implies that the individual was psychotic – which is a typical symptom of bipolar disorder. This psychosis is also evident in the quotes below:

(186) [I would] do things that did not make sense (line 11)

(187) I almost burned my mother's house three times (line 19-20)

The words "did not make sense" (187) implies that bipolar disorder makes one act nonsensically; the words "burned my mother's house" (188) denotes dangerous behaviour; and the words "three times" (188) implies that this behaviour was recurrent (possibly because it was before she received treatment). There is also evidence of the stigmatization of mental illness, in the following quotes:

(188) I was a joke (line 29)

(189) [my boyfriend] would joke about me being crazy and it hurt (line 36-37)

(190) people gossiped about me (line 37)

(191) people expect me to snap out of it (line 48-49)

(192) [my family were] the ones who ran away first when the going got tough (line 45-47)

The word "joke" (188)(189) implies that the writer was ridiculed for her mental illness and that mental illness is not taken seriously; the word "crazy" (189) is a stigmatizing label that people with mental illnesses are often given; the word "gossiped" (190) implies that mental illness is atypical – thus people "gossip[…]" about it; the words "snap out of it" (191) is what people with a mental illness are told to do to rid of their mental illness – which implies that mental illness is merely a state of mind and not a medical condition; the words "ran away" (192) implies that mental illness is difficult for one's family to face; and the word "tough" denotes a period of hardship and difficulty, which is how the writer describes her mental illness.

Overall, this article constructs bipolar disorder as a violent psychosis, and people with this disorder as crazy, dangerous, ridiculed individuals who merely have a poor state of mind. Bipolar disorder is also constructed as an identifier – thereby dehumanizing people with this illness. It is constructed as often being misdiagnosed as depression, and as necessitating

professional diagnosis, and treatment. Bipolar disorder is also constructed as a form of African mysticism that can be cured through prayer and traditional healing practices, and mental illness is further illustrated as only affecting white people.

5.5.7. "How to Spot a Pathological Liar" (Article W)

The next primary focus article covers the topic of pathological lying. The terms "pathological liar(s)" (line 2, 8, 15, 16, 17, 32, 38-39, 52-53, 87, 121, 122, 133-134, 141-142), "compulsive liar(s)" (line 3, 6, 17-18, 34), and "habitual liar(s)" (line 6, 17-18), are used interchangeably in this article. The verb "spot" in the title (and used again in line 141) constructs compulsive liars as difficult to detect, thus implying that They live among Us, where They are pathological liars, and Us, refers to the rest of society who are not "suffering from some type of mental disorder" (line 4) – thereby following a strategy of polarization; also, it presupposes that pathological liars need to be spotted. The article further says:

(193) …how to deal with pathological liars (line 15)

The words "deal with" typically refers to solving a problem, thus it is implied that pathological liars are a problem that need to be handled/managed. The entire article uses a strategy of polarization where Their negative traits are emphasised; this is further evident in the quotes below:

(194) [they have an] inability to comprehend the concept of telling the truth (line 10-11)
(195) [they are] totally incapable of saying anything without lying (line 18-19)
(196) [they] lie even when it is not necessary (line 23-24)
(197) some have lied so much that their moral fabric has been tattered over time and does not exist anymore (line 91-93)

The words "inability" (194) and "incapable" (195) construct pathological lying as a lack of ability, which implies that it is not a choice. The words "even when" (196) implies that to lie when it is necessary is okay, but lying when it's not necessary is pathological. The words "moral fabric" is a metaphor in which one's morals as a pathological liar are compared to an old piece of fabric that has been torn and is in poor condition, which implies that pathological liars have a poor moral standards and presupposes that lying makes one immoral. The

following individual lexical items further negatively construct pathological lairs in the article: "perpetrators" (line 50), "frustrating experience" (line 9), "risky" (line 122), "dangerous" (line 123), "inability" (line 10), "incapable" (line 17), "lack" (line 93), "overcompensate" (line 40), "untruthful" (line 120), "pretending" (line 55), "misrepresenting" (line 127), "manipulators" (line 47), "playing mind games" (line 134-135), "controlling" (line 56), "deceiving" (line 56), "defrauding" (line 57), "undesirable" (line 119), and "unacceptable" (line 119). Also, pathological lairs are said to:

(198) have become completely out of touch with reality or the truth (line 95-96)

The phrase "out of touch with reality" as opposed to saying "lost touch with reality" suggests that the writer is unsure as to whether They were ever "in touch with reality" to begin with.

Overall, pathological liars are represented as Other, using a strategy of polarization, and as needing to be distinguished amongst Us. Pathological lying is constructed as a poor personality trait as opposed to a mental illness, and also as a lack of ability – and thus not a choice.

5.5.8. "My Mother Called Us Evil" (Article X)

The next primary focus article in *Move!* is about depression. A reader tells the story of her mother's depression, and how it "affected [her] family" (line 5). She describes the impact her mother's depression had on her and her siblings as: "painful" (line 26), "stress[ful]" (line 27), "tough" (line 43), a "long journey" (line 43), and "a struggle for everyone in the family" (line 44-45); thus the implication is that mental illness has an adverse effect on one's family. Further, the writer says her mother "changed" (line 13), "was a different person" (line 22), and "was not herself" (line 31), when she was depressed; thus implying that depression changes one as a person. The writer outlines the following reasons as indicative of this change in her mother:

(199) [she] burned all her clothes (line 23)
(200) [she] was praying day and night (line 23-24)
(201) [she] stopped my siblings from going to school (line 25)
(202) [she] sometimes called us evil people (line 26)

(203) [she] started seeing things, screaming, shouting and crying now and then (line 28-29)

The verb "burned|" (199) implies that the writer's mother is dangerous and erratic in her behaviour since being depressed; the verb "praying" (200) denotes a religious discourse and implies that the writer's mother turned to religion to help her with her depression; the statement in (201) and (202) implies that the depression made the writer's mother an unfit parent as she was jeopardizing her children's education – "stopped […] from going to school" (201) – and declaring them demonic – "evil people" (202); the words "seeing things" (203) refers to hallucinations and thus to depression as a psychosis; and the adjectives "screaming", "shouting", and "crying" in (203) illustrates the behaviour of people who are depressed. Further, the words "now and then" (203) imply that this behaviour only happened occasionally. There is also evidence of a medical discourse in the article, which the following illustrates:

(204) [we] took her to hospital (line 31-32)

(205) the doctors said there was nothing wrong with her and referred her to a psychologist (line 32-35)

(206) we found out that she is suffering from depression (line 35-37)

(207) she was given some medication to help her with her condition (line 37-39)

(208) she refused to take her medication (line 40-41)

The words "took her" (204) illustrate that the writer's mother was accompanied, or guided, to a doctor, which implies that someone else made the decision to take her there, which implies that the mentally ill are incapable or unwilling to get themselves treatment; the words "nothing wrong with her" (205) implies that being mentally ill is different from having something "wrong" in the physical sense; the words "found out" (206) implies that mental illness is something that is observed and then diagnosed; the word "suffering" (206) is sympathetic; the word "condition" (207) constructs depression as something that adversely impacts one's functionality; and the word "refused" (208) illustrates that taking medication for depression is a necessary action. Furthermore, the fact that the writer's mother was first taken to a doctor and then to a psychologist, indicates that the writer believed her mother was suffering from a physical ailment a doctor could cure, which is indicative of a lack of knowledge and awareness about depression and its symptoms, and it also presupposes that

the term "doctor" strictly refers to doctors who treat physical illnesses, and not mental ones. The writer says:

(209) we had to force her [to take her medication] (line 42)

in response to the statement in (208) above; the words "force her" constructs the mentally ill as passive sufferers, and further emphasises the insistence on treating mental illness with medication. The article concludes saying:

(210) today she is a healthy mother (line 47)

The word "today" implies that this was not always the case, and the words "healthy mother" implies that being depressed makes one unhealthy, and further that being depressed makes one an unfit parent. The implication is that people with depression can successfully treat their illness (with medication) and be "healthy" again.

Overall, depression is represented as a medical illness for which professional treatment is required; the individual with depression is represented as an unhealthy, unstable, unfit parent – as she is dangerous, erratic, and dysfunctional because of her depression. Depression is also constructed as a psychosis, and the individual with depression turns to religion to help her with her illness. Having a mental illness is also differentiated from having a physical illness/injury.

5.5.9. "Living Positively with Schizophrenia" (Article Y)

The last primary focus article in *Move!* is about schizophrenia. The modified verb, "living positively" (line 1) in the title, illustrates that schizophrenia does not equate a negative life. The article defines "schizophrenia" as:

(211) not a split personality or multiple personalities, but a debilitating mental illness characterised by hallucinations, delusions and confused speech or behaviour [and it] is not known to be a violent illness (line 40-45)

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The negation that schizophrenia is "not a split personality or multiple personalities" (211) implies that there is often the misconception that schizophrenia denotes split personality disorder, and the negation that schizophrenia "is not known to be a violent illness" (211) implies that people often characterise people with schizophrenia as violent. The adjectives "debilitating", and "confused", as well as the nouns "hallucinations", and "delusions" construct individuals with schizophrenia as incapacitated individuals living in a false reality. Further, the writer makes the following statement about his schizophrenia:

(212) I was tired of living like a prisoner in my own body (line 65-66)

The simile "living like a prisoner in my own body" compares living with schizophrenia to a prisoner trapped in a cell where the individual is isolated, helpless, and confined; schizophrenia is thus likened to a prison cell that holds one captive. The following quotes discursively construct schizophrenia as a psychosis in the article:

(213) I was so confused (line 50)

(214) [it] felt like I was in a different world (line 50-51)

(215) [I] spoke to myself (line 52)

(216) [I] started hallucinating [and] getting paranoid (line 28-29)

(217) I would always lose my senses, speak to myself and say things that didn't make sense (line 59-61)

The individual lexical items "confused" (line 50), "different world" (line 51), "spoke/speak to myself" (line 52, 60), "hallucinating" (line 28), "paranoid" (line 29), "lose my senses" (line 60), and "didn't make sense" (line 61) imply that schizophrenia is a psychotic illness. Further, the writer says that since taking his medication (line 71-72), he has been able to

(218) live a normal life like everyone else (line 73-74)

The adjective "normal" in "normal life" implies that having schizophrenia makes one's life abnormal, and atypical. The article also has a medical discourse, which the following individual lexical items illustrate: "medication" (line 67, 72, 127), "psychologist" (line 32, 33, 69, 80, 127, 134), "assess(ments)" (line 32, 35), "hospital" (line 35), "doctor(s)" (line 36, 79, 134), "rehab" (line 58), "treatment(s)" (line 64, 81), and "diagnosed" (line 27, 37). Also,

the verbs "diagnosed" and "assess(ments)" suggests that mental illness needs to be identified by a medical professional. There is an emphasis on medication as the way to managing one's mental illness, which is evident below:

(219) [I] was put on medication and started feeling better (line 67-68); and

(220) he advises those living with any mental illness to take their medication (line 126-127)

The words "put on" implies that someone else prescribed him the medication; the words "feeling better" implies that medication is the best treatment for mental illness, which is also evident in (220) when the writer says "take [your] medication"; and the words "he advises" (220) implies that personal experience with mental illness qualifies one as an expert. The article also implies that schizophrenia will disrupt one's life, which is evident below:

(221) Bantu didn't complete matric on time because of his mental illness (line 47-48)

(222) [he is] unable to get a permanent job because [of his] schizophrenia (line 92-93)

The words "didn't complete matric on time" (221) implies that schizophrenia is disruptive; the word "unable" (222) implies that schizophrenia makes one incompetent, and also implies that employees do not want to hire people who have schizophrenia – which constructs the mentally ill as unfairly treated. The article also includes some positive affirmations about living with schizophrenia saying:

(223) the disorder is completely manageable (line 71)

(224) do not be scared to ask your doctor or psychologist as many questions as possible about your disorder (line 133-135)

The word "disorder" (223) implies that schizophrenia is a state of confusion, the word "manageable" (223) is positive as it asserts that one can live without difficulty with schizophrenia (but with medical treatment); the words "do not be scared" (224) implies that people are scared to admit to, or talk about, having a mental illness, which implies that it is a stigmatized topic; and the words "ask as many questions" (224) implies that people with mental illness will benefit from learning about their illness. The stigmatization of people with mental illness is also evident below:

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(225) I saw how people with mental illnesses were treated different or overlooked (line 103-104)

(226) I wrote the book to teach people about mental illness, […] and how to treat people living with such disorders (line 105-107)

The words "treated different" (225) explicitly states that people who have a mental illness are treated inversely from those who are not mentally ill; the word "overlooked" (225) illustrates how mental illness is disregarded in society; the words "teach people" (226) presupposes that people need to be taught about mental illness; and the phrase "how to treat people living with such disorders" (226) implies that people do not treat people with mental illnesses appropriately.

Overall, the article represents schizophrenia as a psychotic illness, and people with schizophrenia as able to live normal, functional, positive lives. Schizophrenia is constructed as a violent illness that debilitates, and isolates individuals and disrupts their life; it also constructs individuals with this illness as living abnormal, atypical lives. The medical and psychiatric treatment of schizophrenia is constructed as necessary in managing this illness, and the education of people about mental illness is constructed as beneficial to people with mental disorders. Also, it is explicitly stated that society treats people who are mentally ill differently from those who are not.

5.6. A Quantitative Analysis of the Corpus

The table below provides a summary of all of the data that was collected for this study.

	You		*Drum*		*Move!*		Total	
# Issues Published (Oct 2017 – Dec 2017)	13	34%	13	34%	12	32%	38	–
# Total Articles Collected	51	39%	41	31%	39	30%	131	–
# Primary Articles	9	36%	7	28%	9	36%	25	19%
# Secondary Articles	4	22%	7	39%	7	39%	18	14%
# Tertiary Articles	38	43%	27	31%	23	26%	88	67%

Figure 2 – A Table Offering a Quantitative Overview of the Corpus

The following conclusions can be made about the findings of this study from Figure 2:

i. Mental illness was predominantly a tertiary focus in all of the data, making up more than half of the data (67 per cent of the total articles collected);

ii. Less than a quarter of all of the articles collected discussed mental illness as a primary issue (only 19 per cent did);

iii. The majority of data collected came from *You* magazine (39 per cent);

iv. 38 out of the total 51 articles from *You* were tertiary focus articles;

v. There was a similar amount of primary focus articles collected across all three magazines (*You* and *Move!* each had nine primary focus articles, while *Drum* had seven);

vi. *Drum* had the least primary focus articles; and

vii. It was uncommon in all of the magazines for mental illness to be a secondary topic.

It can thus be concluded that *You*, *Drum*, and *Move!* do not greatly differ in their construction of mental illness as a primary, secondary or tertiary focus: all three magazines mainly discuss topics of mental illness as a tertiary focus, meaning they do not frequently feature articles that focus on mental illness and its related topics – which is indicative of a lack of public discourse on mental illness. Further, below is a graph depicting the mental illnesses/topics that were present across all of the primary, secondary, and tertiary articles from *You*, *Drum*, and *Move!*.
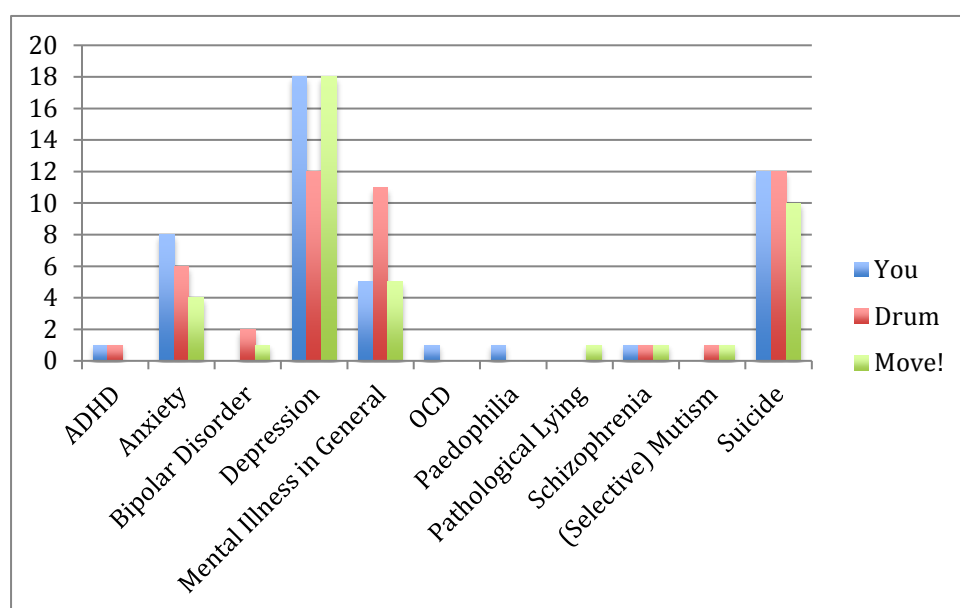
Figure 3 – A Graph Representing the Topics of the Primary, Secondary, and Tertiary Articles From *You*, *Drum*, and *Move!* Magazine

The following deductions can be made from Figure 3:

i.   Depression was the most common mental illness to feature in the corpus;

ii.   Suicide was also fairly common in the corpus; and

iii. Only four out of the eleven topics appeared more than twice in the corpus, which were: anxiety, depression, mental illness in general, and suicide.

From the observations made in figure 3 it can be concluded that *You*, *Drum*, and *Move!* focus on common mental illnesses (like depression and anxiety), and use suicide stories as a means of bringing discussions of mental illness into the public sphere. Moreover, below is a graph

representing the themes that co-occurred with topics of mental illness in the primary, secondary, and tertiary articles collected from *You*, *Drum*, and *Move!*.
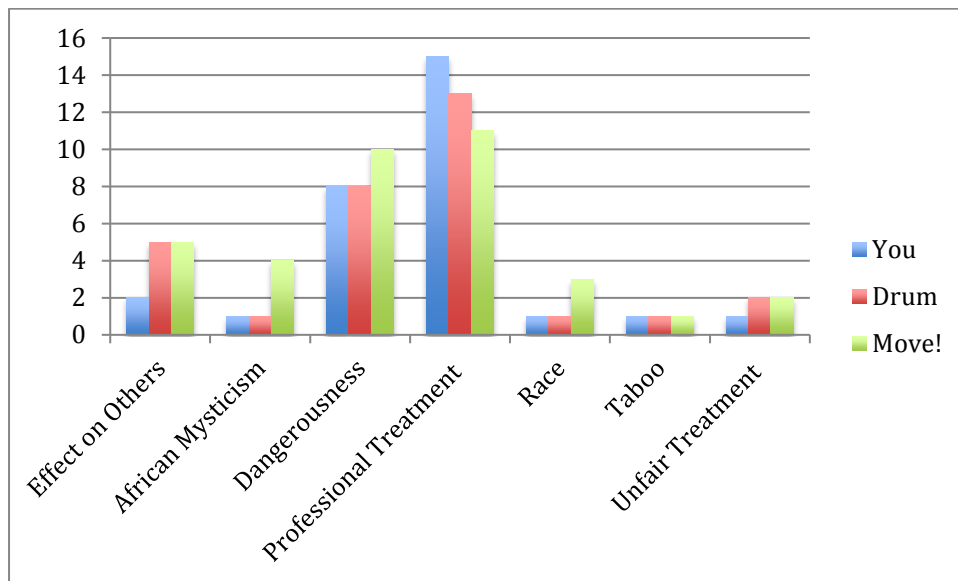

Figure 4 – A Graph Representing the Themes that Co-occurred with Topics of Mental Illness in the Primary, Secondary, and Tertiary Articles Collected from *You*, *Drum*, and *Move!*

The following can be concluded from Figure 4:

i.   The professional treatment of mental illness and dangerousness were the most predominant themes in the corpus;

ii.   The least common theme was mental illness as taboo; and

iii. The themes in *You*, *Drum*, and *Move!* were all similarly dispersed.

