

**Media Images of Mental
Illness and Psychiatric Care
in Connection with Violent
Crimes: a study of Dagens
Nyheter, Aftonbladet and
Rapport.**

Joel Rasmussen
Birgitta Höijer

Örebro University
Swedish Association for Social
and Mental Health (RSMH)
EU – European Social Fund
Swedish Inheritance Fund

 ÖREBRO UNIVERSITET


RIKSFÖRBUNDET FÖR SOCIAL OCH MENTAL HÄLSA



Foreword

Mental illness comes up fairly often in the news media, and not infrequently it is treated in a balanced and sensitive manner. As a result, many now dare come forward and describe what it's like to live with a mental disability. Gone are the days of hidden faces and backs turned to the camera.

At the same time as the mentally ill are appearing in the media in a whole new way, another tendency is leading in a different direction. Because of media's increasing coverage of violent crimes committed by the severely mentally ill, and the disproportionate amount of space they receive, the public associates mental illness with violence.

When a few mentally ill individuals are identified in this way the entire group comes to be blamed, and many are now hesitant to appear in the media.

This is one of the reasons why the Swedish National Association for Social and Mental Health (RSMH) has initiated a media campaign and commissioned this study. Our hope is that the results and analyses presented here by Örebro University will lead to discussion and debate.

Jan-Olof Forsén
Association Chairperson

Contents

Foreword	2
Introduction	3
A Growing Area of Research	3
Mentally Ill and Dangerous?	4
Theoretical Premises and Methodology.....	4
The Material.....	5
Results	6
The Individualized Cause: Mental Illness	6
The Institutional Cause: Mental Health Care and Policy	9
The Predominance of Psychiatric Expertise	11
Oppositional Images	12
Comparison	13
Conclusions	15
Literature	17

ISBN 91-85055-09-3

© Swedish Association of Social and Mental Health (RSMH), Örebro University, Swedish Disability Federation and the Umbrella Project. The report is available in pdf form at www.rsmh.se and www.praplyprojektet.se.

Introduction

Media interest in violent crime is as old as news reporting itself. Violence challenges norms, and raises questions of what is right and wrong, normal and deviant. It pushes the relationship between the individual and society to the limit (Pollack, 2004). Dramatic and sensationalistic stories have always attracted the public and awakened its curiosity. Sometimes one mentally ill individual becomes the centre of attention, and for the very heterogeneous group of people with mental problems their relationship to their surroundings comes starkly to the forefront of attention.

When it comes to acts of violence, both the media and the public are interested in trying to understand what caused the incident, why it happened. The media are always quick to turn to speculation. In this connection the period following the murder of Foreign Minister Anna Lindh is of interest. Her killing received massive coverage, and shortly thereafter a further violent episode took place – the murder of a little girl in Arvika. Mental illness and the mental health care system were central themes in the media, and it is therefore especially important to study these media images.

This report presents a study of Dagens Nyheter, Aftonbladet and SVT Rapport – a broadsheet newspaper, an evening tabloid and a state-television news program respectively – all with large circulations and audiences. The period covered by the study extends from 10 September 2003 to 10 October of the same year. The purpose of the study is to investigate media images and representations of mental illness and mental health care in connection with reported violent incidents. This requires looking at how causal relations are constructed, the sorts of solutions that are demanded and by whom, and the prevalence of various perspectives.

A Growing Area of Research

In a survey of the field, Signorelli (1993) points out that the media have shown an ever-growing interest in mental illness related crime since the 1880s. Since the beginning of the 20th century such coverage has increased alongside a growing general interest in mental illness, psychology and psychiatry. Even if the media have emphasized suddenness and dangerousness, many professionals within psychiatry have maintained the opposite. According to Signorelli the media images have closely resembled negative cultural stereotypes about mental illness that have long existed in society.

Seale (2002) opens his summary of the research by

asserting that the frightening traits we associate with a “homicidal maniac” often end up characterizing mental illness in the media. When Greg Philo and the Glasgow Media Group (1999) studied television news, newspaper reporting and fiction during one month in the early 1990s, it turned out that “violence against others” was indeed the most common category. Furthermore, material relating mental illness to violence was prioritized as major news and headline material. Sympathetic portrayals of mental illness were notably fewer in number, and received a more modest treatment. Nairn et al. (2001) conclude from a comparison of news items and their sources that news stories are generally constructed to be more negative than their sources. The same tendency applies to statements by psychiatrists in the news (Nairn, 1999).

Others have primarily focused on fiction (Wahl, 1995; Wilson et al., 2003; Anderson, 2003). In films and television programs, in thrillers and detective novels, mental illness is often portrayed as something alien and dangerous, or as comical. Through an emphasis on deviant behaviours, persons suffering from mental illness can, according to Wilson et al. (2003) be viewed as a threat to society and its norms. According to Anderson (2003) fiction has a crossover effect in its role as a joint creator of a culture where news stories are formulated and understood.

Audience or reception studies have also shown unpredictability and dangerousness to be perceived as typical of persons suffering from mental illness. Several researchers claim that such attitudes are fed by selective media reporting, which to a large extent pays attention to bizarre and atypical cases where the offender's mental illness is highlighted. It has also been observed that attitudes towards people with serious mental problems worsen after these sorts of assaults, and that these attitudes can be persistent (Steadman & Cocozza, 1977; Angermeyer & Matschinger, 1996; Philo, 1999).

Faced by the media and the public's negative special treatment, the user of services experiences what Goffman (1968) calls stigmatization. Philo (1999) studies the stigmatization of about thirty interviewed service users. After the murder of Anna Lindh, service users also expressed a heightened sense of exposure and stigmatization (Höijer & Rasmussen, 2005). The interest in media and stigmatization also reveals itself in that certain psychiatric journals have devoted issues to the theme, such as *Journal of Mental Health* and *The Canadian Journal of Psychiatry*. Here attention is called to the difficulty of facing both one's own mental problems and negative attitudes in society (Penn & Wykes, 2003) as well as how prejudice and discrimination of persons suffering from mental illness can affect them so strongly that their illnesses/symptoms

become chronic, as they fasten in the damaging grip of negative attitudes (Arboleda-Flórez, 2003).

There is also an interest in the direction of health and social policy in the wake of these sorts of violent incidents. Above all in Great Britain, which has reformed its mental health care system, as has Sweden and the rest of Europe, the responsiveness of politicians to public opinion after unexpected, apparently inexplicable violent crimes is described. A concrete result of the incidents was, among other things, a renewal of the process of mental health reform in Great Britain. An increased professional preoccupation with risk and dangerousness can also be observed in this connection (Philo & Secker, 2002; Hallam, 2002).

It is evident that negative media coverage, with its consequences in the form of tougher health and social policies, is a pressing issue for many professionals within psychiatry. Several articles in psychiatric journals raise questions at the macro level, emphasizing that the treatment of people suffering from serious mental problems has important social and political dimensions. It is viewed as a cause for concern that misleading media coverage can have consequences for future guiding principles and legislation (see for example Anderson, 2003; Huang & Priebe, 2003; Cutcliffe & Hannigan, 2001).

Mentally Ill and Dangerous?

Despite varying results of different studies, it does appear that crime is somewhat more prevalent among those with serious mental illnesses than among the remaining population. Still, the connection between mental illness and violence is weak. Substance abuse, age (young adult), sex (male), homelessness and previously having been the victim of violence are other important variables.

