

REPORTING ON DEPRESSION: THE NEED FOR
CHARACTER-BASED STORIES

by

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In this paper I examine how popular news stories represent depression, and how they may either successfully create accurate, balanced narratives, or fail to correct existing misconceptions. Mainstream reporting often discusses depression in the context of a controversy, and exposes unfamiliar audiences only to extreme depictions. Such reporting may fail to correct stigma and misconceptions. I summarize the general medical understanding of depression, common misunderstandings, and journalistic standards for reporting on mental illness. From there, I compare mainstream news stories with a feature article from Kaiser Health News to determine the potential benefits and weaknesses from the differing styles of reporting. I conclude that stories that allow for greater emphasis on character can likely provide greater insight for new audiences, and more beneficial information for people experiencing depression. I end with a reflection of my work on the accompanying audio piece I created.

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List of Accompanying Materials

1. “Understanding Depression: The Underrepresented Community”
Youtube link: <https://youtu.be/Xvs1YRJeEMA>

Introduction

Historically, framing of depression has varied widely. Early accounts referred to it as melancholia, believing it to be the result of demonic possession, a spiritual ailment to be cured by priests and exorcisms. Greek and Roman doctors introduced the notion of melancholia as biological or psychological in nature. Hippocrates, the Greek physician, suggested that imbalances in bodily fluids were responsible, and recommended medicine and physical therapy. In contrast, Cicero, a Roman philosopher, explained that melancholia was caused by extreme negative emotions like anger or sorrow. The disparate ideas on possible causes and proper treatments persisted, with extremes on both sides of the argument.¹

Early in the Age of Enlightenment, melancholia became a sign of weakness, resulting in a severe stigma. Later, advised treatments included more modern methods, such as exercise, drugs, and discussing the issue with someone close. Theories about the biological causes of depression gained prevalence around the mid 19th century, but experts split between viewing the disorder as a strictly physical or psychological phenomenon. In 1917, Sigmund Freud speculated that the two ideas needn't disprove one another; depression could be an emotional response to trauma, but it could also be caused by underlying hereditary factors.²

In the late 19th and early 20th century, treatments such as lobotomy and electroshock therapy were introduced. The medical community remained split on the

¹ Nemade, Rashmi; Staats Reiss, Natalie; Dombeck, Mark. Dombeck. "*Historical Understandings of Depression.*" Mentalhealth.net. September 12, 2007. Web. October 31, 2015.

² Mathews, Mead. "How Did Pre-Twentieth Century Theories Of The Aetiology Of Depression Develop?" Priority Medical Journals. Web. March 20, 2016.

decision of whether to view the disorder as being a physical or mental issue. A surge of support for the latter resulted in the formation of the Cognitive-Behavioral model. Currently, it's understood that depression is often a mix of both, with emphasis on inherent biological causes, as well as situational factors.

More recently, there have been suggestions that viewing all depression as an entirely negative affliction is inaccurate. As Nassir Ghaemi, Professor of Psychiatry at Tufts University, and author of *On Depression*, states, "... mild levels of depressive symptoms actually produce insights that are useful for life and can ultimately lead to greater happiness... More severe depressions, on the other hand, impair insight and should be treated, producing greater ability live one's life fully."³ He argues that in certain cases, a mild low mood can lead to more realistic judgment. Rather than operating under a distorted perception of reality, and viewing events through an excessively negative lens, depressed people may see things more realistically than people who are extremely positive. However, this applies to only lesser cases of depression.

While depression is often treated as a private concern, the number of cases worldwide reveals it to be widespread, public problem, based on statistics from the World Health Organization (WHO). In October 2012, it found that more than 350 million people around the world experienced depression in some form.⁴ In the same year, 16 million adults in the US—6.9 percent of the population 18 and older—reported

³ Ghaemi, Nassir S. "On Depression: Drugs, Diagnosis, and Despair in the Modern World" Johns Hopkins University Press. 8 May 2013. Kindle file.

⁴ "Depression is a common illness and people suffering from depression need support and treatment" *World Health Organization*. 9 Oct. 2012. Web. 4/25/15.

an episode.⁵ Comparatively, seasonal influenza is estimated to cause around 3 to 5 million cases of serious illness, with likely up to 50,000 related deaths.⁶ While the numbers don't account for the severity of the depression, some form of occurrence is extremely common.

A study for the Global Burden of Disease identified depressive disorders as the second leading cause of burden, measuring disability adjusted life years (DALYs), as well as years living with disability (YLD) lost to major depressive disorder (MDD) and dysthymia—a long term-mild depression. It was an increase from already high ranks in previous studies on the Burden of Disease, ranking fourth in the 1990 study, then third in 2000. In addition, not all burdens associated with depression were considered quantifiable, leading to possible underestimation of depression's cost. The 2012 study concluded by stating, "Our findings not only highlight the fact that depressive disorders are a global health priority but also that it is important to understand variations in burden by disorder, country, region, age, sex, and year when setting global health objectives."⁷ Given how many people are impacted by the disorder, there is no reason depression shouldn't receive the same attention and care as other widespread epidemics with similar numbers. By extension, it shouldn't be framed as something inscrutable or shameful, but as a common ailment that requires care.

However, those writing about it should exercise appropriate judgment. As the study stated, understanding variation between individual cases is important. Fortunately,

⁵ "What is Depression?" *National Institute for Depression*. n.d. Web. 4/25/15

⁶ "Influenza (Seasonal)" *World Health Organization*. March 2014. Web. 4/25/15

⁷ Ferrari AJ, Charlson FJ, Norman RE, Patten SB, Freedman G, et al. "Burden of Depressive Disorders by Country, Sex, Age, and Year: Findings from the Global Burden of Disease Study 2010." *PLoS Med.* 5 Nov. Web. 4/23/15

there are increasing efforts by organizations and advocates to provide in-depth information to a broader audience. For instance, the American Psychiatric Association published *Understanding Mental Disorders*, a basic guide to the fifth edition of the *Diagnostic and Statistical Manual for Mental Health* (DSM V) to give general readers a beginner's understanding of depression, so as to better discuss symptoms and treatment with professionals. Physicians use the DSM V to diagnose their patients. Comparatively, *Mental Disorders* uses less technical language. According to it, all major forms of depression can be recognized by a sense of sadness, emptiness or irritability. However, it makes a clear distinction between normal low moods, where feelings pass within a few days or weeks, and actual depression, where they persist. Beneath the blanket term of depression, the guide details the array of possible symptoms, durations and causes that can differ between individuals. Despite its basic approach, there's clear effort to show different varieties of depression within the major categories of depression.

The guide begins by discussing major depressive disorder, which occurs when the depression lasts longer than two weeks. In addition to the feeling of low mood or apathy, other signs must also be present for a diagnosis to be made; signs such as changes in weight, dieting or sleep habits, and mental indicators like anxiety, feelings of worthlessness or guilt, and thoughts of suicide. In cases where the symptoms last more than two years, the disorder is then referred to as persistent depressive disorder. Anyone can be affected by these kinds of depression, though certain ages or genders are at greater risk. Two other types only occur with certain individuals. Premenstrual dysphoric disorder affects women one week before a woman's menstruation, potentially

reoccurring throughout her menstruating years. The final kind of depression, disruptive mood dysregulation disorder, appears exclusively in children, manifesting in extended outbursts that may not match the child's age.⁸

By informing readers that there are specific types of depression, and that the effects are not uniform or universal, the guide provides a useful working understanding. This also extends to type of treatment. It suggests that a combination of medication and therapy is often effective, though it makes clear that the usefulness of either depends on the individual. However, while the use of antidepressants is an accepted method, some critics argue that the potential side effects can be too risky. Others point out that medication targets the symptoms of depression more than it does underlying non-biological causes. Paul Biegler, adjunct research fellow of bioethics at Monash University, argues that talk therapy can be more effective at identifying underlying causes from lifestyle and culture. By identifying what might trigger or worsen the depression, the individual can then work to avoid recurrences. Like the guide, he stresses that there is no definitive cure, and that over reliance on just one aspect of treatment can be ineffective. Charlotte Blease from the Queen's University in Belfast also urges doctors to be mindful of this, and remind the individual for the need to adopt healthy habits, and remain involved in their own care. She cites studies showing that many view depression as an entirely biological ailment, stating, "...it renders other