Based on the observations made in figure 4, it can be concluded that people with mental illness are often represented as dangerous (both to themselves and to others), and there is a strong focus on the professional treatment (medical/psychiatric/psychological) of mental illness, where treatment was frequently constructed as the only way to leading a positive, healthy life with a mental illness. Overall, the following themes emerged in the corpus when discussing mental illness: dangerousness, the professional treatment of mental illness, the

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affect of mental illness on one's friends/relatives/colleagues, the unfair treatment of people with mental illness, race, mental illness as taboo, and African mysticism.

5.7. A Comparative Analysis of the Findings Made in *You*, *Move!*, and *Drum* Magazine

Additionally, out of the nine articles where mental illness was a primary focus in *You*, six of these articles formed part of the advice column with Dr. Louise; meaning that readers were initiating conversation about mental illness and not the team behind *You.* Additionally, the seventh primary focus article was an opinion piece that was also written by a reader, thus only two of the nine primary focus articles from *You* were articles that the magazine had written and published themselves. These two articles covered the topics ADHD, and depression in connection with life insurance, thus it can be observed that *You* seems to take extreme precaution when discussing mental illness only including the topic when a reader has asked for advice – or expressed an opinion – on it, when it is more a behavioural disorder (like ADHD) than a psychosis, and when it is in conjunction with another topic (see Appendix H). Also, the fact that so many readers are writing in asking questions related to the topic of mental illness indicates a strong reader desire for more coverage on this topic, and a lack of fulfilment on the behalf of *You* to publish more content that focuses on mental illness. Further, out of the 13 issues that were published from *You*, for the given time period, the primary focus articles were collected from only seven of those issues.

Moreover, the main theme in the primary focus articles of *You*, was the professional treatment of mental illness, which was recurrently constructed as the means to leading a happy, functional, successful life with mental illness. Articles containing this theme comprised a medical discourse, where people with mental illnesses were frequently referred to as "patients" and as needing to be "assessed", and "prescribed|" medication by a "medical practitioner". On the one hand, mental illness was likened to physical illness/injury in an attempt to remove stigma and shame about having a mental illness (as shame was also said to prevent people from seeking professional treatment for their mental illnesses); on the other hand, mental illness was classified distinctly from physical illness, as "doctors" were conceptualised as denoting practitioners that purely treat physical illness/injury; psychologists/psychiatrists were constructed as a last resort to ill (mental) health and as secondary to an assessment by a "doctor" (as a practitioner only treating physical illness/injury). Mental illnesses were also constructed as poor personality traits, the result of

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negative life experiences, a choice, and only affecting people who are unhappy and dissatisfied with their lives, thus illustrating a misconception of 'mental illness'. A strategy of polarization was used to emphasise the negative traits of people with mental illnesses, to highlight their dangerous behaviour, and to construct them as atypical and Other. Further, suicide was constructed as the response to negative life circumstances, and as a risk to insurance companies and employers. The adverse affect of mental illness on others was constructed by emphasising specific symptoms of mental illness that others would find unfavourable – such as absence from work due to depression, and a short attention span as a result of ADHD. Also, there was evidence of the unfair treatment of the mentally ill, as mental illness was classified as a disability, yet excluded from disability cover by insurance companies. There was only one instance of African mysticism in *You* (which is to be expected considering the imagined readership of this magazine), which revealed the misconception that ADHD is a practice of witchcraft – thus delegitimizing mental illnesses as medical conditions. The presence of discreet textual silences revealed that the topic of suicide is (in some instances) culturally taboo, and thus discussions about suicide were sometimes avoided.

Furthermore, *Drum* is similar to *You* in that out of the seven articles where mental illness was a primary focus, four of these articles were opinion pieces written by readers, two of these articles were part of the advice column with "Sis Dolly", and only one of the articles was actually written by *Drum* itself; this article covered depression and life insurance (see Appendix P) and was also published in *You*. Therefore, readers were initiating conversation about mental illness most of the time and not the team behind *Drum* magazine. Nevertheless, when readers submitted letters to the advice column about mental illness they were always referred to psychological help – either in the form of a contact number or email address – which is where *Drum* differed from *You* (which not once gave a referral for professional help). Also, it's interesting to note that while most of the primary focus articles in *You* were in the advice column, most of the primary focus articles in *Drum* were opinion pieces. Thus it can be observed that readers of *Drum* have strong opinions on topics associated with mental illness. Out of the 13 issues that were published from *Drum* for the given time period the primary focus articles were collected from only five of those issues.

Also, there were many misconceptions of mental illness and suicide in *Drum*, which was the predominant theme in the primary focus articles here. Mental illness was represented as

illusory, and suicide was constructed as a bad behaviour, a threat/manipulative tactic, and the result of suppressed emotions and expectations of (particularly black) men; thus there was also evidence of a racial theme. Suicide was further constructed as an issue affecting only men and children (thereby excluding women from this issue), and further it was constructed that by increasing awareness of the warning signs of suicide, it could possibly be prevented. Additionally, mental illness was represented as a character trait/flaw, as temporary, as a choice, and as a personal/social problem/practice that can be unlearned – thus diminishing the legitimacy of mental disorders as diagnosable medical illnesses. Further, dangerousness was the second most common theme in *Drum*'s primary focus articles, as suicidal individuals were constructed as a danger to themselves, using words like "prompted", "they just explode", and "risk" to construct this. The professional treatment of mental illness was also a theme in Drum's primary focus articles, though this theme was not as explicit and detailed as in *You*'s primary focus articles, as there was no clear reference to additional support, and merely the suggestion to see *someone* and do *something*; the articles were typically vague, stating things like, "I suggest you seek help", and "she needs help". The professional treatment of mental illness also seemed to denote psychological help/counselling rather than medical treatment (like it did in *You*).

Furthermore, depression was constructed as changing one as a person, and as adversely affecting one's personal relationships, while suicide (as a threat) was constructed as causing feelings of guilt and accountability in one's partner. Also, the causes and prevention of child suicide were discussed with no mention of mental illness, which was indicative of mental illness as a taboo topic. Mental illness was also classified as a disability, yet excluded from disability cover by insurance companies, thus indicating that people with mental illnesses are unfairly treated. People with mental illnesses were also said to be "demon-possessed" and "bewitched", thus revealing a theme of African mysticism.

Further, one of the articles collected from *Move!* was in the (legal) advice column, and four of the articles were personal accounts of mental illness, or on experiencing a relative with mental illness. Thus *Move!* was mixed in its articles about mental illness, which seemed to be equally contributed by readers, and by *Move!*'s publishers. Further, only two out of the nine primary focus articles included a reference for psychiatric help – either in the form of a contact number or email address, thus *You* can be identified as having provided the most referrals for professional help in the primary focus articles. *Move!* is also the only magazine

that mentioned an article on the front cover – two to be exact (see Appendix Q and Appendix T). Interestingly, both of these articles covered the topic of suicide (one about male suicide and the other about child suicide), and were the first article's to appear in their respective issues (after the editor's note); both articles were also named on the cover under different titles to the article's title, however, they still incorporated the term "suicide", and they were both under the "spotlight" section on the cover – hence it is evident that suicide was identified by *Move!*'s publishers as a significant issue. Further, out of the 12 issues that were published from *Move!*, for the given time period, the primary focus articles were collected from only six of those issues.

The articles in *Move!* frequently used a strategy of polarization where topics about mental illness/the mentally ill were represented adversely as Other/abnormal, and the negative traits of the mentally ill were emphasised, where they were represented as incompetent, irresponsible, unfit parents, dysfunctional, abnormal, dangerous, and crazy. People with mental illnesses were also dehumanized, by identifying these individuals by their illnesses, as opposed to using People First Language – so people were referred to as "the depressed", rather than saying "people with depression" for example. Psychiatrists and the treatment of mental illness was also constructed as being viewed adversely, which was said to prevent people with mental illnesses from getting treatment, as they were embarrassed by their mental illnesses, and scared to disclose them. Further, it was explicitly stated that people with mental illnesses are treated differently from people who are not mentally ill. Mental illness was also constructed as a poor personality trait here, like in *You* and *Drum*, and as something sufferers can get rid of themselves by nurturing their mental health, and choosing to be/feel differently; hence the legitimacy of mental illnesses as medical conditions was undermined. On the contrary, the professional treatment of mental illness was also a prominent theme, where treatment was constructed as necessary in the management of mental illness so that the individual can lead a successful, and functional life.

Moreover, the theme of dangerousness was also a evident in the articles, specifically dangerousness in relation to possible suicide, erratic and aggressive behaviour from untreated depression, and the threat that pathological liars pose to Us with as with Their "manipulation", and "mind games". The articles also differentiated the issues faced by black men from that of other-raced men; and also mental illness was constructed as being known as a "white people's illness" and as only affecting white people; thus there is evidence of a false

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belief that mental illness is causally related to one's race. Unfair treatment of people with a mental illness stemmed from the representation of the mentally ill as incapable and thus requiring a curator to manage their inheritance, and being mentally ill was also presented as having an adverse affect on one's employment opportunities. Also, suicide was constructed as a rational choice to adverse circumstances, and also as causing perpetual pain for one's relatives/friends; untreated depression was also constructed as negatively affecting one's family. Suicide was only discussed in relation to men and children in *Move!*, which exempts women from this issue. There was also evidence of mental illness as a taboo topic in the discussion of child suicide, as was identified by a discreet textual silence, as the article strategically avoided a discussion of mental illness.

5.8. Conclusion

The articles analysed and the quantitative evaluations above illustrate the different ways mental illness is topicalised in three popular South African lifestyle magazines. Although small differences are evident across *You*, *Drum*, and *Move!* in their topicalization of mental illness as primary, secondary, or tertiary issues, it can be concluded that there is a similar tendency for all three magazines to use a strategy of polarization to adversely depict mental illness, and the mentally ill, and to emphasise Their negative traits. There is also a predominant focus on the professional treatment of mental illness and a medical discourse is predominant in the discussion of mental illness. The data examined in this chapter has also served to answer the research questions outlined in chapter one. Chapter 6 will offer a conclusion about the most noteworthy findings made in this study.

Chapter 6: Conclusion

6.1. Introduction

This chapter summarises the key findings made in chapter five; specifically it identifies the characterising features of the discourse as a whole, as well as the kinds of differences that were observed. It will also return to the specific aims and research questions outlined in chapter one, to summarise the relevant findings that this study made. Further, this chapter will outline this study's limitations and give suggestions for future research.

6.2. Summary of Key Findings

Overall, mental illness was predominantly a tertiary focus in all of the articles collected from *You*, *Drum*, and *Move!* from the beginning of October 2017 until the end of December 2017 – forming 67 per cent of all of the articles. When looking at all of the articles together, the secondary focus articles were the least predominant (making up 14 per cent of the data). Moreover, *You* mainly constructed mental illness as a tertiary focus, then as a primary focus, and then as a secondary focus; *Drum* mainly constructed mental illness as a secondary focus, then as a tertiary focus, and then as a primary focus; and *Move!* mainly constructed mental illness as a secondary focus, then as a primary focus, and then as a tertiary focus. *Drum* and *Move!* were similar in that they both predominantly discussed mental illness as a secondary focus; and *Drum* was shown to construct mental illness as a primary focus the least. Evidently, the constructions of mental illness varied greatly as a primary/secondary/tertiary focus across *You*, *Drum*, and *Move!*; which answers this study's third research question of how *You*, *Drum*, and *Move!* differ in their construction of mental illness as a primary, secondary, or tertiary focus.

Furthermore, *You*, *Drum*, and *Move!* were similar in their topicalization of mental illness: *You* and *Move!* topicalised depression the most, while *Drum* equally topicalised depression and suicide. The top two issues topicalised in all three of the magazines primary, secondary, and tertiary articles were depression and suicide; this suggests that the current discourse of mental illness in the media has a tendency to focus on common, widely known, mental disorders (like depression), and that suicide stories are a way of bringing discussions about mental illness onto the public agenda. The discourse of suicide focused on men, and men's

issues, as well as the suicide in children, and excluded women from the issue of suicide. The third most topicalised illness in *You* was anxiety, and in both *Move!* and *Drum* it was mental illness in general. Referring to mental illness as a whole disregards the differentiation among mental illnesses, and portrays the mentally ill as a unified group – thus constructing individuals as lacking their own identity. Other mental illnesses that were topicalised include: ADHD, anxiety, bipolar disorder, OCD, paedophilia, pathological lying, schizophrenia, and selective mutism

Furthermore, the most prominent themes that co-occurred with topics of mental illness in the primary, secondary, and tertiary focus articles were dangerousness (to oneself or to others), and the professional treatment of mental illness. The topic of dangerousness was often constructed by using Van Dijk's (1997a: 33) ideological square so that the Other's (i.e. the mentally ill's) negative traits could be emphasised; this strategy of polarization was frequently adopted between normality and abnormality, and between Us and Them in the articles, which constructed mental illness and the mentally ill as atypical. The discourse of dangerousness regarding mental illness was consistent with the findings of the reviewed literature in chapter two, where a theme of dangerousness was evident in the results of three of the five reviewed studies. Moreover, the professional treatment of mental illness was constructed as the way to managing mental illness and living a successful, happy, and productive life with mental illness, which was constructed by incorporating a medical discourse into the articles by using individual lexical items like "patient", "medical practitioner", and "assessment".

Further, all three of the magazines represented mental illness as a negative personality trait, thereby delegitimising mental illness, and constructing mental illness as something one can work through and get rid of oneself – without treatment. In *Move!* and *Drum* there were several depictions of mental illness as only affecting white people, and as a "white people's illness", thus revealing a false belief that mental illness exists in a causal relationship with race. Also, there was a theme of African mysticism, in which mental illness was represented as a practice of witchcraft, and the mentally ill as "demon-possessed". There was also a religious discourse in the corpus, but this was infrequent and it was predominantly in relation to "healing" from mental illness, and in seeking religious guidance to cope with one's mental illness.

Further the prevalence of discreet textual silences, specifically regarding topics of suicide and the lack of discussions of mental illness as a possible cause of suicide, suggests that mental illness is culturally inappropriate, and thus taboo. It was uncommon for articles to mention other mental illnesses/topics other than that which was topicalised, and it was also infrequent that reference to professional help was given to readers – this was non-existent in *You*'s primary focus articles, always provided in *Drum*'s primary focus articles, and seldom present in *Move!*'s primary focus articles (offered in two out of the nine primary focus articles).

Further, the linguistic tools used in the discursive (re)construction of mental illness include: evaluative nouns ("maniac", "scars", "condition"), evaluative verbs ("caught", "prescribed", "overdosing"), evaluative adverbs ("especially", "suddenly", "never"), evaluative adjectives ("pathological", "weak", "dramatic"), metaphors ("a smokescreen for deeper issues", "wake-up call", "lack of knowledge on mental illness derails the treatment process"), comparisons ("like a prisoner in my own body", "they just explode", "darkest hour"), implicature (ADHD is nothing to be ashamed of, mental illness is not easily treated because it cannot be seen, crying heals depression), polarization ("people like your husband", "difficult to spot them", "some of them don't want to be seen as abnormal"), and discreet silences.

6.3 Limitations

This study is based on a small sample of data from a rather intricate media environment of today, where the role of print media in relation to other forms of mass communication is indefinite as much of the media discourse consumed today is online (Ohlsson 2017:14). For this reason, the findings of this study can only be applied to print media and thus they are not a holistic depiction of the media landscape in South Africa. Also, due to time constraints, not all of the data was analysed as thoroughly as would have been desired; a more in depth analysis of the secondary and tertiary articles would have further contextualised the themes that give rise to discussions/mentions, of mental illness, and thus further contextualised South Africa's print media landscape regarding mental health/illness.

6.4. Suggestions for Future Study

Further, possible future studies could investigate representations of 'mental illness' online; a comparison could then be made between the constructions of mental illness in print media

versus in online media. Additionally, the themes of race and African mysticism that emerged could further be explored; one could conduct a study investigating the different conceptions of 'mental illness' by black and white people, and further explore the affect this has on personal ideologies about mental health/illness.

6.5. Conclusion

It can be concluded that the way the media frames particular issues, like mental illness, impacts the public's perception, and internalization of these issues. The findings of this study illustrate that it is common for the media to frame mental illness as atypical, and Other, thereby fostering negative presentations of mental illness and the mentally ill. Further, the textual silences present in the corpus suggest that conversations about mental illness are severely lacking in public discourse. In order to break the silence about mental health/illness, the media should review its reporting practices on mental illness in mass media, in order to destigmatise mental illness in the social sphere and foster positive presentations in mass media.

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Appendix A: I'm Married to a Monster

ASK DR LOUISE

Write to **Dr Louise**, PO Box 39410, Moreletapark 0044, or email info@drlouise.co.za.

I'M MARRIED TO A MONSTER

Q My husband was caught sexually abusing our neighbour's six-year-old
5 son. I'm completely shocked and would never have believed it if he hadn't actually been caught doing it. We have two grown-up sons and I can't help wondering now if he also sexually abused them?
10 He refuses to speak to me about this and simply says I should divorce him as he's a good-for-nothing. When I've asked him about molesting our sons he says I shouldn't be crazy – but is it really all that far-fetched
15 for me to consider it? How could I have been so blind all these years?
Confused, email

A Unfortunately paedophiles often look like harmless, charming people. They often act
20 that way to enhance the opinion other adults have about them and wear a mask of congeniality and kindness as that's what attracts children to adults. So it's often difficult to spot them.
Some paedophiles manage not to abuse their
25 own children, so it's possible your husband didn't. Only your sons will be able to tell you if they were sexually abused by their father. But they may have repressed the memory. Also, it's possible they'll never tell you about it because they know how
30 much it would hurt you and that it might cause you to feel severely guilty. It might be a good idea for you all to see a family therapist together.
What you need to decide now is if you want to leave your husband or if you're willing to try
35 to support him in getting therapy. In therapy, the prognosis for what is called regressed paedophiles (those who sexually interact with their own age group and with children) is better than that of fixated paedophiles (those who've never had sexual
40 interaction with their own age group).
You might want to consult with a psychologist to help you process all of this and you can then also ask about what kind of ongoing treatment people like your husband might receive. Paedophilia is a
45 mental disorder and those who have it don't give up their pathological behaviour without treatment.