When violent crimes do occur they most often impact family members or other persons close to the perpetrator – as with the rest of the population. Nor have the findings shown deinstitutionalization to have led to more violent crimes being committed by the seriously mentally ill. In Great Britain the incidence of violence has instead shrunk in that group (cf. Bülow's survey, 2004). It has also been shown that social circumstances and personal experiences are key factors. Many of those receiving psychiatric care have at some point been exposed to psychological and physical or sexual violence. Swanson et al. (2002) conclude in a major study that violence by people suffering from mental illness is a result of the long-term psychological effects of victimization and traumatization, further aggravated by substance abuse, homelessness and exposure to threatening environments. When none or only a few

of these factors were present, the crime rate was only 2 percent, which is the same level as the rest of the population. However when many difficult social factors are involved the risk increases accordingly.

There are probably a variety of viewpoints about this issue within psychiatric research and the mental health care system. The professional opinions on mental illness described in the 1997 evaluation of Sweden's psychiatric reform (Psykiatriuppföljningen 1997:16) differ, and are not always easy to reconcile. However the debate and ideological critique that culminated around 1970 has since fallen silent or at least changed character. Biomedical psychiatry, with its biological explanatory model, has gained influence, and is described as more important than social psychiatric and above all psychodynamic perspectives, which have been forced to retreat (Svensson, 1991; Bülow, 2004). Developments of this kind can also be relevant to how media associates mental illness with violent crimes.

Theoretical Premises and Methodology

A discourse analysis is employed, which means that explanations and verbal statements are analysed. Simply put, a discourse can be said to be "a specific way to talk about and understand the world (or a segment of the world)" (our translation) and is based on the premise that texts are not neutral representations of reality, but are coloured by perspectives and values (Winther Jørgensen & Phillips, 1999:7). The analysis is mostly quantitative, which means that a large number of texts or portions of texts are coded according to a set of defined categories. In this way the frequency and distribution of different perspectives can be established, and they can be compared amongst themselves and with the material as a whole.

A discourse analysis is always based on theoretical perspectives. One point of departure for this study is socio-cognitive theory, and above all the concepts of attribution and stereotypes. Attribution theory focuses on how people perceive and identify causes of events. An important distinction is made between dispositional attribution, which locates the cause internally within a person, and situational attribution, which locates the cause outside the individual, to the circumstances. As Augoustinos and Walker (1995:62) concisely put it: "Causes to behaviour can be thought of as residing either within the actor or outside the actor."

Since studies have shown that previous victimization and traumatization, and current social circumstances, are important factors influencing the connection between mental illness and violent crime (Swansson et al., 2002), narrowly dispositional attributions presumably portray

severe mental problems in an unreasonably negative light. A psychiatric diagnosis becomes in itself a stigma portending violent behaviour, which in turn can lead to negative consequences such as stigmatization and social problems. It is therefore vital to emphasize *how* mental illness is related to violence.

Lippman's (1922/2004) view of stereotypes as moralizing and culturally conditioned categorizations is also important here. According to Lippman, stereotypes serve to protect self images and positionings, as part of a process where "Us and Them" are articulated, and also in the construction of social hierarchies. The stereotype is a simplification; it attributes fixed and constitutive traits to the group and individual. Since no actual difference is made between traits and a person/group – the one constituting the other – the stereotyped statement functions both as description and explanation. As such, stereotypes are unfairly misleading according to Augoustinos and Walker (1995: 226).

In addition to dispositional and situational attribution, a category we call institutional is also employed. "No other medical discipline encompasses such a wide range of conflicting ideas as does psychiatry," (our translation) writes Svensson (1991:8). Given that different branches of psychiatry apply different perspectives to mental illness, and given the large body of material pertaining to the field, it was important to determine which orientations were predominant in the media – to see which expertise had the privilege of interpretation when violent incidents brought mental illness and psychiatric issues to the fore. Statements by various experts were tallied and categorized like the remaining material.

The final category includes both what we call oppositional images and composite images. An oppositional image opposes that which is predominant. Here it is possible for circumstances, perspectives and facts to be put forward that recontextualize and "redraw the map" so that a predominant discourse is challenged. By composite images we mean material that weaves together several perspectives, for instance both dispositional and situational attributions, or statements by diverse experts.

What we identify is a discourse on mental illness and psychiatric care that functions both inclusively and exclusively; certain circumstances get attention, others do not; certain perspectives receive more space, others less. Conscious of the results of previous research – of the continuum of perspectives on mental illness and psychiatric care – this study seeks to draw attention both to what is present and absent. Following Bourdieu (1997), the censoring function of discourse can be analysed

The Material

On the assumption that the media set the agenda for what are perceived as central topics of social debate, media reaching a broad public were chosen for examination and analysis. It is also important to study media with different orientations and levels of ambition, such as morning papers and tabloids. Here Dagens Nyheter (DN), the largest morning paper with a nationwide circulation, and Aftonbladet, the largest tabloid, were chosen. Television news broadcasting is unique in terms of impact, which is why it was also important to study it. Here the choice fell to the news program with the largest audience, Rapport.

Newspaper items were collected using the databases Mediearkivet and Presstext.¹ The search terms that succeeded and resulted in hits were: psyk*, vansinnesdåd* (act of madness) and galning* (madman). Because there are both professional and lay terminologies for severe mental problems, the search terms needed to account for some of that spread.

The searches resulted in a large body of material. To make it more useful, items on the sports pages, theatre and cinema reviews, and articles about coming films and TV shows were eliminated. Worth noting, however, is that the searches gave hits in many different sections of the newspapers. After culling, 120 articles from Aftonbladet remained, and 123 from DN. Apart from news, culture, debate and editorial items, even letters-to-the-editor were analysed.

By searching the Swedish National Archive of Recorded Sound and Moving Images we found 24 wire-items/stories/in-depth-features dealing with mental illness and psychiatry from the same period as for the newspapers. The search terms employed were: psykiatri*, psykiska sjukdomar* (mental illnesses) and vansinnesdåd* (acts of madness).

¹ A check was made to ensure that the number of articles normally distributed to the databases from the newspaper was also available during the period under study.

Results

Directly following the attack on Anna Lindh, 10 September 2003, it was both speculated and assumed that the assailant must be mentally ill. The explanation of the violence that came to predominate was one whereby certain individuals are presumed to be predisposed to violence because of mental illness – this being illustrated through professional or lay diagnoses, descriptions of symptoms and examples of erratic or dangerous behaviour. Alongside this individualized explanation, the media also highlight institutional problems. Attention is given to psychiatry's external circumstances, and a critique of developments within psychiatry in recent decades is articulated. Oppositional images about mental illness and the mental health care system do appear, though to a lesser degree and with less impact.

The Individualized Cause: Mental Illness

A feature of the dispositional explanatory model is that it does not distinguish between a person and his or her deeds. Often a crime is described, followed by statements that the perpetrator may be mentally ill, or in fact is so. The psychological problems are represented, in lay or professional terms, as a direct cause of violent crime. The individual in question *is* his or her mental illness or disorder, and the mental problems mean the person has a predisposition, a tendency, to commit violent crimes.

This is however seldom followed by analysis or further explanation of "tendency" or "predisposition". Without background or deeper examination, the serious mental problems are presented as the underlying cause, as the determinant. The gist of the matter becomes that mental illness predisposes to violence. At the same time that violence and mental problems are cut off from their social background, cause and effect are left unclarified, in a murky, diffuse haze. Violence becomes an inexplicable phenomenon "divorced from its social context" as Best (1999: 25) expresses it.