⁸ "Understanding Mental Disorders: Your Guide to DSM-5." American Psychiatric Association, 2015. Print. July 18, 2015.

causal factors redundant and it promotes the false claim that there is consensus in the scientific community about all the relevant biochemical causes of depression.”⁹

Several experts suggest that these biological factors, such as a family history of depression, can be better viewed as something that increases susceptibility to depression, rather than the only cause. They argue that depression is the result of an extreme, but purposeful reaction to environmental stress, with low mood acting as a kind of biological warning system. Ghaemi, writes, “When we become depressed, it is a sign that we are at a dead end; perhaps our judgments were wrong about something or someone, and we should change course. Depression, like pain, has a meaning.”¹⁰ Problems arise because triggering events have changed drastically over time. While the reactions remained the same, they no longer meet modern needs.¹¹ Determining causation becomes difficult. Symptoms may be clear, but events that serve as probable triggers may not be as obvious. Attempting to accurately examine depression on a case-by-case basis requires the examiner to avoid making blanket statements, particularly when it comes to reporting. This is not to say that majority opinions on care options or causes are incorrect, only that there is some amount of disagreement, even among experts. There is not an absolute understanding of depression for journalists to focus on.

Some of the misconceptions about depression can be seen as broader opinions directed at all mental disorders. A 1998 survey conducted in the UK to gauge public perception revealed that individuals with certain disorders were often viewed as

⁹ Blease Charlotte. “The Duty to be Well Informed: the Case of Depression.” J Med Ethics Published Online First: 30/4/15 doi:10.1136/medethics-2012-101122 Web. 3/2/15

¹⁰ Ghaemi, 2013.

¹¹ Rottenberg, Jonathan. “The Depths: The Evolutionary Origins of the Depression Epidemic.” Basic Books. 11 Feb, 2014. kindle file.

dangerous or untrustworthy. Even people who had interacted with someone with a mental disorder held negative views.¹² Such misconceptions are easily perpetuated, and lead to cultural attitudes and practices that negatively impact those with disorders. Even in cases where they are not met with outright distrust, they may experience less visible stigmatization, such as social distancing. According to an assessment of public opinion by the Center for Disease Control and Prevention, only a small portion of people with diagnosable conditions will seek professional help. Most are held back by embarrassment or fear, despite the numerous issues lack of treatment can bring. Refusing to be open about their disorder can limit a person's ability to function in daily life and stop them from receiving treatment to prevent symptoms from appearing or worsening. Without greater support for better practices, policy makers may also fail to allocate the resources needed to give quality care.¹³

While the majority of concerns in the UK study were aimed at schizophrenia and alcohol and drug addictions, depression also elicited negative reactions. A majority of those surveyed felt interactions with individuals experiencing the disorder were difficult. Around a fourth felt that in severe cases a depressed person might be dangerous to others. And a smaller percentage stated their belief that the individual should simply "pull themselves together" or cure themselves. Other common misconceptions included the idea that depression is a typical sadness, that it's a sign of

¹² Crisp, Arthur H.; Gelder, Michael G.; Rix, Susannah; Meltzer, Howard I.; Rowlands, Olwen J. "Stigmatization of people with mental illnesses." *The British Journal of Psychiatry* Jul 2000, 177 (1) 4-7; DOI: 10.1192/bjp.177.1.4 Web.

¹³ Centers for Disease Control and Prevention, Substance Abuse and Mental Health Services Administration, National Association of County Behavioral Health & Developmental Disability Directors, National Institute of Mental Health, The Carter Center Mental Health Program. *Attitudes Toward Mental Illness: Results from the Behavioral Risk Factor Surveillance System*. Atlanta (GA); Centers for Disease Control and Prevention; 2012. Web. October 20, 2015.

mental weakness, or that its effects are wholly psychological and that medication is the only option.¹⁴

These opinions can easily lead to self-stigma. And while it's a problem for all disorders, self-perception is especially critical with a disorder like depression where major symptoms often include feelings of worthlessness or self-guilt. External opinions that support these notions can exacerbate them, and discourage the individual from seeking treatment, or in the worst case scenario, help push them towards self-harm or suicide.

Despite the number of people requiring mental health care in the US, legislation remains an issue in many states. The National Alliance on Mental Illness (NAMI) provided an overview of 2014. While funding for services increased in some states, it was less than previous years. Since the recession in 2009, up to 2012, states had cut funding towards mental health budgets by \$4.35 billion. Access to medication was made difficult as restrictions were put in place to save money.

Other problems, such as a shortage on urgent care or crisis services, remained unresolved. People in need were unable to receive needed care, and further representations of individuals with mental illness appeared in criminal cases. NAMI did point to several positive changes to the system, speculating that Medicaid expansion and the Health Insurance Marketplace would provide greater coverage. More transparency in insurance information could allow more effective work between care providers.

¹⁴ Disalvo, David. "Five Common Myths About Depression." *Forbes*. August 12, 2014. Web. October, 20, 2015.

And finally, workplaces and schools saw increases to mental health services. However, the extent of these benefits was still limited by what each state is willing to spend on them.

Issues of Representation

Framing is a concept used to describe the way a group presents and describes events to an audience to convince them of a certain viewpoint. In order for a movement to gain leverage and begin actual mobilization it must first convince its target audience that an injustice has occurred. To do this, the narrative must resonate with audiences, which can be determined by factors such as relevance, overall credibility and general presentation. In addition, the framer must also contend with competing frames created from other groups like news organizations, the state, and counter-movements.¹⁵

Framing is often used to explain how outsiders view social or political movements with clear agendas.

Framing depression arguably requires a different approach. It lacks the clear borders and cohesiveness of organized groups, and is often seen as a personal issue rather than a public problem, even if impacts are felt beyond the individual. It makes defining an exact message difficult, as there may be multiple, smaller movements not affiliated with one another. Framing by individuals with depression may also be lacking. Self-advocacy requires a degree of exposure that may be intimidating for those struggling with the disorder. Audiences without a stake in the matter can also view narratives about depression as irrelevant, especially when there are no specific events or relevant figures to focus on, or if they're unable to sympathize with the experiences being presented. Interest could mostly be piqued by extreme stories where an individual's depression affects the general public.

¹⁵ Johnston, Hank, John A. Noakes. "*Frames of Protest: Social Movements and the Framing Perspective.*" Rowman and Littlefield, January 1, 2005. Web. October 31, 2015.

The Social Cognitive Theory of Mass Communication may be useful in explaining why framing is effective in informing an audience's' thoughts and actions. A study by Albert Bandura, a member of Stanford University's Department of Psychology, found that human behavior is motivated by a combination of external and internal factors. Information is synthesized, with symbols serving as a kind of shorthand to inform decisions and interpret new information, "It is with symbols that people process and transform transient experiences into cognitive models that serve as guides for judgment and action. Through symbols, people give meaning, form, and continuity to their experiences."¹⁶ This allows for a greater array of information to be shared, with complex ideas broken down into more comprehensible chunks. While useful in quick communication, changes to long-term behavior come slowly, as individuals continue to evaluate situations based on existing standards, either put in place by themselves or their environment. Actions are then undertaken to fit within a personal outlook. In cases where the individual has faulty judgment, additional actions will continue to foster misconceptions. Even if a person is careful and meticulous in their reasoning, basing that reasoning on wrongful information will produce wrongful opinions.

Under Bandura's theory, even though information conveyed by the media may not always be wholly accurate, it will shape individual perception of reality. At the same time, not all new information will be retained—in some cases it will be ignored, and forgotten in others. The remainder usually fits within the individual's existing standards. Bandura notes that even when the new information contradicts a person's outlook, wrongful actions can continue to be rationalized. He states, "Because

¹⁶ Bandura, Albert. "Social Cognitive Theory of Mass Communication." *Mediapsychology*, 2001. pg 267. Web. October 31, 2015.

internalized controls can be selectively activated and disengaged, marked changes in moral conduct can be achieved without changing people's personality structures, moral principles, or self-evaluative systems.”¹⁷

Applying this to depression, different types of framing can have a drastic influence on how it is perceived. Negative framing will be more likely to instill bias than if a different, more well known topic were being discussed. Viewing depression in a different light than physical ailments, or even other mental disorders, creates a different standard to approach it from. For instance, where an employer might tell an employee with a severe cold to rest or take medicine to get well, a person struggling with depression might not receive the same understanding. Treating it in this fashion downplays and devalues the experience of the individual. And, as will be discussed, self-perception is a serious issue for those with depression.