I CAN'T FORGET ABOUT HIS CHEATING

Q My husband and I got married a month ago. Our relationship is fantastic and the sex is amazing.
He cheated on me at the beginning of our relationship with two women, both of whom I know.
The problem is I still think about it often and I lose my cool and start hitting him.
I don't want to hold a grudge but I can't stop thinking about why he did it. Wasn't I good enough? And when I think that it makes me feel I'm still not enough. These thoughts make me even angrier and I become abusive. Please tell me how to let it go or forget about it.
Katya, email

A At the beginning of a relationship it's not unusual to feel a little hesitant about the finality of making a commitment. This is often when cheating happens and is sometimes a way of testing if the new relationship is worth it.
It's likely his cheating had nothing to do with you not having been enough, but rather about him realising that your new relationship had the potential to develop into something serious and it caused him anxiety. But he must have got over that if he asked you to marry him.
You say your marriage is good and the sex is amazing. If you carry on hitting him about something that happened in the past, you risk ruining this beautiful relationship.
You'll only be able to stop abusing him once you accept that you're good enough. If you doubt this, you'll continue to feel threatened. Stop questioning whether you're good enough. You clearly are enough for him – he married you.

'A life spent making mistakes is not only more honourable, but more useful than a life spent doing nothing'
– IRISH DRAMATIST AND AUTHOR GEORGE BERNARD SHAW

THEIR SURPRISE SHOOK MY WORLD

Q I'm in Grade 11 and recently found out my parents are swinging with the couple next door. I was supposed to be at a friend's house for the weekend but then came home unexpectedly on the Saturday evening to find each of my parents involved with one of the neighbours.
My parents tried to tell me it's the first time it's happened but they've been friends with the neighbours for years so I doubt it.
I find it difficult to respect my parents now in the same way I did before. I thought they were people with high moral values but now it feels as if I'm living with aliens. What do I do?
Patsy, email

A Strictly speaking, your parents' sex-life is their business. They tried to hide it from you but unfortunately you came home when they weren't expecting you. It's a shock to you but you should try not to overreact.
Your parents aren't suddenly no longer the people you thought they were. Nobody's only "bad" or only "good". Human beings are more complex than that, though it's normal for children to put their parents on a pedestal – that's just how it works when you're young and your parents are trying to teach you the difference between right and wrong. But as you grow up you become aware of the complexities of life and of people – unfortunately you've just had a rude awakening.
Try to recall the valuable life lessons your parents have taught you. Is what happened really at odds with these?
You feel their behaviour isn't within the moral values they taught you and you can voice your disappointment in this regard, but it's not your place to judge them.
Remember, love means accepting people with their imperfections.

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Appendix B: A Student's Struggle

YOU SAY

A STUDENT'S STRUGGLE

'M WRITING regarding the recent suicide of Wits student Kago Moeng. Some judge her or call her weak for jumping from a Braamfontein building. Some people don't know the reality of going to bed and waking up to attend an early Monday morning lecture with an empty stomach and salivating as fellow students munch on cakes. Or going for a shower with just fragments of soap, or conducting experiments for three hours in a lab while experiencing hunger pangs.

People see students partying and drinking like there's no tomorrow and say, "They don't care about their studies." I can guarantee that's a smokescreen for deeper issues. In some extreme cases students get calls from home with requests for money for food or their grandmother's medication. When you can't deliver you're deemed useless.

No girl goes to varsity so she can bag a "blesser". No boy goes to varsity to learn how to sell drugs. Depression is real and rife at university. Scars runs deep, as you're expected to pass with distinctions while you're weak from hunger and facing eviction.

I survived. Kago Moeng didn't.

SURVIVOR, EMAIL

TALK TO US

Email letters@you.co.za   SMS 36489
Post YOU, PO Box 7167, Roggebaai 8012

Letters should be *no longer than 200 words*. Opinions expressed here are not necessarily those of YOU's editorial team. We can't undertake to reply to all letters. The sender of the winning letter receives R300.

ON A recent trip to Johannesburg, I looked down as we flew over Theewaterskloof Dam. It's one of the most important water sources in the Western Cape and it was shocking to see just how little of the precious resource it contained.

Many years ago, a previous editor of YOU wrote in her editor's letter that she was going to save water by closing the tap while brushing her teeth. It was one of those things that changed my behaviour back then and it still stays with me every time I reach for my toothbrush.

I'd love to hear your clever water-saving tips – email letters@you.co.za. Every time I see a new trick or bit of advice, I implement it in my home if I can. It may save just an extra litre or two but every bit helps!

On a lighter note, we're so proud of YOU's Esther Malan for recently bagging a Galliova Food and Health Writers' Award for her drool-worthy feature on eggs. You could say it was rather eggcellent . . .

Until next week,

Charlene

A BURDEN EASED

I'd like to thank YOU for creating awareness about living with arthritis (YOU, 5 October). I was diagnosed with ankylosing spondylitis, a form of rheumatoid arthritis, a year ago at the age of 23, although I've been experiencing painful symptoms since I was 14.

Many arthritis patients suffer alone with little or no support. People don't know how much we've had to give up due to our condition, not to mention the financial burden it puts on us.

It starts with something small like this article to make myself and others feel special. It shows me people do care and that we're not as alone as we thought.

KRISTEN ERASMUS, BOKSBURG

To Myra who's suffering from arthritis (YOU Say, 19 October), try glucosamine and chondroitin for pain relief.
MARGARET LEWTHWAITE, SMS

Myra, try drinking a mix of one teaspoon of cinnamon powder, one teaspoon of turmeric and one tablespoon of the best honey you can afford, mixed in hot water, twice daily. It's helped a few of my friends with severe arthritis.
LC, SMS

YOU DON'T DESERVE HIM!

When reading Virginia's letter to Dr Louise (YOU, 28 September), my thoughts went to her fiancé, who so badly needs her love and support right now. She states she wants to leave him now that he's been crippled in a horrific accident. How fortunate for him that this shallow, callous woman has shown her true colours, wanting a man to compliment her because she's beautiful.

Virginia, if your love for him was real, you would've stood by him now instead of being so self-centred. True love is unconditional, no matter what.
CATHERINE, EMAIL

Virginia, your letter to Dr Louise made me angry. How would your fiancé feel if he read what you wrote? What if it was you in the accident? Would he leave you?

Although he's disabled, he'll be lucky to be rid of you with your selfishness and conceit. You say you want a man to compliment your beauty. Just remember, beauty comes from within – something you definitely don't have.
SUE BARDENE, EMAIL

SHOW HIM THE DOOR

To Disrespected Gran (YOU Say, 12 October), I'm sorry your grandson treats you this way. He needs some tough love. Agree to his college education, but that's it. No more clothes, food or transport.

He needs to know this is the end of the line. His true personality will come out and everyone will see it. He's 21 and needs to stand on his own two feet. If he doesn't like it, that's too bad. You didn't sign up to be his parent.

I suggest you put his clothes in a black

Appendix C: How Do I Regain My Confidence

YOU LIFESTYLE

ASK DR LOUISE

Write to **Dr Louise**, PO Box 39410, Moreletapark 0044, or email info@drlouise.co.za.

WHY CAN'T I JUST CHILL FOR A WHILE?

Q I completed school last year and wanted to take a gap year, which I've done. My parents are rich, so I've travelled all over the world thanks to them.

Now that the time has come for me to go and study, I find I'm not motivated to do it at all as my father expects me to take over his business one day. So I don't understand why I should study now or even work as it's not yet time for me to take over the reins.

My father's still relatively young. Why can't I just spend a few years without any responsibilities and then buckle down?
Sipho, email

A Most young people would consider themselves extremely lucky to have their parents support them during a gap year as they travel the world. To then also be able to study at university or college is a wonderful opportunity you shouldn't take lightly.

It's not just about acquiring knowledge for a future career – it's also about getting educated in matters of life, making connections with people that can last a lifetime, and gaining knowledge you may not even realise you'll need later in life. It's a time of your life when you really start carving your own identity.

If you want to run your father's business one day, doing courses in human resources, financial management, project management and so on would be a good idea. As the CEO of a company you'd need to be knowledgeable about these things – not least to earn the respect of employees.

Once your studies are completed you should start at the bottom and learn about all the different aspects of your father's business as well as the various jobs involved. This will give you insight into the needs, problems and struggles of its employees, and only then will you be able to get an idea of how you can help the company prosper by making things better.

Dealing with people is a vital part of running a business and you don't acquire this knowledge without putting in the time and gaining experience. Even though you're going to be taking over from your father, don't see it as an easy ride. You'll earn far more respect if you make sure you rise through the ranks.

HOW DO I REGAIN MY CONFIDENCE?

Q I was extremely depressed for two years and in this time I just
5 stayed in my room and didn't do anything. I felt I'd never find my way out of it again but my mother eventually took me to a psychiatrist and with his help
10 I'm now getting better.

But those two years of my life robbed me of my belief in myself. I don't have the self-confidence to apply for a job again.
15 I lost my job during the time I was depressed as I simply didn't go to work and didn't let my manager know what was going on. What can I do to re-
20 gain my confidence?
Kenny, email

A What you're experiencing now is normal after having been so ill. It would also have hap-
25 pened if you'd had a physical illness or injury that kept you at home. One's social skills and confidence tend to wane when you're isolated from other people as you start questioning your
30 abilities and skills. Depression also erodes cognitive functions such as concentration, short-term memory, motivation and so on – and these all contribute to loss of confidence.
35 It might help if for the rest of the year you do some voluntary work, perhaps at a shelter for homeless people or other volunteer centre.

This will help you to ease into be-
40 ing busy again without the anxiety of having to meet expectations in a work environment. It will help to build your self-confidence and at the same time help you not to get
45 too caught up in your own insecurities but rather focus on other things.

You might even find that while doing voluntary work you meet someone who's willing to give you an
50 employment opportunity.

'The man who moves a mountain begins by carrying away small stones'

– CHINESE PHILOSOPHER CONFUCIUS

MY SEX-LIFE IS OUT OF CONTROL

Q For years I fantasised about sleeping with strange men and having one-night stands.

When I eventually started doing it I was already married and it's been going on for more than two years. I'm not practising safe sex because the thrill of it being dangerous or possibly fatal makes it even more of an attraction to me.

In sane moments I can't actually believe it doesn't bother me that I'm placing my husband's life at risk, not to mention my own. It's as if I'm addicted to this type of sex and if I don't get it for a week or more I become grumpy and depressed.

What can I do?
Gladys, email

A There's obviously a destructive part of you that's willing not only to put your own life at risk but also that of your husband. You also risk destroying your marriage and the life you've built with your husband. You're playing a sort of Russian roulette and enjoying the thrill of it.

Your reasons for doing so may be deep within your unconscious mind and I believe that getting to the bottom will be difficult with traditional therapy. It would be best to consult with a psychologist trained in psychoanalysis or hypnotherapy so that the underlying motivations in your unconscious mind can be explored.

In the meantime, avoid having unprotected sex with your husband so that at least you safeguard him until a psychologist is able to help you resolve the matter.

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Appendix D: When You Just Can't Focus
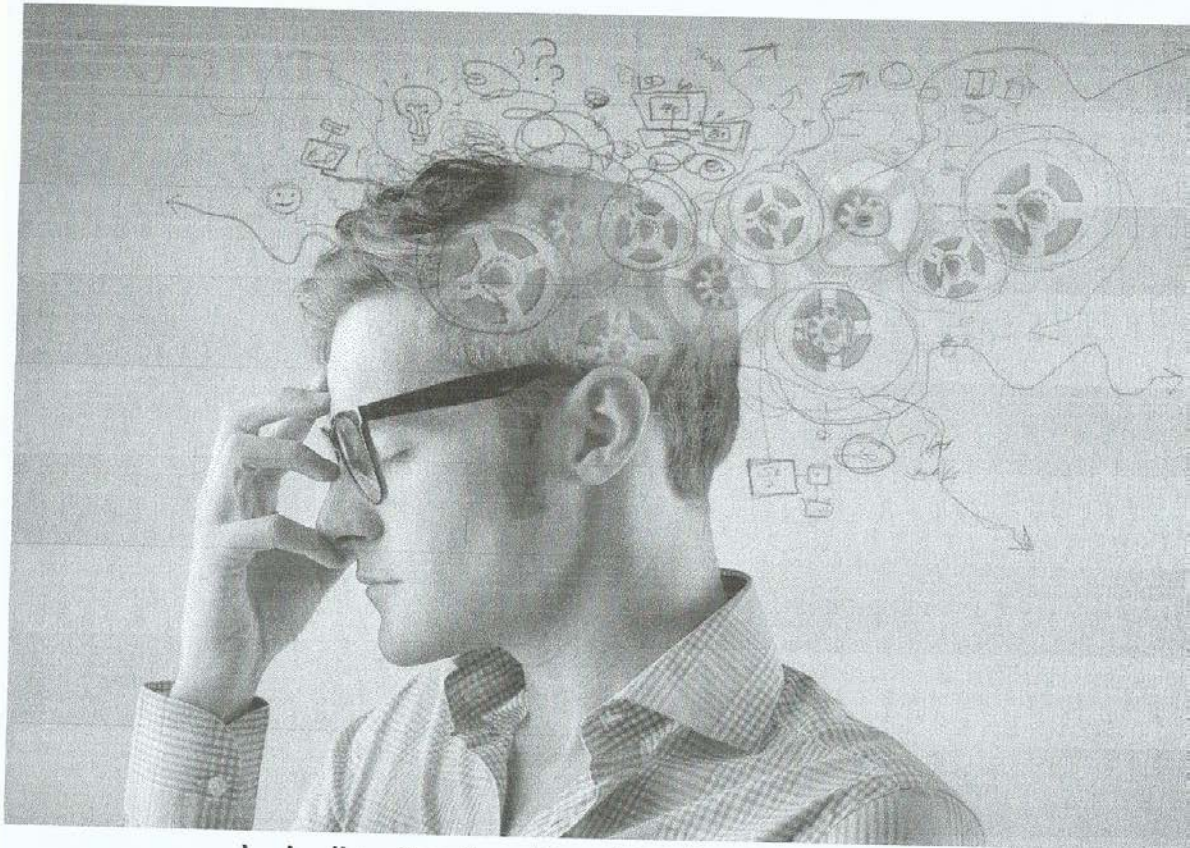
WHEN YOU JUST CAN'T FOCUS

Many adults unknowingly suffer from ADHD – and the correct diagnosis and treatment can change their lives   BY PIETER VAN ZYL

THEY'RE easily distracted, have little tolerance for frustration or boredom, and tend to say and do whatever pops into their head. If you know someone like this, it's possible they have attention-deficit hyperactivity disorder (ADHD) – and there's a pretty good chance they don't even know it.

The condition is undiagnosed in many South African adults, says Cape Town-based industrial psychologist Hilton Calder, who has the condition but failed to recognise his own symptoms until a colleague gave him a book about ADHD

in the early '90s. Until then he hadn't realised his inability to.sit still while on the phone and his short attention span were signs of a brain condition that's chronic and for which treatment was available.

That was also when Calder realised he's dyslexic – one of the many coexisting conditions associated with ADHD. "I never really read at school," he says. "I listened well in class and memorised stuff."

It was once thought that ADHD symptoms disappear after adolescence. But it's now known that 50% of children with ADHD carry their symptoms into adulthood.

Guidelines for the diagnosis and treatment of adult ADHD in South Africa were published for the first time this year in the SA Journal of Psychiatry.

It's estimated at least a million South Africans in their twenties to fifties have adult ADHD.

"Because most adults with ADHD function so well with it and hide it from others, it's remained largely undiagnosed until recently," Calder says. "It's often considered a problem only if your colleagues or loved ones struggle to cope with your behaviour."

He's been helping other adults with

150

ABOVE LEFT: Psychologist Hilton Calder suffers from ADHD but didn't know it. ABOVE RIGHT: Diagnosis and treatment changed entrepreneur Cyril Manyoni's life.

50 ADHD to manage their condition for the past 30 years. His patients are mostly successful professionals – such as the woman in her early forties who was recently referred to him because of "stress" 55 and was on the verge of burnout by the time she came to see him.

When he spoke to her, Calder realised she has ADHD. "She struggles to stand still and think. Her Duracell-bunny ener-60 gy knows no limits."

Many prominent athletes and performers have ADHD, says Dave Pughe-Parry, who also has the condition and is an online coach for adults with ADHD at 65 Living ADDventure. "This is because of their dominant right brain," he says, adding that famous people with ADHD include Richard Branson, Winston Churchill, Michael Phelps, Justin Timber-70 lake, Britney Spears and Lady Gaga.

SOUTH Africa's recently published guidelines for adult ADHD, formulated by Dr Renata Schoeman and Dr Rykie 75 Liebenberg of the focus group for adult ADHD at the SA Society of Psychiatrists (Sopa), are the first to concentrate on adults exclusively and are aimed at helping sufferers get the 80 right treatment.

Schoeman and Liebenberg hope the guidelines will also give patients negotiating power with medical aid schemes with regard to paying for the treatment 85 of this chronic condition.

The guidelines are for medical practitioners and include assessment procedures for diagnosis and choices regarding treatment with medication 90 and/or therapy.

Being diagnosed and getting the correct treatment can be life-changing – just ask Cyril Manyoni (41), a successful en-

95 trepreneur from Brakpan in Gauteng's East Rand.

He's a busy man. He owns two businesses – one locates dangerous gas leaks in factories, the other har-100 vests alien plants from Hartbeespoort Dam and turns them into fertiliser – and produces a handyman TV programme that's soon to be broadcast.

105 Manyoni says his life changed in 2010 after he watched a TV show about ADHD. "I'd always thought I was disorganised and lazy. The lack of focus and short attention span they mentioned in 110 the TV programme – that was me."

He did more research into the condition, consulted a doctor and was prescribed Ritalin. The medication has helped, but he adds that 115 treatment also involves an ongoing process of learning new coping skills.

"My parents don't understand this 120 thing [ADHD]. In African culture it's considered witchcraft; something to be exorcised with a 125 ritual," he says. That's why Manyoni now raises awareness about ADHD in Soweto and other townships.

Diagnosis of ADHD in adults is com-130 plex, Schoeman says, as the symptoms are often different to those exhibited by children, and more subtle. Adults also don't respond to medication in the same way as children and are exposed to a dif-135 ferent set of daily demands.

"Once a diagnosis is made, people are

often relieved because it explains their 'bad' behaviour and actions towards others," Pughe-Parry says.

140 Often those with ADHD are told they are rude, lazy, disrespectful or generally high maintenance, Pughe-Parry explains. "The diagnosis provides a reason for the behaviour, and they can then do 145 something about it. I always say to teachers and parents that no ADHD child gets up in the morning and plots how to make your life a misery. They'll probably make you miserable, but it's not inten-150 tional."

The same applies to adults with ADHD. One thing that got Pughe-Parry into trouble with his wife was his tendency to zone out while she spoke to him.

155 "But I don't do it on purpose. Distraction isn't an intentional action. To understand it, look in a mirror and try not to blink – it's impossible," 160 he says. "People with ADHD are distracted by six things – our five senses and our own thought processes."

165 Adults also often experience frustration when they're diagnosed only later in life, especially if they feel they haven't reached 170 their full potential due to the impact the condition has had on their lives.

The struggle to focus can lead to difficulty holding down a job. Impulsivity 175 and impatience can cause friction with others and lead to problems in work and personal relationships.

Here's how to spot adult ADHD and tips on how to deal with it.

FAST FACT
You don't have to be hyperactive to have ADHD – adults with ADHD are much less likely to have prominent hyperactivity symptoms than children.