In the newspapers under study, dispositional attributions of cause are more prevalent in the news pages than elsewhere. Aftonbladet's news section contained 46 percent clearly dispositional attributions (see figure 1). If we include those articles focusing on the state of the mental health services, the articles presenting severe mental problems as a causal explanation are overwhelmingly predominant.

"The 23 year-old was controlled by voices" ran the headline in Aftonbladet a few days after the murder in Arvika. This is how the man's mental difficulties are defined. And this is how his crime is explained as well. In a second causal sequence we find misjudgement or negligence on the part of the psychiatric system with regard to the man's dangerousness. He ought to have been placed in compulsory institutional care. Lacking other variables the article implies that anyone who "hears voices" is dangerous – mental illness predisposes to violence.

In Dagens Nyheter, 33 percent of the news articles contained clear-cut dispositional attributions (see figure 2). Including those dealing with the state of the mental health care services, the number climbs to 64 percent.

As in other media, an individualized dispositional interpretation was promptly applied after the incident. "We believe and hope that Anna Lindh fell victim to a lone madman,"² says, for example, a security chief in DN on 11 September. In the news section we could read on 12 September that there was as of yet no suspect in the murder of Anna Lindh, but that police commissioner Leif Jennekvist "believes the killer is in the police files and that he can be mentally ill."³

The number of items from Rapport is naturally smaller. The number of news-stories, in-depth features and

- 2 "Heightened surveillance after knife-attack" ("Skärpt bevakning efter knivdådet") DN 03-09-11
- 3 "Lone killer most likely. No indications the deed was planned. The killer has probably committed violent crimes before, according to police." ("Ensam gärningsman troligast. Inget tyder på att det var ett planerat dåd. Sannolikt har mördaren begått våldsdåd tidigare, enligt polisen") DN 03-09-12

FIGURE 1. AFTONBLADET'S CAUSAL EXPLANATIONS. HORIZONTAL PERCENTAGE

	Dispositional	Institutional	Disp/Inst	Composite/ Oppositional Images	(Items)
News	46%	9%	38%	8%	(80)
Op/ed/cult	19%	19%	13%	50%	(16)
Letters-to-the-editor	21%	25%	38%	17%	(24)

As indicated by the figure, dispositional causal explanations, with mental illness as determinant, are most prevalent in the news section, while oppositional images and composite explanations are more prevalent in the opinion, editorial and culture sections.

wire-items that fit in a half-hour broadcast are only a fraction of the material in a large daily paper. Clear-cut dispositional attributions were 29 percent in Rapport, and including items dealing with psychiatry, 75 percent (see figure 3)

Already on 10 September, the same day that Anna Lindh was attacked, a political commentator speculated about future security for politicians as well as possible suspects. "My bet", he said, "is that the Foreign Minister will have bodyguards regardless of whether it was a political assassination or a maniac or a mentally ill person" (Rapport, 10 September).

Initially the concept "act-of-madness" was common, and attention was immediately directed to mental problems as a possible cause. It is also clear that the "madness" itself does not consist in the violent act, but in the perpetrator's state of health. In extra broadcasts of Rapport on 11 September this was repeated again and again in the form of two alternatives being presented. The police did not want to say whether the murder of Lindh was "an act of madness or a crime organized by a number of perpetrators." Whether or not it was an act of madness would hence first be known when the perpetrator's mental health status had been revealed.

News stories are direct, straightforward. After a violent incident, the assertion that the perpetrator is believed to be mentally ill serves to quickly answer the journalistic question "why". Sometimes this assertion concludes the article. Mental illness becomes an apparently sufficient explanation. In this respect it resembles another causal explanation, namely evil, which was a common media

explanation after the killings in Falun, Bjuv and on Stureplan. "When evil is provided as an explanation it never needs to be supplemented by other coordinating causes, but is sufficient unto itself" (our translation, Lindblom, 1999:79).

An article in Dagens Nyheter 15 September relates that the suspected killer in Arvika has been remanded in custody.⁴ The reader is further informed that the suspect has confessed but that his motive is unclear; he didn't know the girl, and his choice of victim appears to have been random. Following a description of grief-stricken Arvika comes the final point: "The 23 year-old in custody was voluntarily undergoing treatment at Arvika Hospital's psychiatric clinic at the time the crime occurred."

An article on the sentencing of a man who repeatedly raped an underage girl⁵ is summed up similarly. After revealing the charge and sentence, the story concludes: "According to the forensic-psychiatric examination the man is mentally disturbed."

This sort of short news-flash, which leaves out the background and social context of the mental illness, is also prevalent in television news. The very label "mentally ill" superficially and deceptively becomes the cause of crime. What is shaped is not a discourse that takes into account preventative measures under the direction of responsible adults and society; instead problems are individualized and dumped in the lap of

4 "Suspected Arvika child-killer in custody" ("Misstänkt flickmördare i Arvika häktad") DN 03-09-15

5 "Four years for rapes" ("Fyra års fängelse för våldtäkter") DN 03-09-24

FIGURE 2. DAGENS NYHETER'S CAUSAL EXPLANATIONS. HORIZONTAL PERCENTAGE.

	Dispositional	Institutional	Disp/Inst	Composite/ Oppositional Images	(Items)
News	33%	20%	30%	16%	(69)
Op/ed/cult	13%	13%	19%	55%	(31)
Letters-to-the-editor	17%	26%	26%	30%	(23)

The same result can be observed here as with Aftonbladet, though with fewer clear-cut dispositional explanations. There are also more oppositional and composite images.

FIGURE 3. RAPPORT'S CAUSAL EXPLANATIONS. HORIZONTAL PERCENTAGE

	Dispositional	Institutional	Disp/Inst	Composite/ Oppositional Images	(Items)
Studio/In-depth features	29%	8%	46%	17%	(24)

In Rapport questions touching on mental illness and mental health care received much space. The results are similar to those from Dagens Nyheter's news section.

institutions, that is to say, the mental health services. Leaving out background, context and social factors becomes an effective way to sharply distinguish predator from victim, evil from good.

After the murder of the five-year-old girl Sabina in Arvika, Dagens Nyheter ran an article with the headline: "Five-year-old Murdered in Arvika. Patient apprehended an hour later at Arvika Hospital psychiatric clinic." The incident is described in further detail, for instance how day-care personnel had tried to hinder the assailant but were too slow. It also says that the suspect had found out about Anna Lindh's murder and that he had been arrested. "He was taken into custody on suspicion of murder. The man is known to the police for minor crimes, though no violent crimes." Mental illness as determinant, as cause, figures again in the summing-up: "He is undergoing treatment for psychiatric problems."⁶

"The work of a madman is never rational" could be read in a DN commentary of 12 September. Mental illness is equated with dangerousness, unpredictability and irrationality. It becomes a phenomenon totally opposed to "healthy" rationality:

"One tries to take some comfort in the thought that it might be a lone madman who did this. But a lone madman can often tune into the mood of the times; he – or she – can catalyse a wider hatred spread throughout society."⁷

This discourse is backed up by numerous statements. For instance the debate about the European Monetary Union (EMU) is said to have made the severely mentally ill especially confused and agitated, indeed so unhinged that violent incidents could break forth from the bottled up "atmosphere" in society. Some politicians were worried about the situation:

"This referendum campaign has been most trying in that regard, says Svensson who believes that certain aspects of the Euro debate can cause heated emotions among mentally disturbed persons."⁸

Likewise the notion of suddenness and total irrationality is strengthened by the assumption that merely hearing about a brutal attack can suffice to make the severely mentally ill go out and perpetrate something equally hideous. An article in Dagens Nyheter from 15 September tells that the perpetrator in Arvika "together with the other patients at the psychiatric ward was informed by personnel about Anna Lindh's death." The article is then rounded off with the following statement: "Shortly thereafter he set off for Gategården where he attacked the girl."⁹

The same interpretation was made on several occasions and in several media. In Rapport 12 September, anchorman Claes Elfsberg announced the following:

"The man who yesterday knifed a 5 year-old girl to death at a day-care centre in Arvika has today confessed to the killing. The suspect has no connections either to the girl or the day-care centre, and is believed instead to have been inspired by the murder of Anna Lindh, this according to an expert who has spoken to Rapport."