The CDC study advised that increasing mental health literacy would be a vital step to overcome stigma and aid efforts in recognizing and caring for individuals with a disorder.¹⁸ Likewise, the UK study concluded that most negative views of mental disorder could likely be attributed to a lack of general knowledge, stating, “...it is possible that opinions about violent behavior were influenced more by recent dramatic reports of violence in the media than by such varied personal contacts. If this idea is correct, a campaign against stigma has to pay attention to media reporting as well as to providing information to the public.”¹⁹ Groups like the World Health Organization (WHO) have taken steps towards combating negative perceptions with events like

¹⁷ Bandura, 280.

¹⁸ CDC, 2012.

¹⁹ Crisp; Gelder; Rix; Meltzer; Rowlands, 2000

World Mental Health Day to call attention to pertinent issues. In 2010, the WHO promoted information about the increasing cases of depression worldwide and the potential difficulties in determining causes and treatment. WHO has also assisted governments and health workers in creating sound strategies and practices to aid in treating depression.²⁰ Attention must be given to how depression is being represented in the media and its effect on general knowledge.

²⁰ “Depression is a common illness and people suffering from depression need support and treatment.” World Health Organization. October 9, 2012. Web. October 19, 2015.

Media Standards and Practices

This is not to say that media representations are inherently biased, or that they intentionally support wrongful opinions. There are stringent guidelines for reporting on mental health. The Associated Press Stylebook and Briefing on Media Law sets the standards for most of the news industry in the US, and it includes a section on mental health. AP Senior Vice President and Executive Editor Kathleen Carroll urged journalists to carefully consider what they included in their writing, stating, “When is such information relevant to a story? Who is an authoritative source for a person’s illness, diagnosis and treatment? These are very delicate issues and this Stylebook entry is intended to help journalists work through them thoughtfully, accurately and fairly.” The AP style guide stresses precise and accurate reporting. In addition to reliable sources, the disorder itself must be plainly identified for the reader. Words and descriptions that imply or offer a statement of value cannot be used. This applies not just to inflammatory language such as “mad” or “nuts,” but also to emotional phrases like as “she suffers from depression” or “he is afflicted with obsessive-compulsive disorder.”²¹

In most cases, these are useful guidelines. Reporting that meets criteria will be unlikely to instill any new biases. However, writing that does not provide sufficient detail about a disorder may still fail to address pre-existing misconceptions which are more firmly held. As a result, readers may still finish with their incorrect opinions intact. Journalists may find it useful to write with more specific standards.

²¹ “Entry on mental illness is added to AP Stylebook.” *Associated Press*. 2013

In addition to the Associated Press, other groups have released additional guidelines, both for journalists writing about mainstream news stories, and for those specializing in healthcare or medical reporting. The Radio Television Digital News Association, partnered with the Entertainment Industries Council released material aimed at journalists writing about mental health. Their joint organization, Tools for Electronic and Media (TEAM Up), provides interviewing and writing tips, examples of good reporting, and their own style guide. Their advice is similar to guidelines suggested by the AP style guide, though it goes into greater depth in several areas, and may be valuable for situations where the story necessitates mention of an individual's mental health.

With specific stories dealing with crimes or disasters, they advised journalists to avoid making assumptions or implications about the role mental illness might have played. For general reporting, while they urge the need for balanced narratives, TEAM Up states that elaboration is useful, listing several options for follow up information. First, that experts on the subject should be brought in and consulted for sensitive stories. Second, in addition to normal reporting on sensational events related to mental health, there should also be coverage of more mundane stories to provide information about useful treatment options. Lastly, that there should be positive representation for people with mental illness. Rather than depicting a crime or death, there should also be stories about more mundane cases. People managing their symptoms, able to lead normal lives.

Reports about someone’s recovery experience to show that not all mental illness is permanent, and that proper treatment and management is possible.²²

Journalists Bill Kovach and Tom Rosenstiel lay out additional ethical responsibilities in their book, *The Elements of Journalism*, which discusses overall uses of journalism, but is still applicable for reporters writing specifically about depression. A primary purpose, they argue, is that on a basic level, “...news satisfies a basic human impulse. People have an intrinsic need—an instinct—to know what is occurring beyond their own experience, the events over the hill.”²³ News stories allow audiences to be informed of relevant events occurring outside their own lives, and comprehend the potential implications. For simple or familiar issues the benefits are obvious. But depression, and those experiencing it, may not be a familiar topic. The urge to know, Kovach and Rosenstiel note, is in part because “Knowledge of the unknown gives them security; it allows them to plan and negotiate their lives.”²⁴ If the unknown is introduced inaccurately, or understood improperly, then the news fails one of its primary duties.

This leads into the next journalistic responsibility. In attempting to build a consensus on what professional journalists consider to be the most vital aspect of the profession, the answer the two received most was that journalism must be truthful, and ensure citizens have the tools to make informed decisions. They state, “With the

²² “Style Guide: Reporting on Mental Health.” *TEAMup*. September 2012. Web. February 2016
<http://www.eiconline.org/teamup/wp-content/files/mental-health-reporting-style-guide.pdf>

²³ Kovach, Bill; Rosenstiel, Tom. “The Elements of Journalism, Revised and Updated 3rd Edition: What Newspeople Should Know and the Public Should Expect.” Three Rivers Press; 3 Rev Upd edition. April 1, 2014. Print. July 29, 2015.

²⁴ Kovach; Rosenstiel, 22

extreme increase in news sources—from professional outlets to amateur reporters—good journalism helps audiences to make sense of the information they receive.”²⁵

However, as they are quick to clarify, remaining truthful is often not as simple as imparting facts. New developments may contradict existing assumptions. In other cases there may not be enough information to assemble a comprehensive narrative. At a minimum, journalists should strive to build a working understanding, “This is what our journalism must be after—a practical or functional form of truth. It is not truth in the absolute or philosophical sense. It is not the truth of a chemical equation. Journalism can—and must—pursue the truths by which we can operate on a day-to-day basis.” This doesn’t permit shoddy reporting, but it does grant leeway for journalists to report on evolving topics. Journalists frequently cover ongoing events, obviously without initially knowing all the information, but implicitly agreeing to update audiences as the story unfolds.

Depression, with the uncertainty about its exact cause, the specific impacts it may have on each individual, or even what the most effective treatment may be, is a topic where imparting a working understanding may have to suffice. Perception towards it has evolved multiple times, and continues to be inconsistent between audiences. Accepted causes, treatments, and attitudes will change in the future. On one hand, conveying this lack of certainty is problematic. Journalism requires credibility. Audiences would have no use for it otherwise, and appearing uninformed or indecisive on a subject risks losing that credibility, which from a professional perspective is inexcusable. However, covering depression ethically may require admitting that there is

²⁵ Kovach; Rosenstiel, 22

not a consensus when it comes depression—that current understanding may not have the definitive answers.

Addressing the individual

Besides ensuring general audiences take away the most accurate information possible, reporting must also take care to address people who have a disorder. As Kovach and Rosenstiel noted, people are always eager for new experiences. However, there is also the need to hear about experiences that are familiar. Failing to provide a broader range of depression stories risks creating content that only talks about people with disorders rather than to them. In addition, it is important to observe the difference between treating them only as depressed people, and treating them as people with depression. Joshua Wolf Shenk, author of *Lincoln's Melancholy*, describes this difficulty well. In separating Lincoln from his disorder, Shenk states, “Diagnosis, we must remember, exists primarily to facilitate treatment in a clinical setting. It is a snapshot at a moment in time. But here we want to make sense of a whole life.”²⁶ While depression is a major influence for any who experience it, it is only one part of their identity. For event driven journalism this is especially hard. Focus usually begins on the immediate circumstances before tracing back the causes.