THE THREE TYPES OF ADHD

■ **Inattentive**
Inattentive ADHD is what's usually meant when someone uses the term ADD. This means a person shows enough symptoms 280 of inattention (or easy distractibility) but isn't hyperactive or impulsive.

■ **Hyperactive/impulsive**
This type occurs when a person has symptoms of hyperactivity and impulsivity but 285 not inattention.

■ **Combined**
Combined ADHD is when a person has symptoms of inattention, hyperactivity and impulsivity.
SOURCE: HEALTHLINE.COM

SYMPTOMS OF ADULT ADHD

■ **Trouble concentrating and staying focused** This plays out in many ways – being easily distracted, not finishing tasks, "zoning out", daydreaming and 185 poor listening skills.

■ **Disorganisation and forgetfulness** Adults with ADHD tend to have poor organisational skills, underestimate how long it will take to complete tasks, pro-190 crastinate, often lose or misplace things, frequently forget appointments or commitments and are often late.

■ **Impulsivity** Sufferers are often impatient, unable to wait their turn, tend to 195 interrupt, react without considering the (Turn over)

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YOU LIFESTYLE | ADVICE

(From previous page)
consequences and behave recklessly. They sometimes behave in socially inappropriate ways.

■ **Emotional difficulties** Sufferers can be moody, prickly, irritable and have a short temper – all of which makes it difficult to sustain relationships and friendships. Sometimes poor self-image is hidden behind false bravado.

■ **Hyperactivity** Restlessness, fidgeting, racing thoughts, excessive talking and a need to be perpetually on the go are typical. These symptoms can become more subtle with age. Adults with ADHD often have an active lifestyle and struggle with sleep, Schoeman says.

HOW TO MANAGE IT

It can feel overwhelming to be diagnosed with ADHD but there are ways to manage the symptoms.

The aim of intervention is to control impulsive behaviours, manage stress and emotions, manage time better, get and stay organised, boost productivity and improve relationships.

■ Adults with ADHD can benefit from medication that improves the brain's ability to focus, which helps to decrease symptoms. These medications, which include Ritalin, Concerta and Strattera, are available only on prescription, as using them incorrectly or without guidance can lead to dependancy issues.

■ Pughe-Parry believes medication on its own isn't enough though. A healthy lifestyle is important – that means nutritious food, regular exercise and plenty of sleep. It's also a good idea to avoid alcohol.

ADHD MYTHS AND FACTS

MYTH It's just a lack of willpower. People with ADHD focus well on things that interest them; they could focus on other tasks if they really wanted to.

FACT ADHD might appear to be a willpower problem, but it isn't – it's essentially a chemical problem in the brain's management systems.

MYTH People with ADHD can never pay attention.

FACT Those with ADHD are often able to concentrate on activities they enjoy. But no matter how hard they try, they have trouble maintaining focus when the task at hand is boring or repetitive.

MYTH Someone can't have ADHD and also have depression, anxiety or other psychiatric problems.

FACT A person with ADHD is six times more likely to have other psychiatric or learning disorders than most other people. ADHD usually overlaps with other disorders.

SOURCE: DR THOMAS E BROWN IN HIS BOOK ATTENTION DEFICIT DISORDER: THE UNFOCUSED MIND IN CHILDREN AND ADULTS

Find tools to help you to be more organised, whether it's making lists or using a colour-coded system

■ Therapy can help to deal with anxiety and depression, which are common coexisting conditions. It might also be beneficial for couples or families to manage the impact ADHD can have on relationships.

■ Find tools to help you to be more organised, whether it's making lists or using a colour-coded system. Look for apps that can help you and use reminders on your phone to keep track of things.

IF A LOVED ONE HAS ADHD

ADHD is a condition that affects the whole family. Here's what loved ones can do to help.

■ Read about ADHD to understand the symptoms so you can understand your loved one's condition better. Talk about how it affects your relationship and what can be done to improve things as well as how you communicate about it.

■ Don't give someone with ADHD too much information or too many tasks at one time – they won't remember all of it. Make a list of everything they need to get or do and give it to them, or send it on WhatsApp, rather than expecting them to remember everything.

■ Don't expect them to conform. They can't. Allow them to be who they are.

■ Make sure they're paying attention to you before talking to them. It might help to touch them to draw their attention. ■ If you need help, contact the Attention Deficit and Hyperactivity Support Group of Southern Africa (Adhasa). It's a nonprofit organisation that provides information and support for those with ADHD and their families. Go to adhasa. co.za for more information.

SETTING THE RECORD STRAIGHT

Although ADHD has been recognised for more than 100 years, many people still see it as essentially a behavioural problem, says Dr Thomas E Brown, a clinical psychologist and head of the Clinic of Attention and Related Disorders in California in the USA.

He says people with ADHD don't suffer from behavioural problems so much as from chronic problems with focusing their attention, organising their work, sustaining their effort and using their short-term memory – all of which are managed by the executive functions of the brain.

One of the things he often hears people say is that everyone has ADHD sometimes. "All the symptoms characteristic of ADHD are similar to problems that everyone has sometimes, but not everyone has the severity of impairment required for an ADHD diagnosis," he says.

"For individuals diagnosed with ADHD, those problems must be significantly more persistent and more impairing than for most people of similar age and must seriously interfere with many aspects of their daily life."
SOURCE: BROWNADHDCLINIC.COM

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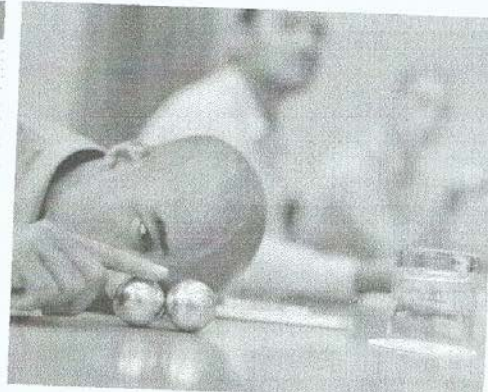
Appendix E: I'd Rather Die Than Carry On Like This

YOU LIFESTYLE

ASK DR LOUISE

Write to **Dr Louise**, PO Box 39410, Moreletapark 0044,
or email info@drlouise.co.za

I'D RATHER DIE THAN CARRY ON LIKE THIS

Q My husband and I have been together for 10 years and have a son. He was married before and has one child. The problem is, his family dislike me and continually insult and embarrass me, calling me and my son fat – and my husband does nothing about it.

His family worship the ground his ex-wife walks on and still invite her for family gatherings. They've told my husband they'd be happier if he got back with his ex-wife. I just keep quiet about it all. He doesn't respect me either – he looks at other women in my presence and is addicted to pornography.

I was ready to walk away from the marriage but the pastor I spoke to said I should give him another chance. But I've started to despise him. I tried to commit suicide by overdosing but it didn't work. My life feels like a punishment. I can't leave him because I don't want my husband to take my son from me. Death seems like a better option.
Cara, email

A You probably feel like your husband is invincible, with his whole family behind him and being hostile towards you. It seems he's learnt from them how to treat you with utter disrespect. But death isn't a better option.

What about your family? If they're not already aware of the abuse you're suffering at the hands of your in-laws, you should make them aware so they can possibly take it up with them. If you don't have any family, ask the pastor to speak to your in-laws, with your husband present too, so he realises how much this is affecting you.

Leaving your husband will not automatically mean you'll lose your son. Consult a good divorce attorney to discuss this with him. If your husband also allows your son to be verbally abused by his family, it would be a case of emotional abuse which would affect his chances of gaining custody.

Keeping quiet has made you believe you don't have a voice, but you need to stand up for yourself. Start thinking about how to get yourself and your son out of this situation by using the legal system. The law is on your side.

50 | 9 NOVEMBER 2017 you.co.za

I FIND MOST PEOPLE REALLY DUMB

Q My parents are on my case because they think that I'm focusing on the wrong things. I'm a computer wizard who loves hi-tech stuff and new gadgets and I love being a step ahead of everyone else.

As far as I'm concerned, most people spend their time being really stupid and infantile. They lack innovation and in many cases don't seem to have the ability to think properly.

Where can I find someone like me who's on the same vibe?
Zacharias, email

A The type of person you're hoping to find doesn't sound very likeable.

You seem to be looking for someone who lacks humility, who judges others, who underestimates the value of other people and who thinks they're above the rest.

People are different, and all intelligent in their own way. Some are artistic, others have high emotional intelligence, some have a high intellectual IQ, others are simply stunning in their simplicity. Most people have amazing abilities in different dimensions.

My work with people has shown me how magnificent the human psyche and the human brain are, how much adversity they can overcome, and how much tragedy they can bear while still caring about others.

You love technology but it appears to have taught you nothing. Technology is invented and designed by people, after all.

So rather than thinking that people are stupid and infantile, try to look at them through different eyes. Change your perspective to one of compassion and respect, all the while remembering that people are different and that it's in the diversity of the human race that we find greatness.

'The most important relationship in your life is the relationship you have with yourself. Because no matter what happens, you'll always be with yourself'

– DIANE VON FURSTENBERG

I'VE BEEN CHEATED ON – AGAIN!

Q I'm 45 and my boyfriend of two years recently told me he's fallen in love with someone else. My ex-husband cheated on me, which is why we divorced, and for a while I was wary of men.

It took me a long time to start dating after that and I can't believe I've just been left for someone else again! It feels as if my life is just taking the same path again, where I'm left alone and having to endure this terrible loneliness without a partner.
Carol, email

A Unfortunately there are no guarantees in life. Don't think of yourself as an exception – this sort of thing happens to many people, both women and men. It often has nothing to do with the person who's left behind but more with the person who cheated.

Perhaps you should consider whether the problem lies with the kind of men you choose to have relationships with. Or maybe the problem stems from either or both of you not working on the relationship?

Focus on yourself now. Work on your confidence and don't allow yourself to become needy and to feel like you want a partner at all costs.

Rather work on making your own life richer and more enjoyable, so that if you meet a potential partner it would be a bonus instead of the only thing you're living for.

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Appendix F: I Miss the Person I Used To Be

YOU LIFESTYLE

ASK DR LOUISE

Write to **Dr Louise**, PO Box 39410, Moreletapark 0044, or email info@drlouise.co.za.

I MISS THE PERSON I USED TO BE

1 **Q** I'm 26 and when I started having problems with my boyfriend last year I called it quits. I had friends
5 and visited my family more often while I was going out with him. Now that we're not together I'm happier but miserable at the same time. All I do during the week is
10 work and sleep, and at weekends I do my laundry and I sleep, nothing else.

I find it hard to meet people and make friends. Sometimes I tell myself that I'm going to visit my family but I always end up
15 not going because I decide to sleep instead. I always plan to go out and do something fun, even if it's just going shopping on my own, but I end up not feeling up to it and I end up sleeping.
20 I've put things I used to enjoy doing, such as socialising, on hold. I feel isolated from the world. Nothing interests me anymore. What's wrong with me? I miss my old self but I can't seem to take a step forward.
25 **Bonga, email**

A The continuous sleeping you describe and feeling of not being able to get yourself going are typical signs of clinical depression. It's important that you consult with
30 a medical practitioner as soon as possible so you can be assessed. You'll probably be prescribed an antidepressant.

Sometimes people slip into depression without even realising it. Sleep becomes a way of dis-
35 sociating from the world – it's a means of escaping the things you don't want to think about. But when you wake up you're faced with those things again, so the best option is to go back to sleep.

Believe me, you'll enjoy life again and have fun
40 and socialise and do all the things you used to love – but this will happen only once the depression lifts, which is why you should see a doctor about an antidepressant.

You'll probably need to take the medication for
45 at least 8-12 months. Don't stop taking it when you start feeling better as it takes a considerable amount of time for serotonin levels in the body to be restored after they've become depleted.

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WHY DON'T I GO FOR BRAINY WOMEN?

Q My problem is I only want to date physically beautiful girls – which means I'm always in competition with half a dozen other guys to get their attention.

But then when I succeed in going out with such a woman I quickly lose interest because often they don't stimulate me intellectually. But I keep doing the same thing over and over. Why can't I just go for the brainy ones?
Daniel, email

A The problem is that you're making too many assumptions. That beautiful women are less brainy is a myth. That clever women aren't beautiful is also a myth. There are many women who are both beautiful and extremely clever. Essentially the one really has nothing to do with the other.

Also, how attractive someone is doesn't only depend on their looks. It's about the whole package. The fact that you want to go out only with physically beautiful women says something about yourself – perhaps you feel you need a beautiful woman on your arm to give you more self-confidence?

Do yourself a favour and change your perspective – you need to see women for who they are, as a whole, instead of just being captivated by the "wrapping". You'll be amazed at how much more fulfilling the relationship will be.

> 'Real love is always chaotic. You lose control; you lose perspective. You lose the ability to protect yourself. The greater the love, the greater the chaos. It's a given and that's the secret'
>
> – JONATHAN CARROLL, WHITE APPLES

HOW DO I MOVE ON?

Q I'm in love with someone but it's clear he doesn't feel the same way. I've tried to go on with my life and meet someone else but when I do meet someone I can't stop myself from comparing the new person with the guy I'm in love with.

I met him six months ago and it was just instant – I immediately fell in love with him. But unfortunately he's just not into me, so I didn't even have the opportunity to go out with him. How can I get over this? How do I move on?
Carmen, email

A If you didn't even have the opportunity to go out with this man, how could you really get to know him? How do you know he's the person you think he is?

In reality you've fallen in love with a fantasy of him. It's an illusion.

Being in love and loving someone are completely different things. It's possible to be in love with someone when you may not even know the person well, and you can easily pretend that he has no mannerisms or personality traits that you don't find attractive. When you love someone, on the other hand, you know their weak points but are willing to accept them regardless.

No flesh-and-blood person will measure up to your knight in shining armour on the white horse. But you need to see that knight for what he is – a fantasy. Let the fantasy go so you can have a real relationship with a real person.

Give yourself the opportunity to get to know the guys you meet properly before you simply dismiss them. You might be surprised at the wonderful people you'll get to know.

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Appendix G: I Don't Have a Clue Why I Feel Anxious

YOU LIFESTYLE
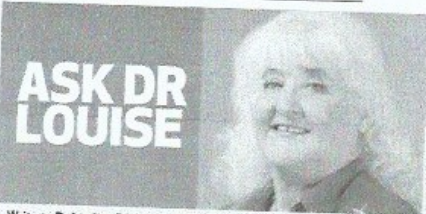
ASK DR LOUISE

Write to **Dr Louise**, PO Box 39410, Moreletapark 0044, or email info@drlouise.co.za.

HE WANTS TO TAKE IT ALL FROM ME

Q I'm a 41-year-old professional woman and my husband, who works from home, has been trying to control me since we got married. We have a 10-year-old daughter and he's trying to turn her against me. He undermines my authority – if I tell her no, she just asks him and he reverses my decision.

Once a week I work until 7pm and he always makes sure she's in bed and asleep before I get home so that I don't even get to say goodnight to her. When he packs her lunches he puts in sweets and unhealthy snacks, which of course she enjoys more.

I suspect he's having an affair with someone as he's told me he wants a divorce, but he wants custody of our daughter and he also wants to stay in our house – which is in fact in my name as I was the one who bought it. It seems he wants to take everything from me.

He's suggested we see a psychologist for an evaluation and that the psychologist then make recommendations to the court which we both abide by. What should I do?
Theresa, email

A It seems as if your husband has tried to position himself so he comes across in court as the better parent and so gets custody of your daughter. But an experienced forensic psychologist is able to read between the lines.

No matter which parent's attorney has asked for the evaluation, the psychologist's job is to remain objective and report to the court. Agree to the evaluation and be honest and open with the psychologist. Once the report has been completed, you and your attorney can look at the recommendations. You're not obliged to abide by them and may not agree with the assessment. If you and your attorney believe the report is biased and not based on sound facts, you can request an evaluation by another psychologist.

As for what happens to your estate, listen to your attorney's advice.

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MY SON SAYS I ABUSED HIM

Q My son says I abused him sexually when he was young and that he obtained this information during therapy while the psychologist had him under hypnosis. He agrees he has no memory of the event when conscious but says it seems that under hypnosis he recalled it. I was utterly shocked as I would never abuse my children (I have two sons) – not in any way, never mind sexually!

I have no sexual interest in children. I'm a heterosexual divorced man who has an active sex-life with adult women. How do I defend myself, as my son states it as a fact – that I, his father, abused him sexually! I have a responsible job and am of sound mind. I've never had any problems with my memory. What am I to do?
Anonymous, email

A Plenty of scientific work has been done on regression during a hypnotic state and there is something called false memory syndrome.

Hypnosis as a technique to uncover memories is fallible as the memories that are recovered can either be actual memories or memories that are confabulated (where gaps are filled in with created realities).

It's possible that the memories your son has uncovered with his therapist are of someone else who sexually abused him (and he's confused the identity of the perpetrator). But it's also possible that the incident may not have happened at all.

The therapist should have informed your son that false memories can be elicited during a hypnotic state and that he should be careful about accusing people of sexual abuse.

Hypnosis is not a "truth serum". The memories that are uncovered are not beyond doubt and can't simply be taken at face value. When hypnosis is used to enhance memory, what's uncovered has to be measured against objective facts. Ask your son's therapist to explain this to him.

'When two people decide to get a divorce, it isn't a sign that they don't understand one another, but a sign that they have, at last, begun to'

– AMERICAN WRITER HELEN ROWLAND

I DON'T HAVE A CLUE WHY I FEEL ANXIOUS!

Q I've recently become severely anxious and stressed although I have no real reason to feel this way. I have a good job and enjoy my work, and my colleagues are nice. At home things are going well – my wife is loving towards me and goes out of her way to do nice things for me. We don't have any financial problems, so there really is nothing that should keep me awake at night. What can be the matter?
Frank, email

A Emotions are generated in the limbic system, the set of brain structures known as the "emotion centre" of the body. There are biochemical factors that can have an influence on the limbic system and therefore on the emotions generated. The first step you should take is to have a general check-up with a physician who can look at all these things – your serotonin, adrenaline and cortisol levels to name a few.

If everything seems to be fine and you get a clean bill of health, you should then consult with a psychologist to help you uncover the origin of your stress and anxiety. It might be worthwhile to see a psychologist trained in hypnotherapy – something may have happened that you're unaware of but that has nevertheless triggered your anxiety.

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Appendix H: Depression and Life Policies

YOU LIFESTYLE

YOUR MONEY SORTED

DEPRESSION AND LIFE POLICIES
Your cover might come with exclusions – we take a look

GO TO you.co.za FOR MORE FINANCIAL ADVICE

By LETITIA WATSON
Send suggestions for topics and requests for info to yourmoney@you.co.za.
We may answer your questions in this column but won't reply personally.

IT'S a common myth that people who suffer from depression can't get life cover. This isn't true and premiums aren't necessarily higher simply because of this. But if you suffer from depression, your insurer might use exclusions so you can still get long-term insurance. We explain what they are and how they're applied.

BEFORE YOU SIGN UP
When you take out a policy you'll be asked on the application form if you suffer or have suffered from depression, anxiety or stress, or if you've experienced problems with your nervous system or mental health. Depression presents in a variety of ways and the insurance company has to determine the severity of your condition. By law you're obliged to disclose such a condition to the insurer because it can influence the risk analysis and conditions of your cover, says Henk Meintjes of Liberty Life.
Insurers want to know:
▶ What your symptoms are.
▶ What treatment you're getting or have had.
▶ Your doctor's details.
If applicable, you might also be asked for details regarding:
▶ Hospitalisation.
▶ Incidents when you weren't able to work because of the condition.
▶ Suicide attempts.