The expert in question is professor of psychiatry Sten Levander. Aftonbladet contains similar implications of suddenness and unpredictability. Another forensic psychiatrist, Ulf Åsgård, states that merely being jostled could have provoked the killer to attack Anna Lindh, that such a minor stimulus can lead to a tragic episode of violence. The headline setter can only conclude: "He can be a danger to everyone."

The same image of mental illness, suddenness and unpredictability is fed by stories of perpetrators who rapidly shift in mood and become violent. The contrasts are emphasized, like in a dramatic portrait of "Dr. Jekyll and Mr. Hyde." In Aftonbladet 17 September, the 35 year-old suspect is diagnosed as suffering from a narcissistic personality disorder. In the immediately preceding headline a frightening contrast is emphasized: The suspect is described as "friendly, charming – and violent."

We find a similar contrast in the description of the young killer in Arvika. Here the man's pattern of movement is in focus, how his calm manner gave way to rage, only to oddly revert again:

"The 25 year-old man walked calmly up to the children playing at Gategårdens day-care center in Arvika. He grabbed a girl, stuck a knife into her several times, and then walked just as calmly away from the scene. He was apprehended an hour later in the psychiatric ward at the hospital in Arvika."¹⁰

In an article where Aftonbladet draws up a suspect-profile with the help of a psychiatrist and District Police Commissioner Leif Jennekvist, the killer is described as "a desperado in need of mental help." It is later revealed that "our working-hypothesis is that the man is a cold-blooded, unpredictable person suffering from mental problems." The assumption that the EMU debate has

6 DN 03-09-12

7 "Her courage was met by laxity, lack of imagination and indifference" ("Hennes mod möttes av slapphet, fantasilöshet och nonchalans") DN 03-09-12

8 "Politicians concerned about the mentally ill" ("Politiker oroas av psykiskt störda") DN 03-09-12

9 "Suspected Arvika child-killer in custody" ("Misstänkt flickmördare i Arvika häktad") DN 03-09-15

10 The five-year-old was killed here" ("Här mördades femåringen") Aftonbladet 03-09-12

provoked the man or “set him off” further articulates the portrayal of a highly unpredictable person. The absurdity of murdering a politician because of a “heated debate” intensifies rather than explains the senselessness of the attack.

Mentally disturbed or desperado, either way the labels point towards a media world of cinema and fiction, and seek to convey images, stock-characters, rather than real, dynamic human beings. Here there is no background in the form of a person’s life-world and history. We find rather what Dyer (1999) would call stereotypes – direct, easy to recognize, unchanging and unproblematic to relate to.

Other events or stories focusing on mental illness were brought up around this time. “Stalked – by a psycho” was the headline that opened an article in Aftonbladet on 19 September. It describes how Crown Princess Victoria is being pursued by a mentally disturbed 37 year-old man with “delusions about himself and the princess.” A police officer says they have a “mentally disturbed lunatic” on their hands. It turns out the man has followed the princess but not threatened her. The officer explains why the police were called out:

“There are in fact a number of lunatics out there with an exaggerated interest in the Royal Family. After the murder of Anna Lindh we’re naturally taking security precautions. There’s a certain risk it can be contagious, says response-team chief Tommy Johannesson.”

In the article the stalker is variously labelled everything from mentally ill, or just mental, to lunatic or mentally disturbed lunatic. Even here, an amateurish classification of a human being – void of background or analysis – is posited as a potential source of criminality. The connection between mental illness and crime is reinforced. Also reinforced is the notion that the severely mentally ill commit crimes in response to the slightest external influence. “It can be contagious” as the policeman says referring to the murder of Anna Lindh.

The Institutional Cause: Mental Health Care and Policy

Individualizing and dispositional causal attributions were the first types to get attention, and they subsequently remained predominant. Also consistently mentioned was the mental health service, the professional institution whose job it is to meet and contribute to the recovery of people suffering and in need of help. All of the perpetrators of the well known so called “acts of madness” 2003 had voluntarily sought help. As pointed out in Rapport 6 October, they had sought, but not received, sufficient treatment.

When it comes to this second dominant explanation, the institutional one, critique was often formulated in terms of generalizations. The mental health services were described as collapsed, dismantled, and generally insufficient because not everyone received treatment. More specific criticisms tended to target external factors. By this we mean economic resources, numbers of beds, liaison, legislation, personnel shortages and so on. By internal conditions we mean issues such as competence and the quality and quantity of treatment that those inside the system actually receive. Even in the articles explicitly expressing dispositional explanations, the comments on psychiatry touched on the system’s external circumstances. We observed the same pattern in all the three media outlets. The newspapers had fewer opinion-pieces and letters-to-the-editor, but of these the proportion touching on internal factors was as large as that touching on external ones. Without any serious journalistic scrutiny of the actual treatment being provided by the mental health services, it was spread far and wide that as long as the external requirements were properly met, the Swedish mental health care system would be in good working order.

Issues of funding and long-stay care beds were major topics for journalists and the expert group to whom they turned, psychiatrists. In Rapport 23 September, currently planned cutbacks were described. SEK fifty million were to be saved within psychiatry in the Stockholm Health Care District. It was claimed that this would lead to “wards being shut down and hospitals refusing to admit many of those who seek help.” Newspapers and TV outlined the development towards ever fewer institutional beds. As pointed out in Rapport 6 October, the shrinking number of beds could scarcely have escaped anyone’s notice after several weeks of debate. Later in the same story, it was reported that a struggle for funding was taking place between the general and forensic branches of psychiatry:

“In the early 80s there were plenty of beds within psychiatry, over 25,000. But the transformation that had already begun gathered momentum.... Today there are only around 5,000 beds, beds that are supposed to serve patients both within the general services and those sentenced to forensic psychiatric care.”

The “transformation of mental health care” was mentioned in the news-story. On other occasions, the reform itself was explicitly treated as the main problem. It was equated with the dramatic reduction in long-stay care beds. It was equated with all the brutal cutbacks that have hit the mental health services. Once this message had been broadcast and printed in sufficient quantities it became virtually impossible to be against the cutbacks but for the mental health reform. The discourse that had been created did not allow it. In

ignorance and confusion, but with the self-confidence of the news format, reporters slanted the issue so strongly that even user and relatives associations were claimed to have been against the mental health reform. Only politicians were supposed to have been in favour:

“Volunteer organizations and relatives associations have long been protesting against the dramatic cutbacks that have been carried out at the expense of the mental health services. Since the mid 1960s nearly 30,000 long-stay beds have disappeared within mental health care.... But the politicians are unanimous. All the parties have supported the major mental health care reform whose guiding principle is that patients should be shuffled from institutional to community care and manage for themselves.”¹¹

Markström's dissertation, *The Swedish Mental Health Reform – Among Bureaucrats, Users and Pioneers*, on the other hand, describes a situation where user and relatives associations were involved in designing the reform. This was one of its distinctive features and was also a cause for criticism from certain quarters.