While it may be tempting to criticize news organizations for producing stories that bring attention to depression but fail to elaborate or provide detailed information, they balance business practices with their ethical obligations. To remain profitable they must also consider what readers wish to hear about. Iris Chyi and Angela M. Lee,

²⁶ Joshua Wolf Shenk. *Lincoln's Melancholy: How Depression Challenged a President and Fueled His Greatness*. Mariner Books; Reprint edition. October 2, 2006

assistant professors at the University of Texas, discuss how a story's newsworthiness affects circulation. They begin with the distinction between newsworthy and noteworthy, the former having more to do with public relevance, while the latter involves individual preference. In order to maximize success, news must satisfy both. However, they find a widening gap between how news producers view these concepts versus their consumers, stating, "as long as journalism needs an audience, it will only be financially successful when the gap between what is considered newsworthy to news producers and what is considered noteworthy to audiences is narrowed."

They highlight the fact that online news has increasingly allowed consumers to pick and choose what information they view. As a result, it's in the producer's interest to increasingly cater to consumer demands.²⁷ Kovach and Rosenstiel make a similar observation in their book, stating, "In the new century, one of the most profound questions for democratic society is whether news can survive as a source of independent and trustworthy information, or whether it will give way to a system of self-interested propaganda, of citizens consuming information in narrow channels or "filter bubbles..."²⁸

It makes the challenge of correcting misconceptions all the more difficult, as there is less guarantee that the intended audience will be made aware of the needed corrections. But, while both sets of authors discuss the issue in the slightly negative terms of whether content put out by the news industry will remain relevant compared to newer, potentially less-reliable sources, consumer choice may provide certain

²⁷ Lee, Angela M.; Chyi, Hsiang Iris. "When Newsworthy is Not Noteworthy" *Journalism Studies* 15.6. 10 Oct. 2013. Web. 4/21/15

²⁸ Kovach, Rosenstiel, 11

opportunities to engage readers. A long-run question will be how to encourage the positive aspects while discouraging improper consumption. News organizations must consider how audiences take in content; this includes how they find it, how long they will pay attention to it, and whether they do anything with the information they receive. For online news, audiences have a variety of ways to find stories. Besides traditional home pages or manual searches, social media allows users to share and redistribute content they find interesting.

In regards to coverage of depression, the pros and cons of such a shift are unclear. For dedicated audiences already searching for depression-related content, it may change little as they likely already choose which sources they obtain information from. There are numerous outlets that deal heavily in mental health and depression. Even more generalized organizations are making their specialized content more accessible by grouping them in categories. The Huffington Post for example features a web page called *Stronger Together* that contains feature stories and advice articles on how to manage mental health issues. Besides the more intimate title, some of the articles listed on the page are more informal than those posted under the Post's main page.²⁹ But for casual audiences with less investment in debates over depression, remaining in their own sphere of interests will likely limit their exposure to new information. This also does not include those who have no active interest in the topic.

Individuals experiencing depression, but who are not well known, are unlikely to be considered newsworthy subjects, and will be noteworthy to only select audiences. Depression's newsworthiness is arguably even more limited than suicide, which is also

²⁹ "Stronger Together." *Huffington Post*. Web. February 2016.

underreported, despite occurring more frequently than homicides. A Freakonomics podcast comparing coverage between suicide and homicide states that, “Murder represents a fractured promise within our social contract, and it’s got an obvious villain. Suicide represents — well, what does it represent? It’s hard to say. It carries such a strong taboo that most of us just don’t discuss it much.”³⁰

Event-oriented coverage

To better understand how depression can be mentioned or included in these cases, coverage of two major events involving a suicide will be studied. The first is the intentional crashing of Germanwings flight 9525. The second is the death of comedian Robin Williams.

Both received widespread attention by the media, and the stories were largely event driven. While the questions and tones of many of the prominent articles were different, the overall discussion changed very little between main news articles. The story of Germanwings remained one of shock, horror and confusion. Remembrance of Robin Williams focused on honoring the actor’s accomplishments. The articles successfully offered needed information about the immediate story. However, despite large amount of publicity given to the events, less attention was given towards discussing wider issues relating depression. Despite featuring in both stories, further information or clarification about it appeared mostly in tangential editorials and opinion pieces. With the visibility that the narratives gained, these were missed opportunities to discuss depression in newsworthy contexts.

³⁰ “The Suicide Paradox.” *Freakonomics*. August 31, 2011. Web. February 2016.

Germanwings flight 9525 was traveling from Barcelona to Dusseldorf on Tuesday, March 24. Co-pilot Andreas Lubitz, 27, was alone in the cockpit at the time of the crash. Initial coverage of the situation was chaotic; it was unclear how the tragedy happened. Lubitz and the pilot were both experienced flyers. Airline officials expressed horror and sadness over the crash, but could offer no clear answers. Among the 150 passengers were schoolchildren from Germany, which drew public attention. President Obama released a statement mentioning them, saying the crash was “particularly heartbreaking because it apparently includes the loss of so many children.” There was no evidence that the incident was the result of terrorism or third party interference.

A clearer picture began to develop when some of the plane’s audio recordings were recovered. Lubitz had apparently locked the door to the cockpit and purposefully guided the plane into its descent. The pilot and passengers outside could be heard trying to get in. At first, speculation about Lubitz’s motives proved unhelpful. A spokesperson from Germanwings’ parent company, Lufthansa, said that he “...passed all medical tests, he passed all aviation tests, he passed all checks. He was 100% able to fly without any limitations, without any reservations. His accomplishments were excellent. Nothing was noticed that wasn't proper.” However, he noted that Lubitz had briefly paused his training in 2009.³¹

On March 27, prosecutors revealed documents that indicated a doctor had told Lubitz to go on medical leave on the day of the crash, but that the order had been ignored. Furthermore, his employers were never told about any potential illness. Other troubling details surfaced, including the possibility of depression or other mental issues.

³¹ Lackey, Katherine. “Timeline: Germanwings Flight 9525 crashes into Alps.” *USA Today*. ed March 28, 2015. Web. February 2016.

Police discovered antidepressants while searching his apartment. In an interview with a German newspaper, Lubitz's girlfriend stated that he'd told her that he'd one day do something that would be remembered. Something that would "change the whole system." The New York Times reported that Lubitz might also have been experiencing vision problems that could have prevented him from further flying. However, they were quick to clarify that the extent of these problems, and their exact impact on his behavior remain unclear.³²

The event generated a round of inquiry into the role depression played in the incident. The discovery of Lubitz's medical history led to questions of whether Lufthansa was negligent in allowing him to continue flying, even though it seems he kept his condition a secret. While the debate could lead to safer policies when it comes to employees with mental illness, it also necessitated clarification from several sources about the nature of depression, assuring readers that such destructive acts are the exception rather than the norm. New York Times Correspondent Erica Goode analyzed coverage of the story and warned that, "many mental health experts say that the tendency to link mass violence and mental disorders has a negative effect, discouraging people from seeking treatment."³³

Based on Bandura's theories, other audiences would likely note the most immediate or prominent information—that the Lubitz was depressed. One article published by CNN titled "Germanwings co-pilot Andreas Lubitz reported depression

³² Eddy, Melissa; Kulish, Nicholas; Clark, Nicola; Ewing, Jack. "Germanwings Pilot Andreas Lubitz Sought Treatment for Vision Problems Before Crash, Authorities Say." *New York Times*. March 28, 2015. Web. February 2016.