EXCLUSIONS
Based on your answers, the insurer then determines how big the risk is that, for example, you might become unable to work due to depression. When depression is identified as a risk, most insurers make it an exclusion and don't raise premiums because of it, Dave Ruiter of Venn-Sure Consulting says. Exclusions are incidents not covered by your policy. They're usually for conditions that are already present and could become a major risk for future cover.

DISABILITY COVER
Depression is usually excluded in disability cover. Ruiter explains there are two types of disability cover: single-amount disability and income protection. With single-amount disability cover a cash amount is paid out if you become permanently disabled and therefore unable to work. Income protection cover, on the other hand, pays out a monthly income if you became temporarily or permanently disabled.
Depression can render a person unable to work for long periods, and it's usually an exclusion on both types of policies. This means you can claim disability cover for any other reason, for example if you become paralysed in an accident and can't do your work because of that, but not if you can't work because of depression.

IT CAN BE REVIEWED
If there's an exclusion on your policy due to depression it can be reviewed under certain circumstances, for instance if the depression was of a temporary nature or a reaction to a particular situation – for example, you were in a stressful work situation, someone close to you died or you suffered from postnatal depression, Ruiter says. In these cases you were depressed and received treatment for it but it's not an ongoing condition.
If you apply for a policy during this time, the insurer could make the depression an exclusion. How long the exclusion continues depends on the policyholder's condition and the insurer's rules. Sometimes the exclusion clause states that it's subject to review in a year or two, but when there's no such stipulation you could approach the insurer for a review at any time and the exclusion could be removed.

WHAT ELSE?
If one insurer excluded depression it will probably also be excluded by other insurers. If you want to plan financially for times when you may not be able to work due to depression, consult a financial adviser who can help you for instance to put together a savings plan so you can cover your expenses if you're not able to work. You may also be able to take sick leave at work for short periods.

LIFE COVER
Depression isn't usually an exclusion on life cover. It's excluded probably only if a person has previously seriously injured themselves or attempted suicide due to depression. When there's too big a risk that the sufferer may commit suicide, life cover may be refused. In any event, suicide is excluded for two years on life policies. This means if the policyholder dies as a result of suicide within two years of taking out their life cover, their beneficiaries won't receive a payout.

IMPORTANT
When applying for cover you must be totally honest. If you suffer or have suffered from depression, you must declare it. If the insurer investigates your medical history and finds you haven't disclosed it, it's regarded as nondisclosure, even if it's not related to your claim. This means the insurer could pay out based on nondisclosure, even if you're claiming for something completely different.
Ruiter says insurance companies pay out the vast majority of claims; when there are delays with payouts it's often because the claimant's medical history was investigated and it was found that full disclosure about the person's medical background wasn't made. ■

322 million people suffer from depression worldwide.

1 Internationally depression is the No 1 cause of disability.

80% of depression sufferers dramatically improve their life by using antidepressants.

Sources: World Health Organisation; South African Depression and Anxiety Group (Sadag)

TIP! Insurers' products and conditions vary. Ask a financial adviser for a comparison of companies' cover options.

GET MORE HELP
▶ Financial advisers: fpi.co.za and fia.org.za ▶ Sadag: sadag.org, 0800-21-22-23 (8am to 8pm) or 0800-12-13-14 (8pm to 8am)

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Appendix I: What Causes OCD?

YOU LIFESTYLE

ASK DR LOUISE

Write to **Dr Louise**, PO Box 39410, Moreletapark 0044, or email info@drlouise.co.za.

WHAT CAUSES OCD?

Q I'm 28 and have been battling with obsessive compulsive disorder (OCD) for years. It started when I was in my early teens and has persisted with varying degrees of severity. I'm currently seeing a counselling psychologist to learn coping techniques and will also be seeing a psychiatrist to review the medicine I've been on for the past 10 years.

But I'd like to know what you think the causes of this disorder are, and if there are any natural remedies I could try.
Kyle, email

A Obsessive compulsive disorder is an anxiety disorder characterised by excessive, uncontrollable, unwanted thoughts and repetitive, ritualised behaviours you feel compelled to perform. It's a chronic condition that can last for years or be lifelong, and affects people of all ages and all walks of life.

People with OCD know their behaviours are irrational but feel unable to resist them. The obsessions and compulsions often centre on things such as a fear of germs or the need to arrange objects in a specific manner. The symptoms usually begin gradually and can vary over the years.

There are essentially two subgroups of OCD. The first is environmentally based, where the OCD is the result of a specific event, such as a traumatic event, brain injury or neurological disorder. The second is related to genetics or chromosomal anomalies. OCD sufferers with this form of the disorder have significant differences in the frontal cortex of their brain.

Research indicates OCD patients may benefit from antidepressant and anti-anxiety medication, and it's important you consult with your psychiatrist regularly to review how well it's working.

The latest research also indicates the best treatment options for OCD, in no specific order of importance or efficacy, are 1) exposure and ritual-response prevention in which the obsession is provoked and the patient experiences the subsequent anxiety but is refrained from engaging in the ritual; 2) cognitive behavioural therapy; 3) deep-brain stimulation; and 4) hypnotherapy.

MY HUSBAND CHANGED AFTER ACCIDENT

Q My husband had a serious accident just more than a year ago in which he sustained serious brain injury and he's no longer the man I married.

It's as if I'm married to a stranger. Before the accident he was kind, had a wonderful sense of humour and almost never got angry.

He was sociable and quite shy regarding sexual matters although the two of us had a wonderful sex-life.

Now he's angry most of the time, flares up and verbally abuses me. He's withdrawn and doesn't want to visit friends or have friends around.

He looks at pornography all the time and has joined online sex sites where he makes vile suggestions to women.

I've caught him meeting a few of these women and taking them to seedy hotels. He's also suggested we do perverted things and expects me to simply fall in with it. What's going on?
Alta, email

A Brain injury, particularly if it involves the frontal lobes, can have a serious impact on personality and even change it.

It's not uncommon for people who've had a serious brain injury to display either inhibition of sexual desire and behaviour, or the opposite.

Your husband's lack of inhibition and judgment is typical of frontal lobe syndrome, which is an impairment of this area due to disease or head trauma.

The frontal lobe plays a key role in higher mental functions such as motivation, planning, social behaviour and speech production.

The change from someone who was socially outgoing and amiable to someone who's withdrawn, aggressive and irritable is also typical of certain brain injuries.

Your husband is still in the optimum rehabilitation time after brain injury, which is the first two years.

But I've also witnessed people recovering more of their previous abilities even after the optimum two years.

Get your husband to consult with a psychologist trained in neuropsychology who can help him to cope better with his changed personality and lack of sexual inhibition.

You can also speak to his neurosurgeon about medication that can help for his sexual disinhibition and aggressive impulses.

'You have to love. You have to feel. It's the reason you're here on earth. You're here to risk your heart' – FROM THE PAINTED DRUM, BY LOUISE ERDRICH

HE WANTS ME BACK FOR THE HOLIDAYS

Q After the matric farewell my boyfriend broke up with me because he's going to a different university than I am and doesn't want a long-distance relationship.

Now he's asking me if he can still see me during the holidays and then we'll break up just before we each go off to varsity. What should I do?
Renaldie, email

A It seems your ex-boyfriend wants the best of both worlds. So he broke up with you, but because it suits him to have a girlfriend during the holidays he wants you simply to be available?

Tell him to take a flying jump into the sea!

He obviously doesn't care enough about you to go through the difficulties and challenges of a long-distance relationship and he wants to be free to date when he's at university.

Which is fair enough – but then he should make a clean break.

Nobody likes to be used and his suggestion sounds an awful lot like you being used.

You don't deserve that.

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Appendix J: Speak Up

DRUM Ed's Note

PICKING UP THE PIECES

This time last year we joined Mpho Tshabalala, her family and legions of fans in mourning the untimely death of Mandoza. The man who brought us the runaway hit Nkalakatha succumbed to cancer at the age of just 38.

Those of us who have lost loved ones will know how hard it is to find purpose in life again, to find a reason to get out of bed and carry on. We often need to because there are people who rely on us – children, parents, colleagues, neighbours.

But to find real meaning is often hard – and Mpho knows all about this. Which is why she started something that would not only bring her comfort but would ensure her husband's legacy and memory lived on alongside his magical music.

Until next week,
THE DRUM TEAM

We would love to hear your thoughts on issues close to your heart. Email us at letters@drum.co.za to also share what you think of the articles in this issue.

PRAYER FOR HELP

I was touched by the article "I just want to be normal" (21 September). Nduduzo Gumede's plea to God is to be normal. It might sound simple but it comes from the bottom of his sad heart.

A boy his age [17] is supposed to be out and about, enjoying his schooling and socialising with other boys and girls. It's a pity his face has been disfigured by a genetic disorder and that he must suffer pain at night. This sad story teaches the rest of us that we can take comfort in the fact that we're alive and well.

Ever heard the saying "We complain of having no shoes while others have no

LETTER OF THE WEEK

LET US READ IN OUR LANGUAGES

IT'S disgusting and disappointing to read about national surveys that continue to indicate people don't read. The 2016 national survey on the reading behaviour of adult South Africans shows that only 14% read regularly. This includes newspapers, magazines and books, in print and digital format.

My question is this: What are people meant to read while there are still so many underpublished languages – like isiNdebele, Sepedi, Xitsonga and Tshivenda? Many people face economic and infrastructural challenges, including the people of my area, Malamulele in Limpopo.

It's not that people aren't interested in reading – they simply don't have access to books. Most of the schools don't have libraries nor are there community libraries where people can borrow books. There are a lot of challenges that hold people back from reading, especially black people. Financial problems and lack of resources are the main culprits. Publishers must start producing more reading material, especially in other languages, because not everyone can read English.
MIYELANI HLUNGWANI, MUKHOMI VILLAGE

THE WINNING LETTER RECEIVES **R300**.
Letters should be about 100 words. Write to us at PO Box 653284, Benmore 2010, email us at letters@drum.co.za or SMS short letters to 36489. Start with the word DRUMLETTERS. Each SMS costs R1.

feet"? I hope and pray Nduduzo will get the help he's been promised.
M SEREPO, EMAIL

SPEAK UP

I've gathered that many young people who've committed suicide are known to have a quiet character (Why would he do it? 21 September). Lebo Maseko is said to have been a quiet kid too.

Like many others who appear to have taken their own lives, what prompted him to take his life remains a mystery. This must be a wake-up call to parents of kids who don't talk too much. We need to understand that if our children are often quiet it doesn't mean everything is fine. We must get them to tell us their fears and expectations – of us as parents and their schooling. We can achieve this by opening up to them. Play games with them while joking around.

School governing bodies must prioritise the discussions of safety in our

schools. There must always be security guards or parent volunteers to patrol school yards. If there'd been someone patrolling the school yard at Khula-Mlambo Primary School, Lebo might still be alive. My deepest condolences to Lebo's family, friends and school.
PERCY MOFFAT, EMAIL

EASING THE BURDEN

Losing someone close to you can be devastating (Friends to the end, 21 September). It must be even more challenging to someone whose job needs their full attention, like Manaka Ranaka. The actress is one of the strongest public figures South Africa has had.

Even though it wasn't easy for her, Manaka remained focused on her job after the unfortunate incident that claimed a teenager's life. She's obviously still in the healing process from that bad experience.

The passing of her friend, Iko Mash, adds to her pain. She needs to realise that

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Appendix K: Emotional Blackmail

DRUM LIFESTYLE Advice

ASK SIS DOLLY

Need advice? E-mail sisdolly@drum.co.za or SMS the keywords SIS DOLLY followed by your question and name to 36489. Each SMS (160 characters) costs R1.

Q WHO SHOULD I CHOOSE?

I was in a long-distance relationship with my boyfriend for two years and it was going well until I fell in love with a guy at work. However, my boyfriend made sure we saw each other a lot and even moved closer to me so we could have more time together. I eventually ended the relationship.

A few months later I found out the colleague I was seeing is married to the mother of his two kids. They've been separated for two years but he says he can't divorce her because she threatens to take the kids away. He wants to make me his second wife but I don't feel comfortable with that. Now my ex has made contact and wants us to fix things. I'm confused.
JT, EMAIL

A It's never advisable to commit yourself to a relationship when you don't have all the facts about your partner. You were looking through rose-coloured glasses and made a rushed decision and now you might have lost something worthwhile over nothing.

If there were issues with your long-distance relationship you should have dealt with them instead of going into another relationship. What you need to do now is some serious introspection – think long and hard about who you want to be with, who makes your heart sing and who you can't imagine your life without. Then decide.

Q EMOTIONAL BLACKMAIL

My girlfriend has threatened to kill herself if I leave her and I'm not sure what to do. I want to leave but I don't want to be responsible for her death.
CONCERNED, SMS

A Your girlfriend can't hold you at ransom and force you to stay in a relationship that doesn't fulfil you anymore. She needs to come to terms with the fact that the relationship is over and move on. How can she be content in a relationship that's forged by threats and believe it's healthy? She needs help.

Call the South African Depression and Anxiety Group's suicide helpline on 0800-567-576 for assistance. For joint counselling, call LifeLine on 0800-150-150 but still stick to your decision to cut ties with her and live your life.

Q PURSUING MY DREAM

I graduated from university majoring in English literature and language. I'm really interested in becoming a writer and writing my own book. Sometimes I write about things that pique my interest or about what I'm feeling. This is something I really want to do but I don't know how to make my dream come true.
ODWA, EMAIL

A That sounds exciting and if it's something you really want you should definitely go for it. The first step would be to find out what type of books you're interested in writing.

Do some research about that and read books of that style to see how they're written. You could also find an online course on how to write a book then scout for publishers when you're ready for proper guidance. Wishing you the best of luck.

Q HE HAS NO DRIVE

My 40-year-old husband and I have been together for 10 years. He has been promising he'd learn to drive since we met but there's always some excuse. This means I have to drive everywhere – even when I was pregnant and after I had the baby. It's caused problems in our marriage so I spoke to his mother and she said she'd talk to him. That was six months ago and nothing has changed.

He lacks motivation and the desire to succeed so now I'm thinking of divorcing him and raising my child alone. Where is his pride? How can someone who can't drive be the head of a family?
BN, EMAIL

A There could be a valid reason why your husband isn't eager to drive. He might have some deep-seated trauma involving a car or driving. You need to get to the bottom of this without criticising him. You also have to decide why you're thinking about divorcing him.

Is the challenge so big and the damage so great you're prepared to throw 10 years down the drain? I think you should try marriage counselling. Call Famsa on 011-975-7106/7 to find an office near you.

'Is the challenge so big and the damage so great you're prepared to throw 10 years down the drain?'

Q TIME TO GO

I'm a 55-year-old man with two grown-up daughters. Please can you help me get them to leave my house because they seem to think they're untouchable.
FED UP, SMS

A As soon as they turn 18 they're no longer your responsibility and should find their own way in the world. You can ask assistance from the Family Life Centre on 011-788-4784 to conduct a family therapy session so you can all discuss this.

If necessary you can ask a court to move them out of your house, but that could ruin relations between you and your daughters forever. ■

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Appendix L: Time to Heal

former president Nelson Mandela proclaimed: "Each of us is as intimately attached to the soil of this beautiful country as are the famous jacaranda trees of Pretoria and the mimosa trees of the bushveld – a rainbow nation at peace with itself and the world."

The mistake we as South Africans make is to embrace one another only during campaigns aimed at fostering social cohesion. Soon after that many of us go back to our usual ways of discrimination based on race, culture or ethnicity.

Our different races, cultures, languages and traditions combine to beautify our country just like flowers with different colours in the garden. Social cohesion helps us embrace and acknowledge one another's existence and makes us realise we need one another to survive. Racial and cultural intolerance will surely only take us backwards. At the end of the day, we were all created in the image of God.
MALPHIA HONWANE, EMAIL

TIME TO HEAL
People suffering from any form of mental illness are not cowards, bewitched, demonpossessed, attention-seekers nor are they being dramatic. All forms of mental illness are real, and they're not a weakness.

Just pause and think of a time when the sun was not shining on you and everything was just bad, when you almost lost hope – you were not being a coward, right? Instead you wished and prayed that you would be kept safe until the storm you were facing could pass.

And that's exactly what people with mental illnesseses want too. So let's stop judging what we don't understand.

We have to ensure these people have a strong support structure. To those suffering from any form of mental illness, it's okay not to be okay – cry, take all the time you need to heal and protect your peace.

It's all about your sanity, so nurture it. God sees you, and your time to experience a mental "glow up" is coming. Until then, make your mental health a priority.
NONKULULEKO SIBIYA, PRETORIA

STAY STRONG
A rapper told a TV interviewer that before he was famous, he used to sleep in an abandoned house in Joburg so he could be close to work. As he told this story, I didn't believe him. After all, this is what many rich people tell us, that they struggled before becoming wealthy or famous.

But the truth is that their journeys to success are often full of painful, shameful and difficult experiences most people wouldn't want to endure.

The reason they survive is because they're passionate about their goals; they live in the future and forget about their present pains.

To survive the journey of life, where problems pile up and challenges come from every angle, we must know that our resilience will grow stronger. And one day we'll wake up and realise it was all for the best.
ABRAM MHLANE, EMAIL

POOR SERVICE
We often read about people who queue for hours and sometimes days at public hospitals and clinics waiting for healthcare services – only to be denied these services.

When I was at Diepsloot Clinic I was surprised to see how ladies who come for contraception get more attention than patients who are seriously sick and in a bad condition. It broke my heart when some were told to go home and come back the following day as there wasn't adequate equipment to assist them.

It pains me that people with life-threatening illnesses are not taken seriously.
WINNY SHOKANE, DIEPSLOOT

facebook YOUR OPINIONS

Actress Khanyi Mbau shelled out R95 000 for a waist reduction surgery, breast implants and liposuction in order to create an hourglass figure, saying she wants "a perfect aesthetic, like a doll". Drum readers weighed in on her transformation.

Her money. Her rules.
MAMAKAMO MPHOLO MERCY

LOL, if I had the money I'd also fix a few things, it doesn't change who I am.
MINNIE ZULU

I believe that if it makes you happy then you should go for whatever works for you. It's your body and money at the end of the day.
MBALI NTOMB'EMHLOPHE HLATSHWAYO

If I had the money I would do the same.
LEBOGANG MAMABOLO

She is too obsessed with her body. It's dangerous.
CAPA AVU PHUMZA

Well done, Khanyi. I really love your new look. Big up, girl!
MATSHIDISO ALICIA

Nah, Khanyi, I don't want to turn myself into a doll.
QUEEN CEE

Lost soul with an identity crisis.
SK SEKHWELA

Appendix M: Learn to Speak Up

DRUM Ed's Note

THE HEARTBREAK ISSUE

IT'S never easy being a parent, but sometimes it's devastatingly difficult. In this issue there are three articles about parents and their children that will have you reaching for the tissues. We try not to have too many heavy features in one issue of DRUM but these stories are ones that needed to be told.

There's the Eastern Cape's Lion Mama, who attacked her daughter's alleged rapists (page 6). In KwaZulu-Natal, we speak to a mom whose child went missing in the recent devastating floods (page 16).