That the mental health reform was about forcing people to “manage on their own” was a common opinion. Patients were “set adrift” and left to “see to their own treatment in freedom,”¹² as another variant would have it. Or, as one of Dagens Nyheter's editorial columnists puts it: “The mental health reform of the 1980s was a political disgrace, where the mental hospitals were shut down and patients pushed out into society.”¹³ What almost never follows is any analysis of what life inside the institutions actually involved, and whether, or in what way, it helped people achieve better health and a functioning life. Discussions of methods of treatment are systematically avoided. Another thing that never follows is an analysis of what the mental health reform was actually intended to involve, and what services were planned to assist people with severe mental problems in society. Then Minister for Health and Social Issues Lars Engquist pointed out that it is the implementation of the mental health reform that is insufficient.¹⁴ Kjell Broström of RSMH concurs:

“Five years or so ago, in editorials and letters to the political parties, RSMH sounded a warning and said ‘don't cut another bed, not until we have achieved satisfactory community care.’”

Considering that this whole debate arose after a number of tragic murders, it is possible that the same sort of censoring discourse that surrounded mental health reform has also affected the phenomenon of community care. When a sufficient number of one-dimensional caricatures of the mentally ill murderers have been televised and printed, the resulting discourse does not

allow for a reasonable evaluation of outpatient service provision in the community. Mental illness and violence have been mentioned together in the same sentence with such frequency and impact, that the two now form a causal sequence. When mental illness is associated with violence, people suffering from mental illness are not welcomed in communities. They are seen as a risk. The transformation of psychiatry, of which the mental health reform and community care are parts, is seen as a very risky proposition.

In addition to funding shortages, long-stay care beds, liaison problems and mental health reform, the use of coercive measures was also on the media agenda. Several psychiatrists, in both news and debate sections, pushed the idea that the legislation on compulsion must be strengthened.

“The laws about compulsory treatment of mentally ill patients need to be changed. Today the law is more concerned with preventing the mentally ill from harming themselves than others. So says professor Hans Ågren, chair of the Swedish Psychiatric Association.”¹⁵

“More psychiatric care beds won't be enough; the law on compulsory treatment must be reviewed – this according to Deanne Mannelid, chief physician at St. Göran Hospital's acute psychiatric clinic.”¹⁶

Parallel to, and possibly also as a consequence of the psychiatrists' statements, editorial columnists and others began letting it be known that expanded powers to impose compulsory treatment was a good solution. The same standpoint is expressed in almost identical terms in a number of Dagens Nyheter's editorials:

“A return to the conditions in the days of the closed mental institutions is out of the question. What is imperative instead is an expansion of the authority to use compulsion and – above all – a coordination and improvement of the mental health services.”¹⁷

In consequence of the so-called “acts-of-madness” and a period of intense debate about the external circumstances of psychiatry, politicians, along with journalists and psychiatrists, have begun propagating for tougher measures. Even here the question of compulsion is topical. In Rapport 1 October, a reporter describes the party Folkpartiet the Liberals' proposal for

11 “1500 mental cases living in the streets” (“1500 psykfäll lever på gatan”) Aftonbladet 03-09-13

12 “Mad summer murder spree” (“Galningarnas mordsommar”) Aftonbladet 03-09-13

13 “Insane speculations” (“Vansinniga spekulationer”) DN 03-09-18

14 Rapport 03-10-02

15 Rapport 03-10-06

16 “Compulsory treatment must be made easier” (“Det måste bli lättare att tvångsvårda”) DN 03-09-30

17 “Relatives demand compulsory treatment review” (“Anhöriga vill att tvångsvården ses över”) DN 03-10-04

changes in mental care. In addition to increased state funding to the county councils, they propose expanded compulsory treatment. Party leader Lars Leijonborg says in an interview:

“What we need now, most of all in community care, is a way to induce people to take their medications – to let them know that if they aren’t careful to take the medicines that make them symptom-free and thus less dangerous to themselves and others, that they can be compulsorily detained. The mere threat of this, many believe, will make community care better.”

The reporting does not, on the whole, discuss the effects of such “compulsion”, except perhaps a possible reduction in violence based on compulsory medication or detention. That the detention of dangerous individuals can result in greater public safety in the short term ought hardly to be controversial. But that is a case of control for a specific purpose, not treatment. What was under discussion in the context quoted above, however, was outpatient community care – that is to say the voluntary mental health care that is meant to be available to those mentally troubled individuals who need it and seek it out. It is unclear what sort of knowledge and fundamental outlook underlie the discourse around coercion in community care. One thing ought to be certain though; any attempt to establish contact and trust will be less likely to succeed alongside an increase in instances of coercion. This dilemma is mentioned in the National Board of Health and Welfare’s 1997 evaluation of the mental health reform (Psykiatriuppföljningen, 1997: 16). Community care based on voluntary participation is dependant on people

wanting to seek help. That being treated kindly and with respect for one’s personal integrity are decisive for patients was already crystal clear in an almost 50 year-old government report. But in the media, following the violent incidents of 2003, it was seldom mentioned.

“We are becoming increasingly aware that even the apparently most apathetic patient ... is exceedingly receptive to the atmosphere around him, and to every action that he takes as expressing interest in or disregard for him as a human being and individual, or belief in or resignation as to his chances of making a recovery” (SOU 1958:38, p. 84).¹⁸

The Predominance of Psychiatric Expertise

Forensic and general psychiatrists were the most prominent expert groups in the media. Their predominance brings with it a privilege of interpretation in the wake of the violent incidents. There are many public statements, but few people making them. Hence it is with a portion of the psychiatric profession’s mentality and terminology that the mental illnesses are defined and the causes articulated.

These professional groups stand for statements in 18 articles in DN. After psychiatry, criminology stands for the most expert statements, with 4 articles. Practicing psychotherapists, psychologists and the social medical expertise trail far behind. They are given space in Dagens Nyheter on one or a couple of occasions each.

¹⁸ Quoted from Steinholtz Ekecrantz (1995: 25)

FIGURE 4.
OVERVIEW OF NUMBER OF
ARTICLES/NEWS-STORIES
CONTAINING EXPERT
STATEMENTS.

Type of Expert Knowledge	DN (33 articles)	Aftonbladet (11 articles)	Rapport (9 news-stories)
Forensic-psychiatry/ Psychiatry	18	7	7
Social Medicine	2	0	1
Psychotherapy	4	0	1
Psychology	1	2	0
Criminology	4	2	0
Gender Studies	1	0	0
History	2	0	0
History of Ideas	1	0	0

Even if there are fewer expert statements in Aftonbladet and Rapport, approximately the same relation of predominance obtains (see figure 4). The situation was similar after the murders in Falun, Bjuv and on Stureplan in the early 1990s, when over 50 percent of the experts who made statements in the media were forensic psychiatrists. Next came sociologists and criminologists, with 10 percent each (Lindblom, 1999).