³³ Goode, Erica. "Role of Illness in Germanwings Crash Raises Worry of Stigma." *New York Times*. March 30, 2015. Web. February 2015.

during training,” began by stating, “Years before he was at the controls of a German wings plane that plunged into the French Alps, Andreas Lubitz told the airline he worked for that he'd had a bout with depression.”³⁴ The title and opening statement are immediately attention getting, useful for drawing readers in and ensuring noteworthiness. It was accurate information. But the provocative wording portrayed depression as something insidious. To readers that might view people with mental health issues negatively, the sentence not only suggests that depression can be dangerous to others, but also implies that the events might have been inevitable because of it. There is no intervening information between the crash and Lubitz’s initial depression that can offer further context. A quote by a CNN aviation correspondent later in the article cautions that while further investigation into the medical records is needed, there are other factors to consider, but it comes long after the first statement has set the tone of the article.³⁵

Readers of controversial subject matter often make judgments quickly. Rather than basing opinion off of extensive fact-finding, readers tend to elaborate based on the fragmented information that they initially receive. An article appearing in the *Journal of Communication* analyzes this trend based on how audiences reacted to scandals, with scandals defined as any media event that occurs when a subject—both individuals and groups—violates social norms. Once a reader is introduced to the story, “they strive to arrive at a sound impression of the case. They will adopt information that fits their first overall impression... and reject information that contradicts that first impression.” If

³⁴ Brown, Pamela; Pleitgen, Frederick; Shoichet, Catherine E. “Germanwings co-pilot reported depression during training” *CNN*. March 2015. Web. February 2016.

³⁵ “German copilot reported depression”

they believe the subject is guilty, they are likely to reinforce that view; if they believe the subject is not, they will create excuses for why they are innocent.³⁶

Like Bandura's theory suggested, information will typically be understood imperfectly based on the individual's existing notions. In the case of the CNN article, while follow up statements offer balance, they may come too late to change some readers' minds who already drew their own conclusions. Though the CNN article is factually correct, the choices of how to order and present the information may have resulted in an inaccurate framing of depression, and others experiencing depression. Without distinction between Lufthansa and instances where depression may be more minor—some recognition of the variation between cases—all those who experience are implied to be similar in nature.

Another article by Erica Goode, appearing in the *New York Times*, opened by asking, "What goes through the mind of a pilot as he turns the nose of an airliner toward the ground and prepares for death, taking 149 other people with him?"³⁷ It goes on to state, "Experts on suicide say that the psychology of those who combine suicide with mass murder may differ in significant ways from those who limit themselves to taking their own lives." Compared to the CNN coverage, the wording of the article doesn't offer depression as an immediate answer to the issue. By allowing some uncertainty in tone, it provides a greater distinction between depression and suicide. Likewise, in a later article about Lubitz's possible vision problems, the authors state that there is still more to the story. The article reads, "Many questions remain unanswered, if not

³⁶ Kepplinger, Hans Mathias; Geiss, Stefan; Siebert, Sandra. "Framing Scandals: Cognitive and Emotional Media Effects." *Journal of Communication*. November 11, 2011. Web. February 2016.

³⁷ Goode, Erica. "Suicide by Plane Crash is Not Without Precedent." *New York Times*. March 26, 2015. Web. February 2015.

unanswerable, including whether his decisions in the cockpit on Tuesday morning were impulsive or planned.” To the side of the text are further known facts about Lubitz; these include when his physical and psychological problems began, their severity, who knew about them, and whether they had previously impacted his work. Readers are given more information with which to form their opinions.³⁸

The death of Robin Williams in August 2014 inspired widespread mourning. The 63-year-old comedian and actor was found in his home when police responded to a report that a man was unconscious and not breathing. It was eventually concluded that the death was due to suicide by asphyxia. His publicist said that he’d been suffering from ““extreme depression.”” Earlier in the summer Williams had gone into rehab, with early reports speculating that it may have factored into his suicide. The actor was open about his past struggles with alcohol and drug use. In the 1980’s he resolved to quit after a good friend overdosed, but relapsed in 2003. At one point he compared addiction to being on a precipice with a voice urging him to jump. Certain quotes from old interviews reappeared in the new coverage. In one interview with the Guardian, a year after a major surgery, Williams was asked if he was any happier, to which he replied, ““I think so. And not afraid to be unhappy. That’s OK too. And then you can be like, all is good. And that is the thing, that is the gift.””

Williams’ wife expressed her grief, and stated, ““...As he is remembered, it is our hope the focus will not be on Robin’s death, but on the countless moments of joy and laughter he gave to millions.”” Many responses recalled Williams’ past roles. Articles in the New York Times, Washington Post and USA Today summarized his life,

³⁸ “Copilot Sought Treatment.”

including tweets and quotes from colleagues and fans. The Washington Post reused the words of a past critic, who stated “‘It’s a bit disorienting to come upon a fellow with the inventiveness of an Albert Einstein and the attention span of a Daffy Duck, but these are among the qualities that have made Robin Williams at 26 the hottest comedian in America.’” A statement from President Obama appeared in several articles, offering condolences to Williams’ family, calling him “one of a kind,” and praising his talent and generosity. Both the New York Times and USA Today ended with quotes from Williams and his publicist that expressed the actor’s happiness and drive.³⁹

Unlike with coverage of the Lufthansa story, the examined articles about Williams were more delicate in their framing of depression. The situation lacked controversy. Readers were less likely to make quick judgments. Given the actor’s popularity, the reactions shown were mostly sympathetic. The Washington Post article included a list of celebrity tweets. Several urged anyone experiencing suicidal thoughts to seek help. However, there were still issues with how the coverage included information about depression.

First, while it was mentioned, much of the attention of the articles was occupied with celebrating Williams’ life and accomplishments. As with the coverage of Lubitz, a large amount of background information about depression was included in additional articles rather than primary ones. Most of the initial attention was given towards celebrating his life and accomplishments, and less was given towards attempting to understand what motivated his apparent suicide. As it was found recently from an interview with his widow, Williams had diffuse Lewy Body dementia, which shares

³⁹ Yahr, Emily. “Robin Williams dies at 63 of apparent suicide; reactions, tributes pour in.” The Washington Post. August 11, 2014

many symptoms with Parkinson's. His depression was likely a result, and was not what caused his death.⁴⁰ While this information was not revealed until more than a year later, it does serve as an example of why coverage on depression should be careful in assuming that it is the sole factor. Otherwise, journalists may miss further details that contributed.

The second issue is that focusing only on instances of suicide may contribute to the misinterpretation that all depression ends in suicide, or that only certain people can become depressed. A BBC article titled "Robin Williams and the link between comedy and depression," discusses the perception of comedians as being tortured souls. The article includes the stories and quotes of various celebrities. One of the most consistent ideas presented is that creative minds are predisposed to extremes, with work serving as an outlet. While the piece does state, "depression is far from particular to creative personalities," the rest of the article, and the coverage of Williams as a whole, does little to prove otherwise. All of the statements used are from celebrities and public figures. There are no quotes from people working in more mundane types of jobs, or who come from an average background.⁴¹

An article from *Scientific American* written in response to Williams' death does avoid some of these issues by simply offering extra clarification, stating that "Several factors, such as severity of symptoms, family history, substance abuse and a "mixed" depressive and manic state may combine to increase the risk for suicide." It concluded with a reminder that anyone could be at risk for similar mental health issues, not just

⁴⁰ Itzkoff, Dave; Carey, Benedict, "Williams's Widow Points to Dementia as a Suicide Cause," *NYT*, Nov 3, 2015, web, February 2015.

⁴¹ Youngs, Ian. "Williams and the link between comedy and depression," *BBC*, 12 August, 2014. Web, February 2015.

comedians.⁴² While it succeeds in providing a more comprehensive report, it also discusses depression only in the context of a suicide without presenting alternative outcomes. This is not a failure on the part of the article, or necessarily any of the other articles that covered Williams' suicide, or the coverage of Lubitz. It may be more accurate to view it as a natural difficulty of event oriented reporting. Because such stories deal heavily on action within a given moment, they may leave out contextual information that can give readers a more complete understanding of the story and subjects. For stories dealing with people experiencing depression, that insight into their character and background will be more useful than using their disorder to explain every action in the story.

⁴² Jacobson, Roni, "Williams: Depression Alone Rarely Causes Suicide" *Scientific American*, 13 August, 2015, Web, February 2016.