And in Gauteng there's the horrific case of abuse at a primary school (see page 12).

Our thoughts and prayers are with all of these parents and their children and with others who are also suffering.

Until next week,
THE DRUM TEAM

We would love to hear your thoughts on matters close to your heart. Email us at letters@drum.co.za to also share what you think of the articles in this issue.

A COMEBACK WORTH WAITING FOR

Veteran actress Pamela Nomvete (She's back!, 12 October) made her small-screen comeback in season 2 of Lockdown, and DRUM readers are hooked.

✳ Pamela Nomvete and Linda Sebezo – wow, that's pure talent at its best . . . I loved that ending! It was lit!
NOKUTHULA THEO DUBE, FACEBOOK

✳ The episodes are too short, that 30 minutes felt like 10 minutes but I was glued to the screen . . . wish it could play for an hour! Big up, Lockdown!
NOMTHANDAZO BOBS TENZA, FACEBOOK

LETTER OF THE WEEK

LIVE LIFE TO THE FULLEST

WHEN a friendship or relationship is new, it's easy to find excitement and endless pleasure and to see no fault in our friends or partners.

As time goes by, cracks begin to show as things take a turn and sometimes start falling apart. Once-happy couples fight over trivial issues, little things cause irritation and our children can drive us up the wall.

Instead of enjoying being with these people, we find ourselves just putting up with them. This is normal. Don't lose hope. Life is a mammoth task, a landscape of high peaks and valleys that can sometimes be very deep and very dark, and there are mountains that can seem too high to climb.

This is the time to sit down, take stock, take a hard look at yourself, at where you are and where you want to be. Then keep on moving and working towards that summit. Never take your wife, husband, close friends or others for granted. Show them how much you value them, how privileged you are to have them around you, and thank God for them.

Work can be stressful, but try your utmost to find joy and fulfilment in it. Identify your joy in life, prioritise it and choose it above everything else. In return it will choose you. By so doing you'll start enjoying life again instead of enduring it.
MCDIVETT KHUMBULANI TSHEHLA, EMAIL

THE WINNING LETTER RECEIVES **R300**.
Letters should be about 100 words. Write to us at PO Box 653284, Benmore 2010, email us at letters@drum.co.za or SMS short letters to 36489. Start with the word DRUMLETTERS. Each SMS costs R1.

✳ Perfection. The talent is unquestionable and the storyline is amazing. I never watched season one but I'm loving the new season.
THANDEKA JIANE, FACEBOOK

LEARN TO SPEAK UP

I know a boy called Thabang who suffered from selective mutism as a child. Each time he had an idea he would
5 restrain himself and suffer in silence because he feared that if he spoke, he would sound unintelligent.

His social anxiety alienated him from many people, leaving him with only a
10 handful of friends and an almost non-existent social life.

During his final year at university Thabang worked up the courage to do the presentation of a group assignment
15 he'd worked on. During the presentation he articulated himself well and added new ideas that weren't in the initial presentation.

Everyone, including his group mates,
20 was astonished and proud because they knew him to be extremely shy. During the standing ovation he received he decided to never again suppress his feelings and ideas.
25 Today he's known for his presentation

skills and innovative ideas. He isn't always correct, and his ideas aren't always brilliant, but he's no longer afraid to express himself.
30 Many of us go through life doubting ourselves, questioning our self-worth. We often keep our ideas to ourselves because we're afraid of being judged or ridiculed. Never be afraid to express yourself, or to
35 take risks. Your ideas could change lives.
KGOMOTSO NGWENYAMA, PHALABORWA

PUTTING A RING ON IT

Mduduzi Tlou didn't realise proposing to his 16-year-old girlfriend at school would get them suspended ('We're in love', 12 October).

The suspension stems not from the proposal, but from the indecent behaviour by the couple as they kissed after

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Appendix N: Don't Expect Too Much

DRUM Ed's Note

BRING ON DECEMBER

IT'S that time of year when we're starting to think of the festive season and everything that goes with it – both the good and the not-so-good. Being on the beach, coming into the critical eyeline of watchful aunties and having to deal with so much family stress …

KeDezemba? We're so not ready!

But let's not get ahead of ourselves. Turn to page 46 to see our exercise plan that will help you feel fit for the months ahead. Exercise will not only have you looking great, it will have a wonderful effect on your emotional state too.

Another thing that will have a good effect on your emotions is to stop complaining. Turn to page 54 to see why constant moaning could have a negative impact on your health – and tips on how to stop doing it.

Until next week!
THE DRUM TEAM

M We would love to hear your thoughts on matters close to your heart. Email us at letters@drum.co.za to also share what you think of the articles in this issue.

GUIDE, DON'T PUNISH

It's so surprising to see how things happen in Mzansi.

Our democratic government has been busy preaching the word of the importance of distributing condoms to schools, but for what?

Why then are these students ('We're in love', 12 October) denied the chance to declare their love on school grounds if condoms are a norm in schools? These young souls need counselling and guidance, not suspension – not that I support their decision.
DRK, EMAIL

LETTER OF THE WEEK

PREPARE YOURSELF

MANY people have neglected their lives, but remember we get what we prepare for. So if we prepare nothing, we'll get nothing. But when we prepare for good things, we're more likely to get the good.

So let's make sure we make the effort. Lets prepare the beds we want to sleep in because we all want great things in life. Nothing good comes in your sleep but everything comes from your sweat.
MESHACK MATHE, IVORY PARK

THE WINNING LETTER RECEIVES **R300**.
Letters should be about 100 words. Write to us at PO Box 653284, Benmore 2010, email us at letters@drum.co.za or SMS short letters to 36489. Start with the word DRUMLETTERS. Each SMS costs R1.

DON'T EXPECT TOO MUCH

The revelation from the SA Federation for Mental Health that South Africa has the eighth highest suicide rate in the world is very sad.

Men are often raised to believe a man is a tiger and he isn't meant to cry because tigers don't cry, but that old-school thinking has killed many men. Men are faced with many challenges: depression, low self-esteem, dysfunctional relationships, infidelity and debt.

We must always be on the lookout for the danger signs. If a man suddenly becomes reckless in his behaviour, it could be a sign that he no longer values his life.

Black men in particular have been raised in a way that they can't easily express their feelings, so they repress emotions until it all comes out – and they just explode.

We should help where we can. Society must play its part by not being too judgemental about men and the expectation of masculinity.
GODFREY MALIBE, ACORNHOEK

SCHOOL ABUSE IS A DISGRACE

Sexual abuse is a difficult topic but an important one for educators to understand when it comes to students (It was their dirty secret, 26 October). It's outrageous that there are all these cases of physical and sexual assault in schools. These inhumane activities are taking place in places that are supposed to be safe learning environments for the next leaders of our country.

I suggest the department of education launches a review or investigation at schools. They're no longer the safe places they used to be, which is not healthy for our country's future.
WINNY SHOKANE, DIEPSLOOT

BIG IDEAS

I don't have regular access to DRUM magazine, but was lucky to read "A lucky break" (31 August) about the creators of the hit song Tholukuthi Hey.

An American woman lived in my country, Zambia, for a long time and loved her stay but when interviewed by an American magazine on significant differences she noted on life in America compared to Africa: "When one comes up with a brilliant idea/innovation in America stakeholders come on board to support, meanwhile in Africa it's not always the case. Instead of being supported, you end up with PHD – Pull Him/Her Down."

However, the article in DRUM refutes it all. Thank you for publishing it!
LAWRENCE MUSHEBA KUSEKA, EMAIL

LOOK TO THE FUTURE

Behind every success story is an embarrassing first effort, a stumble, a setback

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Appendix O: They Have Mental Issues

Advice DRUM LIFESTYLE

ASK SIS DOLLY

Need advice? E-mail sisdolly@drum.co.za or SMS the keywords SIS DOLLY followed by your question and name to 36489. Each SMS (160 characters) costs R1.

Q WHO SHOULD I CHOOSE?

I'm 20 and live in Pretoria. I'm in a relationship with my baby daddy, but I'm also in love with someone else. I love my baby daddy and he wants to marry me. But I'm not sure how to choose between them, or how to tell my family as the other guy is my late sister's husband.
CONFUSED, SMS

A Why are you putting yourself in an impossible situation and confusing yourself? You have someone who loves you and wants to do right by you and your child. If you truly love him, as you say you do, you should be focusing on building a future with him and your child.

Have you thought about how it would destroy this relationship, and possibly your family too, if your affair with your late sister's husband were to come out? Make the right choice for yourself and everyone else.

Q THEY HAVE MENTAL ISSUES

I'm 23 and have three brothers who all seem to have suddenly developed mental disorders. The first-born
5 dropped out of school, left home and is now a beggar. He comes home once a year, if that. The last-born also dropped out of school and was diagnosed with depression. He's been taking medication
10 for three months but it doesn't seem to help. The middle brother has developed a habit of hanging around a dumpsite and talking to himself.

We all used to be so close and now
15 I don't know what to do. My mom is a domestic helper and my dad is a drunk and emotionally abusive. Mom has been through a lot already and I want to know what to do so I can help her.
20 Who can help us?
DESPERATE, EMAIL

A Your brothers and your mother are fortunate to have someone like you in their lives. You should be
25 commended for caring so much for your family. The only way to assist your brothers is to find out what's behind their mental problems.

I suggest you seek help with the SA
30 Federation for Mental Health on 011-781-1852 or visit safmh.org. They'll be able to assist with assessing your brothers and putting them through a programme if that's what is needed. You
35 hang in there and try to keep being the pillar of strength for your family.

Q DOES HE LIKE ME?

I have a teacher who is 25 and he's acting strange. He looks at me with bedroom eyes and I think he has a crush on me. What should I do?
JT, SMS

A He hasn't said anything to you yet so why are you assuming he has a crush on you? Are you sure it's not the other way around? I suggest you concentrate on your studies and stop wondering about what your teacher's behaviour means. Only if he makes a move can you do what should be done in such a situation – which is to report him to the authorities.

Q STEPMOM PROBLEMS

I'm a 37-year-old guy. My parents passed away and my stepmother is now living with me. The problem is she's out of control: she drinks a lot and has friend's younger than me at the house to party all the time. She doesn't want to look for her own place to stay and has taken all my parents' belongings. I don't know where she comes from originally, so I'm not sure what I can do.
CONCERNED, SMS

A Your stepmother isn't your responsibility and she should never have been your burden when your father died. If she has money to go on drinking sprees she certainly can afford a place of her own.

Since you've spoken to her about the issue but couldn't come to an amicable understanding, I suggest you get some help from a family counsellor through Family Life Centre on 011-788-4784. Set an appointment and make sure both you and your stepmother go together to come to a solution.

'As much as it isn't always fun being on your own, you don't want to rush this'

Q LOOKING FOR LOVE

I'm a 51-year-old beautiful, honest, romantic, one-man woman who's been divorced twice due to abuse. I have four kids, two of whom are still dependent on me, and I need a man aged between 50 and 65. What should I do?
SM, EMAIL

A As much as it isn't always fun being on your own, you don't want to rush this. You need to give yourself enough time to heal from your previous marriages and know exactly what it is you want. When the time is right and you have properly dealt with those chapters of your life, then you can move on.

If there are no suitable men in your social environment, consider trying an online dating site to help you find a partner. Take care when going this route however. There are many positive elements to online dating but people also tend to lie about things such as their age, weight, income and marital status. You should also check that the website itself is authentic.

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Appendix P: Excluding Depression

DRUM LIFESTYLE Money BY LETITIA WATSON

YOUR MONEY SORTED | EXCLUDING DEPRESSION
How life insurance covers this mental disorder

IT'S a common myth that people who suffer from depression can't get life cover. They can, and their premiums aren't necessarily higher because of their illness.

Long-term insurance products for those suffering from depression tend to make use of exclusions instead.

We explain what they are and how they're applied.

BEFORE YOU SIGN UP

When you take out a policy you'll be asked on the application form if you suffer or have suffered from depression, anxiety or stress, or if you've experienced problems with your nervous system or mental health.

Depression presents in a variety of ways and the insurance company has to determine the severity of your condition. By law you're obligated to disclose such a condition to the insurer because it can influence the risk analysis and conditions of your cover, says Henk Meintjes of Liberty Life.

Insurers want to know:
▶ What your symptoms are
▶ What treatment you're getting or have had
▶ Your doctor's details.
If applicable, you might also be asked for details regarding:
▶ Hospitalisation
▶ Incidents when you weren't able to work because of the condition
▶ Any suicide attempts.

EXCLUSIONS

Based on your answers the insurer then determines how big the risk is that, for example, you might become unable to work due to depression.

Dave Ruiter of Venn-Sure Consulting says when depression is identified as a risk, most insurers make it an exclusion and don't raise premiums because of it.

Exclusions are incidents not covered by your policy. They're usually for conditions that are already present and could become a major risk for future cover.

DISABILITY COVER

Depression is usually excluded in disability cover. Dave explains there are two types of disability cover: single-amount disability and income protection.

With single-amount disability cover a cash amount is paid out if you become permanently disabled and therefore unable to work. Income-protection cover, on the other hand, pays out a monthly income if you became temporarily or permanently disabled.

Depression can render a person unable to work for long periods, and it's usually an exclusion on both types of policies.

This means you can claim disability cover for any other reason, for example if you become paralysed in an accident and can't do your work because of that, but not if you can't work because of depression.

IT CAN BE REVIEWED

If there's an exclusion on your policy due to depression it can be reviewed under certain circumstances, for instance if the depression was of a temporary nature or a reaction to a particular situation.

For example, if you were in a stressful work situation, if someone close to you died or if you suffered from postnatal depression. In other words, a scenario where you became depressed and received treatment but it wasn't an ongoing condition.

If you apply for a policy during this time, the insurer could make the depression an exclusion. How long the exclusion continues depends on the policyholder's condition or the insurer's rules.

Sometimes the exclusion clause states that it's subject to review in a year or two, but when there's no such stipulation you can approach the insurer for a review at any time and the exclusion could be removed.

ALTERNATIVE PLANS

If one insurer excluded depression it will probably also be excluded by other insurers.

If you want to financially plan for times when you might not be able to work due to depression, consult a financial adviser. They can help you come up with a scheme like putting together a savings plan so you can cover your expenses if you're not able to work.

You might also be able to take sick leave at work for short periods.

LIFE COVER

Depression isn't usually an exclusion on life cover. It's excluded probably only if a person has previously seriously injured themselves or attempted suicide due to depression.

322 million people suffer from depression worldwide

1 Internationally depression is the number 1 cause of disability

80% of depression sufferers can lead a better life by using antidepressants

SOURCES: WORLD HEALTH ORGANIZATION, SOUTH AFRICAN DEPRESSION AND ANXIETY GROUP (SADAG)

When there's too big a risk that the sufferer might commit suicide, life cover might be refused. Suicide is excluded for two years on life policies anyway. This means if the policyholder dies as a result of suicide within two years of taking out their life policy, their beneficiaries won't receive a payout.

IMPORTANT

When applying for cover you must be totally honest. If you've suffered or suffer from depression, declare it.

If the insurer investigates your medical history and discovers you haven't noted it, it's regarded as nondisclosure.

This means the insurer could refuse to pay out based on nondisclosure, even if you're claiming for something completely different.

Dave says insurance companies pay out the vast majority of claims. When there are delays it's often because the claimant's medical history was investigated and it was found that full disclosure about the person's medical background wasn't made. ■

TIP!
Insurers' products and conditions vary. Ask a financial adviser for a comparison of companies' cover options.

GET MORE HELP
▶ Financial advisers: www.fpi.co.za and fia.org.za ▶ Sadag: sadag.org, 0800-212-223 (8am to 8pm) or 0800-121-314 (8pm to 8am)

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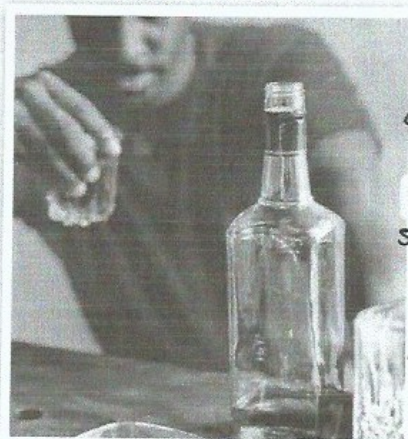**Appendix Q-1: Male Suicide on the Rise**

Move! | ISSUE

Male suicide ON THE RISE

The suicide rate amongst South African men has gotten out of hand

By Sello Morapedi

S   ACCORDING to the World Health Organisation, South Africa has the eighth highest suicide rate in the world. However,
10 suicide by South African men has reached the highest point, with an average of 18 men taking their lives daily. This is according to Men's
15 Foundation of South Africa, an NGO which focuses on men's health initiatives, suicide prevention and testicular and prostate cancer awareness.

20 **FACTORS CONTRIBUTING TO SUICIDE AMONG MEN**
There are a number of factors contributing to men taking their lives, which include being over-indebted, dysfunctional relationships,
25 spousal infidelity, depression and low self-esteem.
    "The major factor contributing towards men killing themselves is the way they are being perceived by society. For instance, black men carry with them issues of masculinity and opening up about their
30 emotional side is seen as a sign of weakness and no man wants to be considered as weak," says Hendriettah Khupe, a social work supervisor at LifeLine.
    "In most cases, men are breadwinners, which
35 puts a great amount of pressure on them and when they are unable to provide, they are left feeling inadequate and overwhelmed to the point that they can't talk about it and the only way out for them is to end their lives," says Garron Gsell, chief executive
40 and founder of Men's Foundation.

PICTURES: DREAMSTIME / FACEBOOK

WARNING SIGNS OF SUICIDE
It is difficult to determine how and when someone intends to commit suicide, but the
45 following are warning signs:
■ When someone talks about killing themselves.
■ When the person uses more drugs and alcohol than usual.
50 ■ When they talk about having no reason to live.
■ When someone who is usually cheerful suddenly becomes withdrawn.
55 "Withdrawal is a big factor where a person wants to be alone and avoids social gatherings. The person loses interest or pleasure in the
60 activities they used to do," says Hendriettah.
■ "Dangerous or harmful behaviour such as reckless driving, engaging in unsafe sex and increased use of drugs and alcohol might also indicate that the
65 person no longer values his life," says Hendriettah.

WHERE TO TURN FOR HELP
Should you have suicidal thoughts, you must surround yourself with family and friends, go to church and cultural events or get involved in
70 community work to keep your mind busy.
    "LifeLine South Africa is also manning a 24/7 telephonic crisis line intervention with skilled counsellors ready to assist all people, including men, in our country with all their problems and
75 situations they cannot handle. The helpline number is 0861 322 322 and it is a toll-free number on both landline and cellphones," says Hendriettah.

What do you think are the
80 reasons for the increase in men committing suicide?

85 **LERATO PHASHA**
Society expects so much from men and they are not even
90 given a chance to talk about their feelings.

SIMPHIWE SOLUTSWAYI
95 Unemployed men are seen as weak and they are not respected. Their voices are not
100 heard.