The psychiatric expertise posits hypothetical perpetrators and classifies conceivable personality traits with diagnoses. The doctors explain what they believe to have triggered the violence. The dispositional attribution has been cast in psychiatric terms:

“The man belongs to the class of those with a narcissistic personality disorder. These individuals have a tendency to kill people because they are filled with rage and lose control when their aggression breaks through. Individuals with, for example, an anti-social disorder are more cool and controlled; they wouldn't behave in this manner.”¹⁹

The experts are not especially interested in explaining behaviours with reference to situational or developmental factors. The psychiatric classification itself becomes the explanation of an occurrence, and at most the diagnosis might be further related to substance abuse. In the preceding case, a psychodynamic diagnosis is made, though without bringing up the psychodynamic background or an understanding of mental suffering. The diagnosis, this pigeonholing of a human being, becomes sufficient unto itself. Such statements are often followed by criticism of the mental health system's external circumstances: its funding, inadequate legislation on compulsion, too few long-stay beds, shortage of psychiatrists and so on.

Oppositional Images

In composite and oppositional images, perspectives are presented in which the causes of violence, or representations of the severely mentally ill, are allowed to be just that, composite, or different from what is predominant. In some cases the perspectives expressed in these articles were completely opposed to the causal explanation focussing on mental illness and the state of mental health care.

Various sorts of oppositional perspectives and images made up just over a quarter of the material from Dagens Nyheter. In Aftonbladet the corresponding number was 14 percent. The critical opinions were mostly to be found in the culture and opinion sections, but also among letters-to-the-editor. Hence oppositional images were not only much less prevalent, they were also significantly less prominent than, for example, the dispositional attributions displayed on front pages, in news sections

and in the headlines. The difference is therefore even greater than the numbers already suggest.

A comparison between Dagens Nyheter and Rapport reveals approximately equal numbers of oppositional images (16 and 17 percent respectively). Rapport's coverage was subsequently broadened through interviews with service user representatives in a couple of in-depth features, and representations of other viewpoints than the traditionally medical one of psychiatry were accorded some air-time.

Though unusual, it could happen that the severely mentally ill were described as harmless to others. Likewise, personal development was sometimes portrayed. In a personal portrait in Dagens Nyheter's "Insider" section (Insidan) a woman tells about her life.²⁰ Here a person comes forward who was badly treated early in life by alcoholic, abusive, rejecting parents. She was also the victim of sexual abuse by a relative. As a young woman she still managed to travel to the USA, and enjoyed her work there as an au pair. Back in Sweden, however, and feeling the after-effects of her troubled childhood and adolescence, she isolates herself and flees into her own fantasies. After an attempted suicide she is admitted for treatment. During the 1980s the woman gets to speak with a psychologist once a week, and life becomes easier to handle. She finds validation in all that she has managed to accomplish, also as a parent. Today, she says, life is filled with joy, creativity, work and a sense of community.

The article tells the story of a person's life. The woman and her situation are depicted along the way as life goes on. Instead of stereotypically fixating on some feature that is culturally recognizable in stories, movies and fiction, the article portrays a continuous character development and opportunities for change. Cause and effect are not hidden away in the shadows. If the conditions under which the woman grew up had been left out, if her flight into a world of fantasy had been torn from its context, then she would also have appeared alien, altogether irrational, and perhaps even frightening. But when the entire story is present, its subjective rationality becomes visible.

Of course it is one thing, and a rather harmless one at that, to flee into a world of fantasy. A tragic murder, on the other hand, arouses strong emotions, and it can be much more difficult to take into account situational factors like background and context (Augoustinos & Walker, 1995). Even so, in Rapport 23 September, a perspective was brought up that is grounded in the

19 "I couldn't believe it was him" ("Jag trodde inte att det var han") DN 03-09-18

20 "Finally reality is better than fantasy" ("Äntligen har verkligheten blivit bättre än fantasin") DN 03-09-30

service users' situation. All of a sudden the causal explanation is not merely dispositional, but is situational as well. It is something outside the individual that he or she reacts to, and that can lead to a violent outburst.

A user representative says:

"Often no one has looked or listened, no one has taken care of them, and then there's a reaction. They've been humiliated or put to shame, and it finally explodes. Then something happens around them, usually out of desperation or a desire to be noticed."

In Rapport 5 October, demands for increased compulsory medication are also problematized. Unlike previously, the problem is not formulated as a wish to avoid complying with treatment, but rather to avoid the side-effects of anti-psychotic drugs, so-called neuroleptics. A professor of pharmacology says:

"Many find these side-effects to be very unpleasant, which is why there's a strong tendency for these patients to stop taking them. And that's why this comes up, the demand for compulsory medication. If drugs could be developed that didn't have these side-effects, and that the patient accepted, then we'd have a completely different situation."

Within the considerable body of criticism of the mental health reform, which brought up shortages of long-stay beds and the need for coercive measures, the low availability of psychotherapy was a non-issue in the newspapers studied. Those opinion pieces and letters-to-the-editor that do mention psychotherapy as a method of treatment must therefore virtually be treated as oppositional vis-à-vis the predominant descriptions. This most likely has to do with the focus on psychiatry's external conditions, instead of on the actual form of treatment the mental health services provide. In DN, psychotherapy was mentioned twice, once disparagingly by a forensic psychiatrist,²¹ and once positively by a professor of psychiatry who also is a licensed psychotherapist. In this latter article, several oppositional perspectives were expressed, for instance in the form of criticism of the competence and viewpoint on illness of Swedish psychiatry. The internal conditions were central here rather than external ones.²² In Aftonbladet the insufficient availability of psychotherapy was mentioned in passing in a short letter-to-the-editor.²³

The topic received greater coverage in Rapport. An in-depth feature aired 19 September highlighted Cognitive Behavioural Therapy (CBT) as an effective form of treatment for young criminals.²⁴ On 1 October it was emphasized that early help in the form of psychotherapy can halt the development of psychotic illnesses. In the news anchor's introduction it is also implied that the

perspectives expressed in the feature are a reaction to the predominant, currently existing discourse:

"The solution for the mental health services is not *only* to lock up more patients. More resources to *psychotherapy* would enable people to be helped *long before* they have developed a full-blown mental illness. This is the opinion of many psychotherapists today."

While some oppositional images were oppositional in their opinions about mental problems and the mental health system, one differed in a more fundamental way. In Aftonbladet 7 October, a columnist asks how a debate on violence in society can take place without gender being brought up. "Is there any reason to avoid the socio-cultural and historical connotations linking masculine gender-roles and violence?" Instead of just "putting a band-aid on the symptoms and locking them up," there ought to be discussion of the multifaceted social causes of violence.²⁵

Comparison

An important difference between the television and print news media studied is that mental illness and health care were brought up in ten news-broadcasts out of thirty. In the newspapers, the topic was mentioned in some form every day during the period under study. Even though Rapport did include immediate speculations already on 10 September, the coverage can be said to have been restrained overall.

The differences between DN, Aftonbladet and Rapport are otherwise not so much thematic as qualitative. These, however, are tangible. Oppositional and composite images were significantly more prevalent in Dagens Nyheter (see figure 5). Even Rapport's items were nuanced, since service users and other experts than the usual medical/psychiatric ones had a chance to state their case. The evening tabloid studied, Aftonbladet, was more one-sided, coarser and more speculative in its coverage. This applies to the language used, but also in the sense that Aftonbladet took up more crimes and gave them the same treatment. Mental illness was related to celebrity stalking, past violent crimes brought up again, and spectacular crimes committed in other countries. The seeming wave of senseless violence was allowed on the whole to take up more space. Common to all the media

21 "The violent must be forced to take medicine" ("Våldsverkare måste tvångsmedicineras") DN 03-09-26

22 "Demagogic nonsense on developments in psychiatry" ("Demagogiskt struntprat om utvecklingen av psykiatri") DN 03-09-16

23 "More would get help in time" ("Fler skulle få vård i tid") Aftonbladet 03-09-27

24 We mention the story, though it wasn't included in the sample studied and hence isn't represented in the results figures.