Providing More Comprehensive Coverage

Part of what's lacking is the voice of individual experiencing depression, or others personally involved. They offered information about the event, but didn't immerse audiences in what it is like to struggle with the disorder, or to be around someone who does. It's one thing to know objectively that an individual has been through an ordeal, it's another to understand what they felt, their reaction to the situation and ultimately how they changed. Lewis Wolpert writes about his own experience in *Understanding Depression*, beginning his narrative by bluntly stating, "If you can describe your severe depression you probably have not had one. It is indescribable... My mental state bore no resemblance to anything I had experienced before."⁴³ While Wolpert's statement seems to depict depression as too opaque a subject to describe effectively, that lack of clarity needs to be acknowledged.

His account also lists various physical and mental symptoms, among them, the certainty that he wouldn't recover. The depression was abrupt and unexpected. Despite knowing that he had a satisfying career, and happy family life, he still wished to kill himself. He states, "Nothing gave me pleasure and every decision, no matter how small, increased my anxiety. I had no emotions and was unable to cry but I did retain a macabre sense of humour."

Andrew Solomon, author of *The Noonday Demon*, similarly calls the condition "almost unimaginable" for those who don't experience it—likely accurate, but not a useful answer for journalists attempting to write for a general audience. *Noonday*

⁴³ Pariante, Carmine M.; Nesse, Randolph M.; Nutt, David; Wolpert, Lewis, "Understanding Depression," Oxford University Press, 2009, Print

Demon includes multiple stories from people discussing their depression, as well as Solomon's own accounts. He doesn't narrow his focus to one specific period. He lingers on specific events that are relevant, but the goal of each narrative is to tell the person's larger story as fully as possible, and provide the proper context to understand them. The account of his depression spans years, beginning as early as childhood. It doesn't refrain from presenting the contradictions, irrationality, and chaotic thoughts depression creates. Many of the details are extremely personal or unflattering. But with the information provided, readers gain insight into Solomon's life and can appreciate his struggle with the disorder. By being witness to so much, readers are inspired to empathize.

At its most severe, the depression was completely debilitating. Solomon recalls one instance when he was expected at a party. He found that he couldn't get out of bed, stating, "I wanted to call my friends and cancel, but I couldn't. I lay still and thought about speaking, trying to figure out how to do it. I moved my tongue but there were no sounds. I had forgotten how to talk."⁴⁴ At other times, he was able to function, but felt emotionally numb. He describes emerging from one period, stating, "Years had passed since I had felt happiness at all, and I had forgotten what it is like to want to live, to enjoy the day you are in and to long for the next one, to know that you are one of the lucky people for whom life is the living of it."⁴⁵

Analyzed using TEAM Up's style guide the story satisfies several of the criteria aimed at journalists. His story details multiple low points in his life, but makes it clear that despite his troubles, he had an active career as a writer. While attending several

⁴⁴ Solomon, Andrew, "The Noonday Demon," 49 Scribner, 2001, Print.

⁴⁵ Solomon, 78

promotional events he recalls feeling sudden anxiety, or having trouble focusing, but endured the discomfort as best he could. While Solomon says that he will remain on medication for the rest of his life, and admits that further episodes are a possibility, he ends his account with closure by reinforcing the idea of depression as a manageable condition. It provides a complete narrative arc, detailing the causes of the depression, and is careful to differentiate between expert sources and other subjects. It's not, as Shenk described in his *Lincoln* biography, a "snapshot" of a life.⁴⁶

Besides the obvious difference length, some of Solomon's other formatting or stylistic choices fit news articles. For instance, while the bulk of the text is worded plainly, there are sections from poems or other writing included. Solomon explains the choice early, suggesting that metaphors may offer a clearer description. While they will vary based on the individual's words, he points out that they may still provide a way for outsider readers to immerse themselves in the experience and understand the disorder.⁴⁷ Descriptive vocabulary is certainly a component in any news story, but an overlong description can compromise the article's main focus, or use up space that is needed in other sections. Writing a shorter article requires a different approach.

The solution is to allow individuals to speak for themselves directly, or to showcase character through their actions. This can supplement an articles' less engaging sections. Exposition that was bland by itself can be enhanced by a vibrant personality or interesting voice. Feature writing relies on this tactic. It doesn't attempt to provide only information as hard news stories do. Instead, it builds a narrative. Often this means sacrificing some of the structure that's expected in other reporting. Even if

⁴⁶ Shenk

⁴⁷ Solomon

the piece is meant to discuss a larger issue, the initial focus is usually on a specific person related to the topic. Done right, the subject builds a reader's investment in the current story, and potentially the larger issue.

Kaiser Health News published a feature article about Wynne Lee, an Asian American high school student. Similar to Solomon's story, the narrative is inclusive; depicting both the extreme lows that come with depression, as well as the triumphs during the recovery process. While the situation is bleak, there are also positive examples of how to manage one's own depression, and how to care for a family member who is experiencing it. In this way, it satisfies the three broadest requirements suggested by the NAMI style guide for reporting on mental health—that mental illness only be mentioned if it is relevant, including credible sources, and that accurate language be used to avoid stereotypes. As a profile piece, Lee's depression is an integral part of the story, so its inclusion is purposeful. She and her family are reliable sources for discussing their own circumstances, and mental health experts are quoted for more technical information. The language used is specific, and avoids value statements.

The article also meets some of the more specific points from the style guide, such as maintaining balance, not assigning a singular cause to the disorder, remaining aware of unique factors from culture or ethnicity, and showcasing the potential for recovery. It begins with a quote from Lee's diary in which she expresses her desire to kill herself, and states, "Wynne Lee's mind was at war with itself – one voice telling her to kill herself and another telling her to live. She had just turned 14"⁴⁸ Her feelings aren't presented as minor sadness, or as a way to get attention. The internal conflict is

⁴⁸ Gorman, Anna, "When Depression and Cultural Expectations Collide," Kaiser Health News

not just a minor struggle, but also a mental “war.” The article makes no attempt to downplay her situation.

Lee recalls feeling happy as a child. The sudden sadness was, “unfamiliar and scary.” She tried to distract herself with hobbies, but they didn’t work. The depression persisted, and eventually she turned to self-harm for relief. When even that wasn’t enough, she considered killing herself. To her, the depression was an indication that she was failing to meet expectations, “she believed she was supposed work hard, get good grades and make her Taiwanese immigrant parents proud. She wasn’t doing any of that, and she didn’t know how to ask for help.”⁴⁹

The article presents several sources of stress, but doesn’t overplay their severity. Lee recalls a difficult school year, a break up, rumors spread about her, and several friendships ending—all unpleasant, but normal occurrences. Without outright stating it, the article emphasizes the fact that mental health disorders aren’t always related to extreme trauma—that they can occur when problems are mundane, or even when a person’s life seems to be satisfactory. And it again shows that the reasons behind depression can be nebulous, with no singular event that is easily identifiable as the main cause. It shows that underlying stressors from lifestyle or circumstance play a role. Lee’s relationship with her parents, and her desire to live up to expectations are not the only factors, but they certainly impacted her.

As the TEAM Up guide advises, “Don’t assume that how people perceive, experience and treat mental illness are uniform across cultures and ethnic communities. Include the perspectives of mental health experts who are knowledgeable about the

⁴⁹ Gorman, “Depression and Cultural Expectations”

cultural and ethnic factors that impact people living with a mental illness.” Lee’s specific story leads into larger issues concerning the mental health of Asian Americans, and the lack of specific research aimed at addressing them. The article states that the limited studies that do exist find that many Asians may be less likely to seek treatment due to incomplete understanding of the disorder, or because they fear stigma. Rather than simply claiming it to be true, data cited from the National Center on Health Statistics supports the argument by showing higher suicide rates in Asian American college students. Several mental health professionals share their own personal experiences interacting with families. They find that a frequent concern is that the standard methods of therapy are meant for white patients, and fail to account for symptoms that may be more common in Asians. One researcher states that pressure is particularly high for school-age children. Discouraged by their parents from compromising their academic performance, they may ignore medication and treatment that may have side effects, striving to meet high expectations.