NOMTHANDAZO MABENA
Men don't talk about their issues
105 because they can't even report abuse without being ridiculed. ✳

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Appendix Q-2: SPOTLIGHT: Why Many South African Men Commit Suicide

Appendix R: Nomzamo's Darkest Hour

Move! | CELEB WATCH

Nomzamo's
DARKEST HOUR

Actress opens up about her battle with depression and her cousin's suicide

By Phakamani Mvelashe

5 **A**CTRESS and media personality Nomzamo Mbatha has for the first time admitted that she battled with depression. In a candid interview with Mapaseka Mokwele on SABC2's *Motswako*, the 10 It Girl said she is planning on doing everything in her power to help other people through her foundation called The Lighthouse.

MEDICAL ILLNESS
This revelation comes to light after she opened 15 up about losing her cousin, whom she referred to as her sister, after she took her life due to depression. Nomzamo highlighted that depression needs to be taken seriously and material things won't chase it away.
20 "For those who may or may not know, depression is a mental disease. Anyone who is suffering from it can only see darkness and no future," she once tweeted. On a series of tweets last year, the actress said, "I felt more heartbroken for my aunt who had 25 lost her only child, only for a stranger to claim that 'she wasn't loved enough'."
This was in response to someone on social media who said about the passing of her cousin Carla, "RIP Carla, I'm so sad your family never 30 loved you enough".

LOSING TWO SISTERS
Nomzamo was frank enough to admit that she wanted to confront the girl who claimed that Carla was never loved enough.
35 "I wanted to confront her, but then I thought, no. Because it is easier for people to speak on things that have never happened to them," she said, adding that she envied the insensitive girl because "she has incredible 40 sisters, who are beautiful. I've had to bury two of my sisters."

SHE IS BROKEN
However, Nomzamo also opened up about the turmoil 45 that she was going through at the time of her cousin's passing.

73 Actress and media personality Nomzamo Mbatha says she wants to help those who suffer from depression

"I was broken for myself because Carla's face was the last thing I would see before falling asleep, and the very first thing when I woke up. I may be 50 on every social media platform posting about all the wonderful things that I'm achieving, but I am broken inside," she tweeted.
"I'm sharing this for those who have lost loved ones from suicide. It never gets easier."

55 **A HEARTFELT MESSAGE**
On the day that Carla was supposed to turn 22 years old, Nomzamo went on social media to remember what they once shared and wrote, "Perhaps what I miss most in the past two years is waking up to your 60 face next to mine. The smell of your hair and the sound of your laughter. You made me believe in the magic of birthdays and what joy they should bring."
According to Health24.com, depression is a medical illness 65 which affects one's mood, body, thoughts and feelings. However, the article is quick to point out that there are many different types of this illness. 70 Efforts to get comment from Nomzamo were fruitless as her manager kept dropping the call. ✻

75 **I'VE HAD TO BURY TWO OF MY SISTERS**

PICTURE: MOVE! ARCHIVE

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Appendix S: Mental Illness is Nothing to be Ashamed Of

Move! | YOUR HEALTH

Mental illness is nothing TO BE ASHAMED OF

Stigma and bias are the reasons you may be suffering in silence

By Bonolo Sekudu

WHAT IS MENTAL ILLNESS?

20 The World Health Organisation defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or illness.

Mental illness and disorder can be understood 25 as an illness that adversely affects emotions, cognition, behaviour or speech and results in deterioration in the level of functioning at work, in your personal life, family roles and responsibilities.

Dr Linessa says, "Countless people are living in 30 stressful conditions and it comes as no surprise that mental disorders have become common. The consequences of untreated mental disorders may be severe, potentially life-threatening and adversely affect multiple domains of life."

35 There are multiple causes of mental illness and no one reason can be pointed out as a single cause.

"Mental illness is similar as a combination of genetic predisposition (or family history), early life trauma and adversity, stressors, medical 40 illnesses and substances, among other factors. They all influence each other and the likelihood of developing mental illness," says Dr Linessa.

SIGNS AND SYMPTOMS

■ Persistent changes to your mood
45 ■ Feeling that you are not coping with your day-to-day activities
■ Having unusual experiences such as seeing or hearing things
■ Having trouble with your memory
50 ■ Having thoughts of harming yourself
■ Having difficulty with substance abuse.

MOST COMMON MENTAL HEALTH ISSUES

According to the health and medical news website WebMD, these are some of the most common 55 mental health issues:

■ **Anxiety disorders:** People with anxiety disorders respond to certain objects or situations with fear and dread, as well as physical signs of anxiety or panic, such as a rapid heartbeat and sweating.
60 ■ **Mood disorders:** These disorders involve persistent feelings of sadness or periods of

5 YOU have probably gone through an emotional time in your life that has negatively affected you and left you in a state of shambles.

But instead of asking for help to cope better with your situation, you were afraid of 10 seeking help because of what people might think or say.

Health experts say the stigma of mental illness is rife and that's the reason people tend to be in denial or don't want to confront the emotions they 15 might be going through. Psychiatrist, Dr Linessa Moodley, and clinical psychologist, Nompumelelo Kubheka, share expert advice that discredits the stigma and myths on mental illness.

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There is a lot of stigma attached to having a mental illness, which
150 prevent some people from getting the help they need

feeling overly happy or fluctuations from extreme happiness to extreme sadness.

■ **Psychotic disorders:** These involve distorted
65 awareness and thinking. One of the most common symptoms of psychotic disorders is hallucinations.

■ **Eating disorders:** These involve extreme emotions, attitudes and behaviours involving weight and food.

70 ■ **Impulse control and addiction disorders:** People with impulse control disorders are unable to resist urges or impulses to perform acts that could be harmful to themselves or others.

■ **Personality disorders:** People with personality
75 disorders have extreme and inflexible personality traits that are distressing to the person and or cause problems at work, school or relationships. ·

■ **Obsessive-compulsive disorder (OCD):** People with OCD have constant thoughts or fears that
80 cause them to perform certain rituals or routines.

■ **Post-traumatic stress disorder (PTSD):** PTSD is a condition that can develop following a traumatic and or terrifying event, such as sexual or physical assault or the unexpected death of a loved one.

85 DEALING WITH STIGMA

Stigma may be the reason you are suffering in silence when you have a mental illness.

"Many people feel that seeing a psychiatrist means that something is very wrong and that a
90 referral is an admission of severe illness. Few people see the role of psychiatrists as someone who helps ordinary people deal with extraordinary situations. This unfortunately means that many people who need psychiatric help don't receive it
95 and are left to struggle on their own unnecessarily,"

says Dr Linessa. Nompumelelo says the lack of knowledge on mental illness derails the treatment process and leads to people suffering in
100 silence.

"There is a lot of poor judgement, insight and ignorance when it comes to mental illness, especially among black people. Some call it the white
105 people's illness and in black cultures, a man is expected to be strong and not show emotion. This is not right."

Nompumelelo adds that people may be quick to blame witchcraft
110 when someone has a mental illness.

"For instance, someone who is from a rural area may be quick to use bewitchment as a point of reference when someone has a mental illness
115 because of the general perception that exists in rural areas," she says.

"Mentally ill patients are called crazy, mad and dangerous and this doesn't encourage them to get treated because some of them don't want to be
120 seen as different and abnormal."

GETTING TREATMENT

Nompumelelo says it may be difficult for people to get treatment because mental illness is not physical like a wound.
125 "A wound is easily treatable as it can be seen. It can also be hard for someone who is mentally ill to seek help and explain how they feel. They might prefer medication and refuse to talk about their problems."
130 She adds that there are different types of mental illnesses, some are chronic while others are brief.

There are also different types of mental illnesses and treatment so it is always important to consult a medical practitioner to get the correct diagnosis
135 and treatment.

Dr Linessa says, "If you are worried about someone you love or care for, start by talking to them and asking how you could be of help to them. More harm may be done by avoiding the situation
140 than by simply talking about the symptoms. Encourage them to see a professional."

USEFUL CONTACTS

■ South African Depression and Anxiety Group (SADAG) 011 234 4837
145 ■ Akeso Behavioural Healthcare Group Psychiatric Intervention Unit 0861 435 787
■ Adcock Ingram Depression and Anxiety Helpline 0800 70 80 90 ❀

PICTURES: DREAMSTIME

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Appendix T-1: High Rate of Child Suicide

Move! | ISSUE

High rate
OF CHILD SUICIDE

Kids see killing themselves as a way out of challenges

By Bonolo Sekudu

5 THE rate at which children are taking their own lives is increasing. This fact shocked many after recent cases were on e.tv's current affairs show, *CheckPoint*. The rate of children, between the ages of 10 and 14 who are committing suicide, has doubled in 10 the past 15 years.

Child suicide is something that has been happening and needs to be tackled, says Shaeda Omar, director at the Teddy Bear Clinic.

MORE KIDS KILL THEMSELVES

15 A few weeks ago, a nine-year-old boy was found hanging from a swing at a Mpumalanga school with a tunic belt around his neck. The boy's mother could not believe what had happened saying her son was a happy child.

20 Shaeda says, "Although suicide in children is rare, it is not something new or unique. It has been happening."

Children between the ages of 10 and 14 are the ones who are high risk.

25 "It is unthinkable that a nine-year-old would want to commit suicide but for that child to consider killing themselves, it means they must have been feeling trapped and helpless," she says.

RESORTING TO SUICIDE

30 Child psychologist, Dr Abbey Mdluli adds, "These children take suicide as a way out of challenges. They see it as a solution to situations they are going through."

35 Dr Mdluli also revealed something shocking. "The young boy's death is nothing shocking in this area. In the past five years, I have attended more than 60 funerals and not in the whole of Mpumalanga but for a district."

Some of the reasons why a child might commit

40 suicide include bullying, pressure from home, feelings of rejection, fear of disappointing parents or friends, divorce or domestic violence.

Shaeda says, "Children like blaming themselves when they are in situations that make them feel 45 emotionally despondent and because they can't explain how they are feeling at depth, they often think that suicide is the best option."

PARENTAL INTERVENTION

To curb the high rates of suicide in children, Shaeda 50 says parents need to play a more active role in their children's lives and create an environment in their homes where children feel free to talk about their problems.

She says, "As a parent, you should not only be 55 worried about the physical health of your child but you should also consider their emotional health."

PICTURES: DREAMSTIME / FACEBOOK

There is a high rate of child suicide. 60 What do you think is the reason for this?

LEBOGANG SAULA
65 Emotional abuse is one of the causes. Harsh words can really destroy a child's soul and 70 lead to them being demoralised.

MATSAPELO MAHLABA
Some of these 75 kids are spoilt and when they don't get what they want, they kill themselves.

80 NABELA NORBERT
Some of these children are forced to be breadwinners in their families, 85 which leads to stress and depression.

Appendix T-2: SPOTLIGHT: Parents Beware Child Suicide is on the Rise

Appendix U: Inheritance of a Mentally Ill Beneficiary

Move! | AUSI NTHABI
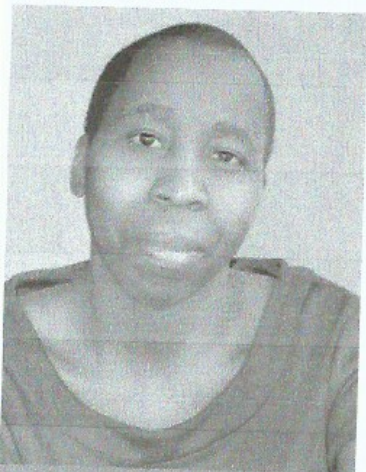
Nthabiseng Monareng holds an LLB from Wits University and is studying for her LLM. Nthabi has more than 10 years experience in the legal field, specialising as a family law expert. She's written books on family law and is a family law mediator.

'I WAS FIRED FOR LYING AT A JOB INTERVIEW'

Q I LIED AT JOB INTERVIEW
I went to a job interview where I lied and said that I have a masters degree and I was offered the position. I only obtained my masters degree two months after I was hired.
My boss dismissed me for gross dishonesty but I want to challenge the dismissal. Do you think I stand a good chance?
ANONYMOUS, PRETORIA

A An employer has a right to charge an employee for gross dishonesty if an employee has misrepresented themselves during the job interview. However, depending on the facts, there is a possibility that a commissioner at Commission for Conciliation, Mediation and Arbitration (CCMA) may reverse the dismissal as it may have been a harsh punishment.
The commissioner will consider whether the masters qualification is important for your position and whether obtaining the qualification, two months after you were employed, affected your performance at work.

Q WHAT IS A DEFAULT NOTICE?
What is a section 129 notice in terms of the National Credit Act?
ANONYMOUS, DURBAN

A A section 129 notice is a letter that is sent to a person who is defaulting on their credit agreement. This letter must be sent by a credit provider to the defaulter before a summons is instituted.
The purpose of this notice letter is to advise the consumer that he or she may refer the credit agreement to a debt counsellor for the purpose of having a payment arrangement negotiated on their behalf.

Q TERMINATION OF A MARRIAGE
What is the difference between a divorce and annulment of a marriage?
ANONYMOUS, ERMELO

A A divorce refers to the legal termination of a marriage and what each spouse gets depends on the terms of their marriage contract. Annulment refers to the legal termination of a marriage. But unlike divorce, an annulment is when a marriage is declared as null and void, as if there was never a marriage at all.
The effect of this is that the parties will not receive any benefits after the termination, as the marriage contract has never existed.
A marriage is annulled when the person who officiated the marriage was not a marriage officer, or the marriage was celebrated without witnesses or that a spouse got married while he or she was already married to someone else.

Q INHERITANCE OF A MENTALLY ILL BENEFICIARY
What happens if a beneficiary nominated for inheritance is mentally ill. Who is supposed to manage their inheritance?
ANONYMOUS, POLOKWANE

A A person who is mentally ill has the right to receive their inheritance. However, a curator can be appointed and the appointment must be confirmed by a court.
The role of the curator is to administer the inheritance of the mentally ill beneficiary and the inheritance will be managed as if the mentally ill person is a minor child.
If there is no court order approving the appointment of the curator, the mentally ill beneficiary will have the right to manage their own inheritance.

DO YOU HAVE A LEGAL PROBLEM BUT CAN'T AFFORD A LAWYER? AUSI NTHABI CAN HELP YOU
Write a letter to *Move!*, PO Box 784072, Sandton 2146.
If you have email, send your questions to move@media24.com, or SMS your question to Ausi Nthabi on 34687*. *Each SMS costs R1.50.
You do not have to use your real name. ❀

PICTURE: MOVE! ARCHIVE

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Appendix V: I Thought my Mom Bewitched Me

'I thought my mom BEWITCHED ME'

A Move! reader with a mental illness thought that her mother had bewitched her

By Nomuzi Tshabalala*

Stories from the heart

I ALWAYS thought mental illness affected only white people and never thought that it would happen to me. My life started to change in September last year. One minute I was fine and the next, I was a maniac.

I would post all kinds of embarrassing things on social media and do things that did not make sense. The worst thing is that, I also thought my mother was bewitching me.

IT'S ALL A BLUR

I don't remember much from that time, I only have flashbacks. People often remind me of the things I used to do.

I was told that I almost burned my mother's house three times. My mother believed that I was bewitched and sent me to traditional healers and pastors to help me.

The first time I went to hospital I was told that I had depression and I was sent to a mental clinic for treatment but this didn't help. A few months later, I was told that I was bipolar.
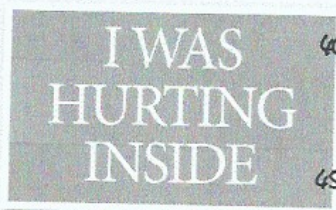
I WAS A JOKE

Everyone had an opinion about what my mother should do. I never realised how much chaos I caused and in my mind, I believed that my mother was the one bewitching me because she took me to traditional healers. At some point, I moved in with my boyfriend even though I don't believe in *vat n sit*. Sometimes he would joke about me being crazy and it hurt. People gossiped about me and my friends also laughed about the things I wrote on Facebook. I pretended I didn't care, but I was hurting inside.

I WAS HURTING INSIDE

IT CAN HAPPEN TO ANYONE

Society makes people with mental illness feel unwelcomed. I had hoped that my family would treat me better, but they are the ones who ran away first when the going got tough. Suffering from depresion and bipolar is hell and people expect me to snap out of it, including my mother. What they don't realise is that, anyone can suffer from a mental illness.

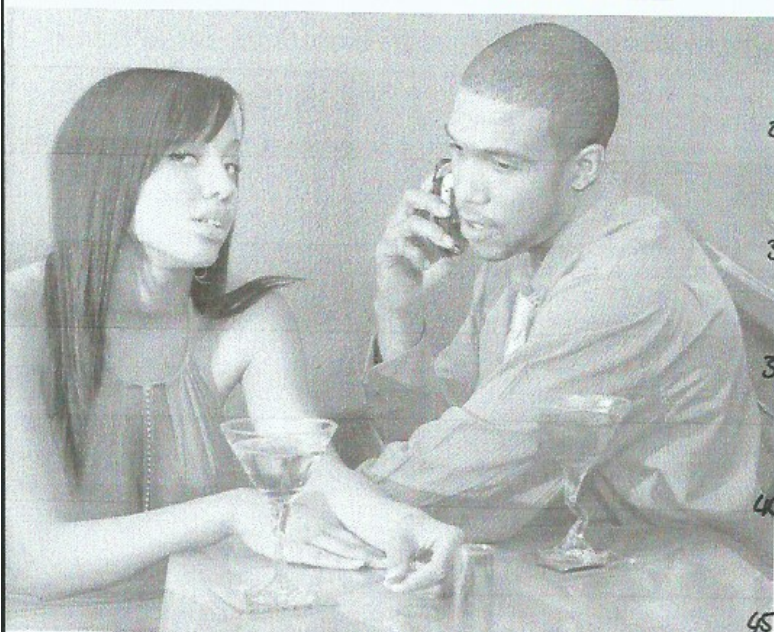* Not her real name

PICTURES: SUPPLIED

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Appendix W: How to Spot a Pathological Liar

Move! | YOUR LIFE

How to spot a
PATHOLOGICAL LIAR

Compulsive liars believe their own lies and could possibly be
suffering from some type of mental disorder

By Bonolo Sekudu

5 THERE are some people who are such compulsive or habitual liars that they even believe their own lies. An encounter with a pathological liar can be the most frustrating experience because of their 10 inability to comprehend the concept of telling the truth. This behaviour is one that is complex. Personal development and life coach, Thembi Hama, and clinical psychologist, Nompumelelo Prudence Kubeka, share their expert advice on 15 how to deal with pathological liars.

WHAT IS A PATHOLOGICAL LIAR?
Thembi says a pathological liar is a habitual or compulsive liar who is totally incapable of saying anything without lying.
20 "They have been lying over a long period of time and it has somewhat become rooted in who they are and what they do. They will lie even when it is not necessary," 25 explains Thembi.

Nompumelelo explains that pathological lying can be a symptom of disorders such as personality disorder, being 30 anti-social and egotistical, just to name a few.

"Pathological liars may have characteristics of other disorders. Compulsive lying 35 can be a common symptom and it can be a variety of other disorders," she adds.

TRAITS OF PATHOLOGICAL LIARS
40 ■ They overcompensate by explaining too much or maintaining too much eye contact or appearing to be helpful.
45 ■ They tell different versions of the same story.
■ They are manipulators.
■ They may believe they are cleverer or more superior to everyone else.
50 ■ In their stories, they are never the perpetrators, they are always the victim.