25 "Violence, violence, men's violence. Hanna Hallgren on a missing angle in the mental health debate." ("Våld. Våld. Mäns våld. Hanna Hallgren om en missad vinkel i psykdebatten") Aftonbladet 03-10-07

outlets and the expertise that played a predominant role, is that they seldom describe the cause of violence as being multifaceted, with traumatic experiences, substance abuse and social vulnerability jointly leading to tragic consequences (Swanson et al., 2002).

Considering that most of the oppositional and composite

images in the newspapers were not to be found in the news sections, the comparison with Rapport is more fair and correct if only news are compared. This yields approximately the same proportion of oppositional and composite images in Rapport and Dagens Nyheter (16 and 17 percent, respectively).

Conclusions

The purpose of this study has been to investigate media images of mental illness and psychiatric care in connection with violent crimes. Determining the way in which mental problems and psychiatry are placed in causal contexts is of central importance. In short, the results show that clear-cut dispositional attributions – individualized and mental illness related causal explanations – were predominant. In addition, institutional causal explanations were also very prevalent, that is to say, explanations that treat the mental health care system and health policy as being the problem. Situational causal explanations were few in number in all the media studied. This applies both to severe mental problems/illnesses and to violent crimes. The label “mentally ill” often served to answer the question *why*. Just as “evil” is an explanation sufficient unto itself, mental illness has come to be so after the violent incidents of 2003.

Apart from mental illness having been superficially made the determinant of the horrible violence, the image of the mentally ill was filled with distinguishing features like suddenness, unpredictability and an almost total irrationality. Assailants were assumed to have been “inspired” by other attacks or influenced by a “heated” debate on EMU. Against the background of similar violent attacks that occurred earlier the same year, an image was created of widespread senseless and unpredictable violence committed by mentally ill perpetrators.

When it comes to the institutional explanation, which was the other predominant type, criticism of the mental health care system was often extremely general in nature. In those cases where it was specific it almost always targeted external factors such as the need for more economic resources, more long-term stay beds, tougher legislation on compulsion, and more psychiatrists. The quality or quantity of treatment actually provided was not on the agenda, nor were

issues of competence (with the exception of the so-called hcr-20 checklist for risk assessment).

Standing against these predominant images were a number of oppositional images. In these, structural male violence could be presented as significantly more urgent to discuss than particular individuals with mental problems. The psychiatric/medical model was called into question. Side effects of anti-psychotic drugs were brought to attention. The mentally ill were described as harmless to others, as victims of unfortunate circumstances struggling to do their best despite their difficult situation. These images were, however, few in number and did not occupy a prominent position in the media.

The predominant images are problematic for a number of reasons. Several studies show that in general very few of those suffering from severe mental illness are dangerous to others (see Swanson et al., 2002; Bülow, 2004). But with a newsflow so concentrated on mental illness and tragic violence, the facts are at risk of being obscured by dramatic slices of reality that feed prejudices about mental illness. The result is further stigmatization of an already vulnerable and socially marginalized group (Philo, 1999; Höjjer & Rasmussen, 2005).

There is a risk that mental illness and violence are construed as a causal sequence – the one leading to the other. Violence receives an illusory explanation through psychiatric diagnoses, lay or professional in nature. When a seemingly senseless violent attack occurs it is easily placed in the same category. This is what happened with the double-murder in Linköping in the autumn of 2004. The killer was immediately assumed to have been a “mental case”. The more violent incidents that comprise the causal entity, the easier it seems to be to let it include even more (Augoustinos & Walker, 1995).

The overview in figure 5 shows the predominance of dispositional attributions, i.e. individualizing

FIGURE 5.
COMPARATIVE OVERVIEW.
HORIZONTAL PERCENTAGE.

	Dispositional	Institutional	Disp/Inst	Composite/ Oppositional Images	(Items)
DN	27%	18%	27%	28%	(100)
Aftonbladet	42%	10%	33%	15%	(96)
Rapport	29%	8%	46%	17%	(24)

The overview in figure 5 shows the predominance of dispositional attributions, i.e. individualizing and mental illness related causal explanations, and institutional attributions, which primarily treat the mental health service and policies as the problem.

and mental illness related causal explanations, and institutional attributions, which primarily treat the mental health service and policies as the problem.

That mental illness, as an isolated occurrence, is presented as the determinant of serious violent crimes is unfortunate. What those mentally ill or disturbed persons who perpetrate horrific crimes often have in common (besides from being male and young adults) is a combination of three factors: first, the after-effects of themselves having been traumatized and victimized; second, substance abuse; and third, homelessness, which automatically results in exposure to unsafe and sometimes violent milieus (Swanson et al., 2002). In Swedish media, perpetrators are assumed to have been "inspired" by other violent incidents, or to have been incited by the "atmosphere" ahead of the referendum on EMU. The difficult social conditions and experiences that often precede a mentally ill person's violent crime are not even assumed to be a part of the causal context. Instead the situation is trivialized by alluding to the dramatic symptoms. A different route would be to take up the question of domestic violence. A different route would be to bring up what sorts of ideals of masculinity are offered to boys to identify with, and what kind of "predisposition" to violence is born of being its victim and witnessing the victimization of others.

A contributing cause to why such perspectives are tucked away in less prominent corners of the media can be that the psychiatric/medical expertise, which took on a self-proclaimed interpretive role in the issue, only seldom brought up developmental or situational causes of mental problems and violence. Given the biomedical

dominance within psychiatry (Svensson, 1991; Bülow, 2004) groups like psychotherapists, psychologists and social workers are lower in the institutional hierarchy. In accordance with journalistic custom the media turn to those in supervisory positions – heads of clinics and professors of psychiatry – for interviews. Intentionally or not, what is delivered is a medical model of mental problems and violent crime, which pays little attention to patients' growing-up, surroundings, circumstances and so on.

That the background of mental problems and of the violence is so seldom presented can also serve a function. Such knowledge or awareness would namely overturn, or at least complicate, the arguments so often presented in the media that propose coercive measures as a solution to the problems within mental health care. Also, politicians wouldn't have the same opportunity to appear "tough" and "resolute". Along with such knowledge follows the necessity that we treat the perpetrators as themselves being victims of very unfortunate circumstances. Taking such a stand would conflict with the commonplace and media-borne moral rationality, and complicate our wish to pass judgement and punish.

At the same time, Estrada (2004) describes the changes from the 1970s to the 1990s as a shift from a social policy to a criminal one. Treatment and rehabilitation have given way to an ever more widespread interest in punishment. To understand the perpetrator is described as being incompatible with understanding the victim and holding a victim perspective.