Additional diary entries are included. In one, Lee regretfully writes about missing school days. While some readers might assume Lee’s sadness is just typical teenage behavior, that she might be seeking attention by overreacting, the article shows that she is not choosing to be moody or unhappy. She actively attempts to get better. Failing to recover quickly becomes a source of guilt and frustration. The article also delves into her mother’s role, as she tries to understand what Lee is going through and support her. Initially doubtful, Maggie Huang believes her daughter is simply being lazy. She and her husband wonder what they’ve done to cause Lee to be difficult. When there isn’t improvement, they quickly grow worried, not knowing what to do. Some of

her difficulties were also rooted in her culture, as she recalls a sense of isolation, feeling that other Asian mothers blamed her for Lee's troubles. The confusion and frustration culminates in a bad argument between Huang and Lee. Huang says, "I couldn't do it anymore."

It's valuable insight into what it's like to be support a family member experiencing depression. Just as they may not understand their own situation, it can be difficult for family and friends to remain patient with them. Huang's frustration is a common feeling, and provides an understandable viewpoint for readers to connect with. However, Huang's initial reaction is not a positive one. Advice from experts and mental health organizations emphasizes the need to remain available and open-minded. NAMI urges family members not to blame their loved one for their behavior. While they may be difficult to deal with, mental illness can significantly influence mood and actions. Instead, it's most helpful to become educated about disorders, encourage loved ones to seek help, and to be open about support.⁵⁰

After the argument with her mother, Lee swallows a large amount of prescriptions pills and has to be rushed to the hospital. There, she's diagnosed with severe depression, and introduced to several therapists. However, she soon finds that she isn't feeling better. In another diary entry, she states, "the suicidal thoughts are seeping back here and there by droplets. ... Therapy and counseling are so not ... helping me either. All we do in these sessions is chat. I'm not feeling any better. I'm still not able to handle this at all. I'm not healing.'" Her schoolwork doesn't improve, and she is asked to leave her hip-hop team for missing practices and competitions.

⁵⁰ "Supporting Recovery." *National Alliance on Mental Illness*. N.d. Web. 17 January 2016.

Her actual recovery isn't shown until Lee and her mother discuss things openly, "Huang told her that she loved her. She said she believed that Wynne would succeed — no matter what." Knowing she had the option to talk, Lee found that her mood steadily improved. She's able to graduate and begin attending classes at community college, discovering drawing as a new potential hobby, and resuming dancing. The article concludes on a positive note, during a dance session. It states, "Wynne said she knows that the depression, and the loneliness, may return. 'I've accepted it as part of who I am,' she said. But as she ran back toward the blaring music, it seemed the last thing on her mind."⁵¹

Showing an individual steadily returning to a normal lifestyle after such severe depression sends a valuable message. As the TEAM Up guide states, "Mental illness is treatable and recovery is possible. Sharing stories of people who have sought treatment and recovered or are managing their condition successfully goes a long way toward reducing misconceptions."⁵² Unlike the coverage of Lubitz or Williams, in which the subject had already passed, Lee's story demonstrates the possibility for outcomes other than suicide. It also includes first-hand accounts from Lee and her mother, shortening the distance between the reader and the information. While generally short, the quotes and diary passages may provide greater insight into the situation than an author's summarization.

As a specialized nonprofit, Kaiser Health News does function differently than other news organizations. For one, it's self-funded, and has editorial independence,

⁵¹ Gorman

⁵² "Style Guide: Reporting on Mental Health." TEAMUp. September 2012. Web. February 2016

allowing greater focus on publishing newsworthy content, rather than splitting attention to ensure both newsworthiness and noteworthiness. In a message describing the organization's purpose, CEO Drew Altman stated, “Our aim is not investigative reports, snarky opinion or blogs, or breaking news headlines that can fit on a cable news ticker or Twitter feed, though we have no problem if KHN sometimes ‘breaks news.’” Instead, the goal is to provide in-depth coverage. Rather than a surface-level exploration, good articles lead to a comprehensive understanding. In this sense, Kaiser’s format is less like news coverage and more like explanatory journalism that attempts to tackle more complex topics and demystify them for a general audience.⁵³ Whether or not Kaiser fully meets this goal, or whether the business practice can be replicated in other news organizations, the principle is still valuable for journalists writing about depression and mental health.⁵⁴

Unlike an event driven story, the Lee article, and feature reporting in general, has the advantage of dealing with people as characters rather than sources. Lauren Kessler, an award winning author and professor at the University of Oregon, discusses the difference in her book, *The Write Path*. She describes how most journalists are taught to view potential subjects, “I had been taught in journalism classes to think of people in very specific ways. People were either objects in a story or they were sources of information in a story. If they were objects, things happened to them... If they were sources of information, you mined them for usable material.”⁵⁵ It’s a valid approach for stories that may require a broad focus, or when a professional tone means remaining

⁵³ McDermott, John. “Explaining what’s behind the sudden allure of explanatory journalism.” *Digiday*. March 17 2014. Web.

⁵⁴ “Pulling it Together.” Kaiser Health News. May 1, 2009. Web. 29 April 2016.

⁵⁵ Kessler, Lauren. “The Write Path.” 87-88. Monroe Press. 2015. Print. February 14, 2015.

impartial. However, in instances where a journalist must act with empathy, it can create a barrier between them and the people they need to connect with. If the journalist cannot build a full understanding of the individual, then they cannot impart that understanding to readers. Kessler recalls having to unlearn her old lessons, stating, “but really, it didn’t matter if you saw a person or heard a person, or how little you knew a person, because people only existed to tell you things or to answer your specific questions so you could tell things about them.”⁵⁶

As the AP Style guide states, journalists writing about individuals experiencing mental health issues should avoid identifying them by their disorder. But, even before writing about the individual, they should examine how they view the individual in terms of the writing process—whether they’re a means to write compelling material, or if the goal of the writing is to help the individual and others understand depression. Kessler describes interviews she did with de-institutionalized mental patients. Shortly after the article was published, a woman who’d been interviewed killed herself. The suicide was shocking. During their interview, Kessler remembers thinking to herself that the woman was a survivor, that she would write about her trying to help others. Looking back, she found that she’d been the one controlling the interview, asking questions she was interested in, “I had come to her with questions, but how did I know what was important to *her*, what mattered to *her*? Suppose I had come with no questions and just let her talk... What I missed was seeing her as a character, an actor in her own life—not an object in my story.”⁵⁷

⁵⁶ Kessler, 88

⁵⁷ Kessler, 89

Reflection on Audio Piece

This issue of balancing my own expectations versus the subject's actual situation was one of the main challenges I had in conducting interviews. Initially, the hope was to find people who'd gone through depression and to recount their experiences. I wanted insight into how it felt to live with severe anxiety and low mood, and to observe strategy for managing the disorder. When I mentioned the project to a friend, Alyson Burke, she offered to be one of the interviewees. She mentioned that she'd personally gone through a low point not long ago, and that she also knew several people who'd had more severe diagnoses. Before the actual interview, I wasn't aware that she hadn't been diagnosed with actual depression. As she put it, she wasn't quite on the radar, and that what she'd felt was closer to severe anxiety. I'd based many of my questions on the assumption that she'd had depression. It didn't mean that her actual story was dull or unimportant, only that I needed to let go of my own ideas and embrace the change in direction.

It's a challenge that professional reporters already grapple with in normal stories, but which becomes even more serious here. While over exaggeration is dangerously close to falsehood, effective storytelling mustn't bore audiences either. If a journalist enters into a situation with preconceptions about what the narrative will be, but finds that the actual story differs, they should adapt rather than trying to force their original ideas through. For most event-driven reporting, where there's less risk of overstatement, strong language and vibrant quotes can improve even mundane stories. With controversial issues like mental health, there's no room for error. As noted, minor diction and tone can have a drastic impact on what information is imparted. Initial bias

on the reporter's part only complicates matters, and can compromise the final piece's integrity. As Kessler stated, it's the difference between treating an interviewee as a person in the story, versus treating them as a moving object.