Nompumelelo says, "The traits of a pathological liar can vary and this is dependent on the type of mental illness they have. In psychological terms, 55 this may involve lying about being sick, pretending to be someone else, controlling, deceiving or defrauding others."

IS IT GENETIC OR LEARNED BEHAVIOUR?
According to Nompumelelo, there seems to be no 60 definite answer to this question as psychologically, this varies. She says, "This can vary from the environment that an individual has grown up in and

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a specific attachment that he or she had to their parents. It can also be
65 to fit in the environment, for power and control reasons and to get out of trouble and traumatic experiences like abuse."

From a social perspective, Thembi
70 says, "It is a learned behaviour. It could result from denial when someone has a traumatic situation they have not dealt with and switch to a fantasy world where only what
75 they want to happen happens. Even if it's imaginary, they will convince themselves and others that it is the truth. Pathological lying also results from low self-esteem where
80 someone does not see their worth and believes everyone else does not value them, so they will make up lies to cover up the reality they do not want to face or think they cannot fix."

85 **WHY THEY LIE**

According to Thembi, the reasons why pathological liars lie vary and depend on how long they have been doing so. She says some are aware and just can't help it because it's all they
90 know.

"Some have lied so much that their moral fabric has been tattered over time and does not exist anymore. They now lack the ability to self-assess and self-regulate. We eventually become what we
95 tell ourselves hence some have become completely out of touch with reality or the truth," she adds.

Nompulelo however, says the psychology of lying can be a complicated concept because people lie for different reasons.
100 "What induces a person to not tell the truth explains the causes for their behaviour. While some people lie in an attempt to avoid punishment or to avoid hurting someone else's
105 feelings, others lie out of impulse or because they want to present themselves as someone they are not," says Nompulelo, adding
110 that people lie to protect themselves.

Lying in some instances is used as a defense mechanism in deciding what to lie about and how to lie.
115 "Lying can hide or alleviate conflicts or stress that gives rise to anxiety. Sometimes people are denying the truth from coming to their conscious

mind or sometimes they are creating justifications for their undesirable or unacceptable behaviour by
120 making use of untruthful statements," she adds.

HAVING A PATHOLOGICAL LIAR IN YOUR LIFE
Having a pathological liar in your life is risky and dangerous because their behaviour causes them to lie their way through life for reasons known or
125 sometimes even unknown to them.

"You don't immediately see that someone is lying to you or misrepresenting the facts. It takes a long period of time for you to put the facts together and actually see that you've been lied to all along. And
130 even you may not believe it because the person is perhaps close to you, a lover, family member or colleague," says Thembi.

She adds that pathological liars are very good at playing
135 mind games and will always have answers to your questions.

"You can easily become manipulated into doing things you would not normally do."

140 **WHAT TO DO**
Once you spot a pathological liar, the best thing to do is to share less of yourself with them or cut ties with them. If it's impossible to avoid them, stop relying
145 on them for information and always double check the accuracy of what they say. ✻

> ## LIARS ARE VERY GOOD AT
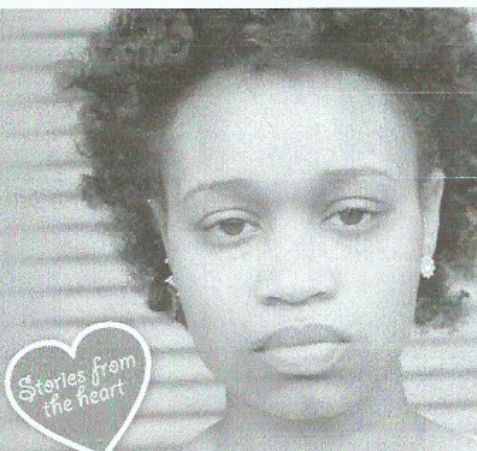> 150 PLAYING MIND GAMES

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Appendix X: My Mother Called Us Evil

Move! | READERS' CORNER

'My mother CALLED US EVIL'

A *Move!* reader shares how her mother's depression affected the family

By Thembile Mdluli*

Stories from the heart

MY mother has always wanted to get married, have her own house and the finer things in life. We are six children all from different fathers and my mother always introduces every man she dates to us and the rest of the family.

SHE CHANGED

Last year, we were introduced to three men within nine months, and they had all promised to marry her. The last man she was with was from Swaziland and she travelled there for a few weeks to visit his parents.

But a month after returning, she was a different person. She burned all her clothes, was praying day and night and even stopped my siblings from going to school. She sometimes called us evil people, which was painful and caused my siblings and I stress. A few weeks later she started seeing things, screaming, shouting and crying now and then.

THE DIAGNOSIS

We realised that she was not herself and took her to hospital. But the doctors said there was nothing wrong with her and referred her to a psychologist. This is when we found out that she is suffering from depression. She was given some medication to help her with her condition.

However, she refused to take her medication most of the time and we had to force her. It was a tough and long journey and a struggle for everyone in the family, but we did not give up on her and she survived her depression. Today she is a healthy mother and I'm happy we didn't give up on her.

* Not her real name

> SHE STARTED SEEING THINGS, SCREAMING AND SHOUTING

PICTURE: SUPPLIED

Appendix Y: Living Positively with Schizophrenia

'Living positively with
SCHIZOPHRENIA

Bantu Zotwana has turned the dark times in his life
into a positive light for those living with the disoder

By Boitumelo Matshaba

Bantu Zotwana was disgnosed with schizophrenia at the age of 17 and has written a book to teach others about the disorder

BANTU Zotwana (38) grew up a happy child with his parents, three sisters and two brothers in Cape Town. As a child, he was involved in sports activities such as soccer and athletics and was also a proud youth member at his church, something he enjoyed.

EXPERIMENTING WITH DRUGS

But things changed when Bantu was in high school and he started experiencing peer pressure. Like most teenagers, he wanted to fit in with certain learners, be popular and have many friends, so he started smoking dagga at the age of 14.

"My father was suspicious that I might be involved in drugs," says Bantu. One day when Bantu was walking to school, his principal caught him smoking outside the school premises and called his parents to alert them of the situation.

"My parents were disappointed, but brushed it off because I denied the whole thing," he says. Bantu secretly continued smoking and his grades started dropping and was no longer interested in the sports he previously enjoyed.

DIAGNOSED WITH SCHIZOPHRENIA

While in high school, Bantu started hallucinating, getting paranoid and became very anti-social.

"I didn't understand what was happening to me and I was terrified. It was then that my father took me to his friend who was a psychologist to assess me. The psychologist told my parents that I had schizophrenia. My dad's friend also suggested we go to a hospital for further assessments and doctors there also confirmed I had schizophrenia. I never touched dagga after I was diagnosed with schizophrenia," he says.

According to The South African Depression and Anxiety Group (SADAG), schizophrenia is not a split personality or multiple personalities, but a debilitating mental illness characterised by hallucinations, delusions and confused speech or behaviour. Schizophrenia is not known to be a violent illness.

COMING TO TERMS WITH HIS ILLNESS

Bantu didn't complete matric on time because of his mental illness.

"I remember having an episode while I was writing my exams. I was so confused, embarrassed and it felt like I was in a different world. I was sweating, lost my memory, spoke to myself and eventually walked out of the exam room, completely shocking my teachers and fellow learners. It was hard returning to school

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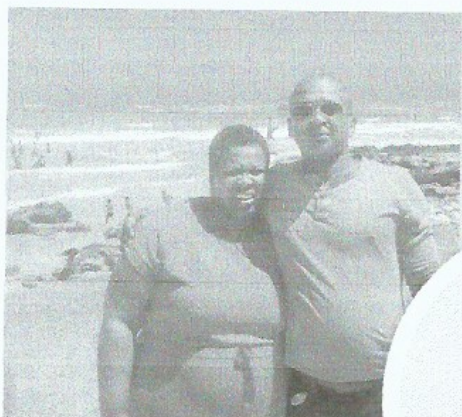
Bantu Zotwana's family has been supportive and understanding of his disorder. LEFT: Bantu and Sibongiseni Tiso. RIGHT: Lwazi and Lwando INSET: Noxolo

55 knowing that everyone would be talking about the incident."

From that day, Bantu was booked into several rehab centres.

"While I was there, I would always 60 lose my senses, speak to myself and say things that didn't make sense. It was a very dark time in my life and I didn't understand why it was happening to me. I have always been committed to the treatment because I wanted to go 65 back to the person I used to be. I was tired of living like a prisoner in my own body," he says.

He was put on medication and started feeling better and more of who he used to be. He also needed to visit a psychologist every three months, 70 something he still does to this day.

"The disorder is completely manageable. I have been taking my medication for years as instructed and have not had an episode. I live a normal life like everyone else," says Bantu.

75 **PICKING UP THE PIECES**

Bantu took it upon himself to learn as much as possible about schizophrenia and did some research on the disorder.

He reads books and also speaks to his doctor and 80 psychologist about the disorder.

After getting treatment, he got his life together by going back to school and completing matric.

"It took a bit of time, but I finally completed my matric at the age of 21. While studying, I would 85 get part time jobs here and there to take care of myself and to get some work experience in the process. After I passed matric I completed a certificate in sound engineering and furthered my studies by completing a National Diploma in Sound 90 Engineering," he says.

"Even though I have worked so hard to pick myself up and get educated, I am unable to get a permanent job because I have schizophrenia. I would like to be

permanently employed so I can 95 take care of my family."

SHARING HIS STORY

Upon realising how many people do not understand schizophrenia, he wrote a book 100 titled, *Schizophrenia – There is a Way*, in 2011, which was published in 2015.

"I used to use the train when I worked part-time and I saw how people with mental illnesses were treated differently or overlooked. 105 I wrote the book to teach people about mental illness, specifically schizophrenia and how to treat people living with such disorders," he says.

Bantu wanted his book to make a difference and change people's lives. He also wanted it to be used 110 as a reference for medical students or experts.

The book, which was self-published, is registered with the National Library of South Africa. It is sadly not available in book stores, but you can contact Bantu on his Facebook page for a copy.

115 **FAMILY AND SUPPORT**

Bantu says his family, friends and community have been truly supportive in his time of need and he is grateful for their support.

He has three children Lwazi (15), Lwando (13) and 120 Noxolo (10) and is engaged to be married to the mother of his children, Sibongiseni Tiso.

"I've spoken to my children, especially my sons, about my story, taught them about schizophrenia and warned them about the dangers of doing 125 drugs," he says.

He advises those living with any mental illness to take their medication and see a psychologist regularly.

"If you have just overcome an addiction, get a 130 hobby to keep yourself busy because when you are bored you are likely to relapse and go back to your old ways. Also read up on your disorder and do as much research as possible. Do not be scared to ask your doctor or psychologist as many questions as 135 possible about your disorder," he says. ✤

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Appendix Z: Key Terms to Search

Abnormal
Abuse*
Adapt*
Addict*
ADHD/ADD
Adult attention defecit
Alone
Anger/angry
Anorexic/anorexia
Anxi*
Autonomy/autonomous
Bipolar
Black Dog
Blame
Blues
Breakdown
Bright Side
Bulimic/Bulimia
Compulsive
Confident/confidence
Confuse*/confusion/confusing
Content
Control
Cope*/coping
Counsell*
Cry*/Cried
Cut*
Delusion*/deluded
Depression/depressed/depressing/depresses
Despair
Determined/determination
Diagnostic and Statistical Manual
Disorder
Dispirit*
Dissociative/disassociate/dissociation/disassociation
DSM
Efficacy
Emotion*
Feel*
Fulfilment
Hallucination*
Happy/Happiness/happiest

Hardy/hardiness
Health
Helpless*
Hoard*
Hopeless
Humour
Hurt
Hyperactivity
Hysteria/hysterical
Illness
Impulse
Insecure/insecurity/insecurities
Institute/institution
Interpersonal skills
Kill
Lonely/lonesome/loneliness
Lunatic/Loony
Mad*
Manic/mania
Medicate/Medicine/Medication
Meditate/meditation
Mental
Midlife crisis
Mind*
Mood*
Motivate*/motivation
Narcissist*
Negative/negativity
Nightmare*
Numb
Obsess*
OCD
Optimism/optimistic
Pain
Panic
Paranoid/paranoia
Perfectionist
Persevere/perseverance
Personality/Personalities
Pessimism/pessimistic
Phobia*
Pill*
Positive/positivity
Post-traumatic stress disorder
PPD *[post-partum <u>depression</u>]*

Psych*
PTSD
Quality of life
Rehab*
Relax*
Resilience/Resilient
Sad
Sane/sanity
Satisfied/satisfaction
Scars
Schizo*
Self-acceptance
Self-actualisation
Self-assured/self-assurance
Self-confidence
Self-control
Self-esteem
Self-harm/self-injury/self-mutilation
Self-hate
Sexual Dysfunction
Sociopath
Spiritual*
Stress*
Suffer*
Suicide/suicidal
Therapy
Trauma
Unhappier/Unhappiest
Unworthy/unworthiness
Vitality
Well-being
Wellness
Withdrawal
Worry/worries/worried
Worthless

Appendix AA: Notable Attributes of *You*'s Primary Focus Articles

Magazine	Alphabetical Number	Publication Date (2017)	Article Title	Front Cover Mention	Magazine Section	Page Number of Article	Total Number of Pages in Magazine	Total Number of Pages of Article	Main Psychiatric Disorder(s)/Topic(s)	Other Psychiatric Disorder(s)/Topic(s) Named	Themes Present						
											Dangerousness (To Self or Others)	Professional Treatment (Medical/Psychiatric/Psychological)	Adverse Affect on Friends/Relatives/Colleagues	Taboo	Unfair Treatment of the Mentally Ill	Race	African Mysticism
You	A	19-Oct	I'm Married to a Monster	0	Lifestyle (Ask Dr. Louise)	46	108	<1	Paedophilia	None	1	1	1	0	0	0	0
You	B	02-Nov	A Student's Struggle	0	Say	10	116	<1	Suicide	Depression	0	0	0	0	0	0	0
You	C	02-Nov	How Do I Regain My Confidence?	0	Lifestyle (Ask Dr. Louise)	50	116	<1	Depression	None	0	1	0	0	0	0	0
You	D	09-Nov	When You Just Can't Focus	0	Lifestyle/Advice	46-48	116	3	ADHD	Depression, Anxiety	0	1	1	0	0	0	1
You	E	09-Nov	I'd Rather Die Than Carry On Like This	0	Lifestyle (Ask Dr. Louise)	50	116	<1	Suicide	None	1	0	0	1	0	0	0
You	F	16-Nov	I Miss the Person I Used to Be	0	Lifestyle (Ask Dr. Louise)	44	108	<1	Depression	None	1	1	0	0	0	0	0
You	G	07-Dec	I Don't Have a Clue Why I Feel Anxious	0	Lifestyle (Ask Dr. Louise)	48	116	<1	Anxiety	None	0	1	0	0	0	0	0
You	H	14-Dec	Depression and Life Policies	0	Lifestyle (Your Money Sorted)	49	108	1	Depression	Anxiety, Suicide	1	1	0	0	1	0	0
You	I	28-Dec	What Causes OCD?	0	Lifestyle (Ask Dr. Louise)	46	108	<1	OCD	Anxiety	0	1	0	0	0	0	0

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Appendix AB: Notable Attributes of *Drum*'s Primary Focus Articles

Magazine	Alphabetical Number	Publication Date (2017)	Article Title	Front Cover Mention	Magazine Section	Page Number of Article	Total Number of Pages in Magazine	Total Number of Pages of Article	Main Psychiatric Disorder(s)/Topic(s)	Other Psychiatric Disorder(s)/Topic(s) Named	Themes Present: Dangerousness (To Self or Others)	Professional Treatment (Medical/Psychiatric/Psychological)	Adverse Affect on Friends/Relatives/Colleagues	Taboo	Unfair Treatment of the Mentally Ill	Race	African Mysticism
Drum	J	05-Oct	Speak Up	0	Ed's Note (Opinion)	10	92	<1	Suicide	None	1	0	0	1	0	0	0
Drum	K	05-Oct	Emotional Blackmail	0	Lifestyle (Advice)	50	92	<1	Suicide	None	1	1	1	0	0	0	0
Drum	L	12-Oct	Time to Heal	0	Ed's Note (Opinion)	5	92	<1	Mental Illness as a Whole	None	0	0	0	0	0	0	1
Drum	M	26-Oct	Learn to Speak Up	0	Ed's Note (Opinion)	4	108	<1	Selective Mutism	Anxiety	0	0	0	0	0	0	0
Drum	N	02-Nov	Don't Expect Too Much	0	Ed's Note (Opinion)	8	100	<1	Suicide	Depression	1	0	0	0	0	0	0
Drum	O	14-Dec	They Have Mental Issues	0	Lifestyle (Advice)	47	92	<1	Mental Illness as a Whole	Depression	0	1	1	0	0	1	0
Drum	P	14-Dec	Excluding Depression	0	Lifestyle (Money)	48	92	1	Depression	Anxiety; Suicide	1	1	0	0	1	0	0

Appendix AC: Notable Attributes of *Move!*'s Primary Focus Articles

Magazine	Alphabetical Number	Publication Date (2017)	Article Title	Front Cover Mention	Magazine Section	Page Number of Article	Total Number of Pages in Magazine	Total Number of Pages of Article	Main Psychiatric Disorder(s)/Topic(s)	Other Psychiatric Disorders/Topic(s) Named	Themes Present — Dangerousness (To Self or Others)	Professional Treatment (Medical/Psychiatric/ Psychological)	Adverse Affect on Friends/Relatives/Colleagues	Taboo	Unfair Treatment of the Mentally Ill	Race	African Mysticism
Move!	Q	11-Oct	Male Suicide on the Rise	1	Issue	5	72	1	Suicide	Depression	1	1	0	0	0	1	0
Move!	R	18-Oct	Nomzamo's Darkest Hour	0	Celeb Watch	10	72	1	Suicide & Depression	None	1	0	1	0	0	0	0
Move!	S	08-Nov	Mental Illness is Nothing to be Ashamed Of	0	Your Health	50-51	72	2	Mental Illness as a Whole	Anxiety Disorders, Mood Disorders, Psychotic Disorders, Impulse Control and Addiction Disorders, Personality Disorders, OCD, Post Traumatic Stress Disorder (PTSD)	0	1	0	0	0	1	0
Move!	T	15-Nov	High Rate of Child Suicide	1	Issue	5	72	1	Suicide	Depression	1	0	0	1	0	0	0
Move!	U	15-Nov	Inheritance of a Mentally Ill Beneficiary	0	Ausi Nthabi	48	72	<1	Mental Illness as a Whole	None	0	0	0	0	1	0	0
Move!	V	15-Nov	I Thought My Mom Bewitched Me	0	Readers' Corner	70	72	1	Bipolar Disorder	Depression	1	1	0	0	0	1	1
Move!	W	29-Nov	How to Spot a Pathological Liar	0	Your Life	50-51	72	2	Pathological Lying	Anxiety, Personality Disorder	1	1	0	0	0	0	0
Move!	X	29-Nov	My Mother Called Us Evil	0	Readers' Corner	70	72	1	Depression	None	1	1	0	0	0	0	0
Move!	Y	20-Dec	Living Positively with Schizophrenia	0	True Life	22-23	72	2	Schizophrenia	Split Personality/Multiple Personalities	1	1	0	0	1	0	0