Literature

- Anderson, M. (2003). "One Flew Over the Psychiatric Unit: Mental Illness and the Media." *Journal of Psychiatric and Mental Health Nursing*, 10: 297-306.
- Angermeyer, M. C. & Matschinger, H. (1996). "The Effect of Violent Attacks by Schizophrenic Persons on the Attitude of the Public Towards the Mentally Ill." *Soc. Sci. Med*, 43 (12): 1721-1728.
- Arboleda-Flórez, J. (2003). "Considerations on the Stigma of Mental Illness." *The Canadian Journal of Psychiatry*, 48 (10): 645-650.
- Augoustinos, M. & Walker, I. (1995). *Social Cognition: An Integrated Introduction*. London: Sage.
- Best, J. (1999). *Random Violence. How We Talk About New Crimes and New Victims*. Berkeley and Los Angeles: University of California Press.
- Bourdieu, P. (1997). *Kultur och kritik*. [Questions of Sociology.] Göteborg: Daidalos.
- Bülow, P. (2004). *Efter mentalsjukhuset: En studie i spåren av avinstitutionaliseringen av den psykiatriska vården*. [After the Mental Hospital: A Study in the Wake of the Deinstitutionalisation of Psychiatric Care.] Linköpings Universitet: Institutionen för Hälsa och Samhälle.
- Cutcliffe, J.R. & Hannigan, B. (2001). "Mass Media, 'Monsters' and Mental Health Clients: Need for Increased Lobbying." *Journal of Psychiatric and Mental Health Nursing*, 8: 315-321.
- Dyer, R. (1996). "The Role of Stereotypes." In Marris, P. & Thornham, S. (red.), *Media Studies. A Reader*. Edinburgh: Edinburgh University Press.
- Estrada, F. (2004). "Brottslighetens politiska dynamik. Ledarsidors syn på ungdomsbrottslighet 1970-1999." [The Political Dynamics of Crime. Editorial Views of Juvenile Crime.] I Blomberg, H. et al. (red.), *Sociala problem och socialpolitik i massmedier*. [Social Problems and Social Policy in the Massmedia.] Lund: Studentlitteratur.
- Goffman, E. (1968). *Stigma: Notes on the Management of Spoiled Identity*. Harmondsworth: Penguin.
- Hallam, A. (2002). "Media Influences on Mental Health Policy: Long-term Effects of the Clunis and Silcock Cases." *International Review of Psychiatry*, 14: 26-33.
- Huang, B. & Priebe, S. (2003). "Media Coverage of Mental Health Care in the UK, USA and Australia." *Psychiatric Bulletin*, 27: 331-333.
- Höijer, B. & Rasmussen, J. (2005). *Medborgare om våldsbrott*. Stockholm: Krisberedskapsmyndigheten. KBM:s temaserie 2005:10.
- Lindblom, J. (1999). *När vetenskapen tystnar. Ett socialpsykologiskt studium av massmedias behandling av morden i Falun, Bjuv och på Stureplan*. [When Science Becomes Silent – a Social Psychological Study Concerning the Journalistic Representation of the Assaults in Falun, in Bjuv and at Stureplan.] Stehag: Gondolin.
- Lippmann, W. (1922/2004). *Public Opinion*. New York: Dover Publications Inc.
- Markström, U. (2003). *Den svenska psykiatrireformen. Bland brukare, eldsjälar och byråkrater*. [The Swedish Mental Health Reform – Among Bureaucrats, Users and Pioneers.] Umeå: Boréa. Akademisk avhandling.
- Nairn, R. (1999). "Does the Use of Psychiatrists as Sources of Information Improve Media Depictions of Mental Illness? A Pilot Study." *Australian and New Zealand Journal of Psychiatry*, 33: 583-589.
- Nairn, R., Coverdale, J. & Claasen, D. (2001). "From Source Material to News Story in New Zealand Print Media: A Prospective Study of the Stigmatizing Processes in Depicting Mental Illness." *Australian and New Zealand Journal of Psychiatry*, 35: 654-659.
- National Board of Health and Welfare (Socialstyrelsen). *Ideologier, kulturer och synsätt inom psykiatrin*. [Ideologies, Cultures and Perspectives in the Psychiatric Care.] Psykiatriuppföljningen 1997:16.
- Penn, D. L. & Wykes, T. (2003). "Stigma, Discrimination and Mental Illness." *Journal of Mental Health*, 12 (3): 203-208.
- Philo, G. (1999). "Media and Mental Illness." In Philo, G. (red.), *Message Received*. London: Addison Wesley Longman.
- Philo, G. & Secker, J. (1999). "Media and Mental Health." In Franklin, B. (red.), *Social Policy, the Media and Misrepresentations*. London: Routledge.
- Pollack, E. (2004). "Medierade brott." [Mediated Crimes.] In Blomberg, H. et al. (red.), *Sociala problem och socialpolitik i massmedier*. [Social Problems and Social Policy in the Massmedia.] Lund: Studentlitteratur.

Seale, C. (2002). *Media & Health*. London: Sage.

Signorielli, N. (1993). *Mass Media Images and Impact on Health*. Westport, Conn: Greenwood Press.

SOU 1958: 38.

Steadman, J. & Coccozza, J. J. (1977). "Selective Reporting and the Public's Misconceptions of the Criminally Insane." *Public Opinion Quarterly*, 41 (4): 523-533.

Steinholtz Ekecrantz, L. (1995). *Patienternas psykiatri. En studie av institutionella erfarenheter*. Stockholm: Carlssons förlag.

Svensson, T. (1991). "Psykisk sjukdom och social avvikelser – argumentationslinjer i 1960- och 70-talskritiken av begreppet psykisk sjukdom." [Mental Illness and Social Deviation – Lines of Argument in the 1960s and 1970s Critique of the Concept Mental Illness] In Fredén, L. & Svensson, T. (red.), *Perspektiv på psykisk sjukdom*. [Perspectives on Mental Illness.] Linköpings Universitet: Tema hälso- och sjukvården i samhället. SHS 13, 1991.

Swanson, J.W. et al. (2002). "The Social-environmental Context of Violent Behavior in Persons Treated for Severe Mental Illness." *American Journal of Public Health*, 92 (9): 1523-1531.

Wahl, O. F. (1995). *Media Madness. Public Images of Mental Illness*. New Brunswick: Rutgers Univ. Press.

Wilson, C. et al. (1999). "Mental Illness Depictions in Prime-time Drama: Identifying the Discursive Resources." *Australian and New Zealand Journal of Psychiatry*, 33: 232-239.

Winther Jørgensen, M. & Phillips, L. (1999). *Diskursanalys som teori och metod*. Lund: Studentlitteratur.

Non-print sources:

Rapport 2003-09-10

Rapport 2003-09-11

Rapport 2003-09-12

Rapport 2003-09-16

Rapport 2003-09-17

Rapport 2003-09-19

Rapport 2003-09-23

Rapport 2003-09-26

Rapport 2003-10-01

Rapport 2003-10-02

Rapport 2003-10-05

Rapport 2003-10-06

Violent crimes generate strong reactions, and strain the relationship between the individual and society. In connection with a number of high-profile violent crimes in Sweden in 2003, mentally ill perpetrators of violence became the focus of attention. How did the media portray mentally ill persons and the mental health care system? What sorts of language and imagery were used? What were the social consequences of the portrayals, and is it possible to discern the view of mental illness that underlies the reporting on violent incidents? These are a few of the questions to which this report from Örebro University attempts to find the answers.

The study was produced with grants from the Swedish Inheritance Fund and the European Social Fund, and was jointly carried out by Örebro University, the Swedish Association of Social and Mental Health (RSMH), the Umbrella Project and the Swedish Disability Federation.