During our interview, Alyson also talked about her sister and several of her friends. Their diagnoses were more serious, and they weren't present to offer their own statements. It might've been possible to edit out the names of the two friends, but her sister was much easier to identify. This raised the issue of whether it was right to include them at all. Some of the details Alyson told me were personal. It wasn't information that I'd include without permission. Even after her sister, Alexis Burke, agreed, there was still some doubt about what I could reasonably include. Alyson had been away at school through most of her sister's lowest point. She'd seen signs, and had confronted her sister over her behavior when she visited home, but I couldn't be sure how accurate the information was without actually talking to Alexis or a second source who'd been present. I didn't have a way to reliably meet Alyson's family in person, and I didn't feel the subject matter was appropriate to talk over the phone without a face-to-face meeting first. In the end, I decided to limit Alyson's quotes about her sister to ones that directly related to her own situation. Worrying about what was happening at home was a source of stress for her, and it impacted how she viewed her own anxiety, so it wasn't extraneous.

The second person I interviewed was Sheri Shadwick Van Rysselberge, the Mental Health Specialist at Options Counseling in Eugene. Similar to Alyson's clarification about her diagnosis, Sheri made it clear that she wasn't a licensed therapist and couldn't speak as one. Her perspective was centered on helping clients to find

therapeutic activities and encouraging them in their recovery. Her client's diagnoses were extremely varied. Besides individuals with depression, she also saw people with more serious disorders like schizophrenia or auditory hallucinations. Besides the differences in their mental health issues, the treatments they found also covered a wide spectrum. Because she wasn't a therapist, Sheri likely wouldn't have the same credibility in some areas, such as what specific medication might be beneficial, or discussing someone's past. However, she could speak about her role as a resource broker and caregiver.

These positions allowed her to view recoveries, and realize that while typical forms of therapy and medication were beneficial to many, more mundane activities such as joining club activities or getting more exercise also led to improved mental health. She stated that even actions as simple as eye contact and nodding while listening to people were beneficial, particularly when it came to clients who were hesitant with opening up about their mental health. Here, she could view the consequences of stigma. Many of her clients expressed shame or embarrassment at their own perceived weakness, and needed encouragement. While high costs or lack of availability were certainly deterrents from receiving help, the fear of judgment was also a huge barrier for people seeking assistance. At times, Sheri said, some people were too nervous to make calls to schedule therapy. In those cases, she'd point out that there's no stigma associated with physical health issues. For example, using insulin to treat diabetes is accepted. Yet using antidepressants to manage depression is not.

Similarly, Charlie Dietz, the third person I interviewed, also touched on the issue of stigma. He was a bureau chief for a National Public Radio affiliate in Western

Massachusetts, and observed how the media portrayed mental illnesses. During news coverage of the Sandy Hook Elementary School shooting in 2012, Charlie states that following the atrocity there was a surge of unfounded speculation about the role of either mental illness or autism. Despite attempts by activists and spokespeople to clarify that autism is a brain-related development disorder rather than a mental illness, and that it isn't an indicator for violent behavior, many discussions failed to differentiate.⁵⁸ Charlie states that the news outlets were partly to blame. As he puts it: "Don't be a journalist and say 'maybe.' Your job isn't to speculate." Had coverage been more clear and unambiguous, it might have corrected misconceptions and stigma.

The Associated Press Guidelines on mental illness were created partly in response to Newtown, something that Charlie views as a positive change, but one that will take time. During the transition, audiences will continue to be influenced by where and how mental illness is included in stories. Despite this, he feels that a gradual shift is preferable to one that's abrupt or hasty. He also cautions journalists to avoid becoming over zealous. While publishing stories featuring positive portrayals of mental health issues can be beneficial, there is a difference between permissible advocacy, and agenda setting.

As mentioned, one way for journalists to retain professionalism while still engaging audiences is to include subjects who can speak freely. However, while it's an effective way to offer further insight into an issue, it still requires giving a source a voice—fine for an unbiased source, but problematic when they've got an agenda.

⁵⁸ Rochman, Bonnie. "Troubling legacy of Sandy Hook may be backlash against kids with autism." *CNN*. Dec. 19, 2012. Web. 13 April 2016.

Journalists can counteract this by providing a variety of sources, but it can be an inelegant solution. Some may be more reputable, more eloquent, or simply more correct than the opposing side. And with depression and mental illness, it's unlikely that there's a truthful, valid counter argument against depicting them as treatable and undeserving of stigma. What's left is a one sided discussion that advises audiences what they should do, resembling an ad campaign more than true journalism.

Yet, it's inarguable that education and understanding of mental disorders needs to increase, and that good journalism does draw attention to social issues. It can't afford to remain aloof for the sake of objectivity. Solutions journalism is a growing branch of journalism that attempts to combine between traditional informative news, and socially minded reporting that encourages audiences to address issues. The main difference between solutions journalism and conventional advocacy is that where the latter focuses on what should be done, the former draws attention to real world answers that have proven to be effective. The Solutions Journalism Network, a nonprofit organization promoting the wider use of solutions journalism, states that the focus is "...not just *what*, may be working, but *how* and *why* it appears to be working, or alternatively, why it may be stumbling."⁵⁹

I believe this can be especially effective for people experiencing depression. Even if an individual is willing to ignore stigma associated with having a mental illness, determining the exact methods of care can still be a difficult process. Sheri mentioned during our interview that when many of her clients think of mental

⁵⁹ "What is Solutions Journalism?" Solutions Journalism Network. Solutionsjournalism.org. N.d. Web, 20 April, 2016.

health care, they usually see it as a long process of therapy and medication, both of which can be exorbitantly expensive, or simply too scarce to be viable. While both methods are shown to be useful, they aren't the only forms of care available. She states that mundane activities like exercise or being part of a healthy social group can be beneficial even without conventional treatment. Unfortunately, this isn't widely realized, or at least, not widely practiced. For people with less access to professional services, being informed of everyday activities they can perform might be what allows them to recover or better manage their mental health.

Feature or narrative journalism is also useful because intent is not merely to inform readers of basic facts. In a Poynter article asking various journalists how they defined narrative, Mark Kramer, Director and Writer-in-Residence for the Nieman Program on Narrative Journalism, laid out the various components of narrative journalism. In particular, he states that there must be characters. The typical voice used in news stories "...is a voice that eschews investigations of character. Persons, in the world of news-voice, are citizens, not characters. They have addresses, ages, arrest records, voting district and precinct locations, official hospital conditions, and military statuses." True narrative delves past superficial traits, and instead details genuine situations and characters that resonate with audiences. Having audiences connect with the story ensures that they remain invested, gain a complete picture, and understand the overall themes.⁶⁰ Like solutions journalism, it could be a jumping off point for useful discussion.

⁶⁰ Scanlan, Chip. "What is Narrative Anyway?" *Poynter*. September 29, 2003. Web.

It's true that there isn't a concrete set of solutions that can benefit every individual. As the medical community has realized, there are many variables that can feed into overall mental health. However, educating those affected about depression or anxiety is a valuable step towards finding their specific answers. It's not a universal solution, but it's an effective base to build on. Stories of personal recovery or realistic management of depression, if told right, can offer more than just encouragement. They can inspire treatment strategies, showcase new perspectives to consider, and foster greater community.

Conclusion

Solutions, feature, and explanatory reporting are only a few possible avenues for journalism to better address the overall topic depression and the specific circumstances of the people experiencing it. There are likely other forms of reporting that are also valuable. However, more typical event-driven stories must take care in how they portray depression and mental illness. While professional guidelines from the AP, and other organizations are helpful, implementing them requires greater attention towards existing misconceptions and biases. Speculation and non-specifics prevent true understanding. If a journalist is unsure about the role mental health plays in a story, it may be better to simply state that further information is needed, or even to exclude any mention of a disorder until there is context to justify its involvement.

Ultimately, journalists who do choose to write about depression and mental health should strive to build empathy for their subjects. This does not require audiences to sympathize with a subject. As the AP guidelines state, journalists shouldn't allow their own judgment to compromise the story. While negative portrayals can set public opinion against someone experiencing depression, overly positive portrayals will also fail to convey truth. Readers and listeners must be allowed to draw their own conclusions without interference from the author. One of the easiest ways they can do this is to allow interviewees to speak for themselves as much as possible, and to offer a complete, detailed account of their diagnosis. Just because a story is plainly presented stories, doesn't mean it can't immerse readers. For this approach to work, journalists would do well to keep Kessler's advice in mind. While a person may appear as a subject in a story, they don't cease to be unique individuals.

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